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: March 23, 2021 – AMENDMENT II

Time: 4:00 P.M.

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

The Governor of Texas has continued his Executive Order with guidelines for the temporary suspension of certain portions of the Texas Open Meetings Act to avoid social gatherings during the COVID-19 pandemic.

As a result, persons wishing to monitor the meeting of the MCHD Board of Directors may do so via a toll- free number.

Join Zoom Meeting https://mchd-tx-org.zoom.us/j/89794739906?pwd=Sk1MVGU3Q21ZeWI3MVRmU3J0enliUT09

Meeting ID: 897 9473 9906 Passcode: 456567

Dial by your location +1 346 248 7799 US (Houston)

Any public comments need to be sent via email <u>RecordsManagement@mchd-tx.org</u> no later than 2:00 p.m. on Tuesday, March 23, 2021.

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
- 6. Special Recognition

Items Involving Visitors

- 7. Convene into executive session pursuant to the Texas Open Meetings Act to deliberate in closed session on the following matters authorized under the Texas Open Meetings Act:
 - To discuss the purchase of real estate property for a future cell tower site under Section 551.072 of the Texas Government Code. (Ms. Whatley, Chairperson MCHD Board)
 - To confer with legal counsel for the District concerning present and potential litigation and other confidential legal matters under Section 551.071 of the Texas Government Code. (Ms. Whatley, Chairperson MCHD Board)

NOTICE OF A REGULAR MEETING OF THE BOARD OF DIRECTORS MONTGOMERY COUNTY HOSPITAL DISTRICT - PAGE 1

- To discuss personnel issues involving the chief executive officer under Section 551.074 of the Texas Government Code. (Ms. Whatley, Chairperson MCHD Board)
- 8. Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Ms. Whatley, Chairperson MCHD Board)
- 9. Present, consider and act on the Weaver and Tidwell, L.L.P. Audit of Fiscal Year Ended September 30, 2020. (Mr. Grice, Treasurer MCHD Board)
- 10. Present, consider and act on the renewal of the District insurance portfolio. (Mr. Grice, Treasurer MCHD Board)

District

- 11. Consider and act on MCHD board member representation for the Public Health District board. (Ms. Whatley, Chairperson MCHD board)
- 12. 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.
- 13. Presentation on the action review report of Winter Storm 2021. (Ms. Whatley, Chairperson MCHD Board)
- 14. Consider and act on the ratification of agreement for PWW Compliance Audit. (Ms. Whatley, Chairperson MCHD Board)

Emergency Medical Services

- 15. Chief of EMS Report to include updates on EMS staffing, performance measures, staff activities, patient concerns, transport destinations, emergency preparedness and fleet.
- 16. Consider and act on resolutions regarding the Paramedic Tuition and EMS Memorial bills. (Mr. Bagley, Chair Legislative Committee)
- 17. Consider and act on Proclamation in support of Public Safety Telecommunications Week, April 11-17, 2021. (Mr. Thor, Chair EMS Committee)

Operations and Health Care Services

- 18. COO Report to include updates on facilities, radio system, supply chain, staff activities, community paramedicine, and IT.
- 19. Consider and act on GEO Comm (GIS Data Resources) agreement. (Mr. Spratt, Chair PADCOM Committee)
- 20. Consider and act on the one (1) month prorated extended warranty Z X Series. (Mr. Spratt, Chair PADCOM Committee)
- 21. Health Care Services Report to include regulatory update, outreach, eligibility, service, utilization, community education, clinical services, epidemiology, and emergency preparedness.
- 22. Consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers. (Mrs. Wagner, Chair-Indigent Care Committee)
- 23. 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)
- 24. 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

- Presentation of preliminary Financial Report for five months ended February 28, 2021 Brett Allen, CFO, report to include Financial Summary, Financial Statements, Supplemental EMS Billing Information, and Supplemental Schedules.
- 26. Consider and act on ratification of payment of District invoices. (Mr. Grice, Treasurer MCHD Board)
- 27. Consider and act on salvage and surplus. (Mr. Grice, Treasurer MCHD Board)

NOTICE OF A REGULAR MEETING OF THE BOARD OF DIRECTORS MONTGOMERY COUNTY HOSPITAL DISTRICT - PAGE 2

Other Items

- 28. Secretary's Report Consider and act on minutes for the February 25, 2021 Regular BOD meeting. (Mrs. Wagner, Secretary MCHD Board)
- 29. 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 #7



To: Board of Directors

From: Randy Johnson, CEO

Date: March 23, 2021

Re: Convene into Executive Session

Convene into executive session pursuant to the Texas Open Meetings Act to deliberate in closed session on the following matters authorized under the Texas Open Meetings Act:

- To discuss the purchase of real estate property for a future cell tower site under Section 551.072 of the Texas Government Code. (Ms. Whatley, Chairperson MCHD Board)
- To confer with legal counsel for the District concerning present and potential litigation and other confidential legal matters under Section 551.071 of the Texas Government Code. (Ms. Whatley, Chairperson – MCHD Board)
- To discuss personnel issues involving the chief executive officer under Section 551.074 of the Texas Government Code. (Ms. Whatley, Chairperson MCHD Board)





To: Board of Directors

From: Randy Johnson, CEO

Date: March 23, 2021

Re: Reconvene from Executive Session

Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Ms. Whatley, Chairperson – MCHD Board)





To: Board of Directors

From: Brett Allen, CFO

Date: March 23, 2021

Re: Audit FY 2020

Present, consider and act on the Weaver and Tidwell, L.L.P. Audit of Fiscal Year Ended September 30, 2020. (Mr. Grice, Treasurer – MCHD Board)

Annual Financial Report Year Ended September 30, 2020

Montgomery County Hospital District Annual Financial Report For the Fiscal Year Ended September 30, 2020 Table of Contents

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Financial Section

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Independent Auditor's Report

The Board of Directors of Montgomery County Hospital District 1400 South Loop 336 West Conroe, Texas 77304

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities, the discretely presented component unit, and the major fund of Montgomery County Hospital District (the District), as of and for the year ended September 30, 2020, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, the discretely presented component unit, and the major fund of the District, as of September 30, 2020, and the respective changes in financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis and the Required Supplementary Information, as listed in the table of contents, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 10, 2021on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Weaver and Siduell J.L.P.

WEAVER AND TIDWELL, L.L.P.

Conroe, Texas March 10, 2021

Management's Discussion and Analysis

This discussion and analysis provides readers of the financial statements of Montgomery County Hospital District, (the "District"), with a narrative overview and analysis of the financial activities of the District for the fiscal year ended September 30, 2020. This discussion should be read in conjunction with the basic financial statements and the notes to the financial statements. This discussion and analysis includes comparative data for the prior year.

Financial Highlights

- The assets and deferred outflows of resources of the District exceeded its liabilities and deferred inflows of resources at September 30, 2020 by \$85,939,375 (net position). As required by the Governmental Accounting Standards Board (GASB) Statement No. 34, net position also includes \$38,908,675 related to its net investment in capital assets. With the presentation of the investment in capital assets, unrestricted net position amounts to \$47,030,700 (unrestricted net position) which may be used to meet the District's ongoing obligations to citizens and creditors.
- The revenues for the District's government-wide activities were \$56,372,233 while expenses were \$58,348,912 resulting in the decrease in total net position of \$1,976,679 from operations.
- In contrast to the government-wide statements, the District's governmental fund reported an ending fund balance at September 30, 2020 of \$43,367,714, a decrease of \$2,920,404 from the prior year. Approximately 61% of the ending balance, \$26,365,292, is unassigned.
- At year-end, the unassigned General Fund balance was 43% of total General Fund expenditures.

Overview of the Financial Statements

This discussion and analysis is intended to serve as an introduction to the District's basic financial statements. The District's basic financial statements are comprised of three components: 1) government-wide financial statements, 2) fund financial statements and 3) notes to the financial statements. This report also contains required supplementary information in addition to the basic financial statements themselves.

Government-wide Financial Statements. The *government-wide financial statements*, which include the Statement of Net Position and the Statement of Activities, are designed to provide readers with a broad overview of the District's finances, in a manner similar to a private-sector business. These statements are presented using the full accrual basis of accounting; therefore, revenues are reported when they are earned and expenses are reported when the goods or services are received, regardless of the timing of cash being received or paid.

The Statement of Net Position presents information on all of the District's assets, liabilities, and deferred inflows/outflows of resources, with the difference reported as net position. The GASB believes that, over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the District is improving or deteriorating.

The Statement of Activities presents information showing how the District's net position changed during the fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported in this statement for some items that will only result in cash flows in future fiscal periods (e.g., uncollected taxes and earned but unused vacation leave). Because the Statement of Activities separates program revenue (revenue generated by specific programs through tenant rent, fees and program charges for services) from general revenue (revenue provided by taxes and other sources not tied to a particular program), it shows to what extent each function has to rely on general revenues for funding. The governmental activities of the District include administration, healthcare assistance, emergency medical services, radio, facilities, information technology, public health and emergency preparedness, and interest and fiscal charges.

The government-wide financial operations (*governmental activities*) of the District are principally supported by taxes and emergency medical services.

The government-wide financial statements can be found in the basic financial statements section.

Fund Financial Statements. A *fund* is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The District, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. All of the funds of the District are presented in its governmental fund.

Governmental Fund. A *governmental fund* is used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. Government-wide financial statements are reported using full accrual accounting while governmental fund financial statements report only inflows and outflows of expendable resources, as well as balances of available resources at the end of the fiscal year. Governmental fund financial statements report revenue when earned, provided it is collectible within the reporting period or soon enough afterward to pay liabilities of the current period. Likewise, liabilities are recognized as expenditures only when payment is due since they must be liquidated with available cash. Such information may be useful in evaluating a government's near-term financing requirements.

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for governmental funds with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the government's near-term financing decisions. To assist the reader, a comparison between the two bases of accounting is provided. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures and changes in fund balances provide a reconciliation to facilitate this comparison between the governmental fund and governmental activities.

The District maintained one governmental fund, the General Fund. Information is presented in the governmental fund balance sheet and in the governmental fund statement of revenues, expenditures and changes in fund balance for the General Fund which is considered to be the major fund.

The District adopts an annual appropriated budget for its general fund. A budgetary comparison statement has been provided for the General fund. The budgetary comparison can be used to demonstrate compliance with the budget in its original and final forms.

Notes to Financial Statements. The Notes to Financial Statements provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. As such, the notes are an integral part of the basic financial statements.

Other Information. In addition to the basic financial statements and accompanying notes, this report also presents certain required supplementary information comprised of a comparison between the District's General Fund final budget and actual results, schedule of changes in the net pension liability (assets) and related ratios and schedule of District contributions to Texas County and District Retirement System (TCDRS), which are in the section titled "Required Supplementary Information".

Government-wide Financial Analysis

As noted earlier, the GASB believes net position may, over time, serve as a useful indicator of a government's financial position. In the case of the District, assets and deferred outflows of resources exceeded liabilities by \$85,939,375, at September 30, 2020, as shown in the table that follows.

				Go	vernmental Ac	tivities			
		2020		2019			Increase (Decrease)		
	Amount		%	Amount		%	Amount		%
Current and other assets	\$	51,176,617	57	\$	51,361,619	57	\$	(185,002)	-
Non-current capital assets		39,104,454	43		38,858,093	43		246,361	1
Total assets Total deferred outflows		90,281,071	100		90,219,712	100		61,359	
of resources		2,270,427	100		4,093,142	100		(1,822,715)	(45)
Other liabilities		3,062,094	60		3,326,899	61		(264,805)	(8)
Long-term liabilities		2,076,625	40		2,139,616	39		(62,991)	(3)
Total liabilities Total deferred inflows		5,138,719	100		5,466,515	100		(327,796)	
of resources		1,473,404	100		930,285	100		543,119	58
Net position:									
Net investment in capital assets		38,908,675	45		38,274,732	44		633,943	2
Restricted		-	-		1,205	-		(1,205)	-
Unrestricted		47,030,700	55		49,640,117	56		(2,609,417)	(5)
Total net position	\$	85,939,375	100	\$	87,916,054	100	\$	(1,976,679)	

Montgomery County Hospital District's Net Position

The District's total assets of \$90,281,071 are largely comprised of capital assets net of accumulated depreciation of \$39,104,454, or 43% of total assets. Capital assets are non-liquid assets and cannot be used to satisfy the District's obligations. Although the District's net investment in capital assets is reported net of related debt, it should be noted that the resources needed to repay this debt, if any, must be provided from other sources, since the capital assets themselves cannot be used to liquidate these liabilities.

Long-term liabilities of \$2,076,625 or 40% of total liabilities, largely decreased from prior fiscal year due to regular capital lease obligations paid and decreased health insurance claims during the year. A more in-depth description of long-term liabilities can be found in Note 8 in the notes to the financial statements.

At September 30, 2020, the District's assets and deferred outflows of resources exceeded its liabilities and deferred inflows of resources by \$85,939,375. Approximately 45% of total net position or \$38,908,675 represents net investments in capital assets. The \$47,030,700 (55%) of unrestricted net position represents resources available to fund the programs of the District's next year.

The District's governmental activities decreased net position by \$1,976,679. Key components of this decrease are as follows:

	2020		2019		Increase (Decre	ease)
	Amount	%	Amount	%	Amount	%
Revenues:						
Program revenues:						
Charges for services:						
Administration	\$ 227,405	-	\$ 222,893	-	\$ 4,512	2
Healthcare assistance	2,318	-	4,702	-	(2,384)	(51)
Emergency medical services Radio, facilities, and	15,552,138	28	16,112,590	30	(560,452)	(3)
information technology Operating grants and contributions:	325,358	1	266,373	-	58,985	22
Emergency medical services	2,890,978	5	2,103,584	4	787,394	37
General revenues:						
Property taxes	34,845,239	62	32,744,571	61	2,100,668	6
Grants and contributions not						
restricted to a specific program	739,420	1	752,605	1	(13,185)	(2)
Investment earnings	634,222	1	1,188,377	2	(554,155)	(47)
Miscellaneous	1,175,866	2	914,984	2	260,882	29
Total revenues	56,372,233	100	54,310,679	100	2,061,554	
Expenses						
Administration	7,871,156	13	7,283,275	13	587,881	8
Healthcare assistance	6,665,592	11	6,675,560	12	(9,968)	-
Emergency medical services	36,423,829	63	33,864,232	63	2,559,597	8
Radio, facilities, and						
information technology	7,369,406	13	5,844,911	11	1,524,495	26
Public health and emergency						
preparedness	11,640	-	677,662	1	(666,022)	(98)
Interest and fiscal charges	7,289		17,989		(10,700)	(59)
Total expenses	58,348,912	100	54,363,629	100	3,985,283	
Change in net position	(1,976,679)		(52,950)		(1,923,729)	
Net position - beginning	87,916,054		87,969,004		(52,950)	
Net position - ending	\$ 85,939,375		\$ 87,916,054		\$ (1,976,679)	

Montgomery County Hospital District's Changes in Net Position

The District's total revenues of \$56,372,233 were all from governmental activities. Property tax revenue accounts for \$34,845,239, or 62%, and emergency medical services revenue accounts for \$18,443,116, or 33% of total government-wide revenues. Total revenues increased \$2,061,554 over the prior year. The increase in revenues resulted from an increase in property tax revenue.

Total expenses for the year ended September 30, 2020 totaled \$58,348,912. Administration accounted for \$7,871,156 or 13%, healthcare assistance accounted for \$6,665,592 or 11%, emergency medical services accounted for \$36,423,829, or 63%, and radio, facilities, and information technology accounted for \$7,369,406, or 13% of total government-wide expenses. Total expenses went up due to an increase in EMS staffing in response to COVID-19.

Governmental Fund Financial Analysis

The District uses fund accounting to ensure and demonstrate compliance with legal requirements.

The focus of the District's governmental fund is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the District's financing requirements. In particular, unassigned fund balance may serve as a useful measure of a government's net resources available for spending at the end of the fiscal year.

The general fund is the District's operating fund. At the end of the current fiscal year, unassigned fund balance of the general fund was \$26,365,292 and total fund balance was \$43,367,714. As a measure of the general fund's liquidity, it may be useful to compare unassigned and total fund balance to total fund expenditures. Unassigned and total fund balance represents 43% and 71% of total general fund expenditures, respectively. The fund balance of the District's general fund decreased by \$2,920,404 during the current fiscal year. For the most part, increases in emergency medical services and radio, facilities, and information technology expenditures were the primary reason for the decrease in fund balance.

General Fund Budgetary Highlights

The District's budget is prepared on a modified accrual basis. There were no significant variances in the original budget to final amended budget or between the final amended budget and actual results of the General Fund. Instances in which actual expenditures exceeded budget are disclosed in the notes to the required supplementary information.

Capital Assets and Debt Administration

Capital Assets

The District's investment in capital assets for its governmental activities as of September 30, 2020 amounts to \$39,104,454 (net of accumulated depreciation). This investment in capital assets includes land and improvements, construction in progress, buildings and site improvements, equipment, vehicles, and communication system.

Major capital asset activity during the year included the following:

- Construction in progress additions in the amount of \$1,444,630
- Vehicle purchases in the amount of \$2,680,349 offset with \$568,961 of disposals

Montgomery County Hospital District's Capital Assets

(net of depreciation)

	Governmental Activities											
		2020			2019		Increase (Decrease)					
	Amount		Amou		unt % Amount 9		%		% Amount		Amount	%
Land and improvements	\$	2,899,759	7	\$	2,899,759	7	\$		-			
Construction in progress		1,580,241	4		6,425,047	17		(4,844,806)	(75)			
Buildings and site improvements		20,395,778	53		19,842,809	51		552,969	3			
Equipment		2,867,070	7		2,918,895	8		(51,825)	(2)			
Vehicles		4,854,613	12		3,093,001	8		1,761,612	57			
Communication system		6,506,993	17		3,678,582	9		2,828,411	77			
Totals	\$	39,104,454	100	\$	38,858,093	100	\$	246,361				

Additional information on the District's capital assets can be found in Note 7 of this report.

Long-term Liabilities

At September 30, 2020, the District had total outstanding long-term liabilities in the amount of \$2,076,625, which was related to capital leases, compensated absences and healthcare claims. The following table summarizes the District's long-term liabilities.

Montgomery County Hospital District's Outstanding Long-term Liabilities

	Governmental Activities									
	2020			2019		Increase (Decrease)				
	 Amount		Amount		%		Amount	%		
Capital leases	\$ 195,779	9	\$	583,361	27	\$	(387,582)	(66)		
Compensated absences Healthcare claims	 1,641,026 239,820	79 12		1,208,719 347,536	57 16		432,307 (107,716)	36 (31)		
Total	\$ 2,076,625	100	\$	2,139,616	100	\$	(62,991)			

The District's total long-term liabilities decreased by \$62,991 during the 2020 fiscal year, mostly due to a decrease in the District's capital lease obligations. Additional information on the District's long-term liabilities can be found in Note 8 of this report.

Economic Factors and Next Year's Budgets and Rates

- District staff totals 379 employees, 243 of which are EMS responders.
- The unemployment rate for Montgomery County is currently 8.2%, which is an increase from the rate of 3.2% last year due to COVID-19 related events. This compares unfavorably to the State's average unemployment of 7.2%.
- The population of Montgomery County at September 30, 2020 is approximately 625,000.
- A maintenance and operations tax rate of \$.0588 was adopted for the 2020-2021 fiscal year.

The District's budgeted fund balance for the 2021 fiscal year is expected to decrease by approximately \$3,515,680.

Requests for Information

This financial report is designed to provide a general overview of the District's finances for all those who are interested in the government's financial status. Questions concerning any of the information provided in this report or requests for addition financial information should be addressed to the Montgomery County Hospital District, P.O. Box 478, Conroe, Texas 77305.

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Basic Financial Statements

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Montgomery County Hospital District Statement of Net Position

September 30, 2020

	Primary <u>Government</u> Governmental Activities	Component Unit MCPHD	
ASSETS	Activities	WCFID	
Cash and cash equivalents	\$ 17,178,896	\$ 2,235,696	
	21,667,242	-	
Receivables, net	7,427,751	15,000	
Intergovernmental receivables		145,160	
Due from component unit	315,838	-	
Inventories	896,066	-	
Prepaid items	215,136		
Net pension asset	3,475,688	-	
Capital assets, net of accumulated depreciation	0,170,000		
Land and improvements	2,899,759	_	
	1,580,241	-	
Construction in progress	20,395,778		
Buildings and site improvements	2,867,070	-	
		-	
	4,854,613	12,948	
Communication system	6,506,993		
Total capital assets	39,104,454	12,948	
Total assets	90,281,071	2,408,804	
DEFERRED OUTFLOWS OF RESOURCES			
Deferred outflows of resources for pensions	2,270,427	-	
Total deferred outflows of resources	2,270,427	-	
LIABILITIES			
Accounts payable and accrued liabilities	3,061,946	11,593	
Unearned revenues	-	12,858	
Accrued interest	148	-	
Due to primary government	-	315,838	
Noncurrent liabilities			
Due within one year			
Capital lease payable	167,054	-	
Compensated absences	1,641,026	-	
Healthcare claims	239,820	6,412	
Due in more than one year			
Capital lease payable	28,725		
Total liabilities	5,138,719	346,701	
DEFERRED INFLOWS OF RESOURCES			
Deferred inflows of resources for pensions	1,473,404		
Defetted innows of resources for pensions	1,473,404		
Total deferred inflows of resources	1,473,404	-	
NET POSITION			
Net investment in capital assets	38,908,675	12,948	
Restricted - grants	-	12,858	
Unrestricted	47,030,700	2,036,297	
TOTAL NET POSITION	\$ 85,939,375	\$ 2,062,103	

Montgomery County Hospital District Statement of Activities

Year Ended September 30, 2020

				Program Revenues			
						С	perating
				C	harges for	G	rants and
FUNCTIONS/PROGRAMS			Expenses		Services	Co	ontributions
PRIMARY GOVERNMENT							
Governmental activities							
Administration		\$	7,871,156	\$	227,405	\$	-
Healthcare assistance			6,665,592		2,318		-
Emergency medical services			36,423,829		15,552,138		2,890,978
Radio, facilities, and information technology			7,369,406		325,358		-
Public health and emergency preparedness			11,640		-		-
Interest and fiscal charges			7,289		-		-
Total governmental activities			58,348,912		16,107,219		2,890,978
TOTAL PRIMARY GOVERNMENT		\$	58,348,912	\$	16,107,219	\$	2,890,978
COMPONENT UNIT							
Montgomery County Public Health District		\$	3,017,603	\$	16,436	\$	3,364,022
	Generalr	even	ues				
	Property	/ taxe	s				
				ot res	tricted to a sp	ecific	program
	Investm	ent e	arnings				
	Miscella	neou	IS				
	Loss on a	asset	disposal				
	Total	gene	eral revenues				
	Char	nge ir	n net position				
	Net positio	on - b	eginning				
	NET POSITI	ION -	ENDING				

Exhibit B-1

Net (Expense) Revenue and Changes in Net Position					omponent Unit
Go	overnmental				
	Activities		Total		MCPHD
\$	(7,643,751)	\$	(7,643,751)		
	(6,663,274)		(6,663,274)		
	(17,980,713)		(17,980,713)		
	(7,044,048)		(7,044,048)		
	(11,640)		(11,640)		
	(7,289)		(7,289)		
	(39,350,715)		(39,350,715)		
	(39,350,715)		(39,350,715)		
				\$	362,855
	34,845,239		34,845,239		-
	739,420		739,420		-
	634,222		634,222		-
	1,175,866		1,175,866		90,993
	(20,711)		(20,711)		-
	37,374,036		37,374,036		90,993
	(1,976,679)		(1,976,679)		453,848
	87,916,054		87,916,054		1,608,255
\$	85,939,375	\$	85,939,375	\$	2,062,103

Montgomery County Hospital District Balance Sheet - Governmental Fund

September 30, 2020

	General	
ASSETS		
Cash and cash equivalents	\$	17,178,896
Investments		21,667,242
Receivables		
Taxes receivable, net		900,186
EMS receivable, net		4,166,386
Other receivables		2,361,179
Due from component unit		315,838
Inventories		896,066
Prepaid items		215,136
TOTAL ASSETS	\$	47,700,929
LIABILITIES		
Accounts payable and accrued liabilities	\$	3,061,946
Total liabilities		3,061,946
DEFERRED INFLOWS OF RESOURCES		
Unavailable revenue - property taxes		900,185
Unavailable revenue - long-term receivable		371,084
Total deferred inflows of resources		1,271,269
FUND BALANCE		
Nonspendable - inventories		896,066
Nonspendable - prepaid items		215,136
Committed - capital replacement		1,900,000
Committed - capital maintenance		100,000
Committed - open purchase orders		1,007,279
Committed - uncompensated care		7,500,000
Committed - catastrophic events		5,000,000
Assigned - open purchase orders		383,941
Unassigned		26,365,292
Total fund balance		43,367,714
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND FUND BALANCE	\$	47,700,929

Montgomery County Hospital District Reconciliation of the Governmental Fund Balance Sheet to the Statement of Net Position September 30, 2020	Exhibit C-2
TOTAL FUND BALANCE - GOVERNMENTAL FUND BALANCE SHEET	\$ 43,367,714
Amounts reported for governmental activities in the Statement of Net Position are different because:	
Capital assets used in governmental activities are not financial resources and therefore, are not reported in the fund. The governmental capital assets at year-end consist of:	
Governmental capital assets costs\$ 66,220,019Accumulated depreciation of governmental capital assets(27,115,565)	39,104,454
The net pension asset resulting from contributions in excess of the annual required contribution is not a financial resource and is not reported in the fund.	3,475,688
Property taxes receivable and long-term receivable, which will be collected subsequent to year- end, but are not available soon enough to pay expenditures; therefore, these are deferred in the fund.	1,271,269
Long-term liabilities are not due and payable in the current period and therefore, are not reported as liabilities in the fund. Liabilities at year-end related to such items, consist of:	
Capital leases\$ (195,779)Accrued interest on capital leases(148)Compensated absences(1,641,026)Healthcare claims(239,820)	(2,076,773)
Deferred inflows for pension are included in the statement of net position and are not reported in the fund due to they are not current financial liabilities.	(1,473,404)
Deferred outflows for pension are included in the statement of net position and are not reported in the fund due to they are not a current financial resource available to pay for current expenditures.	2,270,427
TOTAL NET POSITION - GOVERNMENTAL ACTIVITIES	\$ 85,939,375

Statement of Revenues, Expenditures and Changes in Fund Balance – Governmental Fund Year Ended September 30, 2020

	G	eneral Fund
REVENUES	¢	
Property taxes Program revenues	\$	34,546,437 20,426,290
Charges for services		20,428,290 227,405
Intergovernmental		739,420
Investment earnings		634,222
Miscellaneous		1,132,116
		1,132,110
Total revenues		57,705,890
EXPENDITURES		
Current		
Administration		9,202,159
Healthcare assistance		6,661,818
Emergency medical services		34,023,041
Radio, facilities, and information technology		5,420,634
Debt service		
Principal retirement		426,068
Interest and fiscal charges		7,800
Capital outlay		4,967,180
Total expenditures		60,708,700
Excess of expenditures over revenues		(3,002,810)
OTHER FINANCING SOURCES		
Capital lease		38,486
Proceeds from sale of capital assets		43,920
Total other financing sources		82,406
Net change in fund balance		(2,920,404)
Fund balance - beginning		46,288,118
FUND BALANCE - ENDING	\$	43,367,714

Montgomery County Hospital District Reconciliation of the Statement of Revenues, Expenditures and Changes in Fund Balance of Governmental Fund to the Statement of Activities Year Ended September 30, 2020		E>	hibit C-4
TOTAL NET CHANGES IN FUND BALANCE - GOVERNMENTAL FUND		\$	(2,920,404)
Amounts reported for governmental activities in the statement of activities are different because:			
Some property taxes and long-term receivables will not be collected for several months after the District's fiscal year end, they are not considered "available" revenues and are deferred in the governmental funds. Deferred tax revenues and charges for services increased (decreased) by this amount this year.			238,719
Capital outlays are reported in governmental funds as expenditures. However, in the statement of activities, the cost of those assets is allocated over the estimated useful lives as depreciation expense.			
	4,967,180 (4,699,938)		267,242
The net effect of miscellaneous transactions involving capital assets (transfers, adjustments and dispositions) is a increase (decrease) to net position.			(20,881)
Issuance of a capital lease provides current financial resources to governmental funds, but issuing a capital lease increases long-term liabilities in the statement of net position.			(38,486)
Repayment of capital lease principal is an expenditure in the governmental funds, but the repayment reduces long-term liabilities in the statement of net position.			426,068
Interest on long-term debt in the statement of activities differs from the amount reported in the governmental fund because interest is recognized as an expenditure in the fund when it is due, and thus requires the use of current financial resources. In the statement of activiti however, interest expense is recognized as the interest accrues, regardless of when it is du The (increase) decrease in interest reported in the statement of activities consist of the following:	ies,		
Accrued interest on capital leases			511
The (increase) decrease in compensated absences is reported in the statement of activities but does not require the use of current financial resources and, therefore, is not reported as expenditures in the governmental fund.			(432,307)
The (increase) decrease in self-insured health coverage is reported in the statement of activities but does not require the use of current financial resources and, therefore, is not reported as expenditures in the governmental fund.			107,716
The net change in net pension asset and related deferred inflows and outflows is reported in the statement of activities but does not require the use of, or provide current financial resources and, therefore, is not reported in the governmental fund. The net change consists of the following:			
Deferred inflows (increased) decreased\$Deferred outflows increased (decreased)Net pension asset increased (decreased)	(543,119) (1,822,715) 2,760,977		395,143
CHANGE IN NET POSITION - GOVERNMENTAL ACTIVITIES		\$	(1,976,679)

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Notes to the Financial Statements

Note 1. Summary of Significant Accounting Policies

A. Reporting Entity

Montgomery County Hospital District (the District) is a political subdivision created in 1977 by an act of the Texas legislature and a vote of ratification by the residents of Montgomery County, Texas. Originally, the District operated the Medical Center Hospital in Conroe, Texas, which was sold on May 26, 1993 to Health Trust, Inc. (Health Trust). Since 1993, the District has partnered with the new owners of the hospital to provide indigent medical care to the residents of Montgomery County. The District also contracts with other healthcare providers in the county to provide indigent care for the county residents. In addition to indigent care, the District provides emergency medical ambulance services for county residents and has constructed a countywide communication system to facilitate providing healthcare services to the residents. As required by generally accepted accounting principles (GAAP), these financial statements have been prepared based on considerations regarding the potential for inclusion of other entities, organizations or functions, as part of the District's financial reporting entity. Additionally, as the District is considered a primary government for financial reporting purposes, its activities are not considered a part of any other governmental or other type of reporting entity.

Discretely Presented Component Unit

Considerations regarding the potential for inclusion of other entities, organizations or functions in the District's financial reporting entity are based on criteria prescribed by GAAP. These same criteria are evaluated in considering whether the District is a part of any other governmental or type of reporting entity. The overriding elements associated with prescribed criteria considered in determining the District's financial reporting entity status as that of a primary government are: 1) it has a separately elected governing body, 2) it is legally separate and 3) it is fiscally independent of other state and local governments. Additionally prescribed criteria under GAAP include considerations pertaining to other organizations for which the primary government is financially accountable and considerations pertaining to other organizations for which the nature and significance of their relationship with the primary government are such that exclusion would cause the reporting entity's financial statements to be misleading or incomplete. Based on these considerations, the District has a discretely presented component unit. The Montgomery County Public Health District (MCPHD) is the result of a Cooperative Agreement between Montgomery County, Texas, the City of Panorama and the City of Conroe. The MCPHD's purpose is to provide essential public health services as defined in Section 121.002 of the Texas Health and Safety Code:

- Monitor the health status of individuals in the community to identify community health problems;
- Diagnose and investigate community health problems and community health hazards;
- Inform, educate, and empower the community with respect to health issues;
- Mobilize community partnerships in identifying and solving community health problems;
- Develop policies and plans that support individual and community efforts to improve health;
- Enforce laws and rules that protect the public health and ensure safety in accordance with those laws and rules;
- Link individuals who have a need for community and personal health services to appropriate community and private providers;
- Ensure a competent workforce for the provision of essential public health services;
- Research new insights and innovative solutions to community health problems;
- Evaluate the effectiveness, accessibility, and quality or personal and population-based services in a community.

The MCPHD has assigned or contracted with the District to administer all programs, services, and administrative needs of the MCPHD.

Notes to the Financial Statements

B. Basis of Presentation - Government-wide Financial Statements

The government-wide financial statements report information on all of the nonfiduciary activities of the District and its component unit. Governmental activities are financed through taxes, charges for services and intergovernmental revenues. The statement of activities reflects the revenues and expenses of the District. The governmental activities column incorporates data from the governmental fund.

As discussed earlier, the government has a discretely presented component unit which is shown in a separate column in the government-wide financial statements.

As a general rule, the effect of interfund activity has been eliminated from the government-wide financial statements.

C. Basis of Presentation – Fund Financial Statements

The fund financial statements provide information about the District's funds. The emphasis of fund financial statements is on major governmental funds, each displayed in a separate column. Major individual governmental funds are reported as separate columns in the fund financial statements.

The District reports the following major governmental fund:

The *general fund* is the District's primary operating fund. It accounts for all financial resources of the general government, except those required to be accounted in another fund.

D. Measurement Focus and Basis of Accounting

The accounting and financial reporting treatment is determined by the applicable measurement focus and basis of accounting. Measurement focus indicates the type of resources being measured such as *current financial resources or economic resources*. The basis of accounting indicates the timing of transactions or events for recognition in the financial statements.

The government-wide financial statements are reported using the *economic resources measurement focus* and the *accrual basis of accounting*. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Property taxes are recognized as revenues in the year for which they are levied. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

The governmental fund financial statements are reported using the *current financial resources measurement focus* and the *modified accrual basis of accounting*. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the District considers revenues, excluding property taxes, to be available if they are collected within 120 days of the end of the current fiscal period. Property taxes are recognized as revenues if they are collected within 60 days of the end of the current fiscal period. Expenditures generally are recorded when a liability is incurred, as under accrual accounting. However, debt service expenditures, as well as expenditures related to compensated absences, are recorded only when payment is due. General capital asset acquisitions are reported as expenditures in governmental funds. Issuance of long-term debt and acquisitions under capital leases are reported as other financing sources.

Notes to the Financial Statements

Property taxes and interest associated with the current fiscal period are considered to be susceptible to accrual and so have been recognized as revenues for amounts collected within the availability period. Entitlements are recorded as revenues when all eligibility requirements are met, including any time requirements, and the amount is received during the availability period for this revenue source (within 120 days of year-end). Expenditure-driven grants are recognized as revenue when the qualifying expenditures have been incurred and all other eligibility requirements have been met, and the amount is received for this revenue source (within 120 days of year-end). All other revenue items are considered to be measurable and available only when cash is received.

E. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position/Fund Balance

1. Cash and Cash Equivalents

The District's cash and cash equivalents are considered to be cash on hand, demand deposits, and short-term investments with original maturities of three months or less from the date of acquisition.

2. Investments

Investments for the District are reported at fair value (generally based on quoted market prices) except for the position in the qualified investment pools. The carrying value of investment pools is determined by the valuation policy of the investment pool, either at amortized cost or net asset value of the underlying pool shares. The carrying value of the non-negotiable certificates of deposits is reported at cost. The District has adopted a written investment policy regarding the investment of its funds as defined in the Public Funds Investment Act, Chapter 2256, Texas Government Code.

3. Inventories and Prepaid Items

Inventories are valued at cost using the first-in/first-out (FIFO) method and consist of expendable medical supplies, radio repair parts, and vehicle repair parts. The cost of such inventory is recorded as expenditures/expenses when consumed rather than when purchased.

Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid items in both the government-wide and fund financial statements. The cost of prepaid items is recorded as expenditures/expenses when consumed rather than when purchased.

4. Capital Assets

Capital assets, which include land and improvements, construction in progress, buildings and improvements, equipment, vehicles, and communication system assets (e.g. radio towers, structures, equipment, and similar items), are reported in the governmental activities column in the government-wide financial statements. Capital assets are defined by the government as assets with an initial, individual cost of more than \$5,000 and an estimated useful life in excess of two years.

As the District constructs or acquires additional capital assets each period, including communication system assets, they are capitalized and reported at historical cost. The reported value excludes normal maintenance and repairs which are essentially amounts spent in relation to capital assets that do not increase the capacity or efficiency of the item or increase its estimated useful life. Donated capital assets are recorded at their estimated acquisition value at the date of donation.

Notes to the Financial Statements

Land and improvements and construction in progress are not depreciated. The buildings and site improvements, equipment, vehicles, and communication system assets of the primary government are depreciated using the straight line method over the following estimated useful lives:

Assets	Years
Buildings and site improvements	8-30
Equipment	2-15
Vehicles	5-8
Communication system	5-30

5. Deferred Outflows/Inflows of Resources

In addition to assets, the statement of net position will sometimes report a separate section for deferred outflows of resources. This separate financial statement element, *deferred outflows of resources*, represents a consumption of net position that applies to a future period(s) and so will *not* be recognized as an outflow of resources (expense/expenditure) until then. The District has two items that qualify for reporting in this category. The deferred inflow for pensions results from the difference in projected and actual earnings on plan investments and the effects of actuarial differences and changes in assumptions. The plan's investment earnings difference is amortized over 5 years and the actuarial differences and changes in assumptions is amortized over a period equal to the average of the expected remaining service lives of all employees. The District also recognizes a deferred outflow for contributions made to the plan after the plan's measurement date which are recognized in the subsequent year.

In addition to liabilities, the statement of net position and governmental fund balance sheet will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, *deferred inflows of resources*, represents an acquisition of net position or fund balance that applies to a future period(s) and so will *not* be recognized as an inflow of resources (revenue) until that time. The District has two types of this item, which arises only under a modified accrual basis of accounting that qualifies for reporting in this category. The governmental fund reports unavailable revenues from property taxes and long-term receivables. These amounts are deferred and recognized as an inflow of resources in the period that the amounts become available. Additionally, the District has one type of this item which is reported in the government-wide statement of net position. This item is *deferred inflows of resources for pensions*. This deferred resource inflow related to the net pension asset results from differences in expected and actual experience and also includes change in assumptions and projected verses actual earnings in the current fiscal year.

6. Pensions

For purposes of measuring the net pension asset (liability), deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the Fiduciary Net Position of the Texas County and District Retirement System (TCDRS) and additions to/deductions from TCDRS's Fiduciary Net Position have been determined on the same basis as they are reported by TCDRS. For this purpose, plan contributions are recognized in the period that compensation is reported for the employee, which is when contributions are legally due. Benefit payments and refunds are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Notes to the Financial Statements

7. Net Position Policies

Net position of governmental activities and MCPHD is reported in various categories based on the nature of any limitations requiring the use of resources for specific purposes. The District classifies net position as follows:

Net investment in capital assets – the component of net position that reports capital assets, net of accumulated depreciation, and net of related debt, excluding unspent proceeds, that is directly attributable to the acquisition, construction or improvement of these capital assets.

Restricted – the component of net position that is constrained for specific purposes which are externally imposed by providers, such as creditors or amounts restricted due to constitutional provisions or enabling legislation. This classification includes federal and state grants.

Unrestricted – the component of net position that includes the residual difference between assets, deferred outflows of resources, liabilities and deferred inflows of resources that is not classified in the categories mentioned above.

8. Net Position Flow Assumption

Sometimes the District will fund outlays for a particular purpose from both restricted (e.g., restricted bond or grant proceeds) and unrestricted resources. In order to calculate the amounts to report as restricted – net position and unrestricted – net position in the government-wide fund financial statements, a flow assumption must be made about the order in which the resources are considered to be applied.

It is the District's policy to consider restricted – net position to have been depleted before unrestricted – net position is applied.

9. Fund Balance Policies

Fund balance of governmental funds is reported in various classifications based on the nature of any limitations requiring the use of resources for specific purposes. The District classifies governmental fund balance as follows:

Nonspendable – Amounts that cannot be spent either because the underlying resources are not in spendable form or because they are legally or contractually required to be maintained intact, e.g., inventory and prepaid items.

Restricted – Amounts that represent resources subject to externally enforceable constraints, e.g., grants and creditors.

Committed – Amounts that can only be used for specific purposes as imposed by the Board of Directors by formal action and can only be removed by the Board of Directors through similar action. These amounts may be used at Board discretion for unanticipated, non-recurring needs, one-time opportunities, or anticipated future obligations. Committed Fund Balances may also include open purchase orders approved by the Board of Directors.

Assigned – Amounts that represent resources set aside by the District for a particular purpose, such as open purchase orders approved by management. The Board of Directors has by resolution authorized the Chief Executive Officer (CEO) or his designee to assign funds. Unlike commitments, assignments generally only exist temporarily. In other words, an additional action does not normally have to be taken for the removal of an assignment. Conversely, as discussed above, an additional action is essential to either remove or revise a commitment.

Notes to the Financial Statements

Unassigned – The difference between total fund balance and the nonspendable, restricted, committed, and assigned components. The unassigned fund balance should be at least three months of regular, on-going operating expenditures.

10. Fund Balance Flow Assumptions

Sometimes the District will fund outlays for a particular purpose from both restricted and unrestricted resources (the total of committed, assigned, and unassigned fund balance). In order to calculate the amounts to report as restricted, committed, assigned, and unassigned fund balance). In order to calculate the governmental fund financial statements a flow assumption must be made about the order in which the resources are considered to be applied. It is the District's policy to consider restricted fund balance to have been depleted before using any of the components of unrestricted fund balance. Further, when the components of unrestricted fund balance can be used for the same purpose, committed fund balance is depleted first, followed by assigned fund balance. Unassigned fund balance is applied last.

F. Revenues and Expenditures/Expenses

1. Program Revenues

Amounts reported as *program revenues* include 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given function or segment and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function or segment. All taxes, including those dedicated for specific purposes, and other internally dedicated resources are reported as general revenues rather than as program revenues.

2. Property Taxes

Property values are determined by the Montgomery Central Appraisal District as of July 31 of each year. Prior to October 1 of each year, the District sets its tax rate thus creating the tax levy. The taxes are levied and payable October 1 on property values assessed as of January 1. Taxes may be paid without penalty before February 1 of the following year and create a tax lien as of July 1 of each year. The tax assessor/collector for Montgomery County bills and collects the property taxes for the District. Property tax revenues are recognized when levied to the extent that they result in current receivables. The combined current tax rate to finance general governmental services for the year ended September 30, 2020 was \$0.0589 per \$100, allocated to the General Fund.

3. Compensated Absences

The District records all vacation, sick leave and holiday benefits as a single benefit called Paid Time Off (PTO). Employees are allowed to carry over the number of hours equal to one year of accrued PTO. Any accrued PTO in excess of the carryover amount will be paid to the employee based on the policies in place at the District.

For the governmental fund, accumulated compensated absences are normally paid from the General Fund and are treated as an expenditure when paid. All compensated absences are accrued when incurred in the government-wide financial statements. A liability for compensated absences is reported in the governmental funds only if they have matured, for example, as a result of employee resignation and retirements.

4. Use of Estimates

The presentation of financial statements, in conformity with generally accepted accounting principles, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses/expenditures during the reporting period. Actual results could differ from those estimates.

Notes to the Financial Statements

Note 2. Stewardship, Compliance, and Accountability

A. Budgetary Data

The District follows these procedures in establishing the budgetary data reflected in the financial statements:

- 1. Prior to September 1, the CEO submits to the District board a proposed operating budget for the fiscal year commencing the following October 1. The operating budget includes proposed expenditures and the means of financing them.
- 2. Prior to October 1, the budget is legally enacted through passage of a resolution following the notice and hearing requirements set forth in section 1063.152 of the District's enabling act.
- 3. The CEO may approve a department's request to transfer an unencumbered balance, or portion thereof within any department; however, the board must approve a transfer of funds between departments.
- 4. Budget for the General Fund is adopted on a basis consistent with generally accepted accounting principles (GAAP).

B. Encumbrances

Encumbrance accounting is employed in governmental funds. Encumbrances (e.g., purchase orders, contracts) outstanding at year-end are reported as restricted, committed, or assigned fund balances as appropriate. The encumbrances do not constitute expenditures or liabilities because the commitments will be reappropriated and honored during the subsequent year.

Note 3. Deposits and Investments

Primary Government

At September 30, 2020, the carrying amount of the District's deposits (cash, interest-bearing savings accounts, and money market accounts) was \$17,178,896 and the bank's balances totaled to \$17,767,388. At September 30, 2020, all bank balances were covered by federal deposit insurance, or pledged collateral held by the financial institution in the District's name. The District's investments consisted of local investment pools and certificates of deposit at fiscal year-end.

The District is required by the Government Code Chapter 2256, the Public Funds Investment Act (the Act), to adopt, implement and publicize an investment policy. That policy must address the following areas: (1) safety of principal and liquidity, (2) portfolio diversification, (3) allowable investments, (4) acceptable risk levels, (5) expected rates of return, (6) maximum allowable stated maturity of portfolio investment, (7) maximum average dollar-weighted maturity allowed based on the stated maturity date for the portfolio, (8) investment staff quality and capabilities, and (9) bid solicitation preferences for certificates of deposit.

The Act determines the types of investments which are allowable for the District. These include, with certain restrictions, (1) obligations of the U.S. Treasury, U.S. agencies, and the State of Texas, (2) certificates of deposit, (3) certain municipal securities, (4) securities lending program, (5) repurchase agreements, (6) bankers acceptances, (7) mutual funds, (8) investment pools, (9) guaranteed investment contracts, and (10) commercial paper.

Certain investment types are not required to be measured at fair value; these include money market funds, certain investment pools and non-negotiable certificates of deposits, which are measured at amortized cost, and other investment pools which are measured at the net asset value (NAV) determined by the pool, which approximates fair value. These instruments are exempt from categorization within the fair value hierarchy.

Notes to the Financial Statements

The District's investments are in investment pools and certificates of deposit as presented in the table below. The investment pools and non-negotiable certificates of deposit are not subject to disclosure regarding the fair value hierarchy. The District's investment balances and weighted average maturity of such investments are as follows:

Investment Type	G	Primary Sovernment	Weighted Average Maturity (Days)
Investments measured at cost Certificates of deposit - non-negotiable	\$	19,247,914	145
Investments measured at amortized cost External investment pools			
TexPool		1,215,165	38
TexSTAR		1,204,163	39
Total Value	\$	21,667,242	
Portfolio weighted average maturity			133

TexPool is an external investment pool that measures for financial reporting purposes all of its investments at amortized cost. TexPool has a redemption notice period of one day and no maximum transaction amounts. The investment pool's authority may only impose restrictions on redemptions in the event of a general suspension of trading on major securities market, general banking moratorium or national or state emergencies.

TexSTAR is an external investment pool that measures for financial reporting purposes all of its investments at amortized cost. TexSTAR has a redemption notice period of one day and no maximum transaction amounts. The investment pool's authority may only impose restrictions on redemptions in the event of a general suspension of trading on major securities market, general banking moratorium or national or state emergencies.

Interest rate risk. In accordance with its investment policy, the District manages its exposure to declines in fair values by limiting its investments to instruments with shorter-term maturities. The maximum stated maturity of any individual investment shall be no longer than five years, and the dollar-weighted average maturities of any pooled fund shall be no longer than one year.

Concentration of credit risk. The District's investment policy requires the investment portfolio to be diversified in terms of investment instruments, maturity, and financial institutions to reduce risk of loss from over concentration of assets in specific classes of investments, specific maturities or specific issuers. In accordance with the District's policy, the District may meet its obligation to diversify by placing all or part of its investment portfolio in public fund investment pools, money market mutual funds, and certificates of deposit.

Credit risk. For fiscal year 2020, the District invested in TexPool and TexStar. TexPool is duly chartered by the State Comptroller's Office and administered and managed by Federated Investors, Inc. TexStar is duly chartered by the State of Texas Interlocal Cooperation Act and is administered by Hilltop Securities, Inc. and J.P. Morgan Investment Management, Inc. TexPool and TexStar are rated AAAm by Standard and Poor at September 30, 2020. Negotiable and non-negotiable certificates of deposit are fully insured and collateralized by their respective financial institutions.

Notes to the Financial Statements

Custodial credit risk – deposits. In the case of deposits, this is the risk that in the event of a bank failure, the District's deposits may not be returned to it. As of September 30, 2020, District's deposits were not exposed to custodial credit risk because it was insured and collateralized with securities held by the District's agent and in the District's name.

Custodial credit risk – investments. For an investment, this is the risk that, in the event of the failure of the counterparty, the District will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. The District is not exposed to custodial risk due to the investments are insured or registered, or securities are held by the District or its agent in the District's name.

TexPool

TexPool was established as a trust company with the Treasurer of the State of Texas as trustee, segregated from all other trustees, investments and activities of the trust company. The State Comptroller of Public Accounts exercises oversight responsibility over TexPool. Oversight includes the ability to significantly influence operations, designation of management, and accountability for fiscal matters. Additionally, the State Comptroller has established an advisory board composed of both participants in TexPool and other persons who do not have a business relationship with TexPool. The advisory board members review the investment policy and management fee structure.

TexSTAR

The Texas Short Term Asset Reserve Fund (TexSTAR) is a local government investment pool organized under the authority of the Interlocal Cooperation Act, Chapter 791, Texas Government Code, and the Public Funds Investment Act, Chapter 2256, Texas Government Code. TexSTAR was created in April 2002 by contract among its participating governmental units and is governed by a board of directors. JPMorgan Fleming Asset Management (USA), Inc. and First Southwest Asset Management, Inc. act as co-administrators, providing investment management services, participant services, and marketing, respectively. JPMorgan Chase Bank and/or its subsidiary, J.P. Morgan Investor Services, Inc., provides custodial, transfer agency, fund accounting, and depository services.

Discretely Presented Component Unit

As of September 30, 2020, the MCPHD bank balance was \$2,235,496 and was insured and collateralized by the bank's agent in the District's name.

Note 4. Receivables

Amounts recorded as receivable in the General Fund, as of September 30, 2020, are as follows:

			Less	Allowance		Net
	Re	eceivables	for U	ncollectibles	Re	eceivables
Receivables:						
Taxes	\$	1,184,084	\$	(283,898)	\$	900,186
Emergency medical service fees		7,474,630		(3,308,244)		4,166,386
Other		2,361,179		-		2,361,179
Totals	\$	11,019,893	\$	(3,592,142)	\$	7,427,751

Notes to the Financial Statements

Note 5. Property Taxes

The District is authorized to levy a tax on taxable property located within the District in an amount not to exceed the rollback rate for the purpose of paying operating expenses and for debt service. The current tax rate is approximately \$0.0589 per \$100 valuation. Taxes for fiscal year 2020 were levied on property within the District having an assessed valuation of approximately \$59 billion.

Note 6. Primary Government and Component Unit Activity

The District has several interlocal agreements with MCPHD. The management agreement stipulates that the District will manage employees that serve MCHPD for which the District is reimbursed for the costs associated with the personnel. The District also pays vendor-related expenses on behalf of the MCPHD and is reimbursed for these costs as incurred. The District performs certain administrative, human resources, accounting, information technology and records management functions for MCPHD and charges a monthly management fee of approximately \$8,333 per month.

The District and MCPHD have an interlocal agreement to provide community paramedicine services. The District will provide the services and MCPHD will reimburse the District up to \$300 for each patient encounter. For the year ended September 30, 2020, the District recognized as revenue and MCPHD recognized as expense at total \$1,608,400 for services rendered.

The District and MCPHD have also entered into a lease agreement whereby MCPHD leases office space from the District for approximately \$93,000 per year.

Amounts receivable and payable between the District and its component unit at September 30, 2020 were as follows:

Primary Government/Component Unit	Red	ceivables	P	ayables
District - General Fund Component unit - MCPHD	\$	315,838 -	\$	- 315,838
Totals	\$	315,838	\$	315,838

Notes to the Financial Statements

Note 7. Capital Assets

Government capital assets activity for the year ended September 30, 2020 was as follows:

Governmental activities:	eginning alance	A	Additions	Transfers	Ret	irements	Ending Balance
Capital assets, not being depreciated:							
Land and improvements	\$ 2,899,759	\$	-	\$ -	\$	-	\$ 2,899,759
Construction in progress	 6,425,047		1,444,630	 (6,289,436)		-	 1,580,241
Total capital assets, not being depreciated	9,324,806		1,444,630	(6,289,436)		-	4,480,000
Capital assets, being depreciated:							
Buildings and site improvements	26,722,446		14,198	1,464,688		-	28,201,332
Equipment	12,195,361		350,044	964,260		(82,868)	13,426,797
Vehicles	7,571,611		2,680,347	660,466		(568,961)	10,343,463
Communication system	 6,120,073		477,961	 3,200,022		(29,629)	 9,768,427
Total capital assets being depreciated	52,609,491		3,522,550	6,289,436		(681,458)	61,740,019
Less accumulated depreciation for:							
Buildings and site improvements	(6,879,637)		(925,917)	-		-	(7,805,554)
Equipment	(9,276,466)		(1,365,583)	-		82,322	(10,559,727)
Vehicles	(4,478,610)		(1,579,211)	-		568,971	(5,488,850)
Communication system	 (2,441,491)		(829,227)	 -		9,284	 (3,261,434)
Total accumulated depreciation	 (23,076,204)		(4,699,938)	 -		660,577	 (27,115,565)
Total capital assets, being depreciated, net	 29,533,287		(1,177,388)	 6,289,436		(20,881)	 34,624,454
Government activities capital assets, net	\$ 38,858,093	\$	267,242	\$ -	\$	(20,881)	\$ 39,104,454

Depreciation expense was charged to functions/programs for the fiscal year 2020 as follows:

Governmental activities:	
Administration	\$ 287,594
Healthcare assistance	1,819
Emergency medical services	2,029,895
Radio, facilities, and information technology	 2,380,630
Total	\$ 4,699,938

Notes to the Financial Statements

Montgomery County Public Health District's capital asset activity for the year ended September 30, 2020 was as follows:

MCPHD activities:	ginning alance	Ac	ditions	Trar	nsfers	Retire	ements	nding alance
Capital assets, being depreciated: Vehicles	\$ 24,278	\$	-	\$	-	\$	-	\$ 24,278
Total capital assets being depreciated	 24,278		-		-		-	 24,278
Less accumulated depreciation for: Vehicles	 (6,474)		(4,856)		-		-	(11,330)
Total accumulated depreciation	 (6,474)		(4,856)		-		-	 (11,330)
MCPHD activities capital assets, net	\$ 17,804	\$	(4,856)	\$	-	\$	-	\$ 12,948

Depreciation expense was charged \$4,856 for the fiscal year 2020 to the Public Health Department.

Note 8. Long-term Liabilities

A. Changes in Long-term Liabilities

Changes in long-term liabilities for the period ended September 30, 2020 are as follows:

	Beginning					Ending			Due Within	
	I	Balance	h	ncreases	Decreases		Balance		(Dne Year
Governmental activities:										
Capital leases	\$	583,361	\$	38,486	\$	(426,068)	\$	195,779	\$	167,054
Compensated absences		1,208,719		1,991,527		(1,559,220)		1,641,026		1,641,026
Healthcare claims		347,536		3,858,858		(3,966,574)		239,820		239,820
Governmental activities										
long-term liabilities	\$	2,139,616	\$	5,888,871	\$	(5,951,862)	\$	2,076,625	\$	2,047,900
Component unit activities:										
Healthcare claims	\$	9,506	\$	102,965	\$	(106,059)	\$	6,412	\$	6,412
Component unit activities										
long-term liabilities	\$	9,506	\$	102,965	\$	(106,059)	\$	6,412	\$	6,412

For governmental activities, capital leases payable, compensated absences and healthcare claims are liquidated by the General Fund.

Notes to the Financial Statements

B. Capital Leases

The District entered into lease agreements for financing the acquisition of vehicles, equipment and the construction of buildings. The following is a summary of changes in the capital leases of the governmental activities for the fiscal year:

Description	eginning alance	Ac	dditions	Re	eductions	Ending alance
i						
EMS Station 40	\$ 203,180	\$	-	\$	(203,180)	\$ -
EMS Station 43	380,181		-		(222,702)	157,479
Vehicle Lease	-		38,486		(186)	38,300
Totals	\$ 583,361	\$	38,486	\$	(426,068)	\$ 195,779

The future debt service requirements for capital leases as of September 30, 2020 are noted below:

Year Ended		Governmental Activities							
September 30,	Р	rincipal	1	nterest	Total				
2021	\$	167,054	\$	1,495	\$	168,549			
2022		9,575		-		9,575			
2023		9,575		-		9,575			
2024		9,575		-		9,575			
Totals	\$	195,779	\$	1,495	\$	197,274			

Amortization of leased equipment is included with depreciation expense.

Leased buildings and equipment and vehicles under capital leases in capital assets at September 30, 2020, include the following:

Building and site improvements	\$ 2,510,546
Vehicles	38,486
Less: Accumulated depreciation	(394,935)
Total	\$ 2,154,097

Note 9. Pension Plan

A. Plan Description

The District's nontraditional defined benefit pension plan, Texas County and District Retirement System (TCDRS), provides pensions for all of its full-time employees. The TCDRS Board of Trustees is responsible for the administration of the statewide agent multiple-employer public employee retirement system consisting of nearly 800 nontraditional defined benefit pension plans. TCDRS in the aggregate issues a comprehensive annual financial report (CAFR) on a calendar year basis. The most recent CAFR for TCDRS can be found at the following link: www.tcdrs.org.

Notes to the Financial Statements

B. Benefits Provided

TCDRS provides retirement, disability, and death benefits. The plan provisions are adopted by the governing body of the District within the options available in the Texas state statutes governing TCDRS (TCDRS Act). Members can retire with five or more years of service at age 60 and above, with 30 years of service regardless of age, or when the sum of their age and years of service equals 75 or more. Members are vested after five years of service but must leave their accumulated contributions in the plan to receive any employer-financed benefit. Members who withdraw their personal contributions in a lump sum are not entitled to any amounts contributed by the District.

Benefit amounts are determined by the sum of the employee's contribution to the plan, with interest, and employer-financed monetary credits. The level of these monetary credits is adopted by the Board of Directors of the District within the actuarial constraints imposed by the TCDRS Act so that the resulting benefits can be expected to be adequately financed by the employer's commitment to contribute. At retirement, death, or disability, the benefit is calculated by converting the sum of the employee's accumulated deposits and the employer-financed monetary credits to a monthly annuity using annuity purchase rates prescribed by the TCDRS Act.

The Plan is open to new entrants.

C. Employees Covered by Benefit Terms

At the December 31, 2019 valuation and measurement date, the following employees were covered by the benefit terms:

Inactive employees or beneficiaries currently receiving benefits	17
Inactive employees entitled to but not yet receiving benefits	225
Active employees	359
Total	601

D. Contributions

The District has elected the annually determined contribution rate (Variable Rate) plan provisions of the TCDRS Act. The plan is funded by monthly contributions from both employee members and the employer based on the covered payroll of the employee members. Under the TCDRS Act, the contribution rate of the employer is actuarially determined annually. The District contributed using the actuarially determined rate of 6.44 percent or \$1,878,689 for the calendar year 2019. The District contributed \$1,848,678 in actuarially required and supplemental contributions for the fiscal year ended September 30, 2020.

The deposit rate payable by the employee member for calendar year 2019 was 7.0 percent as adopted by the Board of Directors. The employee deposit rate and the employer contribution rate may be changed by the Board of Directors within the options available in the TCDRS Act.

Notes to the Financial Statements

E. Actuarial Assumptions

The total pension liability in the December 31, 2019 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation	2.75%
Payroll growth	2.00%
Real rate of return	5.25%
Long-term investment return	8.00%

The actuarial assumptions that determined the total pension liability as of December 31, 2019, were based on the results of an actuarial experience study for the period January 1, 2013 through December 31, 2016, except where required to be different by GASB 68. In addition, mortality rates were based on the following mortality tables:

Depositing Members	90% of the RP-2014 Active Employee Mortality Table for males and 90% of the RP-2014 Active Employee Mortality Table for females, both projected with 110% of the MP-2014 Ultimate scale after 2014.
Service retirees, beneficiaries and Non-depositing Members	130% of the RP-2014 Healthy Annuitant Mortality Table for males and 110% of the RP-2014 Healthy Annuitant Mortality Table for females, both projected with 110% of the MP-2014 Ultimate scale after 2014.
Disabled retirees	130% of the RP-2014 Disabled Annuitant Mortality Table for males and 115% of the RP-2014 Disabled Annuitant Mortality Table for females, both projected with 110% of the MP-2014 Ultimate scale after 2014.

Notes to the Financial Statements

The long-term expected rate of return on TCDRS assets is determined by adding expected inflation to expected long-term real returns, and reflecting expected volatility and correlation. The numbers shown are based on April 2020 information for a 10 year time horizon. The valuation assumption for long-term expected return is re-assessed at a minimum of every four years, and is set based on a 30-year time horizon, the most recent analysis was performed for the period January 1, 2013 – December 31, 2016. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

		Long-Term
	Target	Expected Real
Asset Class	Allocation	Rate of Return
U.S. equities	14.50 %	5.20%
Private equity	20.00	8.20%
Global equities	2.50	5.50%
International equities - developed markets	7.00	5.20%
International equities - emerging markets	7.00	5.70%
Investment - grade bonds	3.00	-0.20%
Strategic credit	12.00	3.14%
Direct lending	11.00	7.16%
Distressed debt	4.00	6.90%
REIT equities	3.00	4.50%
Master limited partnerships	2.00	8.40%
Private real estate partnerships	6.00	5.50%
Hedge funds	8.00	2.30%
Total	100.00 %	

Discount Rate

The discount rate used to measure the total pension liability was 8.10%. The discount rate was determined using an alternative method to determine the sufficiency of the fiduciary net position in all future years. The alternative method reflects the funding requirements under the funding policy and the legal requirements under the TCDRS Act. TCDRS has a funding policy where the Unfunded Actuarial Accrued Liability (UAAL) shall be amortized as a level percent of pay over 20-year closed layered periods. The employer is legally required to make the contribution specified in the funding policy. The employer's assets are projected to exceed its accrued liabilities in 20 years or less. When this point is reached, the employer is still required to contribute at least the normal cost. Any increased cost due to the adoption of a COLA is required to be funded over a period of 15 years, if applicable. Based on the above assumptions, the projected fiduciary net position is determined to be sufficient compared to projected benefit payments. Based on the expected levels of cash flows and investment returns to the system, the fiduciary net position as a percentage of total pension liability is projected to increase from its current level in future years.

Since the projected fiduciary net position is projected to be sufficient to pay projected benefit payments in all future years, the discount rate for purposes of calculating the total pension liability and net pension liability of the employer is equal to the long-term assumed rate of return on investments. This long-term assumed rate of return should be net of investment expenses, but gross of administrative expenses for GASB 68 purposes. Therefore, a discount rate of 8.10% has been used. This rate reflects the long-term assumed rate of return on assets for funding purposes of 8.00%, net of all expenses, increased by 0.10% to be gross of administrative expenses.

Notes to the Financial Statements

F. Plan Fiduciary Net Position

Detailed Information about the pension plan's fiduciary net position is available in the separately issued TCDRS financial report.

	Increase (Decrease)							
	Total Pension			Plan Fiduciary		et Pension		
	Liability		Net Position		Lia	bility/(asset)		
		(a)	(b)			(a) - (b)		
Balance at December 31, 2018	\$	32,526,573	\$	33,241,284	\$	(714,711)		
Changes for the year								
Service cost		3,186,897		-		3,186,897		
Interest on total pension liability		2,878,563		-		2,878,563		
Difference between expected and actual experience		448,789 -		-		448,789		
Refunds of contributions		(226,101)		(226,101)		-		
Benefit payments		(132,193)		(132,193)		-		
Administrative expense		-		(32,126)		32,126		
Member contributions		-		1,851,878		(1,851,878)		
Net investment income		-		5,455,456		(5,455,456)		
Employer contributions		-		1,878,689		(1,878,689)		
Other changes		-		121,330		(121,330)		
Net changes		6,155,955		8,916,933		(2,760,978)		
Balance at December 31, 2019	\$	38,682,528	\$	42,158,217	\$	(3,475,688)		

Sensitivity Analysis

The following presents the net pension liability (asset) of the District, calculated using the discount rate of 8.10%, as well as what the District's net pension liability (asset) would be if it were calculated using a discount rate that is 1-percentage-point lower (7.10%) or 1-percentage-point higher (9.10%) than the current rate.

	Current						
	1% Decrease Discount Rate					% Increase	
	(7.10%)		(8.10%)		(9.10%)		
District's net pension liability / (asset)	\$	4,858,365	\$	(3,475,688)	\$	(10,068,856)	

Notes to the Financial Statements

G. Pension Expense/Revenue and Deferred Outflows of Resources Related to Pensions

For the fiscal year ended September 30, 2020, the District recognized pension expense of \$1,463,450.

At September 30, 2020, the District reported deferred inflows and outflows of resources related to pensions from the following sources:

	Defer	red Outflows	Defe	erred Inflows
	of	Resources	of	Resources
Differences between expected and actual experience	\$	831,020	\$	671,700
Change in assumptions		66,248		51,675
Net difference between projected and actual earnings				
on pension plan investments		-		750,029
Contributions made subsequent to the measurement date		1,373,159		-
Totals	\$	2,270,427	\$	1,473,404

The \$1,373,159 reported as deferred outflows of resources related to pensions from District contributions subsequent to the measurement date will be recognized as an increase of the net pension asset in the fiscal year ending September 30, 2021. Other amounts reported as deferred inflows and outflows of resources related to pensions will be recognized in pension expense as follows:

Year ended	
September 30,	
2021	\$ (136,057)
2022	(204,439)
2023	102,650
2024	(516,687)
2025	72,248
Thereafter	106,149
Total	\$ (576,136)

Note 10. Summary Disclosure of Significant Contingencies

Risk Management

The District is exposed to various risks of loss related to torts; theft, damage and destruction of assets; errors and omissions; injuries to employees; life and health of employees; and natural disasters. The District purchases commercial insurance for property damage and auto, subject to various policy limits and deductibles. The District also purchases commercial insurance for general liability claims with coverage up to \$1 million per occurrence and \$3 million aggregate subject to various deductibles per occurrence.

The District purchases commercial insurance for workers' compensation benefits with a \$1,000,000 occurrence and per employee policy limit. For the last three years, settled claims have not exceeded commercial insurance coverage, nor has there been any reduction in insurance coverage.

Notes to the Financial Statements

Health Insurance

During 2020, employees of the District were covered by a partially self-insured health insurance plan. The District paid administrative fees and the cost of healthcare claims. Participating employees authorized payroll deductions to partially offset the costs paid by the District. All contributions were paid to a third party administrator acting on behalf of the District. The contract between the District and the third party administrator is renewable annually.

The District was protected against catastrophic individual and aggregate loss by stop-loss coverage up to \$100,000 per individual and \$4,074,653 in aggregate through a commercial insurer licensed to do business in Texas in accordance with the Texas Insurance Code. Estimates of claims payable and of claims incurred but not reported at September 30, 2020 and 2019, are reflected as accrued healthcare claims. Because actual claims liabilities depend on such complex factors as inflation, changes in legal requirements and damage awards, the process used in computing claims liability is an estimate.

Changes in balances of healthcare claims are as follows:

	 2020	2019		
Healthcare claims, beginning of year Incurred claims Claim payments	\$ 357,042 3,961,823 (4,072,633)	\$	101,720 3,831,766 (3,576,444)	
Healthcare claims, end of year	\$ 246,232	\$	357,042	

Contingencies

The District participates in a number of federal and state financial assistance programs. These programs are subject to financial and compliance audits by the grantor agencies. These audits could result in questioned costs or refunds to be paid back to the granting agencies.

Note 11. Healthcare Assistance Program

The healthcare assistance program was established by the District to provide health care services to the indigent residents of Montgomery County. The District entered into contracts with various healthcare providers to provide healthcare services to Montgomery County indigents. Qualifications for the program are based on income level, citizenship, county residency, medical need and financial resources. In conjunction with the sale of the Medical Center Hospital in Conroe (now Conroe Regional Medical Center) to Health Trust on May 26, 1993, the District entered into an Indigent Care Agreement with Health Trust and its successors. The terms of the Indigent Care Agreement ended on May 31, 2008. The Indigent Care Agreement was not renewed. As of June 1, 2008, the District is funding a voluntary estimate of medical care expenses to qualified indigents to those providers that previously were participants in the Indigent Care Agreement.

Notes to the Financial Statements

Note 12. Operating Lease

The District, as the lessor, entered into long-term lease agreements of radio communication towers and equipment for periods ranging from 6 to 25 years. The District's cost for this equipment and related depreciation are shown below:

Radio tower communications equipment	\$ 5,367,314
Less: Accumulated depreciation	(1,799,236)
Total	\$ 3,568,078

The District reports these leases as operating leases based on the terms of the agreements. Accordingly, the assets noted above are recorded in the District's capital assets. Revenue of \$334,128 was recognized in the current year related to the lease of the radio communication towers and equipment plus \$60,000 for management fees and costs.

Minimum future lease payments as of September 30, 2020 are as follows:

	Governmental			
Year Ended	Activities			
September 30,	Principal			
2021	\$	335,661		
2022		337,209		
2023	338,77			
2024	340,353			
2025		285,574		
Thereafter	2,242,888			
Totals	\$	3,880,459		

Note 13. Recent Accounting Pronouncements

GASB Statement No. 84, Fiduciary Activities (GASB 84), establishes criteria for identifying fiduciary activities of all state and local governments. The focus of the criteria generally is on 1) whether a government is controlling the assets of the fiduciary activity and 2) the beneficiaries with whom a fiduciary relationship exists. Separate criteria are included to identify fiduciary component units and postemployment benefit arrangements that are fiduciary activities. The requirements of this statement were originally effective for reporting periods beginning after December 15, 2018; however, issuance of GASB Statement No. 95, Postponement of the Effective Dates of Certain Authoritative Guidance (GASB 95), extended the effective date of GASB 84 to reporting periods beginning after December 15, 2019, with earlier application encouraged. GASB 84 will be implemented in the District's fiscal year 2021 financial statements and the impact has not yet been determined.

Notes to the Financial Statements

GASB Statement No. 87, Leases (GASB 87), establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under GASB 87, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments' leasing activities. The requirements of this statement were originally effective for reporting periods beginning after December 15, 2019; however, issuance of GASB Statement No. 95, Postponement of the Effective Dates of Certain Authoritative Guidance (GASB 95), extended the effective date of GASB 87 to reporting periods beginning after June 15, 2021, with earlier application encouraged. GASB 87 will be implemented in the District's fiscal year 2022 financial statements and the impact has not yet been determined. This Page Intentionally Left Blank

Required Supplementary Information

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Variance

Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget to Actual – General Fund Year Ended September 30, 2020

	Budgeter	d Amounts		Final Budget - Positive
	Original	Final	Actual	(Negative)
REVENUES				
Property taxes	\$ 34,623,604	\$ 34,623,604	\$ 34,546,437	\$ (77,167)
Program revenues	20,363,109	20,451,109	20,426,290	(24,819)
Charges for Services	226,064	226,064	227,405	1,341
Intergovernmental	600,000	600,000	739,420	139,420
Investment earnings	1,040,509	952,509	634,222	(318,287)
Miscellaneous	205,210	541,288	1,132,116	590,828
Total revenues	57,058,496	57,394,574	57,705,890	311,316
EXPENDITURES				
Current				
Administration	8,937,880	9,212,363	9,202,159	10,204
Healthcare assistance	6,120,199	6,120,392	6,661,818	(541,426)
Emergency medical services	35,276,508	34,478,615	34,023,041	455,574
Radio, facilities, and information technology	5,958,719	6,020,168	5,420,634	599,534
Debt service				
Principal retirement	390,979	390,984	426,068	(35,084)
Interest and fiscal charges	7,785	7,780	7,800	(20)
Capital outlay	5,096,115	5,441,429	4,967,180	474,249
Total expenditures	61,788,185	61,671,731	60,708,700	963,031
Excess of expenditures over revenues	(4,729,689)	(4,277,157)	(3,002,810)	1,274,347
OTHER FINANCING SOURCES				
Capital lease	-	-	38,486	38,486
Proceeds from sale of capital assets	30,000	30,000	43,920	13,920
Total other financing sources	30,000	30,000	82,406	52,406
Net change in fund balance	(4,699,689)	(4,247,157)	(2,920,404)	1,326,753
Fund balance - beginning	46,288,118	46,288,118	46,288,118	
FUND BALANCE - ENDING	\$ 41,588,429	\$ 42,040,961	\$ 43,367,714	\$ 1,326,753

The Notes to Required Supplementary Information are an integral part of this schedule.

Schedule of Changes in Net Pension Liability (Asset) and Related Ratios Year Ended September 30, 2020*

		2020		2019	
TOTAL PENSION LIABILITY Service cost Interest	\$	3,186,897 2,878,563	\$	2,985,032 2,458,698	
Effect of plan changes		-		-	
Effect of economic/demographic (gains) or losses		448,789		(48,347)	
Effect of assumptions changes or inputs		-		-	
Refund of contributions		(226,101)		(398,177)	
Benefit payments, including refunds of employee		(122,102)		(40.004)	
contributions		(132,193)		(68,884)	
Net change in total pension liability		6,155,955		4,928,322	
Total pension liability - beginning		32,526,573		27,598,251	
TOTAL PENSION LIABILITY - ENDING (a)	\$	38,682,528	\$	32,526,573	
PLAN FIDUCIARY NET POSITION					
Contributions - district	\$	1,878,689	\$	1,631,063	
Contributions - employee	Ý	1,851,878	Ψ	1,679,036	
Net investment income (loss)		5,455,456		(543,548)	
Benefit payments, including refunds of employee		_,,		(= -=	
contributions		(132,193)		(68,884)	
Refund of contributions		(226,101)		(398,177)	
Administrative expense		(32,126)		(26,700)	
Other		121,330		87,804	
Net change in plan fiduciary net position		8,916,933		2,360,594	
Plan fiduciary net position - beginning		33,241,284		30,880,690	
PLAN FIDUCIARY NET POSITION - ENDING (b)	\$	42,158,217	\$	33,241,284	
NET PENSION LIABILITY (ASSET) - ENDING (a) - (b)	\$	(3,475,688)	\$	(714,711)	
Plan fiduciary net position as a percentage of total pension liability		108.99%		102.20%	
Covered payroll		26,455,402		23,986,225	
Net pension liability (asset) as a percentage of covered payroll		-13.14%		-2.98%	

*GASB Statement No. 68 requires 10 years of data; however, we have shown only the years for which the GASB statements have been implemented. Additionally, GASB Statement No. 68 requires that the information on this schedule correspond with the plan's measurement date, December 31.

The Notes to Required Supplementary Information are an integral part of this schedule.

Exhibit E-1

	2018		2017		2016		2015
\$	2,789,010	\$	2,759,688	\$	2,241,909	\$	1,935,546
φ	2,068,859	φ	1,662,372	φ	1,439,974	φ	1,105,667
	2,000,037		-		(124,742)		473,611
	260,230		(510,769)		(1,013,480)		827,063
	(82,680)		-		176,666		-
	(333,377)		(260,640)		(103,230)		-
	(38,637)		(26,925)		(18,562)		(193,020)
	4,663,405		3,623,726		2,598,535		4,148,867
	22,934,846		19,311,120		16,712,585		12,563,718
\$	27,598,251	\$	22,934,846	\$	19,311,120	\$	16,712,585
-		-					
<u>,</u>	1 170 007	<i>.</i>	4 500 005	<u>,</u>	1 404 000	<u>_</u>	1 000 500
\$	1,479,097	\$	4,539,035	\$	1,406,230	\$	1,093,580
	1,524,842		1,385,264		1,333,823		1,190,523
	3,633,221		1,300,958		(197,756)		822,292
	(372,014)		(287,565)		(121,792)		(193,020)
	- (20,537)		- (14,145)		- (11,770)		- (10,485)
	(20,037) 35,077		297,659		(11,770) 270		1,284
	00,011		277,007		270		1,201
	6,279,686		7,221,206		2,409,005		2,904,174
	24,601,004		17,379,798		14,970,793		12,066,619
\$	30,880,690	\$	24,601,004	\$	17,379,798	\$	14,970,793
\$	(3,282,439)	\$	(1,666,158)	\$	1,931,322	\$	1,741,792
	111.89%		107.26%		90.00%		89.58%
	21,783,458		19,775,929		19,054,613		17,006,833
	-15.07%		-8.43%		10.14%		10.24%

Schedule of District Contributions to Texas County and District Retirement System (TCDRS) Year Ended September 30, 2020*

	2020		2019	
Actuarially determined contribution Contributions in relation to the actuarially	\$	1,848,678	\$	1,680,793
determined contributions		(1,848,678)		(1,855,754)
CONTRIBUTION DEFICIENCY (EXCESS)	\$	-	\$	(174,961)
Covered payroll	\$	28,384,921	\$	25,719,067
Contributions as a percentage of covered payroll		6.51%		6.54%

*GASB Statement No. 68 requires 10 years of data; however, we have shown only the years for which the GASB statements have been implemented. Additionally, GASB Statement No. 68 requires that the information on this schedule correspond with the District's fiscal year end, September 30.

The Notes to Required Supplementary Information are an integral part of this schedule.

Exhibit E-2

 2018	 2017		2016		2015
\$ 1,558,054	\$ 1,552,855	\$ 1,611,799		\$	1,306,500
 (1,558,054)	 (4,385,991)		(1,611,799)		(1,306,500)
\$ -	\$ (2,833,136)	\$	-	\$	_
\$ 22,920,977	\$ 21,414,773	\$	19,339,917	\$	18,236,372
6.80%	7.25%		8.33%		7.16%

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Notes to the Required Supplementary Information

Note 1. Budget

A. Budgetary Information

The District adopts a budget each fiscal year in accordance with Generally Accepted Accounting Principles (GAAP).

Encumbrance accounting is utilized in all governmental fund types. Any encumbered appropriation lapse at year-end must be reappropriated in the following year. Encumbrances for materials, other goods and purchased services are documented by purchase orders or contracts. Encumbrances outstanding at year-end do not constitute expenditures or liabilities under GAAP. The District honors these commitments and records GAAP expenditures in the subsequent year as the transactions are completed. At year end, the District committed a portion of fund balance for outstanding encumbrances of \$1,007,279 and assigned a portion of fund balance for outstanding encumbrances of \$383,941 in the general fund.

There were no significant variances in the general fund between final budget and actual.

Actual expenditures exceeded the final budget as follows:

	Final Budget	Actual Expenditures		Excess	
General Fund:	 0			 	
Healthcare assistance	\$ 6,120,392	\$	6,661,818	\$ (541,426)	
Debt service					
Principal retirement	390,984		426,068	(35,084)	
Interest and fiscal charges	7,780		7,800	(20)	

Notes to the Required Supplementary Information

B. Pensions

Valuation Date

Actuarially determined contribution rates are calculated on a calendar year basis as of December 31, two years prior to the end of the fiscal year in which the contributions are reported.

Methods and assumptions used to determine contributions rates:

Actuarial cost method	Entry age
Amortization method	Level percentage of payroll, closed
Remaining amortization period	14.3 years (based on the contribution rate calculated in 12/31/2019 valuation)
Asset valuation method	5 year smoothed market
Inflation	2.75%
Salary increases	Varies by age and service. 4.9% average over career including inflation.
Investment rate of return	8.00%, net of administrative and investment expenses, including inflation.
Retirement Age	Members who are eligible for service retirement are assumed to commence receiving benefit payments based on age. The average age at service retirement for recent retirees is 61.
Mortality	130% of the RP-2014 Healthy Annuitant Mortality Table for males and 110% of the RP- 2014 Healthy Annuitant Mortality Table for females, both projected with 110% of the MP-2014 Ultimate scale after 2014.
Changes in Assumptions and Methods Reflected in the Schedule of Employer Contributions	2015: New inflation, mortality and other assumptions were reflected. 2017: New mortality assumptions were reflected.
Changes in Plan Provisions Reflected in the Schedule of Employer Contributions	 2015: Employer contributions reflected that the current services matching rate was increased to 175% for future benefits. 2016: Employer contributions reflected that the current services matching rate was increased to 200%. 2017: New Annuity Purchase Rates were reflected for benefits earned after 2017. 2018: No changes in plan provisions were reflected in the Schedule. 2019: No changes in plan provisions were reflected in the Schedule.

Overall Compliance and Internal Control Section

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Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed In Accordance with *Government Auditing Standards*

The Board of Directors of Montgomery County Hospital District 1400 South Loop 336 West Conroe, Texas 77304

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the discretely presented component unit, and the major fund of Montgomery County Hospital District (the District) as of and for the year ended September 30, 2020, and the related notes to the financial statements, which collectively comprise the District's basic financial statements, and have issued our report thereon dated March 10, 2021.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the District's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified. The Board of Directors of Montgomery County Hospital District

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Weaver and Siduell, L.J.P.

WEAVER AND TIDWELL, L.L.P.

Conroe, Texas March 10, 2021

Schedule of Findings and Responses Year Ended September 30, 2020

Section 1. Summary of Auditors' Results

Financial Statements

1.	Type of auditors' report issued	Unmodified			
2.	Internal control over financial reporting:				
	a. Significant deficiency(ies) identified that are not considered to be material weaknesses?	None reported			
	b. Material weakness(es) identified?	No			
3.	Noncompliance material to the financial statements noted?	No			
Section 2. Financial Statement Findings					
Findings Related to Internal Control Over Financial Reporting					

None reported

Findings Related to Compliance with Laws and Regulations

None reported

Montgomery County Hospital District Summary Schedule of Prior Audit Findings Year Ended September 30, 2020

Prior Year Findings

None reported.

Agenda Item # 10



To: Board of Directors

From: Brett Allen, CFO

Date: March 23, 2021

Re: District Insurance Renewal Portfolio

Present, consider and act on the renewal of the District insurance portfolio. (Mr. Grice, Treasurer – MCHD Board)

Agenda Item #11



To: Board of Directors

From: Randy Johnson, CEO

Date: March 23, 2021

Re: Public Health District Board Position

Consider and act on MCHD board member representation for the Public Health District board. (Ms. Whatley, Chairperson – MCHD board)

Agenda Item # 12



To: Board of Directors

From: Randy Johnson, CEO

Date: March 23, 2021

Re: CEO Report

Last Month's Updates:

- Shawn Granger, our Laserfiche process manager, won the "Healthcare Impact Award" for her work building and improving processes in the MCHD Laserfiche filing and retrieval system. She was recognized and asked to speak at the Virtual Laserfiche annual national conference. She has obviously done a very impressive job implementing systems for district record processes.
- The Image Trend consultants were on site assisting MCHD with implementation of the new e-PCR, to be in the field by the beginning of May.
- MCPHD and MCHD has worked together to provide vaccinators and vaccines to MOCO residents who wish to have a Moderna vaccine. The staff has done a very excellent and efficient job as evidenced by the extremely complimentary feedback I have received from residents who have been vaccinated at the sites we have manned. We have worked at sites including:
 - Montgomery County Airport
 - o St. Luke's Hospital
 - Convention Center Grounds
 - Woodforest Stadium
 - Bentwater/Dollar general Stores/Montgomery/East County/Dell Webb/and HCAP patients.

Melissa Miller, Sean Simmons (especially Sean Simmons), and Alicia Williams have done an outstanding job helping coordinate vaccinations, vaccinators, scheduling and logistics for many of the vaccination sites held in the county. They have worked tirelessly with Jason and Darren Hess at EOM to help coordinate and provide staff for vaccination sites.

I have received extremely high praise for all the EMS and Public health staff who have manned the sites. They are courteous, professional, and efficient. We have great care providers at MCHD.

- We have had multiple meetings with our staff and community partners, performing the "freeze week" AAR.
- We met with MCHD Command and Medical Staff, Harris County ESD 11 Command Staff (the entity taking over Cyprus Creek effective September 4th), and Chief Buck of The Woodlands Fire Department, to discuss coordinating and integrating care when ESD11 begins operation.

Melissa Miller, Justin Evans, and I met with Splendora city officials to discuss expanding the city
park use to include one acre of wooded property that MCHD owns located between the
Splendora tower and the Splendora city park. We will update you on any park expansion
information as we receive more information.

Plans for the coming 60 days:

- We may implement the scheduling software we have been testing earlier than we planned as we may have 30 days' time lag with Image Trend.
- We continue to move from manual record processes in all areas of the company to Laserfiche system.
- Station 15 will finally be complete during this quarter.
- On March 26th, Brett Allen, Karen Webb, and I will review the results of the Zoll Billing Consultant Engagement and determine the billing adjustment plan for the next six months, at which time we will review progress and implement any needed changes.
- On March 26th, Chief Campbell and I will be on a Zoom Panel for the American Heart Association to discuss the benefits of telephonic CPR instructions given to families of cardiac victims through the 991 call center. The AHA is working to pass a bill that would require that all 911 systems have a means to provide telephonic CPR.
- EMS staff, fleet staff and executive staff will review a Frazer demonstration ambulance in order to evaluate the best value for purchasing and maintaining our ambulance fleet in the future.
- We are working with ET3 providers across the country on monthly calls to learn best practices for the EMS Medicare ET3 program, which we will be implementing January, 2022.
- We have a new NEOP class beginning March 22nd.
- Brett Allen and I will be attending the Woodlands Economic Outlook Conference in April. This should help us in our budget projections for the coming three years.
- Steve Wirth with PWW will be at MCHD in April to do a two day HIPAA audit. This should complete all HIPAA housekeeping responsibilities needed until the end of this calendar year.
- April 27 29, I will attend the PWWabc360 Virtual Zoom conference to review current EMS billing and operations best practices.
- We will begin the capital and personnel planning for the 2022 MCHD budget.

Respectfully Submitted,

Randy

Agenda Item # 13

To: Board of Directors

From: James Campbell/Justin Evans

Date: March 23, 2021

Re: Winter Storm 2021

Presentation on the action review report of Winter Storm 2021. (Ms. Whatley, Chairperson – MCHD Board)

"Presentation will be given at the board meeting"



Agenda Item # 14



To: Board of Directors

From: Randy Johnson, CEO

Date: March 23, 2021

Re: PWW Compliance Audit

Consider and act on the ratification of agreement for PWW Compliance Audit. (Ms. Whatley, Chairperson – MCHD Board)

CONFIDENTIAL

HIPAA Compliance Proposal

Montgomery County Hospital District





ne National EMS industry Law Fim

February 23, 2021

Page, Wolfberg & Wirth, LLC 5010 E. Trindle Road, Suite 202 Mechanicsburg, PA 17050 (717) 691-0100 (717) 691-1226 (fax) Web Site: www.pwwemslaw.com

HIPAA COMPLIANCE PROGRAM PROJECT

Montgomery County Hospital District (MCHD) is seeking an outside review of its HIPAA Compliance. MCHD desires to engage an experienced firm, with specific expertise on HIPAA in the Fire and EMS industry, to conduct a comprehensive audit of MCHD's current compliance environment and provide solutions to MCHD that address issues. This proposal outlines the approach that PWW would take to a full HIPAA compliance assessment for MCHD.

A. Scope of Work

PWW will review, audit, update, develop and assist MCHD with implementing a HIPAA Compliance Program for MCHD; including but not limited to the drafting of all documents for MCHD to be in administrative compliance with the HIPAA privacy rules, the HIPAA security rules and the HIPAA breach notification rules.

1. HIPAA Privacy Compliance Program

PWW will:

- Conduct a "gap analysis" to compare MCHD's current privacy practices to HIPAA's privacy requirements;
- (2) Identify areas of deficiency in relation to HIPAA's requirements and assist MCHD HIPAA team in addressing such issues.
- (3) Prepare written privacy policies and procedures legally required by HIPAA tailored to MCHD's privacy guidelines which comply with HIPAA's privacy regulations; and
- (4) Review and revise all forms to comply with HIPAA's privacy requirements (including the Notice of Privacy Practices, HIPAA authorizations and forms used to exercise HIPAA rights).

2. HIPAA Security Compliance Program

PWW will:

- Conduct a risk analysis to compare MCHD's current practices to HIPAA's security;
- (2) Perform risk management process to determine whether the safeguards identified during the risk analysis process are reasonable and appropriate based on the level of risk to the data and decide upon any changes that should be implemented to appropriately reduce the level of risk;
- (3) Prepare written security policies and procedures legally required by HIPAA, tailored to the MCHD's security safeguards implemented to safeguard protected health information, addressing each standard and implementation specification as required by HIPAA;
- (4) Draft all forms to comply with HIPAA's security requirements.

3. HIPAA Breach Notification Compliance Program

PWW will:

- Develop written policies and procedures addressing MCHD's specific guidelines for responding to a HIPAA breach (the "HIPAA Security Incident Response Plan"); and
- (2) Prepare all documents, notices, model notices, FAQ's etc. required or recommended for compliance.



-

B. On-Site Audit

PWW will fully assess MCHD's HIPAA compliance environment during a 2-day on-site audit at MCHD. The on-site audit will include interviews of key officials at MCHD and an inventory and appraisal of MCHD systems, processes, and controls related to HIPAA compliance. PWW will conduct a baseline review of MCHD's compliance with:

- 1. The HIPAA Security Rule;
- 2. The HIPAA Breach Notification Rule; and
- 3. The HIPAA Privacy Rule

During the audit PWW will perform the following activities:

- Determine whether MCHD has conducted a thorough Risk Analysis and if not, guide MCHD through the Risk Analysis process.
- Determine whether MCHD has acquired appropriate IT systems and services to protect ePHI.
- Analyze whether MCHD has an appropriate method to review electronic system activity.
- Assess MCHD's Risk Management Program and determine whether it is adequate to address perceived security risks to ePHI.
- Interview MCHD's official in charge of HIPAA Security and Privacy and conduct an audit of the job description and actual job duties.
- Assess MCHD's workforce clearance procedures and termination procedures.
- Review MCHD's policies and procedures for access to ePHI and evaluate existing security measures related to access controls.
- Assess MCHD's protections from malicious software; log-in monitoring; and password management procedures.
- Analyze MCHD's training measures for its workforce on HIPAA Security, Privacy and Breach Notification.
- Assess MCHD's contingency plan, data backup plan, disaster recovery plan, and emergency mode operation plan.
- Determine if MCHD used appropriate standards and measurements when reviewing implementation specifications of the Security Rule.
- Conduct an analysis of existing physical security vulnerabilities at the organization.
- Ensure that MCHD has in place a Facility Security Plan and contingency operations procedures.
- Ensure that MCHD holds maintenance records for ePHI systems.
- Assess MCHD's workstations, including the types and functions or uses of workstations, physical surroundings, methods of access to workstations and physical safeguards for workstations. This includes an assessment of MCHD's ePCR solution.
- Assess how MCHD disposes of ePHI.
- Assess MCHD's data backup and storage procedures for ePHI.
- Assess whether MCHD is appropriately utilizing encryption for its ePHI.
- Ensure that all system users have been assigned a unique identifier for access to ePHI and have appropriate access to ePHI.

- Assess the tools used for auditing and reviewing system activity on MCHD's systems.
- Evaluate MCHD's breach assessment process and polices for notification of breaches to individuals, HHS and the media. Review any sample breach notices and how MCHD has handled breach notification in the past.
- Review MCHD's policies and procedures regarding:
 - o Obtaining authorization when required for use or disclosure of PHI
 - o Uses and disclosures of PHI for treatment, payment and healthcare operations
 - o Uses and disclosures required by law
 - Minimum necessary for use and disclosures of PHI
 - o Patient access to PHI
 - o Requests for restrictions on the use and disclosure of PHI
 - o Requests for amendment to PHI
 - o Requests for an accounting of disclosures of PHI
 - o Complaints
 - Workforce training and sanctions
 - o Mitigation
 - Refraining for retaliatory acts.
- Identify all business associates of MCHD and review MCHD's business associate agreements.
- Evaluate MCHD's Notice of Privacy Practices and policies regarding the distribution of the Notice.



LIST OF QUALIFICATIONS

HIPAA Compliance Program Projects in Past 5 Years

Attorney Ryan Stark was the lead project manager on all projects below and performed a majority of the work. He would be the project manager on this project with the assistance of Attorney Stephen Wirth.

Client	Brief Description of Matter
City of Los Angeles, CA Fire Department	HIPAA Compliance Project
South County Fire Department	HIPAA Compliance Project
City of Frisco, TX Fire Department	HIPAA Compliance Project
Richmond Ambulance Authority (VA)	HIPAA Compliance Project
City of Irving, TX Fire Department	HIPAA Compliance Project
City of Allen, TX Fire Department	HIPAA Compliance Project
City of Garland, TX Fire Department	HIPAA Compliance Project
City of Burnsville, MN Fire Department and Ambulance Service	HIPAA Compliance Project
City of DeSoto, TX Fire Department	HIPAA Compliance Project
City of San Antonio, TX Fire Department	HIPAA Compliance Project
Daisy Mountain Fire Department (AZ)	HIPAA Compliance Project
City of Cedar Hill, TX Fire Department	HIPAA Compliance Project
Adams County Fire Protection District	HIPAA Compliance Project
Palm Beach County (FL) Fire Rescue	HIPAA Compliance Project
Health Services Integration (CA) – Third Party Billing	HIPAA Compliance Project
Enhanced Management Services (PA) – Third Party Billing	HIPAA Compliance Project

Professional Fees

Total Professional fees for this project are: **\$20,000 plus expenses outlined in this Proposal.**

Direct expenses (such as travel) are not included in any professional fees and are billed separately to the Client. Direct expenses will be billed at the actual cost and are billed as they are incurred.

Direct expenses that will be charged to Client include:

- Mileage (at IRS rate in effect at the time of travel)
- Airfare (economy/coach class)
- Rental car (standard/economy class)
- Ride share (Uber, Lyft)
- Ground transportation (taxi, etc., if not using a rental car)
- Lodging
- Parking (including onsite and airport parking, when applicable)
- Meals (only during travel to/from Client and while onsite)
- Copies (only for outsourced copying that we cannot perform in-house)

We will not charge any direct expenses not listed above to Client without the express, written approval of Client.

FIRM PROFILE

Page, Wolfberg & Wirth is the nation's preeminent EMS, ambulance and medical transportation industry law and consulting firm, serving private, public and nonprofit MCHDs throughout the United States. Its three founding partners, (the late) Jim Page, Doug Wolfberg and Steve Wirth, were all longtime EMS providers, managers, administrators, authors and speakers and their work is known in the ambulance industry throughout the country. PWW provides legal representation and consulting advice to ground and air ambulance services, third party billing companies, EMS and ambulance trade associations, hospitals and healthcare systems, management firms, EMS industry manufacturers, ambulance industry software and technology companies, and other entities which serve the nation's ambulance industry.

PWW's professional services encompass all of the critical issues faced by ambulance services and EMS organizations in today's complex business and regulatory environment. PWW is the leading national firm when it comes to HIPAA compliance and patient privacy issues. The firm's "Ambulance Service Guide to HIPAA Compliance" and related materials have become the standard HIPAA compliance tools for EMS agencies and ambulance services nationwide. In addition to HIPAA compliance, the firm's practice areas include reimbursement, contracting, employment and workplace law, transactional law and consulting (including asset valuation, asset and stock sale/purchase agreement negotiation and drafting and related tasks), and a wide variety of other EMS law and consulting issues.

The ambulance industry professionals at PWW are some of the best-known and highly sought-after speakers and authors in the nation. Their presentations have been featured in EMS conferences, seminars and other events in every state in the country, and their writing has been featured in hundreds of articles, books, websites and other publications nationally.

Additional information regarding Page, Wolfberg & Wirth is available at <u>www.pwwemslaw.com</u>.

CONFIDENTIAL PROPOSAL Page 8

TERMS AND CONDITIONS

A. Acceptance of Proposal

To accept this Proposal, please sign the Acceptance Form (Appendix B) and return it to us, along with the deposit for the work selected. Our engagement is not considered finalized until we receive the signed Acceptance Form from an authorized representative of the company, and the initial payment has been deposited and cleared.

B. <u>Payment Terms</u>

An initial deposit is required as set forth on the Acceptance Form (Appendix B). Subsequent payments are due when billed by PWW after the project Report and policies are delivered to the Client and the project completed. Expenses (as described below) are billed to the Client as they are incurred.

C. Expiration of Proposal

This Proposal is valid for sixty (60) days from the date shown on the cover page.

D. Important Notices

PWW provides all services with the following disclaimers, and by signing and returning the Acceptance Form you acknowledge that you have read and agree to these terms:

- Our services, although specifically intended to assist you in assessing your compliance with applicable federal laws and regulations pertaining to patient privacy and HIPAA, cannot be interpreted as a guarantee of any such compliance. Further, the completion of any PWW compliance-related services or the receipt of any advice or counsel from PWW is not a guarantee that Client will not be the subject of any audits, actions or investigations with regard to its privacy or business practices.
- Client is responsible at all times for its compliance practices, and Client is solely responsible for any judgment, settlement or demand, and legal fees and costs, incurred as a result of any audit, action or investigation.
- Our services do not constitute the rendering of professional financial, accounting or bookkeeping services.

- Client agrees to waive any conflicts that may arise from our representation of other companies, agencies or ambulance services in your area with which your organization may have a business relationship, adverse or competitive business interest, or other relationship, though we agree not to use any of your confidential information to your detriment and to maintain the attorney-client relationship, where applicable, to the maximum extent required by law.
- We treat all of our work product and communications with you as confidential. Our firm employs attorneys, as well as non-legal professionals, such as consultants and others, who provide professional consulting services or who may assist our attorneys in their provision of legal services to our clients. The names of our firm's attorneys are identified individually under the heading "Attorneys" on our website. Our non-attorney consultants are identified on our website under the heading "Consultants." If you are dealing with an employee or representative of this firm who is not listed as an "Attorney," please note that this individual is not an attorney and not licensed to practice law. If you have any concerns about attorney-client privilege or other issues regarding communications with our non-attorney professionals, please contact one of our attorneys.
- We also disclaim any responsibility to counsel you on matters of state law in any jurisdiction in which none of our attorneys are licensed to practice law. Our attorneys are members of the bar of the states identified on our letterhead. Regarding the laws of any other state, we are acting only in a consulting capacity. We may act in a legal capacity in other states in situations where we are permitted by law to do so.
- We are not experts in information technology systems. We therefore cannot advise Client on specific hardware, software, or technical security requirements beyond the security risk assessment and recommendations. We urge Client to consult with a qualified information technology consultant to implement any of the recommendations that we provide as part of the security risk assessment that is a component of this Proposal.

CONFIDENTIAL PROPOSAL Page 10

APPENDIX A HIPAA Business Associate Assurances

CONFIDENTIAL PROPOSAL Page 11

HIPAA BUSINESS ASSOCIATE ASSURANCES

PWW will carry out its responsibilities in compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended and protect the privacy and security of any personally-identifiable PHI that we collect, process or learn of as a result of providing services on your behalf. PWW agrees that it will:

- 1. Not use or further disclose PHI other than as permitted or required by this Agreement or as required by law;
- 2. Use appropriate safeguards and comply, where applicable, with the HIPAA Security Rule with respect to electronic protected health information ("ePHI"), to prevent use or disclosure of PHI other than as provided for by this Agreement;
- 3. Report to you any use or disclosure of PHI not provided for by this Agreement of which we become aware, including any security incident (as defined in the HIPAA Security Rule) and any breaches of unsecured PHI as required by 45 CFR §164.410;
- 4. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), ensure that any subcontractors that create, receive, maintain, or transmit PHI on our behalf agree to the same restrictions, conditions, and requirements that apply to us with respect to such information;
- 5. Make PHI in a designated record set available to Client and to an individual who has a right of access in a manner that satisfies Client's obligations to provide access to PHI in accordance with 45 CFR §164.524;
- 6. Make any amendment(s) to PHI in a designated record set as directed or agreed to by Client pursuant to 45 CFR §164.526;
- 7. Maintain and make available PHI to Client or an individual who has a right to an accounting of disclosures of PHI as necessary to satisfy Client's obligations under 45 CFR §164.528;
- 8. To the extent that PWW is to carry out any of Client's obligations under the HIPAA Privacy Rule, PWW shall comply with the requirements of the Privacy Rule that apply to Client when it carries out that obligation;
- 9. Make our internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by PWW on behalf of Client, available to the Secretary of the Department of Health and Human Services for purposes of determining compliance with HIPAA; and

10. At the termination of this Agreement, PWW shall return or destroy all PHI received from, or created or received by PWW on behalf of Client and retain no copies of such PHI. If return or destruction is infeasible, the protections of this Agreement will extend to such PHI.

Permitted and Required Uses and Disclosures of PHI by PWW. PWW may use or disclose PHI as permitted by HIPAA and as necessary to perform the services that PWW has been engaged to perform on behalf of Client.

Termination. Client may terminate this Agreement if Client determines that PWW has violated a material term of the Agreement. Notwithstanding any other provisions of this Agreement, if either party knows of a pattern of activity or practice of the other party that constitutes a material breach or violation of the other party's obligations under this Agreement, that party shall take reasonable steps to cure the breach or end the violation, as applicable, and, if such steps were unsuccessful terminate the Agreement, if feasible.

PAGE, WOLFBERG & WIRTH, LLC

APPENDIX B Acceptance Form



CONFIDENTIAL PROPOSAL Page 14

Acceptance Form

On behalf of the Client, I agree to the terms outlined herein and accept the HIPAA Compliance Services Proposal. Keep a copy of this Acceptance Form and return the original, signed Acceptance Form, along with the appropriate deposit, to:

> Page, Wolfberg, & Wirth, LLC 5010 East Trindle Road, Suite 202 Mechanicsburg, PA 17050 (717) 691-0100 (717) 691-1226 (fax)

Montgomery County Hospital District

Signature

Print Name

2/24/202/ Date

Title

PAYMENT OF DEPOSIT – Deposit is One-Half of Total Professional Fees - \$10,000

Deposits can be paid by check or credit card.

Circle One: N	/isa	MasterCard	American Express	Discover
Card No				
Expiration Dat	e			
Name as it Ap	pears	on Card		
Amount \$			Phone	
Signature				
	author		dholder on the above acco rg & Wirth, LLC to charge	•

Agenda Item # 1



To: Board of Directors

- From: James Campbell
- Date: March 23, 2021
- RE: EMS Division Report

Executive Summary

- Customer service scores for February 2021 rank MCHD 1st compared to other EMS systems. There were 296 patient surveys returned between 2/1/2021 and 2/28/2021. Our average survey score was 94.77, and 87.77% of responses gave MCHD the highest rating of "very good." Overall, 99.57% of responses were positive.
- Over the past year, one might expect our customer services scores to stay the same or perhaps decrease. It is a true testament to our core values and our people to see our customer service scores increase, we are very proud of our entire team.
- We continue to diligently monitor staffing on a daily basis. At the time of this report we have (8) total people out, (4) In-Charges and (4) Attendants. For the first time in months, we don't have anyone out secondary to COVID-19.
 - Last month December and January staffing numbers were shared with the Board of Directors, below you will find more staffing information for January and February 2021. In addition, this information was presented to all MCHD EMS employees during the Q1, 2021 CE.
 - January 2021: 23% of vacancies were secondary to COVID-19, a decrease from 36% in December 2020.
- DCS, Operations, Alarm, and Quality continued discussions regarding implementing a 9-1-1 BLS ambulance in the future. We will continue to look at the data and talk with other organizations with tiered 9-1-1 systems to see if this will be a good option for MCHD.
- EMS Administration is working to complete yearly evaluations for administration and the Chief group. Evaluations will be delivered the last week in March 2021.
- We continue to have regular discussion with ESD-11 as they work towards developing their new EMS system. We are focused on developing good lines of communication and optimistic there will be great collaboration between the two organizations as we move forward.

Department of Clinical Services

• The Clinical Department, IT, Billing and Quality worked collaboratively with Imagetrend staff to ensure a seamless transition to our new ePCR. All met during the week of March 15th to overview processes, software implementation, rules and QA/QI review to develop future best practices.

- Imagetrend and Zoll training will take place between March 22 and April 1st for field staff. The target date to go
 live with Imagetrend ePCR will be early April 2021. The Zoll training will focus around the new technologies BVM
 assist and the TBI dashboard that will be on the newly purchased Zoll X-series.
- Professional Development Captain Wells-Whitworth is training all EMS Captains on Agency 360. MCHD will soon begin using Agency 360 as the documentation piece for all promotional and NEOP processes. This will create a more consistent, efficient and accountable system for our new hire and promotional processes.
- Dr. Dickson and Dr. Patrick were headlined on <u>ems1.com</u> for a recent MCHD Paramedic Podcast "The No. 1 rule of the pediatric exam". Additionally, the MCHD Paramedic Podcast celebrated passing the milestone of recording 100 episodes. We are proud to work with two forward thinking Medical Directors that are driving the educational direction of the industry.
- NEOP will begin March 25th. We will be onboarding 13 field employees and 3 Alarm employees.
- Education Supervisor Lee Gillum has transferred our online training CE to Target Solutions and has begun a soft rollout to field staff.
- Bryan Perry has spent his first few weeks meeting with all of our FRO partners in person. These meetings have been much needed as we are working to continue to build our relationships and train/plan for future.

<u>Alarm</u>

- The first week of March Alarm interviewed new hire candidates. We extended offers to 3 people and all offers were accepted. Our new employees will start the last week of March, and this will bring Alarm back to full staffing.
- Began a CAD research project 2 weeks ago which included a trip to Fort Worth to visit MedStar. MedStar uses Logis CAD. We also had a meeting with WFD and Motorola where we learned about Motorola's CAD solution. In the next 2 weeks we'll have virtual demonstrations with both Logis CAD Company and Motorola CAD Company.
- We received a draft of an ILA from 911. The draft is intended to implement the recommendations from last year's consultant report. The draft will be reviewed by all four PSAP's at tomorrow's interoperability meeting where recommendations for changes will be made.

Quality and Process Improvement

- Quality hosted our yearly Dispatch Determinant review meeting. The goal of this meeting is to increase safety by reducing Lights and Sirens responses, and we predict in 2021 we will respond with Lights and Sirens approximately 50% of the time. For reference, in 2019 we responded with Lights and Sirens 70% of the time.
- CADS (Certified Ambulance Documentation Specialist) course has been finalized and scheduled for the 1st week of May 2021.
- Several meetings to collect data and finalize AAR for the February Winter Storm including a 110 response from a MCHD service-wide survey.
- 2020 Unusual Occurrence report was completed this month. This report identified that SPO2 cables are our #1 equipment failure to date, and we are working on a plan to improve that this year.
- Chief Crocker attended 2 national webinars on Ketamine usage in EMS (ESO and Pinnacle).



Dispatched Incident Review

Last Month

2/1/2021 - 2/28/2021



Hospital Patient Transport Report - Previous Month

Avg. Turnaround Time (Minut	tes)
Conroe - HCAHH	38.1
Memorial Hermann Hospital The Woodlands	36.7
Houston Methodist The Woodlands	33.8
St. Lukes Hospital The Woodlands	29.7
Kingwood - HCAHH	45.4
Tomball - HCAHH	40.8
Texas Children's Hospital The Woodlands	26.1
Memorial Hermann Northeast	44.5
CHI St. Luke's Emergency Center - Conroe	21.9
Memorial Hermann Convenient Care Center - Ki	23.8
Magnolia HCAHH ER	20.6
Memorial Hermann Woodlands West	23.8
St. Lukes Hospital Springwoods Village	21.5
Cleveland HCAHH ER	21.9
Houston Methodist Willowbrook Hospital	47.4
St. Lukes Hospital Lakeside	26.6
Houston Methodist Emergency Care Center - 14	27.1
St. Lukes Hospital Vintage	41.9
Memorial Hermann Cypress Hospital	47.5
Michael E. DeBakey VA Med Center	28.8
Northwest - HCAHH	33.1
Tri-County MHMR Hospital	9.4
St. Luke's Medical Center	41.3
M. D. Anderson	34.1
Hermann Hospital	32.9
Houston Methodist Hospital	24.7
North Cypress - HCAHH	73.4
Lyndon B Johnson General	33.9
Memorial Hermann Convenient Care Center - Sp	16.8
Woodland Springs Health	9.5
Baylor Scott & White College Station	22.3
Memorial Hermann Children's	18.6
Texas Children's Hospital	37.8
University of Texas Medical Branch	30.2

Total Patients Transported (Hospital Destinations Only)

3,148

Alerts and Activations

	Sepsis Alert	STEMI Alert	Stroke Alert	Trauma Activation
Conroe - HCAHH	18	3	6	9
Memorial Hermann Hospital The Woodlands	10	6	13	4
Houston Methodist The Woodlands	9	2	24	
St. Lukes Hospital The Woodlands	15	1	5	
Kingwood - HCAHH	3	3	8	1
Tomball - HCAHH	2	1		
Memorial Hermann Northeast	4			
St. Lukes Hospital Vintage	1		1	
Michael E. DeBakey VA Med Center	1			
Grand Total	63	16	57	14

Patients per Facility

Conroe - HCAHH	786
Memorial Hermann Hospital The Woodlands	580
Houston Methodist The Woodlands	479
St. Lukes Hospital The Woodlands	423
Kingwood - HCAHH	210
Tomball - HCAHH	90
Texas Children's Hospital The Woodlands	73
Memorial Hermann Northeast	112
CHI St. Luke's Emergency Center - Conroe	72
Memorial Hermann Convenient Care Center - Ki	59
Magnolia HCAHH ER	41
Memorial Hermann Woodlands West	33
St. Lukes Hospital Springwoods Village	31
Cleveland HCAHH ER	29
Houston Methodist Willowbrook Hospital	26
St. Lukes Hospital Lakeside	21
Houston Methodist Emergency Care Center - 14	16
St. Lukes Hospital Vintage	15
Memorial Hermann Cypress Hospital	6
Michael E. DeBakey VA Med Center	6
Northwest - HCAHH	6
Tri-County MHMR Hospital	6
St. Luke's Medical Center	5
M. D. Anderson	4
Hermann Hospital	3
Houston Methodist Hospital	3
North Cypress - HCAHH	3
Lyndon B Johnson General	2
Memorial Hermann Convenient Care Center - Sp	2
Woodland Springs Health	2
Baylor Scott & White College Station	1
Memorial Hermann Children's	1
Texas Children's Hospital	1
University of Texas Medical Branch	1

Conroe, TX Client 6577





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

EMS System Report

February 1, 2021 to February 28, 2021

Your Score

96.38

Number of Your Patients in this Report

296

Number of Patients in this Report

6,936

Number of Transport Services in All EMS DB 170

Executive Summary

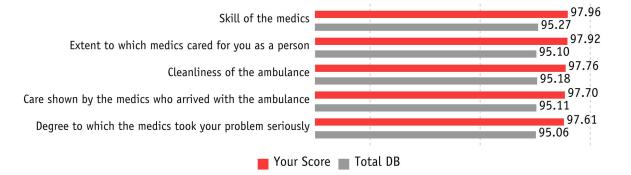
This report contains data from **296 MCHD** patients who returned a questionnaire between **02/01/2021** and **02/28/2021**.

The overall mean score for the standard questions was **96.38**; this is a difference of **2.76** points from the overall EMS database score of **93.62**.

The current score of **96.38** is a change of **1.61** points from last period's score of **94.77**. This was the **16th** highest overall score for all companies in the database.

You are ranked **1st** for comparably sized companies in the system.

87.77% of responses to standard questions had a rating of Very Good, the highest rating. **99.57%** of all responses were positive.



5 Highest Scores

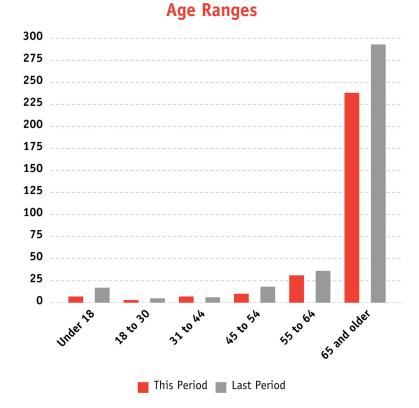
5 Lowest Scores





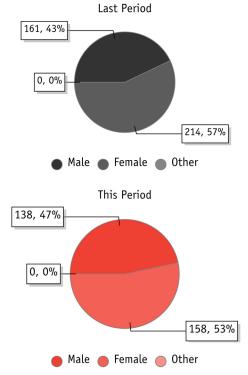
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic

		Las	st Period		This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	17	11	6	0	7	2	5	0
18 to 30	5	3	2	0	3	1	2	0
31 to 44	6	2	4	0	7	4	3	0
45 to 54	18	8	10	0	10	5	5	0
55 to 64	36	17	19	0	31	12	19	0
65 and older	293	120	173	0	238	114	124	0
Total	375	161	214	0	296	138	158	0



Gender

V





This section lists a synopsis of the information about your individual questions and overall scores for this monthly reporting period. The first column shows the company score from the previous period, the second column shows the change, the third column shows your score for this period and the fourth column shows the total Database score.

Dispatch Analysis Helpfulness of the person you called for ambulance service Concern shown by the person you called for ambulance service	Last Period 94.70 94.04	Change 1.89 2.10	This Period 96.59 96.14	Total DB 93.86 93.61
Extent to which you were told what to do until the ambulance arrived	92.95	2.85	95.80	92.55
Ambulance Analysis	Last Period	•	This Period	Total DB
Extent to which the ambulance arrived in a timely manner	95.17	1.47	96.64	93.20
Cleanliness of the ambulance	95.82	1.94	97.76	95.18
Comfort of the ride	92.06	0.85	92.91	88.97
Skill of the person driving the ambulance	95.24	1.81	97.05	94.68
Medic Analysis	Last Period	5	This Period	Total DB
Care shown by the medics who arrived with the ambulance	96.30	1.40	97.70	95.11
Degree to which the medics took your problem seriously	95.84	1.77	97.61	95.06
Degree to which the medics listened to you and/or your family	96.19	1.13	97.32	94.75
Skill of the medics	96.10	1.86	97.96	95.27
Extent to which the medics kept you informed about your treatment	94.33	2.43	96.76	93.46
Extent to which medics included you in the treatment decisions (if applicable)	94.11	2.74	96.85	93.29
Degree to which the medics relieved your pain or discomfort	93.43	1.83	95.26	92.05
Medics' concern for your privacy	95.15	1.17	96.32	94.34
Extent to which medics cared for you as a person	95.82	2.10	97.92	95.10
Billing Staff Assessment Analysis	Last Period	Change	This Period	Total DB
Professionalism of the staff in our billing office	91.37	3.72	95.09	89.61
Willingness of the staff in our billing office to address your needs	91.17	3.75	94.92	89.66





Question Analysis (Continued)

Overall Assessment Analysis	Last Period	Change	This Period	Total DB
How well did our staff work together to care for you	95.05	1.40	96.45	94.29
Extent to which our staff eased your entry into the medical facility	95.32	1.09	96.41	94.23
Appropriateness of Emergency Medical Transportation treatment	96.07	0.19	96.26	94.24
Extent to which the services received were worth the fees charged	92.57	-0.51	92.06	89.71
Overall rating of the care provided by our Emergency Medical Transportation	95.66	0.74	96.40	94.44
Likelihood of recommending this ambulance service to others	95.21	0.67	95.88	94.12





Monthly tracking of Overall Survey Score

100.0		 									
97.5		 									
95.0											
92.5		 									
90.0		 									
87.5		 									
85.0		 									
82.5		 									
80.0											
77.5											
75.0											
72.5		 									
70.0		 		_							
		2020	2020	Jul 2020	2020	2020	2020	2020	2020	2021	2021
	5	7	n 2	л 2 Л	g 2	p 2	t 2	< >	C 2	n 2	p 7
	<	Мау	un() L	Aug	Sep	Oct	Nov	Dec	Jan	Feb
			— Over	all Benchm	ark Rating	MCH	ID Survey I	Rating			



Greatest Increase and Decrease in Scores by Question

Increases Willingness of the staff in our billing office to address your needs	Last Period 91.17	This Period 94.92	Change 3.75	Total DB Score 89.66
Professionalism of the staff in our billing office	91.37	95.09	3.72	89.61
Extent to which you were told what to do until the ambulance arrived	92.95	95.80	2.85	92.55
Extent to which medics included you in the treatment decisions (if applicable)	94.11	96.85	2.73	93.29
Extent to which the medics kept you informed about your treatment	94.33	96.76	2.42	93.46
Extent to which medics cared for you as a person	95.82	97.92	2.10	95.10
Concern shown by the person you called for ambulance service	94.04	96.14	2.10	93.61
Cleanliness of the ambulance	95.82	97.76	1.94	95.18
Helpfulness of the person you called for ambulance service	94.70	96.59	1.89	93.86
Skill of the medics	96.10	97.96	1.85	95.27
Decreases Extent to which the services received were worth the fees charged	Last Period 92.57	This Period 92.06	Change -0.51	Total DB Score 89.71



Fleet Summary 2020-2021

Mileage	Ambulance	Supervisor/Squad	CommandStaff	Support	MonthlyTotal	WeeklyTotal
February 2021	123,335	11,573	4,670	16,712	156,290	39,073
January 2021	112,461	10,444	4,463	13,877	141,245	35,311
December 2020	118,136	11,924	4,066	11,015	145,141	36,285
November 2020	145,058	14,630	5,277	16,115	181,080	45,270
October 2020	113,824	10,859	4,835	14,588	144,106	36,027
September 2020	149,145	14,446	6,006	15,592	185,189	46,297
August 2020	129,396	10,919	8,124	14,371	162,810	40,703
July 2020	126,917	11,368	4,726	14,490	157,501	39,375
June 2020	159,892	15,048	6,955	17,466	199,361	49,840
May 2020	110,761	15,020	6,460	14,341	146,582	36,646
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
Total	1,540,186	158,491	65,744	178,609	1,943,030	
Average	128,349	13,208	5,479	14,884	161,919	40,480
Annualized Amour	nts				1,943,030	

Accidents	MCH	ID-Fault	MCHD Non	-Fault	GRAND TOTAL
	Non-injury	Injury	Non-injury	Injury	
February 2021	2		3		5
January 2021	2		3		5
December 2020	6		1		7
November 2020	8		3		11
October 2020	3	1	2		6
September 2020	2		2		4
August 2020			1	1	2
July 2020	5				5
June 2020	2				2
May 2020	4		2		6
April 2020	7		2		9
March 2020	3		2		5
Total	44		21		67
Per 100,000 Miles	2.26	-	1.08	-	3.45

Service		
Interuptions	Count	Per 100K mlles
February 2021	10	6.40
January 2021	6	4.25
December 2020	8	5.51
November 2020	7	3.87
October 2020	3	2.08
September 2020	7	3.78
August 2020	6	3.69
July 2020	7	4.44
June 2020	11	5.52
May 2020	5	3.41
April 2020	8	5.96
March 2020	7	3.69
Total	85	4.37

Agenda Item # 16

To: Board of Directors

From: James Campbell, EMS Chief

Date: March 23, 2021

Re: **Resolutions**

Consider and act on resolutions regarding the Paramedic Tuition and EMS Memorial bills. (Mr. Bagley, Chair - Legislative Committee)

"Mr. Spratt will made presentation to the board"



COUNTY OF MONTGOMERY §

A RESOLUTION OF THE MONTGOMERY COUNTY HOSPITAL DISTRICT'S BOARD OF DIRECTORS IN SUPPORT OF H.B. 582 PENDING BEFORE THE TEXAS LEGISLATURE

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- WHEREAS, the Montgomery County Hospital District provides Emergency Medical Services to the citizens of Montgomery County, Texas; and
- WHEREAS, the Paramedics that serve the citizens Montgomery County, Texas provide quality emergency care that dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and
- WHEREAS, the level of complexity of the care provided continues to increase and demands increased education requirements; and
- WHEREAS, the Texas Fire Science Tuition Exemption Program has been successful in allowing fire services across the State to meet the educational demands that the Emergency Services are facing; and
- WHEREAS, House Bill 582 would add Paramedics to a Tuition Exemption Program; and
- WHEREAS, the Legislative Budget Board has stated that there is no significant fiscal implication to the State or Local Governments anticipated by passage of these bills.

NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE MONTGOMERY COUNTY HOSPITAL DISTRICT THAT:

- 1. <u>Approval of Recitals as Findings of Fact</u>. The foregoing recitals, having been found by the Board of Directors to be true and correct, are hereby incorporated into this Resolution as findings of fact.
- 2. <u>Approval and Support of H.B. 582</u>. The Board of Directors hereby supports the passage of House Bill 582 by the members of the Texas Legislature; and
- 3. <u>Notification of Resolution to Legislative Delegation</u>. The Board of Directors further directs that a copy of this Resolution be forwarded to each member of the Texas Legislature who represents Montgomery County, Texas.

BE IT SO RESOLVED.

Passed and Approved this _____ day of _____, 2019, by a vote of ____ in favor and _____ against, _____ abstaining.

MONTGOMERY COUNTY HOSPITAL DISTRICT

By: _____ Georgette Whatley, Chairman

Attest:

Sandy Wagner, Board Secretary

STATE OF TEXAS

COUNTY OF MONTGOMERY §

A RESOLUTION OF THE MONTGOMERY COUNTY HOSPITAL DISTRICT'S BOARD OF DIRECTORS IN SUPPORT OF H.B. 3364 PENDING BEFORE THE TEXAS LEGISLATURE

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- WHEREAS, the Montgomery County Hospital District provides Emergency Medical Services to the citizens of Montgomery County, Texas; and
- WHEREAS, the Montgomery County Hospital District recognizes the service and sacrifice of EMS professionals across the State of Texas; and
- WHEREAS, House Bill 3364 would direct the State Cemetery Committee to erect an appropriate memorial monument in the State Cemetery dedicated to emergency medical services personnel.

NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE MONTGOMERY COUNTY HOSPITAL DISTRICT THAT:

- 1. <u>Approval of Recitals as Findings of Fact</u>. The foregoing recitals, having been found by the Board of Directors to be true and correct, are hereby incorporated into this Resolution as findings of fact.
- 2. <u>Approval and Support of H.B. 3364</u>. The Board of Directors hereby supports the passage of House Bill 3364 by the members of the Texas Legislature; and
- 3. <u>Notification of Resolution to Legislative Delegation</u>. The Board of Directors further directs that a copy of this Resolution be forwarded to each member of the Texas Legislature who represents Montgomery County, Texas.

BE IT SO RESOLVED.

Passed and Approved this ______ day of ______, 2019, by a vote of _____ in favor and ______ against, ______ abstaining.

MONTGOMERY COUNTY HOSPITAL DISTRICT

By: _____ Georgette Whatley, Chairman

Attest:

Sandy Wagner, Board Secretary

PROCLAMATION

To designate the Week of April 11-17, 2021 as National Public Safety Telecommunicators Week

- **WHEREAS**, the Montgomery County Hospital District provides 9-1-1 dispatchers who work daily to protect and promote the public safety to the citizens of Montgomery County, Texas; and
- **WHEREAS**, dispatchers are more than a calm and reassuring voice at the other end of the phone. They are knowledgeable and highly trained individuals who work closely with other medical, police and fire personnel. They offer quality care that dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and
- WHEREAS, the members of emergency dispatchers and other communications specialists, who help to protect our health and safety and engage in thousands of hours of specialized training and continuing education to enhance their lifesaving skills; and
- **WHEREAS**, the Montgomery County Hospital District Board of Directors hereby supports and recognizes the Montgomery County Hospital District Communications Personnel as an integral partner to the citizens of Montgomery County.

NOW, THEREFORE BE IT RESOLVED that the Montgomery County Hospital District Board of Directors of Montgomery County, Texas does hereby proclaim the week of April 11-17, 2021 as:

"NATIONAL PUBLIC SAFETY TELECOMMUNICATORS WEEK"

Agenda Item #18



To: Board of Directors

From: Melissa Miller

Date: March 23, 2021

- Re: COO Report
 - Station 15:
 - Completed items: Interior paint, flooring, fire alarm and station electrical trim out, cabinet installation, cameras, electronic access control, HVAC system, IT network, garage door openers, sheetrock and paint.
 - Week of 3/23: Electrical garage trim out, sewer connection & inspection, gutter installation.
 - Remaining items: Fire suppression trim out, Sinks and toilets install, countertops, parking and paving, handicap ramp and back porch, appliance install
 Station Alerting System, signage, fencing, landscaping, final inspection.
 - Estimated crew move in April 2021.
 - New Station 44: The estimated completion date is December 2021. This station, located at 18294 FM 1097 West, will house MCESD 2, and MCHD as well as provide office space for MCSO.
 - Station 35 (New Porter shared station): The estimated completion date has moved to mid-May with occupancy at the end of May or early June. MCHD's quarters are on the right hand side of the bays.
 - During the annual generator PM an issue was found on Admin. Generator 1. Cummins has ordered the parts and repairs will be made upon arrival.
 - The City of Splendora inquired about entering into an agreement to expand their park into the treed area, between Station 31 and our tower, owned by MCHD.
 - IT is continuing to assist the ePCR implementation team for early April deployment.
 - The network team has been working to review and patch hotfixes to systems after the recent major international malware events.
 - IT has been researching solutions for multi-factor authentication for upcoming cybersecurity insurance renewal.

- Laserfiche continues to be used for COVID mass vaccinations, allowing community members to fill out all paperwork online before the event and move through the vaccine process efficiently.
- We are completing a beta test of Laserfiche to document service inquiry investigations, which allows for better tracking while ensuring the completed forms are saved correctly and secured appropriately.

MCPHD has provided 8,398 doses of state allocated Moderna COVID-19 vaccine as of March 19, 2021.

- 4,698 doses administered at MCPHD shot clinics in various locations around the county.
 - 8 events done through MCPHD outreach at community based locations which were staffed by MCPHD staff, MRC volunteers and MCHD Paramedics.
 - 3 events utilized the OEM mass vaccination sites which are staffed with MCHD paramedics, MCPHD staff & MRC volunteers, fire fighters, and LEO's staff.
- 3,700 doses transferred and administered by area providers:
 - Family First Urgent Care 2,200 doses
 - Magnolia Pharmacy 500 doses
 - Texas Children's The Woodlands 500 doses
 - First Response Family Clinic 500 doses

Agenda Item # 19



To: Board of Directors

From: Calvin Hon

Date: March 23, 2021

Re: Consider and act on GeoComm Contract for Geographic Information System (GIS) Consultant Services.

Staff is requesting to approve a renewal contract with GeoComm, Inc. for GIS mapping data for the computer aided dispatch system (CAD). The CAD administrators work with Geocomm to update the mapping data for the county and surrounding area which includes routing data for emergency services vehicles.

This GIS consultant service is contracted under the Texas Department of Information Resources (TXDIR) under Contract #TSO-3441.

The cost of this \$39,657.48 and it is under budget.

Fiscal Impact: Minimal

Yes	No	N/A	
Χ			Budgeted item?
Χ			Within budget?
Χ			Renewal contract?
	X		Special request?

GEOCOMM

GIS Map Data Maintenance Services # 01.21 MCHD-TX

January 28, 2021

Geo-Comm, Inc. EIN # 41-1811590 601 West St. Germain St. Cloud, MN 56301 Phone (320) 240-0040 Montgomery County Hospital District Calvin Hon, BS, LP IT Manager 1400 S Loop 336 West, Suite 500 Conroe, TX 77304 Phone (936) 523-1120 E-mail <u>chon@mchd-tx.org</u>

Service Category	Detailed Service Description	GeoComm Service Description	MSRP	DIR Customer Discount % off MSRP	DIR Total
			Annual Pricing		
GIS Related Services	GIS services to set up map data for use in GIS software.	Montgomery County Hospital District, Texas GIS Map Data Maintenance	\$28,728.00	3.00%	\$27,866.16
GIS Related Services	GIS services to set up map data for use in GIS software.	Minor Updates to Surrounding Counties	\$1,596.00	3.00%	\$1,548.12
Technical Project Management	Technical project management of scope, schedule, and deliverables following project management principles.	Project Management	\$10,560.00	3.00%	\$10,243.20
	DIR Contrac	Total A	nnual Price:	\$39,657.48	

Notes: Pricing does not include administrative fees assessed by surrounding counties, if applicable. MCHD is responsible for paying applicable fees.

GeoComm work related to making "minor updates to surrounding counties" will be limited to twelve (12) hours annually.

GIS map data maintenance services will be provided under this contract for one year from July 1, 2021 through June 30, 2022. A description of the services covered under this contract is attached and made a part of this agreement as Exhibit A.

Montgomery County Hospital District agrees to pay GeoComm \$39,657.48 invoiced net 45 days July 1, 2021.

Agency: Montgomery County Hospital District
Agency PO# (if required by Customer)
Print Name:
Signature:
Date:

Exhibit A – GIS Map Data Maintenance Services

For your dispatch mapping software to operate with the critical accuracy required, it is imperatively the GIS data residing in the software is kept current. GeoComm will provide the Montgomery County Hospital District (MCHD) with GIS maintenance services.

GeoComm will use hard copy and/or digital resources provided by MCHD to update the map data layers for plotting wireline 9-1-1 calls. MCHD will provide GeoComm with the most current GIS data from the Montgomery County GIS department, along with GIS data from the Village of Creekside Park. GeoComm will detect any changes that have been made in the county's data, and use this as a basis for changing the following MCHD GIS layers:

- Road Centerlines
- Address Points
- Emergency Response Boundary
- Hydrants

Every two months GeoComm will:

- Update the road centerline layer with additions, deletions, and corrections
- Update the emergency response boundary layer when updates are requested
- Update the hydrant layer when updates are requested
- Update the address point layer with any additions, deletions, and/or corrections. MCHD must provide accurate location information or latitude and longitude for the approximate placement of address points not included in updated Montgomery County and Village of Creekside Park GIS layers
- Provide technical advice via telephone and email regarding unique addressing situations or addressing discrepancies, including regularly scheduled monthly or bimonthly conference calls
- Complete regular topology-related quality control on all map layers used for wireline 9-1-1 call plotting

A report to MCHD will be included with each bimonthly (6 per year) update, including lists of any changes made as well as a list of any issues that need further clarification from MCHD.

Surrounding County Data

For surrounding counties, GeoComm will make minor updates as requested by MCHD not to exceed twelve (12) hours per a year. The following counties are included in the surrounding county area:

- Harris County
- Liberty County
- San Jacinto County
- Walker County
- Waller County
- Brazos County
- Grimes County

Contact **GIS Maintenance Bureau** for assistance with your GIS maintenance needs Phone 1.844.282.4507

Email gis@geo-comm.com

GeoComm Deliverables

In addition to receiving general project support from GeoComm, MCHD will receive the following deliverables related to GIS maintenance:

- Updated road centerline, address point, hydrant, and emergency response boundary layers, provided as frequently as every two months for use in the customer's public safety software mapping systems
- Report of changes made to road centerline, address point, hydrant, and emergency service boundaries
- Responses to questions regarding unique addressing situations or addressing discrepancies as needed
- Regularly schedule meetings with the GeoComm project manager
- Minor updates to surrounding county data

MCHD Responsibilities

It is requested that MCHD provide the following general project support:

- Provide pertinent project information and documentation
- Assist in ongoing quality control
- Provide a single point of contact at MCHD available for communication
- Submit required GIS information (e.g. GIS map data, public safety databases, and/or other resources) to our website (<u>http://www.geo-comm.com/industries/gis/data-submission/</u>).

In addition to the requirements above, MCHD will be responsible for the following project- specific support:

• Every two months, delivery of GIS data for Montgomery County and the Village of Creekside Park

State Specific Requirements

GeoComm will work with each Customer to ensure map data meets or exceeds industry standards issued by the National Emergency Number Association (NENA) and State issued standards for Next Generation 9-1-1 (NG9-1-1). Additional charges may apply if new data layers need to be built due to State requirements.

GIS Maintenance Bureau Contact Information

Email: <u>gis@geo-comm.com</u> Phone: 1.844.282.4507 Upload Data: http://www.geo-comm.com/industries/gis/data-submission/

Uploading Data Notes: Adobe Flash must be installed to upload files. All files must be compressed into a single (.zip) format. The zip file must be under 2GB. A confirmation e-mail will be sent once the file is received. **Additional terms and conditions around cancellations can be found at:** https://www.geo-comm.com/terms/





To: Board of Directors

From: Ashley Peachee

Date: March 23, 2021

Re: Zoll Prorated Warranty and Preventative Maintenance

Consider and act on one (1) month prorated extended warranty – Zoll X Series. (Mr. Spratt, Chair – PADCOM Committee)

Yes	No	N/A	
	X		Budgeted item?
	X		Within budget?
X			Renewal contract?
		Χ	Special request?



Montgomery County Hospital District EMS (Customer # 6559)

Attn: Diane Sandel (936) 521-5622 / dsandel@mchd-tx.org

ZOLL Medical Corporation

269 Mill Road Chelmsford, MA 01824-4105 (978) 421-9655 Main (800) 348-9011 (978) 421-0022 Fax

Bill To: Montgomery County Hospital District EMS	Ship To:	Montgomery County Hospital District EMS
PO Box 478		1300 South Loop 336 West
Conroe, TX 77304		Conroe, TX 77304
From: Catherine Santos	QUOTATION:	00031948
Service Contracts	Quote Date:	March 3, 2021
800-242-9150 ext 9760 / csantos@zoll.com	Quote Pricing:	Valid for 60 Days

		_	_			
Part No	Description	Contract Dates	Qty	Price	Adj. Price	Ext. Price
8889-9999	1 Month - Prorated Extended Warranty - ZOLL X Series	04/01/2021	47	\$100.00	\$83.00	\$3,901.00
	Includes: Discounts of 20% on new cables, 25% on lithium	to				
	SurePower Batteries, Shipping and use of a Service Loaner	04/30/2021				
	during repairs, no charge shipping. Extended warranty is a					
	continuation of the EMS One Year Product Limited Warranty.					
	Serial Number(s): AR12C000649,AR12D000756					
	AR12G001409,AR12H001531					
	AR12H001662,AR12I001777					
	AR12I001788,AR12I001791					
	AR12I001794,AR12I001815					
	AR12I001821,AR12I001830					
	AR12I001861,AR12I001865					
	AR12I001868,AR12I001874					
	AR12I001876,AR12I001892					
	AR12I001895,AR12I001906					
	AR12I001915,AR12I001961					
	AR12I001965,AR12I001989					
	AR12I002003,AR12I002020,					
	AR12I002048					
	AR12I002055,AR12I002059					
	AR12I002060,AR12I002066					
	AR12I002067,AR12I002068					
	AR12I002073,AR12I002074					
	AR12I002196,AR12K002474					
	AR14C007628,AR14C007633					
	AR15L016300,AR15L016304					
	AR15L016305,AR15H014531					
	AR12I001953,AR12I001955					
	AR12I001956,AR12I001967					

COMMENTS:

TOTAL: \$3,901.00

1. Applicable tax will be added at the time of invoicing.

2. Payment terms are Net 30.

3. If PM's are purchased or applicable: customer visit to complete the PM work will be scheduled 60-90 days after the agreement is signed.

TERMS & CONDITIONS: The terms and conditions of this contract are set forth in the attachment. By signing this contract, Customer acknowledges having read the terms and conditions and agrees to be bound by them.



Montgomery County Hospital District EMS (Customer # 6559) Quote No: 00031948 Continued

269 Mill Road Chelmsford, MA 01824-4105 (978) 421-9655 Main (800) 348-9011 (978) 421-0022 Fax

ZOLL Medical Corporation

Signature:

Montgomery County Hospital District EMS

Authorized Signature:

Name: Catherine Santos

Title: <u>Service Contracts</u>

Date: _____

Print Name_____

______ Title: _____

Date: _____

ZOLL Medical Corporation

EXTENDED WARRANTY CONTRACT for Montgomery County Hospital District EMS

Extended Warranty Terms and Conditions

1. The ZOLL Extended Warranty ("EW") extends the term of ZOLL's Factory Warranty by the number of years selected by the customer. EW coverage commences upon the expiration of the Factory Warranty, and is subject to the terms and conditions contained in the Factory Warranty. The EW does not apply to accessories.

2. The price of the EW will be invoiced upon ZOLL's receipt of quote with an authorized signature from the customer and, if available, a purchase order from the customer.

3. The EW is not transferrable and cannot be cancelled. However, if the customer replaces equipment covered by an EW with new ZOLL equipment, upon customer's request, the remaining time under the EW will be transferred to the new equipment at the end of the factory warranty. All requests to transfer the remaining balance of an EW must be submitted in writing to the ZOLL Service Contracts department within 60 days of date of shipment of new equipment. Failure to submit EW transfer request will result in the forfeiture of remaining EW.

4. If the customer has a claim under an EW, customer must call the ZOLL Help Desk (800-348-9011) to arrange for a Return Authorization in advance of sending the unit for evaluation at ZOLL Headquarters.

5. All repairs are performed at ZOLL headquarters in Chelmsford, MA. If a unit needs to be repaired, upon the customer's request, a loaner will be provided free of charge pursuant to ZOLL's Loaner Policy.

6. If no claims are made under the EW during the EW period, the purchase price of the EW is not refundable.

Agenda Item #21



To: Board of Directors

From: Ade Moronkeji, HCAP Manager

Date: March 23, 2021

Re: HCAP Report

Program Updates

- The eligibility team scaled back on outreach activities in February due to some COVID-19
 occurrences in the community. However, the team made effort to stay in contact with
 community partners to provide application assistance via phone when possible. We will continue
 to assess safety risks and engage in community events as schedule permits.
- HCAP enrollment numbers are trending down and this aligns with reported trends among several indigent health care programs across the state of Texas. Programs report that potentially eligible individuals are delaying or avoiding non-urgent care because of COVID-19. HCAP will continue to make concerted efforts to encourage the current active clients to retain their benefits, as well as work with community partners to identify eligible residents.
- Luis Vasquez who previously served as the Intake Specialist has transitioned to fill the open position with the bill pay team. The team is now fully staffed and able to stay within the contracted 45 day reimbursement window for claims processing.
- Kameron Burgess is the new Intake Specialist for the department and is currently receiving relevant training to equip him for success on the job. Filling this position will allow the eligibility team to focus on their main duties which will subsequently reduce burn out and enhance productivity.
- Several critical infrastructures such as the Social Security office remain closed to the general
 public. Most benefit application processes are performed via mail which poses a great challenge
 for HCAP clients/applicants who need to obtain paperwork for income verification in a timely
 manner. To prevent gap in coverage, eligibility staff continues to make assessments on a case by
 case basis to accommodate needs and extend eligibility when appropriate.

Claims Administration

FY to date, the Bill Pay team has processed a total of 3,185 medical and prescription claims.
 Figure 1 shows a monthly comparison between the volumes of claims received FY20 over FY21.



Figure 1 – Volume of Claims FY20 V. FY21

- In February, the team managed 205 provider calls
- Figure 2 provides the percentage breakdown of claims by provider groups and depicts the main providers that HCAP clients are using for their health care needs.
 - UC hospital inpatient/outpatient refers to HCA Houston Healthcare Conroe, Tomball, and Kingwood hospitals.
 - Inpatient/outpatient hospital without the UC designation refers to CHI St. Luke's The Woodlands and other non HCA local hospitals.
- UC hospital outpatient and inpatient services represent our highest expenditures for those claims processed in February.

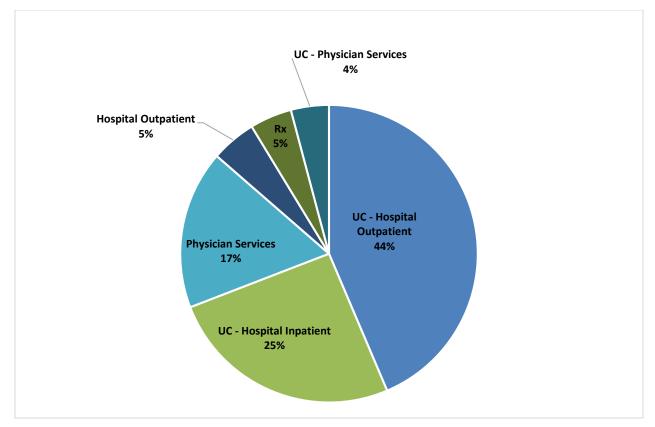


Figure 2 – Source of Care Identified by the Top 6 Providers Utilized by HCAP Clients

HCAP Applications

The total number of applications received and processed FY to date is 959. Average turn-around time (TAT) to complete the initial review of applications remains within the 2-3 day range, which is considerably less than the state standard of 2 weeks.

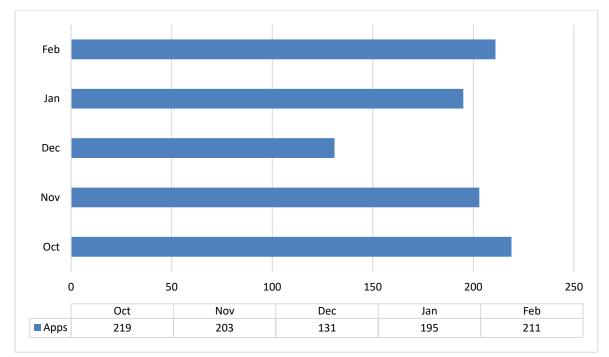


Figure 3 – Monthly # of Identifiable Applications

HCAP Enrollment

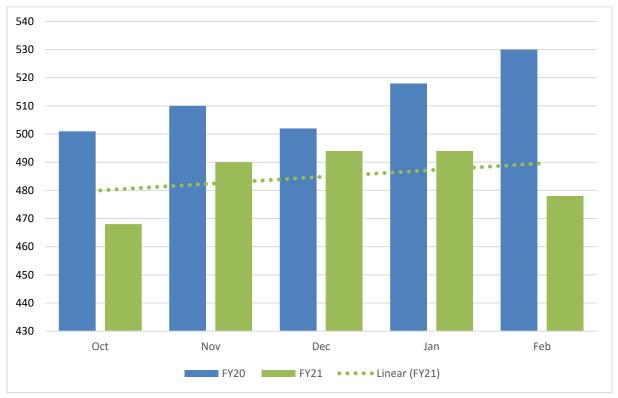


Figure 4 - Active Clients FY20 V. FY21

New Client Trend

Program assumption for FY21 forecasted an annual increase of 31% in the number of HCAP clients. However, normal program trends coupled with the COVID-19 climate has contributed to the downward trend in HCAP enrollment numbers. The graph below depicts the actual monthly number of new clients and also reveals how numbers have been trending since the beginning of the fiscal year to date.

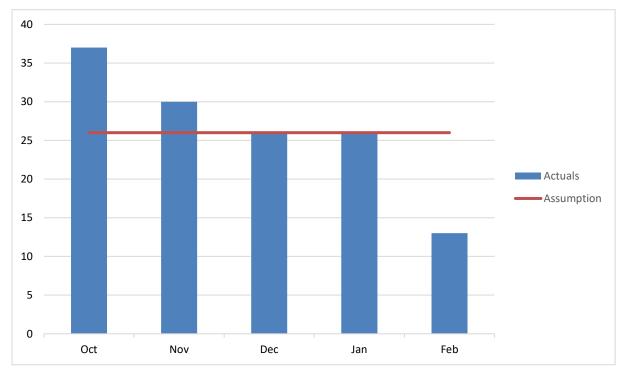


Figure 5 – Monthly New Clients V. Assumption **Census**

New applicants are required to be \leq 150% of FPIL to qualify for HCAP benefits.

HCAP Clients as of February 28 2021 = 478 versus February 29 2020 = 530							
FPIL Range 0-21% - MCICP 21-150% - MAP Jail					lail		
FY 2021	265	55%	189	40%	24	5%	
	200	3370	105	1070	27	370	
FY 2020	305	58%	207	39%	18	3%	

Table 2

February End of Month Break down of HCAP Active Clients by FPIL						
0 - 21%	0 - 21% 21% - 50% 50% - 100% 100% - 133% 133% - 150%					
289	35	118	26	10		

Program Definitions:

<u>Approval</u>: 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.

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

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

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

Preliminary Status of January Applications

The graph below depicts the initial outcome of the data pulled at the end of January.

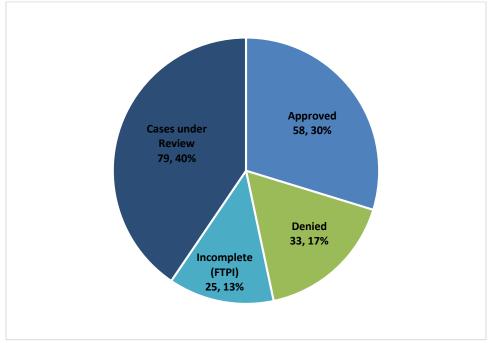


Figure 6 – January End of Month Outcome

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

This is inclusive of applications that were categorized as "Cases under Review" in last board report. At the end of January, HCAP data showed that 79 cases were pending review and yet to be finalized. After completing the review process, the final status of the applications are shown in Figure 7. **38% (30 cases)** were approved for HCAP benefits, **60% (47 cases)** did not complete the application process, and **2% (2 cases)** fell under the "other" category.

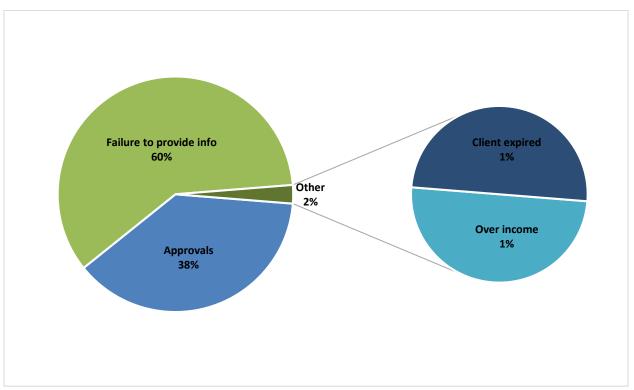


Figure 7 – Outcome of Cases under Review in January

2. Incomplete Applications (FTPI)

Of the 195 applications submitted in January, <u>25 cases</u> 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 16 applicants
 - o Unable to make contact with 5 applicants, but let voice messages
 - 4 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

The figure below highlights the various documents that applicants were unable to provide in order to determine their eligibility for HCAP. It is important to note that most clients are not denied eligibility based on the absence of one document, but on several state and/or district required documents.

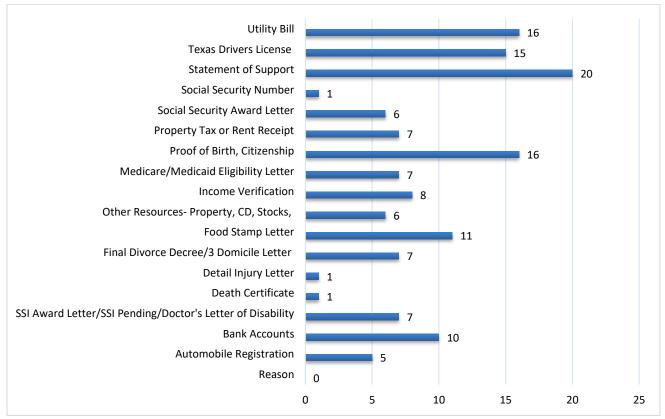


Figure 8 – Breakdown of FTPI

January Application Results

Figure 9 depicts the final eligibility determination of cases submitted in January and processed within the required 30 days.

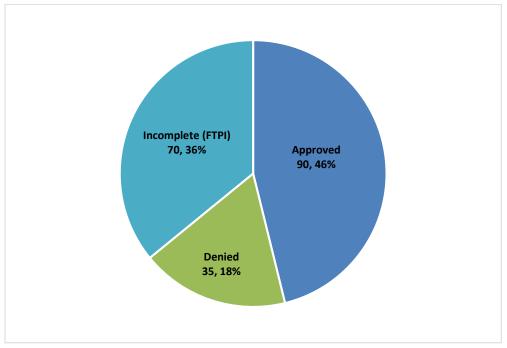
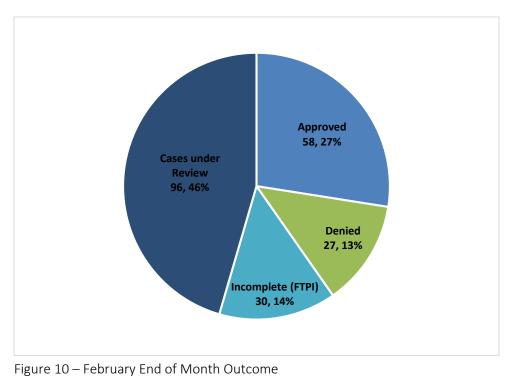


Figure 9 – January Finalized Outcome

February Applications

The results of the initial review of all applications received in February are shown in the Figure below. 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.



Case Management

To provide the appropriate level of assistance to clients with multiple chronic conditions, the team implemented patient-centered education modules that are currently delivered one-on-one via phone.

Below summarizes efforts for February:

- 58 clients received the diabetes self-management education
- 21 clients received COPD education to improve disease self-management
- 62 clients received education on hypertension management
- 67 clients received wellness calls

<u>Top 5 Diagnoses</u>

HCAP is now able to extract relevant data from medical claims to assess the cost implications of certain diagnoses which will subsequently guide education efforts.

- Based on ICD10 codes, the 5 main health issues within the HCAP population include:
 - Hypertension (I10)
 - Type II diabetes (E11.9)
 - Hyperlipidemia (E78.2 E78.5)
 - Obstructive sleep apnea (G47.33)
 - Shortness of breath (R06.02)
- Figure 11 provides a visual of the average cost of each claim for the top 5 diagnoses and figure 12 depicts the reimbursement amount for the services.

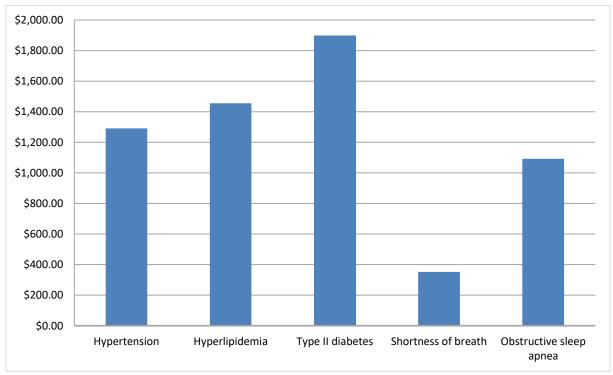


Figure 11 – Average Cost per Claim for Top 5 Diagnoses

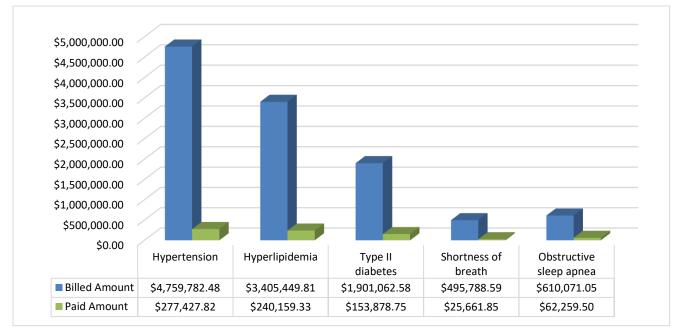


Figure 12 – Amount Billed V. Amount Paid for Top 5 diagnoses

Maximum Liability:

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. One client has exhausted their maximum liability this fiscal year.

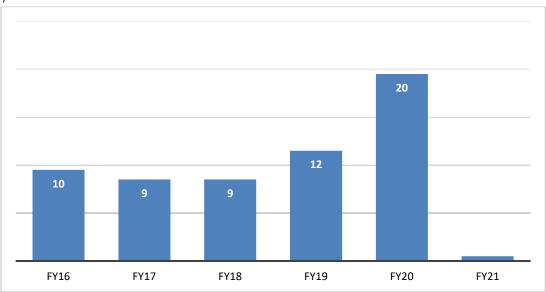


Fig. 13 – Maximum Liability Exhausted FY16-21

Prescription Benefits Services:

Month	Applying Clients	Total Applications	Monthly Savings (AWP-16% + Dispensing Fee)
Feb-21	14	19	\$61,427.67
Jan-21	22	29	\$12,998.74
Dec-20	17	24	\$35,834.50
Nov-20	21	25	\$7,5858.33
Oct-20	26	38	\$20,680.40
Sep-20	19	23	\$16,780.01
Aug-20	18	20	\$12,241.62
Jul-20	24	37	\$19,036.79
Jun-20	18	21	\$9,792.44
May-20	15	16	\$4,844.82
Apr-20	19	22	\$20,987.02
Mar-20	44	55	\$133,993.71
Feb-20	24	32	\$58,382.14

Table 3

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

Montgomery County Indigent Top 25 Therapy Classes by Billed Amount For Period Ending February 28, 2021



Rank	Therapy Class	Billed Amount
1	Anticonvulsants - Misc.	\$2,812.08
2	Sympathomimetics	\$805.94
3	Opioid Agonists	\$661.36
4	Central Muscle Relaxants	\$633.26
5	Misc. Anti-Ulcer	\$617.41
6	Insulin	\$563.48
7	Thyroid Hormones	\$532.41
8	Direct Factor Xa Inhibitors	\$501.31
9	Alkalinizers	\$444.60
10	Calcium Channel Blockers	\$420.86
11	Proton Pump Inhibitors	\$353.82
12	Rectal Steroids	\$344.32
13	HMG CoA Reductase Inhibitors	\$338.09
14	Laxative Combinations	\$321.96
15	Anaphylaxis Therapy Agents	\$314.38
16	5-HT3 Receptor Antagonists	\$311.26
17	Beta Blockers Cardio-Selective	\$300.40
18	ACE Inhibitors	\$274.34
19	Antispasmodics	\$268.25
20	Biguanides	\$261.80
21	Antiarrhythmics Type III	\$237.90
22	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	\$222.34
23	Fluoroquinolones	\$203.07
24	Antiparkinson Dopaminergics	\$196.38
25	Angiotensin II Receptor Antagonists	\$186.99
	Grand Total	\$12,128.01

AGENDA ITEM # 22

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 01/06/21 through 02/24/21

Disbursement Date	Board Reviewed	Pay	ments Made to All Other Vendors (Non-UPL)
			· · ·
<u>January</u>			
January 6, 2021	Yes	\$	14,853.91
January 13, 2021	Yes	\$	37,343.14
January 20, 2021	Yes	\$	23,012.68
January 27, 2021	Yes	\$	40,164.83
Total January Payments - MTD		\$	115,374.56
Monthly Budget - January 2021		\$	314,296.00
<u>February</u>			
February 3, 2021	No	\$	31,654.49
February 10, 2021	No	\$	44,060.77
February 17, 2021	No	\$	34,440.66
February 24, 2021	No	\$	21,292.30
Total February Payments - MTD		\$	131,448.22
Monthly Budget - February 2021		\$	314,296.00

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

AGENDA ITEM # 23

Board Mtg: 3/23/21

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)

Montgomery County Hospital District Summary of Claims Processed For the Period 3/1/21 through 3/31/21

Disbursement Date	Value of Services Provided by HCA and Affiliated Providers	
<u>March</u> March Voluntary Contribution for Medicaid 1115 Waiver Program	\$	382,289.00
Budgeted Amount March 2021	\$	382,289.00
Over / (Under) Budget	\$	-

Montgomery County Hospital District

Montgomery County Indigent Care Plan

Handbook Procedures and Guidelines

Revised <u>March 1, 2021</u><u>April 1, 2020</u>

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/

Individual staff members can be contacted at (936) 523-5000.

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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

SECTION ONE PLAN ADMINISTRATION INTRODUCTION

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 <u>http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.61.htm</u>.

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:

SECTION ONE PLAN ADMINISTRATION INTRODUCTION

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

SECTION ONE PLAN ADMINISTRATION GENERAL ADMINISTRATION

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
- <u>Public Notice.</u> 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 W orkforce Commission (TW C) 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:
 - o 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 W orkforce Commission (TW C) office when in doubt.

 If a non-exempt applicant or MCHD MCICP eligible resident fails without good cause to comply with work registration requirements, disgualify 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 noncompliance.
- 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:

- 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.

SECTION TWO ELIGIBILITY CRITERIA HOUSEHOLD

CITIZENSHIP

General Principles

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

SECTION TWO ELIGIBILITY CRITERIA HOUSEHOLD

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),
 - o A legal parent and a minor child (including unborn children), or
 - o 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 (QDW I), 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).

<u>MCHD MCICP Group Households</u> – 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 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.

<u>Houseboats and Motor Homes</u>. 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.

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

<u>Homestead Temporarily Unoccupied</u>. 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.

<u>Sale of a Homestead</u>. 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 selfemployment (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.

Law suit 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.

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

<u>Jointly Owned Property</u>. 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 or 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
- 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
 - o 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)
-4,650		-4,650	
	(Countable		(Countable
\$0	resource)	\$4,350	resource)

<u>Income-producing Vehicles</u>. 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.

<u>Solely Owned Vehicles</u>. 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.

<u>Jointly Owned Vehicles</u>. 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 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 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.

(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

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.

<u>Child Support Received for a Non-Member</u>. 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.

<u>Returning Parent</u>. 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

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-W IA 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 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

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 disgualified household member.

TANF

Exempt Temporary Assistance to Needy Families (TANF) benefits.

A person receiving TANF benefits also receives Medicaid and is, therefore, a disgualified 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 selfemployment 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

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.

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 W orkforce Commission (TW C) 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,
 - o Amount recorded on check or document,
 - o Frequency of receipt, and
 - o Calculations used.
- Self-employment income, including the following items:
 - The allowable costs for producing the self-employment income,
 - o 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,
 - o Gross income amount,
 - $\circ~$ Frequency of receipt, and
 - o 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 Budaetina 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, of 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.

<u>Step 1</u>

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.

<u>All income, excluding self-employment.</u> 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.
 - <u>Monthly</u>. Use this method if the person has at least one full representative calendar month of self-employment income.

- <u>Daily</u>. 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:
 - o 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,
 - o Fuel,
 - o Identifiable costs of seed and fertilizer,
 - o Insurance premiums,
 - o Interest from business loans on income-producing property,
 - Labor,
 - o Linen service,
 - Payments of the principal of loans for income-producing property,
 - o Property tax,
 - o Raw materials,
 - o Rent,
 - o Repairs that maintain income-producing property,
 - Sales tax,
 - o Stock,
 - o 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.
- o 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.

<u>Step 7</u>

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 workrelated 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 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.

Deductio	ons for Medicaid-Eligible	Individuals
# of Medicaid-	Single Adult or Adult	Minor Children Only
Eligible Individuals	with Children	
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

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

03/01/2021 21 % FPIL

# of Individuals in the	Income Standard	
MCICP Household	21% FPIL	
1	\$ <u>226 224</u>	
2	\$ <u>305</u> 302	
3	\$ <u>385</u> 381	
4	\$ <u>464_</u> 4 59	
5	\$ <u>544</u> 537	
6	\$ <u>623</u> 616	
7	\$ <u>703</u> 694	
8	\$ <u>782</u> 773	
9	\$ <u>861</u> 851	
10	\$ <u>941</u> 929	
11	\$ <u>1,020 1,008</u>	Formatted: Right: 0.38"
12	\$1,100 1,086	Formatted: Right: 1"

Note: Based on the 202<u>1</u> θ Federal Poverty Income Limits (FPIL), which changes March/April 1 of every year.

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

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.

- 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 or 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 recertification 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 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

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. SECTION THREE CASE PROCESSING PROCESSING AN APPLICATION

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.

<u>Step 1</u>

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 in 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

SECTION THREE CASE PROCESSING 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 CASE PROCESSING PROCESSING AN APPLICATION

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.

SECTION THREE CASE PROCESSING DENIAL DECISION DISPUTES

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:
 - 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.

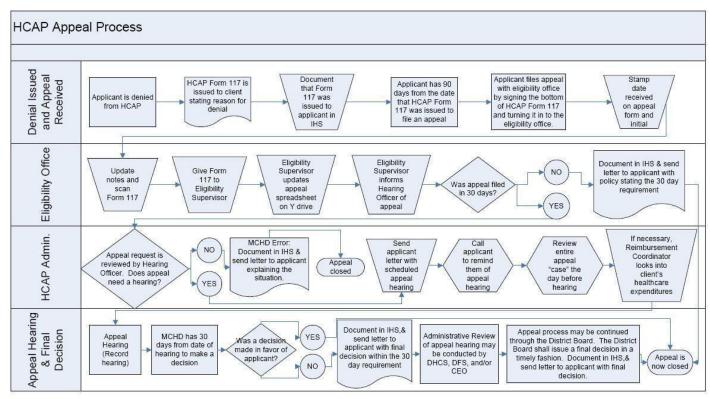
SECTION THREE CASE PROCESSING DENIAL DECISION DISPUTES

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.

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

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.

SECTION FOUR SERVICE DELIVERY

- 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 W ellness 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.

- 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. W ithin 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: \$0

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.

 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
		Anesthesia for patient of extreme age, under one
		year or over 70. (List separately in addition to code
1	99100	for primary anesthesia procedure.)
		Anesthesia complicated by utilization of total body
		hypothermia. (List separately in addition to code for
1	99116	primary anesthesia procedure.)
		Anesthesia complicated by utilization of controlled
		hypotension. (List separately in addition to code for
1	99135	primary anesthesia procedure.)
		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
1	99140	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.

 $\begin{array}{c} {\rm MCHD\,MCICP\,HANDBOOK}\\ 70 \end{array}$

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:

• 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/W afer	

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 know 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

(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

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:

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]			

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

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

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;

- 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:
 - o Not approved for sale in the United States, or
 - o Over-the-counter drugs (except with MCHD authorization)
 - Outpatient prescription drugs not purchased through the prescription drug program, or
 - o Not approved by the Food and Drug Administration (FDA), or
 - o 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:

- o Christian Science Practitioner
- o Homeopath
- o 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 lifethreatening emergency; or the patient has severe vaginal bleeding uncontrollable by other medical or surgical means; or the patient is comatose, semicomatose, 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.

- 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;

SECTION FOUR SERVICE DELIVERY EXCLUSIONS AND LIMITATIONS

- 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:
 - o 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;

SECTION FOUR SERVICE DELIVERY EXCLUSIONS AND LIMITATIONS

- 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 routing 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 FOLLOW ING 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 FOLLOW ING 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:

- 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 Postservice.

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.

SECTION FOUR SERVICE DELIVERY MANDATED PROVIDER INFORMATION

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.

SECTION FOUR SERVICE DELIVERY MANDATED PROVIDER INFORMATION

- The notice shall be made:
 - 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.

SECTION FOUR SERVICE DELIVERY MANDATED PROVIDER INFORMATION

Reimbursement:

In such event, the District shall provide written authorization to the nonmandated 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 nonmandated 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

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: ACKNOW LEDGMENT 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 ACKNOW LEDGEMENT 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

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.

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-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.

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 client's status.

TDSHS – Texas Department of State Health Services

Temporary Absence – W hen 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 65^{th} Leg., R.S., Ch. 258. It was amended by the following Acts: Act of 1985, 69^{th} Leg., R.S., Ch. 516; Act of 1991, 72^{nd} Leg., R.S., Ch. 511; Act of 1993, 73^{rd} Leg., R.S., Ch. 267; Act of 1995, Ch. 468; Act of 1999, 76^{th} Leg. R.S., Ch. 747; Act of 2003, 78^{th} Leg. R.S., Ch. 529 (HB 1251); Act of 2005, 79^{th} 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

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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 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 employee 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 ensuring 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

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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 assessorcollector 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.

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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:

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(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 o fthe 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 <u>third</u> 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.

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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 AdministrationB Determining EligibilityC Providing Services

The CIHCP rules may be accessed at:

http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm

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APPENDIX V. FEDERAL POVERTY GUIDELINES

APPENDIX V. FEDERAL POVERTY GUIDELINES

FEDERAL POVERTY GUIDELINES

FAMILY SIZE	21% FPIL
1	\$ <u>226</u> 224
2	\$ <u>305</u> 302
3	\$ <u>385</u> 381
4	\$ <u>464</u> 459
5	\$ <u>544</u> 537
6	\$ <u>623</u> 616
7	\$ <u>703</u> 694
8	\$ <u>782</u> 773
9	\$ <u>861</u> 851
10	\$ <u>941</u> 929
11	_\$ <u>1,020</u>
12	—\$ <u>1,100</u> 1,086

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* Effective MarchApril 1, 20210

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APPENDIX VI. AGREEMENT FOR ENROLLMENT OF COUNTY INMATES INTO MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE PROGRAM

State of Texas \$ State of Montgomery \$

AGREEMENTFORENROLLMENTOFCOUNTYINMATESINTO MONTGOMERY COUNTYHOSPITAL 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 Program¹¹ 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

MCHD- Montgomery County Jail Interlocal (3-2014)

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

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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 irunate 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

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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.

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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 Sheriffand 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.

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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 nonsignatory party. Further, it is expressly agreed by the parties hereto that other than those covenants contained in section I(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

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MCHD- Montgomery County Jail Interlocal (3-2014)

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:

COUNTY:

MCHD- Montgomery County Jail Interlocal (3-2014)

Donna Daniel, Records Manager P.O. Box478 Conroe, Texas 77305 (936) 523-5241 (936) 539-3450

Tommy Gage, Sheriff #I 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.

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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.

MCHD- Montgomery County Jail Interlocal (3-2014)

MONTGOMERY COUNTY HOSPITAL DISTRICT

..

M By: Randy Johnson, Chief Executive Officer

MONTGOMERY COUNTY, TEXAS

By; Alan B. Sadler, County Judge

Date: March 25,0014

Date;____

Attest:

Mark Turnbull, County Clerk

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MCHD- Montgomery County Jail Interlocal (3-2014)

MONTGOMERY COUNTY HOSPITAL DISTRICf

MONTGOMERY COUNTY, TEXAS

By: Ala B. Sadler, County Judge

By: Randy Johnson, ChiefExecutive Officer

Date:_____

Date: _---1!M AR 2 4-=20.::...:.14..:...

Attest:

Mark Tumbell

Mark Turnbull, County Clerk

MCHD- Montgomery County Jail Interlocal (3-2014)

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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

ANTI-INFECTIVE AGENTS	MISC. ANTI-INFECTIVES	ANTIHYPERTENSIVE		
ANTIFUNG ALS		COMBOS	paroxetine	
	clindamycin	amlodipine/ benazepril	sertraline	
clotrimazole	doxycycline	atenolol/ chlorthalidone	trazodone	
fluconazole	metronidazole	benazepril/ HCTZ	venlafaxine	
clotrimazole/betamethasone	minocycline	bisoprolol /HCTZ		
econazole	nitrofurantoin	captopril/ HCTZ	MIGRAINE AGENTS	
ketoconazole	tetracycline	enalapril/ HCTZ	(Quantity Limits May Apply)	
nystatin	trimethoprim	fosinopril/ HCTZ	FIORICET® (generic)	
terbinafine	trimethoprim/ sulfamethoxazole	lisinopril/ HCTZ	FIORICET/CODEINE® (generic)	
nystatin/triamcinolone	vancomycin	losartan/ HCTZ	FIORINAL® (generic)	
		methyldopa/ HCTZ	FIORINAL/CODEINE® (generic)	
CEPHALOSPORINS	CARDIOVASCULAR AGENTS	metoprolol/ HCTZ	IMITREX® (generic)***	
cefaclor	ACE INHIBITORS	trimaterene/ HCTZ	MIDRIN® (generic)	
cefadroxil	benazepril			
cefdinir	captopril	BETABLOCKERS	ENDOCRINE &	
cefpodoxime	enalapril	atenolol	METABOLIC AGENTS	
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		
		diltiazem/ extended-release	ESTROGENS M	
ACROLIDE ANTIBIOTICS	ANTI ADRENERGICS	felodipine	estradiol	
azithromycin	clonidine	nifedipine/ extended-release	estradiol cypionate	
clarithromycin	doxazosin	verapamil/ extended-release	estradiol/ norethindrone	
erythromycin	terazosin		estradiol transdermal system	
		CENTRAL NERVOUS SYSTEM	ESTRATEST® (generic)	
PENICILLINS	ANTIHYPERLIPIDEMICS	AGENTS ANTIDEPRESSANTS	ESTRATEST HS ® (generic)	
amoxicillin	cholestyramine	amitriptyline	estropipate	
amoxicillin/ clavulanate	fenofibrate	citalopram		
		MCHD MCICP HANDBOOK		

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APPENDIX VII MCHD HCAP FORMULARY

THYROID AGENTS

levothyroxine ARMOUR THYROID ®

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)

pantoprazole

MISC. ULCER

dicyclomine misoprostol sucralfate PREVPAC® ***

MUSCULOSKELETAL AGENTS

NSAIDS diclofenac etodolac ibuprofen indomethacin ketorolac meloxicam nabumetone naproxen oxaprozin pravastatin simvastatin ANTI ASTHMATICS albuterol nebulization albuterol/ ipratropium neb ipratroprium nebulization theophylline ***The following respiratory

gemfibrozil

lovastatin

medications are available only with prior authorization.

fluoxetine

imipramine

mirtazapine

nortriptyline

ADVAIR® *** ATROVENT® HFA *** COMBIVENT® *** FLOVENT® HFA*** FORADIL® *** PULMICORT® *** SPIRIVA® ***

SYMBICORT® *** VENTOLIN® HFA ***

UROLOGICALMEDICATIONS ANTICHOLINERGICS/ ANTISPASMODICS

flavoxate hyoscyamine subl oxybutynin

BENIGN PROSTATIC

HYPERTROPHY DRUGS doxazosin tınastende tamsulosin

terazosin

MCHD MCICP HANDBOOK

APPENDIX VII MCHD HCAP FORMULARY

piroxicam sulindac

RESPIRATORY AGENTS

ALLERGY-N AS AL flunisolide

fluticasone

MCHD MCICP HANDBOOK

Montgomery County Hospital District

Medical Assistance Plan

Handbook Procedures and Guidelines

Revised <u>March 1, 2021</u><u>April 1, 2020</u>

Board Reviewed/Approved

MCHD MAP HANDBOOK

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.

Melissa Miller Chief Operating Officer Ext. 1191 E-mail: <u>mmiller@mchd-tx.org</u> Adeolu Moronkeji HCAP Manager Ext. 1103 Email: <u>amoronkeji@MCHD-tx.org</u>

David Hernandez HCAP Coordinator Ext. 5105 E-mail: <u>dhernandez@MCHD-tx.org</u> Ida Chapa Eligibility Coordinator Ext. 5114 E-mail: <u>ichapa@MCHD-tx.org</u>

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 150% of FPIL, it being found by the Board of Directors that such persons, while not meeting the chapter 61 definition of indigent, generally lack 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 150% 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.

• Chapter 61, Health and Safety Code may be found in Appendix III or online at: <u>http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm</u>.

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 21-150% 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

- 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
- <u>Public Notice.</u> 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 W orkforce Commission (TW C) 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:

- 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 noncompliance.
- 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:

- 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:

requirements:

- o a refugee admitted under Section 207 of INA,
- o a victim of severe trafficking admitted under Section

(101)(a)(15)(T) of INA

- o an asylee admitted under Section 208 of INA,
- an alien whose deportation is withheld under Sections 243(h) or 241(b)(3) of INA,
- o a Cuban/Haitian entrant paroled under Section 212(d)(5) of INA,
- o an Amerasian Legal Permanent Resident (LPR),
- a parolee granted status under Section 212(d)(5) of INA for at least one year,
- \circ a Conditional Entrant admitted under Section 203(a)(7) of INA, or
- o an LPR other than an Amerasian.

- an alien lawfully admitted on or after 8/22/96 who meets one of the following requirements:
 - o a refugee admitted under Section 207 of INA,
 - o a victim of severe trafficking admitted under Section

(101)(a)(15)(T) of INA

- o an asylee admitted under Section 208 of INA,
- o an alien whose deportation is being withheld under Section 243(h)

or 241(b)(3) of INA,

o a Cuban/Haitian Entrant paroled under Section 212(d)(5) of the

INA, or

- o 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
- o 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:
 - 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.
- o 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-

Income Medicare Beneficiary (SLMB), Qualified Individual-1 (QI-1); or Qualified Disabled and Working Individuals (QDW I), 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).

<u>MCHD MAP Group Households</u> – 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

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

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.

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

<u>Own or Purchasing a Lot</u>. 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.

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

<u>Homestead Temporarily Unoccupied</u>. 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.

<u>Sale of a Homestead</u>. 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 selfemployment (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.

Law suit 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 readilyavailable. 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.

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

<u>Jointly Owned Property</u>. 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 or 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

- 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
 - o 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)
-4,650		-4,650	
	(Countable		(Countable
\$0	resource)	\$4,350	resource)

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.

<u>Solely Owned Vehicles</u>. 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. <u>Leased Vehicles</u>. 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.

(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

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.

<u>Child Support Received for a Non-Member</u>. 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.

<u>Lump-Sum Child Support Payments</u>. 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.

<u>Returning Parent</u>. 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

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

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

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

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 selfemployment 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

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 W orkforce Commission (TW C) 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:
 - o Date income is verified,
 - Type of income,
 - o Check or document seen,
 - o 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,
 - o Dates of each wage statement or pay stub used,
 - o Date paycheck is received,
 - o Gross income amount,
 - Frequency of receipt, and
 - o 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 selfemployment 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.

• 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, of 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.

<u>Step 1</u>

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.

<u>Step 2</u>

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

<u>All income, excluding self-employment.</u> 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:
 - <u>Monthly</u>. Use this method if the person has at least one full representative calendar month of self-employment income.
 - <u>Daily</u>. 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,
 - o Fuel,
 - o Identifiable costs of seed and fertilizer,
 - o Insurance premiums,
 - o Interest from business loans on income-producing property,
 - o Labor,
 - o Linen service,
 - Payments of the principal of loans for income-producing property,
 - Property tax,
 - Raw materials,
 - o Rent,
 - o Repairs that maintain income-producing property,
 - \circ Sales tax,
 - o Stock,
 - o 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.
 - o 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.

<u>Step 3</u>

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.

<u>Step 7</u>

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 workrelated 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,
 - o \$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.

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

Deductions for Medicaid-Eligible Individuals

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

<u>Step 9</u>

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.

<u>Step 10</u>

Compare the household's monthly gross income to the 21- 150% FPIL monthly income standard, using the MCHD MAP Monthly Income Standards chart below.

SECTION TWO ELIGIBILITY CRITERIA BUDGETING INCOME

MONTGOMERY COUNTY HOSPITAL DISTRICT MEDICAL ASSISTANCE PLAN INCOME GUIDELINES EFFECTIVE

<u>03/01/2021</u>04/01/2020

21- 150% FPIL

# of Individuals in the	Income Standard	Income Standard
M AP Household	21% FPIL	150% FPIL
1	\$ <u>226 224</u>	\$ <u>1,610 1,595</u>
2	\$ <u>305 302</u>	\$ <u>2,178 </u>
3	\$ <u>385 381 </u>	\$ <u>2,745 2,715</u>
4	\$ <u>464_</u> 459	\$ <u>3,313 3,275</u>
5	\$ <u>544 537</u>	\$ <u>3,880</u>
6	\$ <u>623_616</u>	\$ <u>4,448</u> 4 ,395
7	\$ <u>703</u> 694	\$ <u>5,015</u> 4 ,955
8	\$ <u>782</u> 773	\$ <u>5,583</u> <u>5,515</u>
9	\$ <u>861_851</u>	\$ <u>6,150 6,075</u>
10	\$ <u>941_929</u>	\$ <u>6,718_6,635</u>
11	\$ <u>1,020</u> 1,008	\$ <u>7,285</u> 7, 195
12	\$ <u>1,100</u> 1,086	\$ <u>7,853</u> 7, 755

Note: Based on the 202<u>1</u>9 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.

SECTION THREE. CASE PROCESSING

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.

- 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 or 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 W orker'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:

- 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 recertification 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.

- 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.

<u>Step 1</u>

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.

<u>Step 2</u>

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.

<u>Decision Pended</u>. 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 in received.

<u>Decision Pended for an SSI Applicant</u>. 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 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.

<u>Step 4</u>

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.

<u>Step 7</u>

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 MCHD MAP HANDBOOK interview and becomes eligible for MAP benefits, the forms listed

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.

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

<u>Denial Decision</u>. 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,
- 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 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.

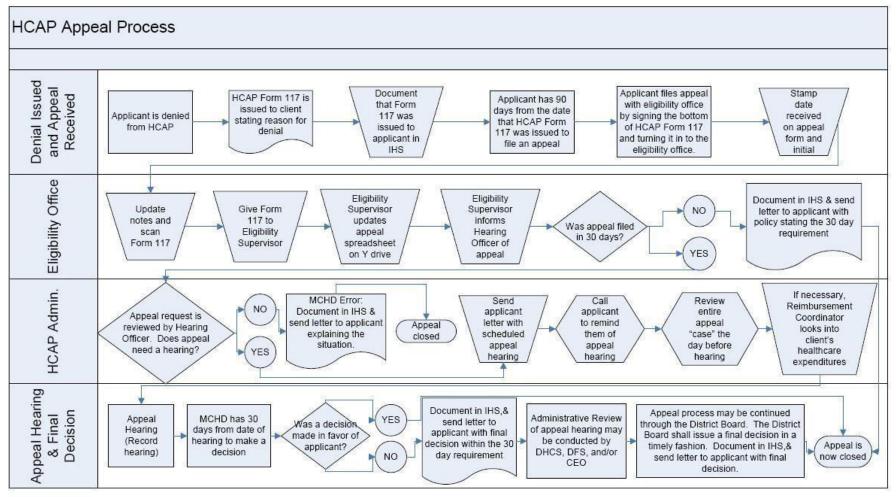
The Household/Client Appeal Process

- 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:
 - 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.

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.



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

- 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.

- 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 within the 21-150% of the Federal Poverty Income Limit are requested to contribute \$5 towards their healthcare.

Services for which co-payments are requested:

- Diabetic training
- EMS transports
- ED visits
- Hyperbaric Services
- Physical therapies

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- 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.

 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.

TOS	CPT Code	Description	
		Anesthesia for patient of extreme age, under one	
		year or over 70. (List separately in addition to code	
1	99100	for primary anesthesia procedure.)	
		Anesthesia complicated by utilization of total body	
		hypothermia. (List separately in addition to code for	
1	99116	primary anesthesia procedure.)	
		Anesthesia complicated by utilization of controlled	
		hypotension. (List separately in addition to code for	
1	99135	primary anesthesia procedure.)	
		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	
1	99140	threat to life or body part.	

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

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.

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/W afer

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 know 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

(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
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 MCHD MAP HANDBOOK 80

SECTION FOUR SERVICE DELIVERY EXTENDED HEALTH CARE SERVICES

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]

EXTEN
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 Concen
at Persc Flw Rt [Monthly Rental]
Standard wheelchair

Lightweight wheelchair

Lightweight wheelchall

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 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.

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 (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 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;

- 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
 - \circ 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:

- Christian Science Practitioner
- o 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 lifethreatening emergency; or the patient has severe vaginal bleeding uncontrollable by other medical or surgical means; or the patient is comatose, semicomatose, 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.

- 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;

- 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;

- 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 routing 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 FOLLOW ING 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 FOLLOW ING 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:

- 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 Postservice.

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.

- 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.

Reimbursement:

In such event, the District shall provide written authorization to the nonmandated 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 nonmandated 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

MCHD MAP HANDBOOK 100

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: ACKNOW LEDGMENT 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 ACKNOW LEDGEMENT 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

MCHD MAP HANDBOOK 102

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,

- 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.

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.

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-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.

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 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

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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 The chief administrative officer shall supervise all the may be fixed by the board. 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 employee 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 ensuring 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

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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

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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.

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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 assessorcollector 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.

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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

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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:

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(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 o fthe 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 <u>third</u> 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

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

<u>03/01/2021</u>04/01/2020

21- 150% FPIL

# of Individuals in the	Income Standard	Income Standard
M AP Household	21% FPIL	150% FPIL
1	\$ <u>226 224</u>	\$ <u>1,610</u>
2	\$ <u>305 302 </u>	\$ <u>2,178 2,155</u>
3	\$ <u>385_</u> 381	\$ <u>2,745 </u>
4	\$ <u>464</u> 4 59	\$ <u>3,313</u>
5	\$ <u>544 537 </u>	\$ <u>3,880</u>
6	\$ <u>623_616</u>	\$ <u>4,448</u> 4 ,395
7	\$ <u>703</u> 694	\$ <u>5,015</u> 4 ,955
8	\$ <u>782</u> 773	\$ <u>5,583 5,515</u>
9	\$ <u>861_851</u>	\$ <u>6,150 6,075</u>
10	\$ <u>941 929</u>	\$ <u>6,718 6,635</u>
11	\$ <u>1,020</u> 1,008	\$ <u>7,285</u> 7,195
12	\$ <u>1,100</u> 1,086	\$ <u>7,853</u> 7 ,755

* Effective March 1, 2021 April1, 2020

APPENDIX VI. AGREEMENT FOR ENROLLMENT OF COUNTY INMATES INTO MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE PROGRAM

State of Texas \$ \$ County of Montgomery \$

AGREEMENTFORENROLLMENTOFCOUNTYINMATESINTO MONTGOMERY COUNTYHOSPITAL 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 Program¹¹ 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 irunate 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

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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.

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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 In addition, County agrees to reimburse MCHD for any medical health care needs. 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 Sheriffand 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.

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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 nonsignatory party. Further, it is expressly agreed by the parties hereto that other than those covenants contained in section $\mathbf{I}(\mathbf{F})$, 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. Box478
	Conroe, Texas 77305
	(936) 523-5241
	(936) 539-3450

COUNTY: Tommy Gage, Sheriff #I 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 25,0014

MONTGOMERY COUNTY, TEXAS

By; Alan B. Sadler, County Judge

Date;_____

Attest:

Mark Turnbull, County Clerk

MONTGOMERY COUNTY HOSPITAL DISTRICf

By: Randy Johnson, ChiefExecutive Officer

Date:______

MONTGOMERY COUNTY, TEXAS

By: Ala B. Sadler, County Judge

Date:_---1!M AR 2 4-=20.::...:.14..:...

Attest:

Mark Turnhell

Mark Turnbull, County Clerk

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 allinclusive 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

	=11017.00	nonzation required	
ANTI-INFECTIVE AGENTS	MISC. ANTI-INFECTIVES	ANTIHYPERTENSIVE COMBOS	paroxetine
ANTIFUNG ALS	clindamycin	amlodipine/ benazepril	sertraline
clotrimazole	doxycycline	atenolol/ chlorthalidone	trazodone
fluconazole	metronidazole	benazepril/ HCTZ	venlafaxine
clotrimazole/betamethasone	minocycline	bisoprolol /HCTZ	
econazole	nitrofurantoin	captopril/ HCTZ	MIGRAINE AGENTS
ketoconazole	tetracycline	enalapril/ HCTZ	(Quantity Limits May Apply)
nystatin	trimethoprim	fosinopril/ HCTZ	FIORICET® (generic)
terbinafine	trimethoprim/sulfamethoxazole	lisinopril/ HCTZ	FIORICET/CODEINE® (generic)
nystatin/triamcinolone	vancomycin	losartan/ HCTZ	FIORINAL® (generic)
		methyldopa/ HCTZ	FIORINAL/CODEINE® (generic)
CEPHALOSPORINS	CARDIOVASCULAR AGENTS	metoprolol/ HCTZ	IMITREX® (generic)***
cefaclor	ACE INHIBITORS	trimaterene/ HCTZ	MIDRIN® (generic)
cefadroxil	benazepril		
cefdinir	captopril	BETA BLOCKERS	ENDOCRINE &
cefpodoxime	enalapril	atenolol	METABOLIC AGENTS
cefprozil	fosinopril	carvedilol	ANTIDI ABETICS
cefuroxime	lisinopril	labetalol	glimepiride
cephalexin	moexipril	metoprolol	glipizide/ extended-release
FLUOROQUINOLONES	quinapril	nadolol	glipizide/metformin
FLOOROQUINOLONES	ramipril capsules	propranolol	glyburide
ciprofloxacin			glyburide/ metformin
ofloxacin	ANGIOTENSIN II BLOCKERS	CALCIUM CHANNEL BLOCKERS	metformin/ extended-release
levofloxacin	losartan	amlodipine	
		diltiazem/ extended-release	ESTROGENS M
ACROLIDE ANTIBIOTICS	ANTI ADRENERGICS	felodipine	estradiol
azithromycin	clonidine	nifedipine/ extended-release	estradiol cypionate
clarithromycin	doxazosin	verapamil/ extended-release	estradiol/ norethindrone
erythromycin	terazosin		estradiol transdermal system
		<u>CENTRAL NERVOUS SYSTEM</u> AGENTS	ESTRATEST® (generic)
PENICILLINS	ANTIHYPERLIPIDEMICS	ANTIDEPRESS ANTS	ESTRATEST HS ® (generic)
amoxicillin	cholestyramine	amitriptyline	estropipate
amoxicillin/ clavulanate	fenofibrate	citalopram	
ampicillin	aemfibrozil	fluoxetine	THYROID AGENTS

ampicillin

gemfibrozil

MCHD MAP HANDBOOK 156

dicloxacillin

lovastatin

imipramine

levothyroxine

penicillin

pravastatin

mirtazapine

ARMOUR THYROID ®

nortriptyline

INSULINS

	medications are available
NOVOLOG ® ***	***The following respiratory
NOVOLIN ® ***	theophylline
LEVEMIR ® ***	ipratroprium nebulization
	albuterol/ ipratropium neb
HUMULIN ® *** LANTUS ® ***	albuterol nebulization

simvastatin

ADVAIR® ***

ATROVENT® HFA ***

ANTI AS THM ATICS

OTHER ENDOCRINE DRUGS

alendronate

GASTROINTESTINAL

AGENTS

H-2 ANT AGONISTS famotidine ranitidine

COMBIVENT® *** FLOVENT® HFA*** FORADIL® *** PULMICORT® *** SPIRIVA® *** SYMBICORT® *** VENTOLIN® HFA ***

onlywith prior authorization.

PROTON PUMP INHIBITORS

(**Prior Authorization Required-Must try/ fail OTC product prior to prescription product coverage) om eprazole pantoprazole

MISC. ULCER

dicyclomine misoprostol sucralfate PREVPAC® ***

MUSCULOSKELETAL AGENTS

NS ADS diclofenac

etodolac ibuprofen indomethacin ketorolac meloxicam nabumetone naproxen oxaprozin piroxicam

RESPIRATORY AGENTS

ALLERGY-NASAL flunisolide fluticasone

sulindac

UROLOGICALMEDICATIONS ANTICHOLINERGICS/ ANTISP ASMODICS flavoxate hyoscyamine subl oxybutynin

BENIGN PROSTATIC HYPERTROPHY DRUGS

doxazosin finasteride tamsulosin terazosin

Montgomery County Hospital District Balance Sheet

As of February 28, 2021

		Fund 10 02/28/2021
ASSETS		
Cash and Equivalents		
10-000-10100	Petty Cash-AdmBS	\$1,950.00
10-000-11401	Operating Account-WF-BS	\$2,992,618.74
10-000-12400	Investments-MMA-BS	\$2,042,489.43
10-000-12500	Investments-MMDA-BS	\$5,106,099.33
10-000-13100	Texpool-District-BS	\$10,316,233.87
10-000-13300	Investments-WF Bank-BS	\$14,879,137.12
10-000-13400	Texstar Investment Pool-BS	\$10,304,975.31
10-000-13500	Investments - BS	\$14,108,624.45
Total Cash and Equiva	alents	\$59,752,128.25
Receivables		
10-000-14100	A/R-EMS Billings-BS	\$7,878,490.41
10-000-14200	Allowance for Bad Debts-BS	(\$2,580,226.31)
10-000-14300	A/R-Other-BS	\$1,374,406.96
10-000-14305	A/R Employee-BS	\$6,403.61
10-000-14525	Receivable from Component Unit-BS	\$145,072.93
10-000-14700	Taxes Receivable-BS	\$2,985,113.44
10-000-14750	Allowance for bad debt-tax rev-BS	(\$283,898.16)
Total Receivables		\$9,525,362.88
Other Assets		
10-000-14900	Prepaid Expenses-BS	\$133,976.83
10-000-15000	Inventory-BS	\$919,758.16
Total Other Assets		\$1,053,734.99
TOTAL ASSETS		\$70,331,226.12
LIABILITIES		
Current Liabilities		
10-000-20500	Accounts Payable-BS	\$375,347.18
10-000-20600	Accounts Payable-Other-BS	\$6,218.69
10-000-21000	Accrued Expenditures-BS	\$1,030,038.63
10-000-21400	Accrued Payroll-BS	\$1,786,768.18
10-000-21525	P/R-United Way Deductions-BS	\$5,184.44
10-000-21585	P/R-Flexible Spending-BS-BS	\$1,790.55
10-000-21590	P/R-Premium Cancer/Accident-BS	(\$58.98)
10-000-21595	P/R-Health Savings-BS-BS	\$1.00
	TCDRS Defined Benefit Plan-BS	\$414,519.33
10-000-21650	ICDRS Delined Benefit Plan-BS	\$414,J19.JJ

Deferred Liabilities

10-000-23000	Deferred Tax Revenue-BS	\$2,701,215.28
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Montgomery County Hospital District

Financial Dashboard for February 2021

(dollars expressed in 000's)

	Feb 2021	Feb 2020	Var	Var %
Cash and Investments	59,752	57,298	2,454	4.3%

	February 2021			Year to Da	Year to Date			
Income Statement	Act	Bud	Var	Var %	Act	Bud	Var	Var %
Revenue								
Tax Revenue	3,647	3,853	(206)	-5.3%	34,939	35,050	(111)	-0.3%
EMS Net Revenue	1,407	1,218	189	15.5%	7,039	6,505	534	8.2%
Other Revenue	340	418	(78)	-18.7%	2,331	1,765	567	32.1%
Total Revenue	5,394	5,489	(95)	-1.7%	44,310	43,320	990	2.3%
Expenses								
Payroll	3,521	2,873	648	22.6%	16,635	15,475	1,160	7.5%
Operating	1,036	1,191	(155)	-13.0%	4,765	5,453	(689)	-12.6%
Indigent Healthcare	586	697	(111)	-15.9%	1,958	3,483	(1,525)	-43.8%
Total Operating Expenses	5,143	4,761	382	8.0%	23,357	24,411	(1,054)	-4.3%
Capital	74	74	0	0.0%	687	748	(61)	-8.2%
Total Expenditures	5,217	4,834	382	7.9%	24,044	25,159	(1,115)	-4.4%
Revenue Over / (Under) Expenses	178	655	(478)	- 72.9 %	20,266	18,161	2,105	11.6%

Tax Revenue: Year-to-date, Tax Revenue is under budget by \$111k or 0.30%. The monthly Tax Revenue budget is allocated based on a rolling three-year collection average. Through February, 94.9% of this year's expected tax revenue has been collected.

EMS Net Revenue: Year-to-date, EMS Revenue is \$534k more than budget.

Other Revenue: Year-to-Date, Other Revenue is \$567k more than budgeted primarily due to 1115 Waiver - Paramedicine activity being greater than planned and a CARES Act Phase 3 payment.

Payroll: Overall, Payroll Expenses are \$1,160k greater than budget year-to-date primarily due to higher than expected medical claims, additional overtime due to the winter storm, and unbudgeted paid Administrative Leave related to COVID-19 exposures.

Operating Expenses: Operating Expenses are under budget year-to-date by \$689k. Generally, Operating Expenses are less than expected across the board due to timing.

Indigent Care Expenses: Indigent Care Expenses are under budget by \$1.5 million. As the result of COVID-19, the number of clients has not increased as much as expected and clients have postponed medical interventions.

Capital: Capital Expenditures are under budget year-to-date by \$61k.

Montgomery County Hospital District Balance Sheet

As of February 28, 2021

		Fund 10 02/28/2021
ASSETS		
Cash and Equivalents		
10-000-10100	Petty Cash-AdmBS	\$1,950.00
10-000-11401	Operating Account-WF-BS	\$2,992,618.74
10-000-12400	Investments-MMA-BS	\$2,042,489.43
10-000-12500	Investments-MMDA-BS	\$5,106,099.33
10-000-13100	Texpool-District-BS	\$10,316,233.87
10-000-13300	Investments-WF Bank-BS	\$14,879,137.12
10-000-13400	Texstar Investment Pool-BS	\$10,304,975.31
10-000-13500	Investments - BS	\$14,108,624.45
Total Cash and Equiva	lents	\$59,752,128.25
Receivables		
10-000-14100	A/R-EMS Billings-BS	\$7,878,490.41
10-000-14200	Allowance for Bad Debts-BS	(\$2,580,226.31)
10-000-14300	A/R-Other-BS	\$1,374,406.96
10-000-14305	A/R Employee-BS	\$6,403.61
10-000-14525	Receivable from Component Unit-BS	\$145,214.30
10-000-14700	Taxes Receivable-BS	\$2,985,113.44
10-000-14750	Allowance for bad debt-tax rev-BS	(\$283,898.16)
Total Receivables		\$9,525,504.25
Other Assets		
10-000-14900	Prepaid Expenses-BS	\$133,976.83
10-000-15000	Inventory-BS	\$919,758.16
Total Other Assets		\$1,053,734.99
TOTAL ASSETS		\$70,331,367.49
LIABILITIES		
Current Liabilities		
10-000-20500	Accounts Payable-BS	\$375,347.18
10-000-20600	Accounts Payable-Other-BS	\$6,218.69
10-000-21000	Accrued Expenditures-BS	\$1,030,038.63
10-000-21400	Accrued Payroll-BS	\$1,786,768.18
10-000-21525	P/R-United Way Deductions-BS	\$5,184.44
10-000-21585	P/R-Flexible Spending-BS-BS	\$1,790.55
10-000-21590	P/R-Premium Cancer/Accident-BS	(\$58.98)
10-000-21595	P/R-Health Savings-BS-BS	\$1.00
10-000-21650	TCDRS Defined Benefit Plan-BS	\$414,519.33

Deferred Liabilities

10-000-23000	Deferred Tax Revenue-BS	\$2,701,215.28
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Montgomery County Hospital District Balance Sheet

As of February 28, 2021

		Fund 10 02/28/2021
10-000-23200	Deferred Revenue-BS	\$376,167.24
Total Deferred Lial	pilities	\$3,077,382.52
TOTAL LIABILITIES		\$6,697,191.54
CAPITAL		
10-000-30225	Assigned - Open Purchase Orders-BS	\$3,026,739.13
10-000-30400	Nonspendable - Inventory-BS	\$919,758.16
10-000-30700	Nonspendable - Prepaids-BS	\$133,976.83
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	\$45,053,701.83
TOTAL CAPITAL		\$63,634,175.95
TOTAL LIABILITIES ANI	O CAPITAL	\$70,331,367.49

For the Period Ended February 28, 2021

	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	\$3,604,159.49	\$3,763,357.00	(\$159,197.51)	\$34,710,345.17	\$34,726,105.00	(\$15,759.83)	\$36,098,667.00	96.15 %	\$1,388,321.83
Delinquent Tax Revenue	\$646.81	\$45,246.00	(\$44,599.19)	\$136,057.70	\$232,319.00	(\$96,261.30)	\$405,651.00	33.54 %	\$269,593.30
Penalties and Interest	\$31,461.93	\$44,493.00	(\$13,031.07)	\$81,988.36	\$91,921.00	(\$9,932.64)	\$324,343.00	25.28 %	\$242,354.64
Miscellaneous Tax Revenue	\$10,923.61	\$0.00	\$10,923.61	\$10,923.61	\$0.00	\$10,923.61	\$0.00	0.00 %	(\$10,923.61)
Total Tax Revenue	\$3,647,191.84	\$3,853,096.00	(\$205,904.16)	\$34,939,314.84	\$35,050,345.00	(\$111,030.16)	\$36,828,661.00	94.87 %	\$1,889,346.16
EMS Net Revenue									
Advanced Life Support Revenue	\$2,729,587.36	\$2,076,857.00	\$652,730.36	\$13,872,219.94	\$11,096,940.00	\$2,775,279.94	\$26,970,122.00	51.44 %	\$13,097,902.06
Basic Life Support Revenue	\$524,608.17	\$369,124.00	\$155,484.17	\$2,683,556.09	\$1,972,007.00	\$711,549.09	\$4,790,530.00	56.02 %	\$2,106,973.91
Transfer Service Fees	\$5,758.99	\$57,855.00	(\$52,096.01)	\$122,933.74	\$303,240.00	(\$180,306.26)	\$730,170.00	16.84 %	\$607,236.26
Non-Transport Fees	\$27,837.51	\$26,117.00	\$1,720.51	\$110,447.90	\$139,235.00	(\$28,787.10)	\$338,509.00	32.63 %	\$228,061.10
Contractual Allowance	(\$1,133,099.96)	(\$673,330.00)	(\$459,769.96)	(\$5,814,763.82)	(\$3,595,688.00)	(\$2,219,075.82)	(\$8,736,283.00)	66.56 %	(\$2,921,519.18)
Provision for Bad Debt	(\$763,553.11)	(\$658,655.00)	(\$104,898.11)	(\$3,996,309.48)	(\$3,517,517.00)	(\$478,792.48)	(\$8,546,575.00)	46.76 %	(\$4,550,265.52)
Recovery of Bad Debt - EMS	\$15,689.79	\$20,008.00	(\$4,318.21)	\$61,370.80	\$106,876.00	(\$45,505.20)	\$259,708.00	23.63 %	\$198,337.20
Total EMS Net Revenue	\$1,406,828.75	\$1,217,976.00	\$188,852.75	\$7,039,455.17	\$6,505,093.00	\$534,362.17	\$15,806,181.00	44.54 %	\$8,766,725.83
Other Revenue									
Investment Income - MCHD	\$10,481.16	\$7,834.00	\$2,647.16	\$73,078.29	\$31,906.00	\$41,172.29	\$76,216.00	95.88 %	\$3,137.71
Interest Income	\$942.15	\$818.00	\$124.15	\$4,092.27	\$4,200.00	(\$107.73)	\$9,620.00	42.54 %	\$5,527.73
Tobacco Settlement Proceeds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$600,000.00	0.00 %	\$600,000.00
Weyland Bldg. Land Lease	\$0.00	\$0.00	\$0.00	\$8,265.51	\$8,266.00	(\$0.49)	\$33,064.00	25.00 %	\$24,798.49
Miscellaneous Income	\$6,835.47	\$4,000.00	\$2,835.47	\$344,677.41	\$45,100.00	\$299,577.41	\$207,610.00	166.02 %	(\$137,067.41)
Rx Discount Card Royalties	\$64.00	\$80.00	(\$16.00)	\$311.00	\$400.00	(\$89.00)	\$960.00	32.40 %	\$649.00
Proceeds from Capital Lease	\$0.00	\$0.00	\$0.00	\$0.00	\$70,313.00	(\$70,313.00)	\$187,196.00	0.00 %	\$187,196.00
Tenant Rent Income	\$9,298.42	\$9,199.00	\$99.42	\$46,492.10	\$45,993.00	\$499.10	\$110,383.00	42.12 %	\$63,890.90
P.A. Processing Fees	\$0.00	\$150.00	(\$150.00)	\$0.00	\$750.00	(\$750.00)	\$1,800.00	0.00 %	\$1,800.00
Contract Revenue (Net)	\$111,739.09	\$106,000.00	\$5,739.09	\$111,739.09	\$106,000.00	\$5,739.09	\$162,376.00	68.82 %	\$50,636.91

For the Period Ended February 28, 2021

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
1115 Waiver - Paramedicine	\$31,500.00	\$120,000.00	(\$88,500.00)	\$832,800.00	\$600,000.00	\$232,800.00	\$1,440,000.00	57.83 %	\$607,200.00
Education/Training Revenue	\$10,135.05	\$28,000.00	(\$17,864.95)	\$108,554.10	\$127,550.00	(\$18,995.90)	\$219,000.00	49.57 %	\$110,445.90
Stand-By Fees	\$0.00	\$1,562.00	(\$1,562.00)	\$31,200.00	\$7,812.00	\$23,388.00	\$18,750.00	166.40 %	(\$12,450.00)
EMS - Trauma Fund Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,000.00	0.00 %	\$30,000.00
Ambulance Supplemental Payment Program	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$498,657.00	0.00 %	\$498,657.00
Management Fee Revenue	\$8,333.33	\$8,333.00	\$0.33	\$41,666.65	\$41,666.00	\$0.65	\$100,000.00	41.67 %	\$58,333.35
Employee Medical Premiums	\$98,666.51	\$92,174.00	\$6,492.51	\$477,094.76	\$464,795.00	\$12,299.76	\$1,198,262.00	39.82 %	\$721,167.24
Dispatch Fees	\$9,600.00	\$7,000.00	\$2,600.00	\$47,967.00	\$35,000.00	\$12,967.00	\$222,500.00	21.56 %	\$174,533.00
MDC Revenue - First Responders	\$0.00	\$0.00	\$0.00	\$8,750.00	\$8,750.00	\$0.00	\$57,000.00	15.35 %	\$48,250.00
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	\$10,120.12	\$10,120.00	\$0.12	\$50,491.84	\$50,492.00	(\$0.16)	\$121,640.00	41.51 %	\$71,148.16
Tower Contract Revenue	\$23,089.56	\$23,185.00	(\$95.44)	\$115,384.97	\$115,862.00	(\$477.03)	\$279,527.00	41.28 %	\$164,142.03
Gain/Loss on Sale of Assets	\$9,460.00	\$0.00	\$9,460.00	\$28,770.00	\$0.00	\$28,770.00	\$0.00	0.00 %	(\$28,770.00)
Total Other Revenue	\$340,264.86	\$418,455.00	(\$78,190.14)	\$2,331,334.99	\$1,764,855.00	\$566,479.99	\$5,754,561.00	40.51 %	\$3,423,226.01
Total Revenues	\$5,394,285.45	\$5,489,527.00	(\$95,241.55)	\$44,310,105.00	\$43,320,293.00	\$989,812.00	\$58,389,403.00	75.89 %	\$14,079,298.00
Expenses									
Payroll Expenses									
Regular Pay	\$1,921,256.80	\$1,773,400.00	\$147,856.80	\$9,281,921.65	\$9,416,341.00	(\$134,419.35)	\$22,897,677.00	40.54 %	\$13,615,755.35
Overtime Pay	\$542,002.42	\$187,565.00	\$354,437.42	\$1,530,053.54	\$1,113,979.00	\$416,074.54	\$2,651,181.00	57.71 %	\$1,121,127.46
Paid Time Off	\$219,710.49	\$169,115.00	\$50,595.49	\$1,387,074.01	\$1,028,203.00	\$358,871.01	\$2,530,988.00	54.80 %	\$1,143,913.99
Stipend Pay	\$8,434.34	\$12,964.00	(\$4,529.66)	\$63,886.50	\$64,820.00	(\$933.50)	\$155,578.00	41.06 %	\$91,691.50
Payroll Taxes	\$199,506.97	\$158,586.00	\$40,920.97	\$892,455.89	\$860,133.00	\$32,322.89	\$2,089,429.00	42.71 %	\$1,196,973.11
TCDRS Plan	\$170,119.03	\$140,157.00	\$29,962.03	\$803,000.78	\$760,172.00	\$42,828.78	\$1,846,602.00	43.49 %	\$1,043,601.22
Health & Dental	\$56,424.39	\$56,446.00	(\$21.61)	\$408,602.62	\$406,736.00	\$1,866.62	\$801,858.00	50.96 %	\$393,255.38
Health Insurance Claims	\$337,258.21	\$310,703.00	\$26,555.21	\$1,936,224.09	\$1,509,130.00	\$427,094.09	\$3,684,051.00	52.56 %	\$1,747,826.91
Health Insurance Admin Fees	\$66,386.51	\$63,982.00	\$2,404.51	\$331,595.24	\$315,305.00	\$16,290.24	\$763,179.00	43.45 %	\$431,583.76

For the Period Ended February 28, 2021

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Total Payroll Expenses	\$3,521,099.16	\$2,872,918.00	\$648,181.16	\$16,634,814.32	\$15,474,819.00	\$1,159,995.32	\$37,420,543.00	44.45 %	\$20,785,728.68
Operating Expenses									
Unemployment Expense	\$1,804.00	\$1,000.00	\$804.00	\$7,215.47	\$5,000.00	\$2,215.47	\$12,000.00	60.13 %	\$4,784.53
Accident Repair	\$2,447.57	\$2,450.00	(\$2.43)	\$21,539.78	\$21,625.00	(\$85.22)	\$30,000.00	71.80 %	\$8,460.22
Accounting/Auditing Fees	\$0.00	\$0.00	\$0.00	\$30,000.00	\$30,000.00	\$0.00	\$45,900.00	65.36 %	\$15,900.00
Advertising	\$0.00	\$200.00	(\$200.00)	\$2,841.90	\$1,525.00	\$1,316.90	\$5,000.00	56.84 %	\$2,158.10
Ambulance Supplemental IGT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$207,774.00	0.00 %	\$207,774.00
Bank Charges	\$0.00	\$425.00	(\$425.00)	\$360.48	\$2,125.00	(\$1,764.52)	\$5,100.00	7.07 %	\$4,739.52
Credit Card Processing Fee	\$1,421.74	\$1,450.00	(\$28.26)	\$7,408.13	\$7,552.00	(\$143.87)	\$21,380.00	34.65 %	\$13,971.87
Bio-Waste Removal	\$4,452.15	\$3,046.00	\$1,406.15	\$18,578.75	\$15,730.00	\$2,848.75	\$37,552.00	49.47 %	\$18,973.25
Books/Materials	\$1,044.94	\$11,300.00	(\$10,255.06)	\$20,606.29	\$63,700.00	(\$43,093.71)	\$195,850.00	10.52 %	\$175,243.71
Business Licenses	\$822.05	\$1,003.00	(\$180.95)	\$4,643.05	\$6,628.00	(\$1,984.95)	\$28,934.00	16.05 %	\$24,290.95
Capital Lease Expense	\$18,511.79	\$20,321.00	(\$1,809.21)	\$91,223.62	\$101,176.00	(\$9,952.38)	\$191,528.00	47.63 %	\$100,304.38
Collection Fees	\$3,923.00	\$4,027.00	(\$104.00)	\$21,380.29	\$33,508.00	(\$12,127.71)	\$93,000.00	22.99 %	\$71,619.71
Community Education	\$0.00	\$0.00	\$0.00	\$2,525.15	\$4,584.62	(\$2,059.47)	\$15,534.62	16.26 %	\$13,009.47
Computer Maintenance	\$258,057.94	\$259,350.00	(\$1,292.06)	\$364,121.51	\$372,350.00	(\$8,228.49)	\$479,750.00	75.90 %	\$115,628.49
Computer Software	\$112,376.82	\$107,864.00	\$4,512.82	\$463,639.06	\$469,177.00	(\$5,537.94)	\$1,158,090.00	40.03 %	\$694,450.94
Computer Software - MDC First Responder	\$3,000.12	\$3,000.00	\$0.12	\$4,000.16	\$4,000.00	\$0.16	\$55,200.00	7.25 %	\$51,199.84
Computer Supplies/Non-Cap.	\$0.00	\$0.00	\$0.00	\$17,444.69	\$19,825.00	(\$2,380.31)	\$42,265.00	41.27 %	\$24,820.31
Conferences - Fees, Travel, & Meals	\$2,068.00	\$2,235.00	(\$167.00)	\$4,497.00	\$20,181.00	(\$15,684.00)	\$50,684.00	8.87 %	\$46,187.00
Contractual Obligations- County Appraisal	\$0.00	\$0.00	\$0.00	\$72,984.66	\$72,207.00	\$777.66	\$288,828.00	25.27 %	\$215,843.34
Contractual Obligations- Tax Collector Assess	\$294.55	\$7,844.00	(\$7,549.45)	\$94,998.71	\$39,220.00	\$55,778.71	\$94,125.00	100.93 %	(\$873.71)
Contractual Obligations- Other	\$18,591.30	\$24,446.00	(\$5,854.70)	\$102,733.67	\$122,230.00	(\$19,496.33)	\$301,260.00	34.10 %	\$198,526.33
Customer Property Damage	\$0.00	\$0.00	\$0.00	\$1,994.31	\$2,017.00	(\$22.69)	\$12,850.00	15.52 %	\$10,855.69
Customer Relations	\$4,675.10	\$5,800.00	(\$1,124.90)	\$23,574.40	\$30,600.00	(\$7,025.60)	\$72,800.00	32.38 %	\$49,225.60
Damages/Uninsured Portion	\$2,298.43	\$0.00	\$2,298.43	\$13,147.79	\$7,766.70	\$5,381.09	\$7,766.70	169.28 %	(\$5,381.09)
Disposable Linen	\$3,587.68	\$7,548.00	(\$3,960.32)	\$22,717.25	\$30,070.00	(\$7,352.75)	\$82,920.00	27.40 %	\$60,202.75
Disposable Medical Supplies	\$69,022.64	\$98,081.00	(\$29,058.36)	\$402,122.55	\$490,539.48	(\$88,416.93)	\$1,177,106.48	34.16 %	\$774,983.93
Drug Supplies	\$9,247.34	\$26,240.00	(\$16,992.66)	\$126,697.70	\$130,708.02	(\$4,010.32)	\$307,388.02	41.22 %	\$180,690.32

For the Period Ended February 28, 2021

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Dues/Subscriptions	\$1,734.99	\$1,488.00	\$246.99	\$48,455.65	\$41,182.00	\$7,273.65	\$61,564.00	78.71 %	\$13,108.35
Durable Medical Equipment	\$13,373.70	\$38,121.00	(\$24,747.30)	\$67,518.86	\$142,167.50	(\$74,648.64)	\$417,360.50	16.18 %	\$349,841.64
Employee Health\Wellness	\$320.08	\$11,375.00	(\$11,054.92)	\$12,965.31	\$16,875.00	(\$3,909.69)	\$26,500.00	48.93 %	\$13,534.69
Employee Recognition	\$100.00	\$778.00	(\$678.00)	\$54,584.82	\$59,362.06	(\$4,777.24)	\$115,203.06	47.38 %	\$60,618.24
Equipment Rental	\$2,534.99	\$2,540.00	(\$5.01)	\$4,226.26	\$4,285.00	(\$58.74)	\$14,100.00	29.97 %	\$9,873.74
Fluids & Additives - Auto	\$2,554.31	\$1,864.00	\$690.31	\$8,834.61	\$8,292.50	\$542.11	\$18,146.50	48.68 %	\$9,311.89
Fuel - Auto	\$42,518.34	\$59,361.00	(\$16,842.66)	\$191,691.67	\$263,805.00	(\$72,113.33)	\$679,336.00	28.22 %	\$487,644.33
Fuel - Non-Auto	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,000.00	0.00 %	\$4,000.00
Hazardous Waste Removal	\$144.00	\$97.00	\$47.00	\$889.20	\$852.00	\$37.20	\$1,920.00	46.31 %	\$1,030.80
Insurance	\$654.02	\$0.00	\$654.02	\$141,052.45	\$209,378.00	(\$68,325.55)	\$656,975.00	21.47 %	\$515,922.55
Interest Expense	\$378.37	\$687.00	(\$308.63)	\$1,885.11	\$3,874.00	(\$1,988.89)	\$7,513.00	25.09 %	\$5,627.89
Laundry Service & Purchase	\$69.10	\$130.00	(\$60.90)	\$694.48	\$730.00	(\$35.52)	\$1,800.00	38.58 %	\$1,105.52
Leases/Contracts	\$0.00	\$5,595.00	(\$5,595.00)	\$23,127.40	\$27,975.00	(\$4,847.60)	\$77,440.00	29.86 %	\$54,312.60
Legal Fees	\$19,094.42	\$10,550.00	\$8,544.42	\$55,650.32	\$52,750.00	\$2,900.32	\$126,725.00	43.91 %	\$71,074.68
Maintenance & Repairs-Buildings	\$24,419.74	\$34,000.00	(\$9,580.26)	\$112,157.48	\$124,632.35	(\$12,474.87)	\$370,842.35	30.24 %	\$258,684.87
Maintenance- Equipment	\$21,212.83	\$18,000.00	\$3,212.83	\$370,574.07	\$424,154.00	(\$53,579.93)	\$708,464.00	52.31 %	\$337,889.93
Management Fees	\$9,265.58	\$11,261.00	(\$1,995.42)	\$43,750.16	\$56,308.00	(\$12,557.84)	\$135,139.00	32.37 %	\$91,388.84
Meals - Business and Travel	\$0.00	\$65.00	(\$65.00)	(\$32.07)	\$325.00	(\$357.07)	\$2,060.00	(1.56)%	\$2,092.07
Meeting Expenses	\$605.30	\$515.00	\$90.30	\$4,812.59	\$5,364.00	(\$551.41)	\$30,200.00	15.94 %	\$25,387.41
Mileage Reimbursements	\$62.82	\$204.00	(\$141.18)	\$812.46	\$1,763.00	(\$950.54)	\$10,992.00	7.39 %	\$10,179.54
Office Supplies	\$843.80	\$1,446.00	(\$602.20)	\$5,574.65	\$6,313.00	(\$738.35)	\$17,500.00	31.86 %	\$11,925.35
Oil & Lubricants	\$1,964.00	\$2,000.00	(\$36.00)	\$9,746.27	\$11,100.00	(\$1,353.73)	\$27,600.00	35.31 %	\$17,853.73
Other Services	\$289.62	\$375.00	(\$85.38)	\$1,411.74	\$1,875.00	(\$463.26)	\$4,500.00	31.37 %	\$3,088.26
Other Services - DSRIP	\$0.00	\$0.00	\$0.00	\$18,782.13	\$118,017.00	(\$99,234.87)	\$1,117,986.00	1.68 %	\$1,099,203.87
Oxygen & Gases	\$2,226.26	\$4,675.00	(\$2,448.74)	\$16,881.28	\$22,546.15	(\$5,664.87)	\$55,326.15	30.51 %	\$38,444.87
Postage	\$1,715.62	\$2,100.00	(\$384.38)	\$9,985.25	\$10,500.00	(\$514.75)	\$25,200.00	39.62 %	\$15,214.75
Printing Services	\$1,507.32	\$2,003.50	(\$496.18)	\$2,194.63	\$2,378.50	(\$183.87)	\$23,376.50	9.39 %	\$21,181.87
Professional Fees	\$92,749.48	\$95,453.00	(\$2,703.52)	\$458,264.08	\$533,984.09	(\$75,720.01)	\$1,756,313.41	26.09 %	\$1,298,049.33
Radio Repairs - Outsourced (Depot)	\$374.50	\$306.00	\$68.50	\$6,325.80	\$7,600.00	(\$1,274.20)	\$39,900.00	15.85 %	\$33,574.20
Radio - Parts	\$1,708.63	\$1,710.00	(\$1.37)	\$10,818.70	\$13,460.00	(\$2,641.30)	\$57,300.00	18.88 %	\$46,481.30

For the Period Ended February 28, 2021

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Radios	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,000.00	0.00 %	\$12,000.00
Recruit/Investigate	\$2,677.88	\$2,740.00	(\$62.12)	\$15,826.81	\$30,030.00	(\$14,203.19)	\$66,550.00	23.78 %	\$50,723.19
Rent	\$12,751.00	\$14,451.00	(\$1,700.00)	\$63,755.00	\$71,255.00	(\$7,500.00)	\$174,212.00	36.60 %	\$110,457.00
Repair-Equipment	\$1,644.50	\$1,500.00	\$144.50	\$7,547.96	\$8,633.00	(\$1,085.04)	\$55,200.00	13.67 %	\$47,652.04
Shop Tools	\$1,211.83	\$979.00	\$232.83	\$4,666.53	\$4,722.00	(\$55.47)	\$16,470.00	28.33 %	\$11,803.47
Shop Supplies	\$577.63	\$609.00	(\$31.37)	\$6,483.13	\$7,026.00	(\$542.87)	\$54,900.00	11.81 %	\$48,416.87
Small Equipment & Furniture	\$42,613.75	\$47,226.00	(\$4,612.25)	\$113,589.85	\$124,524.37	(\$10,934.52)	\$492,438.24	23.07 %	\$378,848.39
Special Events Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$425.00	(\$425.00)	\$3,350.00	0.00 %	\$3,350.00
Station Supplies	\$3,407.08	\$905.00	\$2,502.08	\$24,460.45	\$25,253.00	(\$792.55)	\$81,096.00	30.16 %	\$56,635.55
Supplemental Food	\$0.00	\$0.00	\$0.00	\$0.00	\$3,000.00	(\$3,000.00)	\$3,000.00	0.00 %	\$3,000.00
Telephones-Cellular	\$14,352.32	\$11,696.00	\$2,656.32	\$53,435.74	\$58,420.00	(\$4,984.26)	\$140,232.00	38.11 %	\$86,796.26
Telephones-Service	\$16,531.57	\$16,565.00	(\$33.43)	\$95,243.16	\$82,825.00	\$12,418.16	\$198,780.00	47.91 %	\$103,536.84
Training/Related Expenses-CE	\$9,061.90	\$13,109.31	(\$4,047.41)	\$34,006.86	\$54,070.31	(\$20,063.45)	\$395,248.60	8.60 %	\$361,241.74
Tuition Reimbursement	\$1,000.00	\$3,850.00	(\$2,850.00)	\$40,127.58	\$28,000.00	\$12,127.58	\$67,450.00	59.49 %	\$27,322.42
Travel Expenses	\$480.00	\$500.00	(\$20.00)	\$966.38	\$1,047.00	(\$80.62)	\$8,400.00	11.50 %	\$7,433.62
Uniforms	\$9,162.95	\$31,111.90	(\$21,948.95)	\$89,959.32	\$135,072.47	(\$45,113.15)	\$359,943.47	24.99 %	\$269,984.15
Utilities	\$40,039.37	\$34,460.00	\$5,579.37	\$198,896.46	\$173,970.00	\$24,926.46	\$419,360.00	47.43 %	\$220,463.54
Vehicle-Batteries	(\$748.77)	\$0.00	(\$748.77)	\$21,201.01	\$22,577.00	(\$1,375.99)	\$46,150.00	45.94 %	\$24,948.99
Vehicle-Outside Services	\$546.05	\$633.00	(\$86.95)	\$1,254.12	\$1,562.00	(\$307.88)	\$9,600.00	13.06 %	\$8,345.88
Vehicle-Parts	\$36,950.31	\$36,500.00	\$450.31	\$165,625.24	\$167,085.73	(\$1,460.49)	\$444,085.73	37.30 %	\$278,460.49
Vehicle-Registration	\$277.22	\$217.00	\$60.22	\$759.45	\$971.00	(\$211.55)	\$2,496.00	30.43 %	\$1,736.55
Vehicle-Tires	\$3,179.40	\$4,000.00	(\$820.60)	\$23,028.25	\$24,000.00	(\$971.75)	\$60,000.00	38.38 %	\$36,971.75
Vehicle-Towing	\$2,086.00	\$2,100.00	(\$14.00)	\$5,317.00	\$5,400.00	(\$83.00)	\$5,400.00	98.46 %	\$83.00
Worker's Compensation Insurance	\$78,311.00	\$73,771.00	\$4,540.00	\$171,728.12	\$147,542.00	\$24,186.12	\$295,084.00	58.20 %	\$123,355.88
Total Operating Expenses	\$1,036,181.97	\$1,191,252.71	(\$155,070.74)	\$4,764,510.15	\$5,453,303.85	(\$688,793.70)	\$15,023,314.33	31.71 %	\$10,258,804.18
Indigent Care Expenses									
1115 Medicaid Waiver - Uncompensated Care	\$382,289.00	\$382,289.00	\$0.00	\$1,100,215.06	\$1,911,445.00	(\$811,229.94)	\$4,587,467.00	23.98 %	\$3,487,251.94
Specialty Healthcare Providers	\$203,661.77	\$314,296.00	(\$110,634.23)	\$857,473.20	\$1,571,480.00	(\$714,006.80)	\$3,771,551.00	22.74 %	\$2,914,077.80
– Total Indigent Care Expenses –	\$585,950.77	\$696,585.00	(\$110,634.23)	\$1,957,688.26	\$3,482,925.00	(\$1,525,236.74)	\$8,359,018.00	23.42 %	\$6,401,329.74

For the Period Ended February 28, 2021

	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 Expenditures									
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	\$73,566.96	\$73,566.96	\$0.00	\$574,057.01	\$574,512.06	(\$455.05)	\$1,375,428.68	41.74 %	\$801,371.67
Capital Purchase - Equipment	\$0.00	\$0.00	\$0.00	\$96,543.81	\$103,750.00	(\$7,206.19)	\$1,063,907.00	9.07 %	\$967,363.19
Capital Purchase - Vehicles	\$0.00	\$0.00	\$0.00	\$16,171.48	\$69,646.63	(\$53,475.15)	\$197,159.63	8.20 %	\$180,988.15
Total Capital Expenditures	\$73,566.96	\$73,566.96	\$0.00	\$686,772.30	\$747,908.69	(\$61,136.39)	\$3,136,495.31	21.90 %	\$2,449,723.01
Total Expenses	\$5,216,798.86	\$4,834,322.67	\$382,476.19	\$24,043,785.03	\$25,158,956.54	(\$1,115,171.51)	\$63,939,370.64	37.60 %	\$39,895,585.61
Revenue over Expeditures	\$177,486.59	\$655,204.33	(\$477,717.74)	\$20,266,319.97	\$18,161,336.46	\$2,104,983.51	(\$5,549,967.64)	(365.16)%	(\$25,816,287.61)

Montgomery County Hospital District Payer Mix and Service Mix

Payer Mix													
Payer	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	12-Month Total
Medicare	1,216,222	989,181	1,096,572	1,173,621	1,233,551	1,215,352	1,128,869	1,494,686	1,644,460	1,758,384	1,674,360	1,602,834	16,228,093
Medicaid	313,683	193,692	216,825	304,134	269,366	294,354	266,543	320,717	347,905	347,420	401,586	367,105	3,643,331
Insurance	474,225	392,271	436,699	461,254	524,899	497,726	460,608	610,298	648,149	638,277	656,204	585,519	6,386,130
Facility Contract	45,028	43,200	54,335	50,739	39,217	33,772	31,491	17,184	4,070	8,941	8,102	6,645	342,724
Bill Patient	566,266	445,654	543,344	590,153	682,732	632,680	564,159	821,205	753,803	689,737	701,392	741,380	7,732,506
Standby	5,345	0	0	0	0	0	2,800	15,150	12,050	4,000	0	0	39,345
Total	2,620,770	2,063,998	2,347,776	2,579,902	2,749,765	2,673,885	2,454,470	3,279,240	3,410,437	3,446,760	3,441,644	3,303,482	34,372,128
Payer	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	12-Month %
Medicare	46.4%	47.9%	46.7%	45.5%	44.9%	45.5%	46.0%	45.6%	48.2%	51.0%	48.7%	48.5%	47.2%
Medicaid	12.0%	9.4%	9.2%	11.8%	9.8%	11.0%	10.8%	9.8%	10.2%	10.1%	11.7%	11.2%	10.6%
Insurance	18.1%	19.0%	18.6%	17.9%	19.1%	18.6%	18.8%	18.6%	19.0%	18.5%	19.1%	17.7%	18.6%
Facility Contract	1.7%	2.1%	2.3%	2.0%	1.4%	1.3%	1.3%	0.5%	0.1%	0.3%	0.2%	0.2%	1.0%
Bill Patient				2.0%	24.8%				22.1%	20.0%		22.4%	
	21.6%	21.6%	23.2%			23.6%	23.0%	25.0%			20.3%		22.5%
Standby	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.5%	0.4%	0.1%	0.0%	0.0%	0.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Service Mix													
Payer	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	12-Month Total
ALS	2,528	1,946	2,220	2,460	2,644	2,570	2,396	2,534	2,673	2,763	2,706	2,580	30,020
BLS	577	457	551	600	638	602	578	610	672	594	657	611	7,147
Other	262	377	222	187	201	168	142	149	154	177	199	230	2,468
Transfer	352	296	322	355	363	372	271	93	12	14	8	5	2,463
Standby	9	0	0	0	0	0	8	37	27	10	0	0	91
Total	3,728	3,076	3,315	3,602	3,846	3,712	3,395	3,423	3,538	3,558	3,570	3,426	42,189

													12-Month
Payer	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	%
ALS	67.8%	63.3%	67.0%	68.3%	68.7%	69.2%	70.6%	74.0%	75.6%	77.7%	75.8%	75.3%	71.2%
BLS	15.5%	14.8%	16.6%	16.6%	16.6%	16.2%	17.0%	17.8%	18.9%	16.7%	18.4%	17.8%	16.9%
Other	7.1%	12.3%	6.7%	5.2%	5.3%	4.6%	4.2%	4.4%	4.4%	5.0%	5.6%	6.7%	5.8%
Transfer	9.4%	9.6%	9.7%	9.9%	9.4%	10.0%	8.0%	2.7%	0.3%	0.4%	0.2%	0.2%	5.8%
Standby	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	1.1%	0.8%	0.2%	0.0%	0.0%	0.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Sorvico Mix

Montgomery County Hospital District Accounts Receivable Analysis

	Days in Accounts Receivable												
	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Jan-21	
A/R Balance	7,618,273	7,586,280	8,187,057	6,281,289	6,489,227	6,280,177	6,453,722	6,749,761	7,168,838	6,703,058	6,693,459	7,833,876	
Total 6-Mo Charges	12,341,021	11,777,165	11,601,011	11,401,494	11,403,052	11,475,262	11,406,158	12,123,856	12,154,695	12,602,138	12,883,313	12,933,452	
Avg Charge / Day *	68,561	65,429	64,450	63,342	63,350	63,751	63,368	67,355	67,526	70,012	71,574	71,853	
A/R Days	111	116	127	99	102	99	102	100	106	96	94	109	

Days in Accounts Receivable

* 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									
				Da	ys					
Month	Current	31-60	61-90	91-120	121-180	>180	Total	> 90 Days	> 120 Days	
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	
May-20	1,715,895	923,079	891,016	829,530	1,593,917	3,297,059	9,250,496	5,720,506	4,890,976	
Jun-20	1,924,431	993,835	744,222	781,392	789,908	2,103,588	7,337,376	3,674,887	2,893,496	
Jul-20	2,032,850	1,087,785	812,609	683,579	868,102	2,059,086	7,544,011	3,610,767	2,927,188	
Aug-20	1,956,174	1,201,239	913,616	760,703	521,233	1,962,201	7,315,165	3,244,136	2,483,433	
Sep-20	1,757,724	1,020,790	999,945	859,564	833,187	2,003,585	7,474,795	3,696,337	2,836,772	
Oct-20	1,978,256	997,596	877,946	936,381	979,524	1,751,124	7,520,827	3,667,029	2,730,648	
Nov-20	2,136,194	1,269,848	849,561	842,017	1,159,211	1,687,279	7,944,110	3,688,506	2,846,490	
Dec-20	1,934,576	1,271,318	1,103,094	794,733	662,946	1,588,163	7,354,830	3,045,842	2,251,109	
Jan-21	2,185,480	1,176,228	1,102,684	963,260	439,292	1,457,262	7,324,206	2,859,814	1,896,554	
Feb-21	2,291,308	1,622,342	1,011,532	992,260	517,672	1,442,959	7,878,073	2,952,892	1,960,631	

Accounts Receivable Aging by Percentage

Month	Current	31-60	61-90	91-120	121-180	>180	Total	> 90 Days	> 120 Days
Mar-20	21%	14%	12%	10%	18%	26%	100%	54%	44%
Apr-20	17%	13%	11%	10%	18%	32%	100%	60%	50%
May-20	19%	10%	10%	9%	17%	36%	100%	62%	53%
Jun-20	26%	14%	10%	11%	11%	29%	100%	50%	39%
Jul-20	27%	14%	11%	9%	12%	27%	100%	48%	39%
Aug-20	27%	16%	12%	10%	7%	27%	100%	44%	34%
Sep-20	24%	14%	13%	11%	11%	27%	100%	49%	38%
Oct-20	26%	13%	12%	12%	13%	23%	100%	49%	36%
Nov-20	27%	16%	11%	11%	15%	21%	100%	46%	36%
Dec-20	26%	17%	15%	11%	9%	22%	100%	41%	31%
Jan-21	30%	16%	15%	13%	6%	20%	100%	39%	26%
Feb-21	29%	21%	13%	13%	7%	18%	100%	37%	25%

Montgomery County Hospital District Accounts Payable Analysis

Accounts 1 ayable Aging by Donars											
Days											
Month	Current	31-60	61-90	> 90	Credits	Total	minus Credits				
Mar-20	330,272	-	-	2	(2)	330,272	330,274				
Apr-20	228,713	-	-	2	(2)	228,713	228,715				
May-20	997,201	-	-	2	(2)	997,201	997,203				
Jun-20	475,847	-	-	2	(2)	475,847	475,849				
Jul-20	472,522	-	-	2	(2)	472,522	472,524				
Aug-20	322,352	-	-	2	(2)	322,352	322,354				
Sep-20	172,363	-	-	2	(2)	172,363	172,365				
Oct-20	390,339	-	-	2	(2)	390,339	390,341				
Nov-20	365,412	-	-	2	(2)	365,412	365,414				
Dec-20	273,140	-	-	2	(2)	273,140	273,142				
Jan-21	376,475	-	-	2	(2)	376,475	376,477				
Feb-21	375,347	-	-	2	(2)	375,347	375,349				

Accounts Payable Aging by Dollars

Accounts Payable Aging by Percentage without Credits

			Days	
Month	Current	31-60	61-90	> 90
Mar-20	100%	0%	0%	0%
Apr-20	100%	0%	0%	0%
May-20	100%	0%	0%	0%
Jun-20	100%	0%	0%	0%
Jul-20	100%	0%	0%	0%
Aug-20	100%	0%	0%	0%
Sep-20	100%	0%	0%	0%
Oct-20	100%	0%	0%	0%
Nov-20	100%	0%	0%	0%
Dec-20	100%	0%	0%	0%
Jan-21	100%	0%	0%	0%
Feb-21	100%	0%	0%	0%

Consider and act on payment of District invoices (Mr. Grice, Treasurer-MCHD Board)

TOTAL FOR INVOICES \$ 1,877,563.01

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
A1 SMITH'S SEPTIC SERVICE, I	2/4/2021	478379	4112	2/24/2021	4 WEEK PORTABLE TOILET REN	10-016-55600	Maintenance & Repairs-Buil	\$88.00
	2/1/2021	474272	4176	3/3/2021	4 WEEK PORTABLE TOILET RET	10-016-55600	Maintenance & Repairs-Buil	\$88.00
					Total	s for A1 SMITH	'S SEPTIC SERVICE, INC.:	\$176.00
ALEXANDER, BENJAMIN	2/24/2021	ALE022421	4113	2/24/2021	TUITION RIEMBURSEMENT	10-025-58550	Tuition Reimbursement-Hun	\$1,000.00
						Totals for	ALEXANDER, BENJAMIN:	\$1,000.00
ALONTI CAFE & CATERING	2/1/2021	1747180	4084	2/10/2021	NEOP LUNCHEON 01.21.2021	10-009-56100	Meeting Expenses-Dept	\$85.61
	2/1/2021	1746773	4084	2/10/2021	EXECUTIVE LUNCH 01.19.2021	10-009-56100	Meeting Expenses-Dept	\$215.17
	2/2/2021	1748483	4114	2/24/2021	NEOP MEET THE DOCS/ORIENT	10-009-56100	Meeting Expenses-Dept	\$102.31
	2/1/2021	1747878	4084	2/10/2021	NEOP ORIENTATION 01.28.2021	10-009-56100	Meeting Expenses-Dept	\$109.81
						Totals for AL	ONTI CAFE & CATERING:	\$512.90
AMAZON.COM LLC	2/19/2021	433676847456	5 107907	2/24/2021	SHOP TOOLS	10-016-57700	Shop Tools-Facil	\$262.63
	2/19/2021	446965895658	3 107907	2/24/2021	SMALL EQUIPMENT	10-015-57750	Small Equipment & Furnitur	\$13.76
	2/19/2021	449768643765	5 107907	2/24/2021	MAINTENANCE	10-016-55600	Maintenance & Repairs-Buil	\$62.24
	2/19/2021	467996355467	7 107907	2/24/2021	SMALL EQUIPMENT	10-015-57750	Small Equipment & Furnitur	\$23.39
	2/19/2021	575644335777	7 107907	2/24/2021	SMALL EQUIPMENT	10-004-57750	Small Equipment & Furnitur	\$460.99
	2/19/2021	575787353736	5 107907	2/24/2021	SMALL EQUIPMENT	10-015-57750	Small Equipment & Furnitur	\$264.84
	2/19/2021	653786764859	9 107907	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$83.97
	2/19/2021	794494476343	3 107907	2/24/2021	SMALL EQUIPMENT	10-008-57750	Small Equipment & Furnitur	\$869.97
	2/19/2021	888964788865	5 107907	2/24/2021	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$287.12
	2/19/2021	985956578468	3 107907	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$99.00
						Tot	als for AMAZON.COM LLC:	\$2,427.91
AMERICAN TIRE DISTRIBUTOI	2/11/2021	S147642858	4177	3/3/2021	AMBULANCE TIRES	10-010-59150	Vehicle-Tires-Fleet	\$1,037.58
					Totals f	or AMERICAN	TIRE DISTRIBUTORS INC:	\$1,037.58
AMERITAS LIFE INSURANCE C	2/1/2021	010-48743 02.	(107721	2/3/2021	ACCT 010-048743-00002 VISION 1	10-025-51700	Health & Dental-Human	\$4,220.11
					Totals	for AMERITAS	LIFE INSURANCE CORP:	\$4,220.11
ARNOLD, CHRISTINE	2/4/2021	ARN020421	107817	2/10/2021	ACCIDENT REPAIR/REIMBURSM	10-010-52000	Accident Repair-Fleet	\$64.34
						Totals	ofor ARNOLD, CHRISTINE:	\$64.34
AT&T (105414)	2/13/2021	2812599426 0	2 107912	2/24/2021	STATION 41 FIRE PANEL 02/13/2	10-016-58800	Utilities-Facil	\$143.97
	2/21/2021	7131652005 0	2 108012	3/3/2021	T1 ISSI 02/21/21-03/20/21	10-004-58310	Telephones-Service-Radio	\$238.71
							Totals for AT&T (105414):	\$382.68
AT&T (U-VERSE)	2/1/2021	145220893 02	. 107818	2/10/2021	STATION 42 02/01/21-02/28/21	10-015-58310	Telephones-Service-Infor	\$107.00
	2/11/2021	145685137 02	. 108013	3/3/2021	STATION 24 02/12/21-03/11/21	10-015-58310	Telephones-Service-Infor	\$123.05
	2/22/2021	150883685 02		3/3/2021	STATION 41 02/23/21-03/22/21	10-015-58310	Telephones-Service-Infor	\$123.05

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
						1	otals for AT&T (U-VERSE):	\$353.10
AT&T MOBILITY-ROC (6463)	2/23/2021	836735112X02	107913	2/24/2021	ACCT# 836735112	10-004-58200	Telephones-Cellular-Radio	\$93.36
	2/27/2021	287283884314	108015	3/3/2021	ACCT# 287283884314	10-015-58200	Telephones-Cellular-Infor	\$185.09
						Totals for AT	&T MOBILITY-ROC (6463):	\$278.45
BCBS OF TEXAS (DENTAL)	2/1/2021	123611 2.1.21	5449	2/1/2021	BILL PERIOD: 02-01-2021 TO 03-(10-025-51700	Health & Dental-Human	\$173.72
	2/1/2021	123611 02.01.2	5450	2/1/2021	BILL PERIOD: 02-01-2021 TO 03-(10-025-51700	Health & Dental-Human	\$23,330.84
						Totals for B	CBS OF TEXAS (DENTAL):	\$23,504.56
BCBS OF TEXAS (POB 731428)	2/14/2021	523329231517	5472	2/14/2021	BCBS PPO & HSA CLAIMS 02/06/	10-025-51710	Health Insurance Claims-Hu	\$39,999.72
	2/21/2021	523328994703	5473	2/21/2021	BCBS PPO & HSA CLAIMS 02/13/	10-025-51710	Health Insurance Claims-Hu	\$61,113.83
	2/7/2021	523328670797	5511	2/7/2021	BCBS PPO & HSA CLAIMS 01/30/	10-025-51710	Health Insurance Claims-Hu	\$184,769.07
	2/28/2021	523327616159	5512	2/28/2021	BCBS PPO & HSA CLAIMS 02/20/	10-025-51710	Health Insurance Claims-Hu	\$65,954.47
	2/28/2021	131645443155	5547	2/28/2021	BCBS PPO & HSA CLAIMS 02/01/	10-025-51720	Health Insurance Admin Fee	\$69,256.24
	2/28/2021	131647271534	5548	2/28/2021	BCBS PPO & HSA CLAIMS 01/01/	10-025-51720	Health Insurance Admin Fee	\$66,243.76
					1	Totals for BCBS	OF TEXAS (POB 731428):	\$487,337.09
BIOQUELL INC.	2/9/2021	50-26090-2	108018	3/3/2021	FOOT, PORTABLE AERATION U	10-008-57750	Small Equipment & Furnitur	\$32.40
							Totals for BIOQUELL INC.:	\$32.40
BONDS JANITORIAL SERVICE	2/2/2021	740	4179	3/3/2021	JANITORIAL SERVICE FOR FEB	10-016-53330	Contractual Obligations- Oth	\$5,956.78
	2/2/2021	741	4179	3/3/2021	EXTRA DAY CLEANING/AFTER	10-016-53330	Contractual Obligations- Oth	\$2,935.00
						Totals for BON	DS JANITORIAL SERVICE:	\$8,891.78
BOON-CHAPMAN (Prime DX)	2/1/2021	S0030005390	4180	3/3/2021	JAN 2021 PRIMEDX FEES	10-002-55700	Management Fees-HCAP	\$6,750.33
						Totals for BO	ON-CHAPMAN (Prime DX):	\$6,750.33
BOUND TREE MEDICAL, LLC	2/2/2021	83937472	4115	2/24/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$128.00
	2/1/2021	63900274	4115	2/24/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$120.00
	2/3/2021	83939245	4115	2/24/2021	MEDICAL SUPPLIES	10-008-54200	Durable Medical Equipment-	\$1,672.08
	2/5/2021	83943376	4115	2/24/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$2,716.80
						10-008-53800	Disposable Linen-Suppl	\$625.00
						10-009-54000	Drug Supplies-Dept	\$735.60
	2/11/2021	83951589	4115	2/24/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$500.00
						10-009-54000	Drug Supplies-Dept	\$431.60
	2/11/2021	83951590	4115	2/24/2021	MEDICAL SUPPLIES	10-008-53800	Disposable Linen-Suppl	\$1,000.00
	2/10/2021	83949938	4115	2/24/2021	DME MEDICAL SUPPLIES	10-008-54200	Durable Medical Equipment-	\$1,031.25
	2/1/2021	83830407A	4181	3/3/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$714.60
							JND TREE MEDICAL, LLC:	\$9,674.93

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
BUCKEYE INTERNATIONAL IN	2/10/2021	90305364	4182	3/3/2021	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$1,497.28
					To	tals for BUCKE	YE INTERNATIONAL INC.:	\$1,497.28
C & B CHEMICAL	2/1/2021	101758	108021	3/3/2021	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$300.00
						т	otals for C & B CHEMICAL:	\$300.00
C & R WATER SUPPLY, INC	2/10/2021	1526 02.10.21	5474	2/15/2021	STATION 44 12/17/2-01/18/21	10-016-58800	Utilities-Facil	\$83.93
	2/10/2021	1526 2.10.21 F	5475	2/15/2021	STATION 44 12/17/2-01/18/21 FEE	10-016-58800	Utilities-Facil	\$0.79
						Totals for C	& R WATER SUPPLY, INC:	\$84.72
CATTOOR, JEREMY	2/10/2021	CAT021021	4086	2/10/2021	TRAINING RELATED REIMBURS	10-009-58500	Training/Related Expenses-C	\$322.51
							Is for CATTOOR, JEREMY:	\$322.51
CBP EMERGENCY CARE PLLC	2/1/2021	PAT020121	4183	3/3/2021	ASSISTANT MEDICAL DIRECTO	10-009-57100	Professional Fees-Dept	\$14,635.00
	2/4/2021	PAT020421	4183	3/3/2021	NAEMSP 2021 VIRTUAL CONFEI	10-009-53150	Conferences - Fees, Travel, ¿	\$495.00
					T	Totals for CBP E	MERGENCY CARE PLLC:	\$15,130.00
CCDS-CONROE COMMERICAL	2/10/2021	14623	108022	3/3/2021	MAINTENANCE AND REPAIR	10-016-55600	Maintenance & Repairs-Buil	\$36.00
					Totals for CCDS-CONROE	COMMERICA	L DOOR SOLUTIONS LLC:	\$36.00
CDW GOVERNMENT, INC.	2/2/2021	7519365	4116	2/24/2021	RADIIO REPAIRS	10-004-57225	Radio Repair - Parts-Radio	\$112.80
	2/3/2021	7600133	4116	2/24/2021	CISCO SF250	10-004-57750	Small Equipment & Furnitur	\$576.00
	2/3/2021	7595716	4116	2/24/2021	CISCO SF250	10-004-57750	Small Equipment & Furnitur	\$576.00
	2/10/2021	7912247	4116	2/24/2021	APC REPL BATT CART	10-015-57750	Small Equipment & Furnitur	\$229.64
	2/1/2021	7411632	4116	2/24/2021	HP 1 YR PW NBD DLP360	10-015-53050	Computer Software-Infor	\$574.28
	2/1/2021	7028676	4184	3/3/2021	ZAGG RUGGED BOOK KEYBOA	10-015-57750	Small Equipment & Furnitur	\$1,277.10
	2/2/2021	7486142	4184	3/3/2021	ADO GOV ACROBAT PRO 2020	10-015-53050	Computer Software-Infor	\$1,259.25
						Totals for C	DW GOVERNMENT, INC.:	\$4,605.07
ENTERPOINT ENERGY (REL1	2/2/2021	92013168 02.0	5456	2/17/2021	STATION 30 12/22/20-01/26/21	10-016-58800	Utilities-Facil	\$20.87
	2/3/2021	64015806066 2	2 5457	2/18/2021	STATION 30 12/26/20-01/28/21	10-004-58800	Utilities-Radio	\$26.14
	2/10/2021	88589239 02/1	5476	2/25/2021	ADMIN 01/05/21-02/03/21	10-016-58800	Utilities-Facil	\$1,938.99
	2/12/2021	88820089 02/1	5477	3/1/2021	STATION 10 01/06/21-02/08/21	10-016-58800	Utilities-Facil	\$23.22
	2/12/2021	64018941639 2	2 5478	3/1/2021	STATION 15 01/07/21-02/08/21	10-016-58800	Utilities-Facil	\$23.18
	2/1/2021	64006986422 2	2 108023	3/3/2021	STATION 43 12/11/20-01/13/21	10-016-58800	Utilities-Facil	\$52.91
	2/19/2021	64006986422 2	2 5513	3/8/2021	STATION 43 01/13/21-02/12/21	10-016-58800	Utilities-Facil	\$41.70
	2/1/2021	88796735 02.0	5514	2/1/2021	STATION 20 11/24/20-12/29/20	10-016-58800	Utilities-Facil	\$396.27
	2/4/2021	88796735 02.0	5515	2/19/2021	STATION 20 12/29/20-01/29/21	10-016-58800	Utilities-Facil	\$412.58
	2/19/2021	98116148 02.1	5516	3/8/2021	STATION 14 01/14/21-02/17/21	10-016-58800	Utilities-Facil	\$47.22
	2/19/2021	64013049610 0	5517	3/8/2021	STATION 45 01/13/21-02/12/21	10-016-58800	Utilities-Facil	\$23.25

Totals for CENTERPOINT ENERGY (REL109): \$3,006.33

2/1/2021 305428 4101 2/10/2021 VISINET MOBILE ANNUAL FEE 10-015-53050 Computer Software-Infor \$23,822.12 2/1/2021 306479 4117 2/24/2021 ENTERPRISE MOBILE BASE LIN 10-015-53075 Computer Software - MDC F \$1,000.04 2/1/2021 306480 4117 2/24/2021 ENTERPRISE MOBILE BASE LIC 10-015-53075 Computer Software - MDC F \$2,000.08 Totals for CENTRALSQUARE COMPANY-TRITECH SOFTWARE SYSTEMS: \$284,880.18	Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
21/2021 306479 4117 22/2021 WISNET MORILE ANNLAL FEE 10-015-5307 Computer Software-IME II 53,000 21/2021 306479 4117 22/42021 ENTERPRISE MORILE DASE LIC 10-015-5307 Computer Software-IME II 53,000 21/2021 306479 4117 22/42021 ENTERPRISE MORILE DASE LIC 10-015-5307 Computer Software-IME II 53,000 CLASE PEST CONTROL, INC. 252021 1668200521 4185 35,2021 BED BUG TREATMENT 10-016-5500 Maintenance & Repain-Bail 5220,00 CTY OF SHENANDOAH 2/19/2021 MARCH 2021- 10/918 2/2/2021 RENT STATION 26 10-000-1490 Prepaid Expense-BS 51,250.00 COLONIAL LIFE 2/12021 E3387610 020 5458 2/12021 CONTROL NO.E387610 PREMI 10-006-1490 Prepaid Expense-BS 51,250.00 COLONIAL LIFE 2/12021 E3387610 020 5458 2/12021 CONTROL NO.E387610 PREMI 10-006-5800 Prepaid Expense-Software 55,3072 COLORTECH DIRECT & IMPAC 2/12021 4272 4186 3/32221 BUSINE	CENTRALSQUARE COMPANY-	2/1/2021	305454	4101	2/10/2021	INFORM MOBILE SERVER SOFT	10-015-53050	Computer Software-Infor	\$258,057.94
2/1/2021 306479 4117 2/24/2021 ENTERPRISE MOBILE BASE LIN 10-015-5307 Computer Software - MDC 1 3/2000 /s 2/1/2021 306480 4117 2/24/2021 ENTERPRISE MOBILE BASE LIN 10-015-5307 Computer Software - MDC 1 3/2000 /s COLASE PIST CONTROL, INC. 2/52021 1668300521 4185 3/5/2021 BED BUG TREATMENT 10-006-5500 Maintenance & Repains-Bull 5/2000 CTV OF SHENANDOAH 2/19/2021 MARCH 2021 10/918 2/24/2021 RENT STATION 26 10-000-1500 Prepaid Expresse-Risk 5/12/2000 COLONIAL LIFE 2/12021 B387610 02.0 5458 2/1/2021 CONTROL NO. E3387610 PREMIT 10-000-21590 PR-Premium Cancer/Accide 5/3.597.72 COLORECH DIRECT & IMPAC 2/1/2021 3/2722 4186 3/2/2021 BUSINESS CARDDSGODBRICH 10-006-5/300 Printing Service-Sarph 5/5.00 COMCAST CORPORATION (PD1 2/1/2021 3/07723 2/10/201 S/3/10703 10-015-5/310 Telephones-Service-Infor 5/387.27 COMCAST CORPORATION (PD2 2/1/2021		2/1/2021	305428		2/10/2021	VISINET MOBILE ANNUAL FEE	10-015-53050	•	\$23,822.12
21/2021 504480 4117 24/2021 ENTERPRISE MOBILE BASE LIC 10-016-53075 Computer Software-MDC I 52.00.08 CHASE PEST CONTROL, INC. 25/2021 1080209221 4185 3/2021 BED BUG TREATMENT 10-016-55000 Mainteames & Repain-Bail 5250.00 CTUY OF SHIPANDOAH 2/19/2021 MARCH 2021- 107918 2/24/2021 RENT STATION 26 10-000-14900 Penpaid Expenses-Bis 51.250.00 COLONIAL LIFE 2/1/2021 E387610 02.0 5458 2/1/2021 CONTROL, NO. E387610 PREMII 10-000-1590 PR-Pennime Cameer/Accide 55.397.72 COLORITECH DIRECT & IMPAC 2/1/2021 54272 4186 3/3/2021 BUSINESS CARDDS/GOODRICH 10-000-5500 PhePennime Cameer/Accide 55.397.72 COLORITECH DIRECT & IMPAC 2/1/2021 3/272 4186 3/3/2021 BUSINESS CARDDS/GOODRICH 10-005-55810 Telephones-Service-Infor 5189.34 COMCAST CORPORATION (PDI 2/1/2021 2/10202 573.10 Telephones-Service-Infor 5118.35 CONROE NOON LIONS CLUB 2/1/2021 2/1/2021		2/1/2021	306479					-	
CHASE PEST CONTROL, INC. 2/5/2021 1608/2020521 4185 3/3/2021 BED BUG TREATMENT 10-016-55600 Maintenance & Repain-Entit 5/250.00 CITY OF SHENANDOAH 2/19/2021 MARCH 2021- 107918 2/24/2021 RENT STATION 26 10-000-16900 Preprid Expense-BS 5/1.250.00 COLONIAL LIFE 2/19/2021 MARCH 2021- 107918 2/24/2021 RENT STATION 26 10-000-16900 Preprid Expense-BS 5/1.250.00 COLONIAL LIFE 2/1/2021 E3387610 02.0 5458 2/1/2021 CONTROL NO.E3387610 PREMIT 10-000-21590 PR-Premium Cancer/Acoide 5/1.250.00 COLONTECH DIRECT & IMPAC 2/12/2021 5/4272 4186 3/3/2021 BUSINESS CARDDS/GOODRICH 10-005-5810 Priming Service-Suppl 5/1.50 CONCAST CORPORATION (POI 2/1/2021 2/070776359 02 107828 2/10/2021 STATION 3/0 2/06/21-05/521 10-015-5810 Telephones-Service-Infor 5/18/3 2/1/2021 2/00202 STATION 3/0 2/06/21-05/521 10-015-5810 Telephones-Service-Infor 5/18/3 2/1/2021 2/1/2021								•	
Totals for CHASE PEST CONTROL, INC. \$\$250.00 CITY OF SHENANDOAH 2/19/2021 MARCH 2021- 107918 2/24/2021 RENT STATION 26 10-000-14900 Perpuid Expenses-BS \$\$1,250.00 COLONIAL LIFE 2/1/2021 E3387610 02.0 \$458 2/1/2021 CONTROL NO. E3387610 PREMIT 10-000-21590 PR-Premium Cancer/Accide \$\$1,250.00 COLONIAL LIFE 2/1/2021 E3387610 02.0 \$458 2/1/2021 CONTROL NO. E3387610 PREMIT 10-000-5190 PR-Premium Cancer/Accide \$\$53.97.72 COLORTECH DIRECT & IMPAC 2/12/2021 34272 4186 3/3/2021 BUSINESS CARDDS/GOODRICH 10-08-57000 Priming Services-Suppl \$\$75.00 COMCAST CORPORATION (POI 2/1/2021 207076359 02 107829 2/10/2021 STATION 23 0/1/6/21-02/1521 10-015-58310 Telephones-Service-Infor \$\$19.34 2/1/2021 1290849557 02 5518 2/2/2021 STATION 23 0/1/6/21-02/1521 10-015-58310 Telephones-Service-Infor \$\$11.55 CONROE NOON LIONS CLUB 2/1/2021 12901274 4088 2/10/2021 STATION 23 0/1/6/21-02/1						Totals for CENTRALSQUARE COM	/PANY-TRITEC	CH SOFTWARE SYSTEMS:	\$284,880.18
CITY OF SHENANDOAH 2/19/2021 MARCH 2021. 107918 2/24/2021 RENT STATION 26 10-00-14900 Perpaid Expense-BS 51,250.00 COLONIAL LIFE 2/1/2021 E3387610 02.0 5458 2/1/2021 CONTROL NO. E3387610 PREMII 10-00-14900 PR-Permium Cameer/Aceida 55,359.72 COLORTECH DIRECT & IMPAC 2/1/2021 34272 4186 3/3/2021 BUSINESS CARDDS/GOODRICH 10-008-57000 Printing Services-Suppl 553.09.72 COMCAST CORPORATION (POI 2/1/2021 2070776359 02 107828 2/10/2021 STATION 34 0/2062/1-05/05/21 10-015-58310 Telephones-Service-Infor 5189.34 2/1/2021 208054636 02 107829 2/10/2021 STATION 34 0/206/21-05/05/21 10-015-58310 Telephones-Service-Infor 5189.34 2/1/2021 1590849557 02 5518 2/5/2021 STATION 23 0/1/621-42/15/21 10-01-54100 Daws/Subscriptions-Admin 555.00 CONROE NOON LIONS CLUB 2/1/2021 12012744 4088 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl 53.00 2/1/2021 <td>CHASE PEST CONTROL, INC.</td> <td>2/5/2021</td> <td>16082020521</td> <td>4185</td> <td>3/3/2021</td> <td>BED BUG TREATMENT</td> <td>10-016-55600</td> <td>Maintenance & Repairs-Buil</td> <td>\$250.00</td>	CHASE PEST CONTROL, INC.	2/5/2021	16082020521	4185	3/3/2021	BED BUG TREATMENT	10-016-55600	Maintenance & Repairs-Buil	\$250.00
COLONIAL LIFE 2/1/2021 E3387610 02.0 5458 2/1/2021 CONTROL NO. E3387610 PREMIL 10-000-21590 P/R-Premium Cancer/Accide \$53,359,72 COLONIAL LIFE 2/1/2021 5438 2/1/2021 CONTROL NO. E3387610 PREMIL 10-000-21590 P/R-Premium Cancer/Accide \$55,359,72 COLORTECH DIRECT & IMPAC 2/12/2021 34272 4186 3/3/2021 BUSINESS CARDDS/GOODRICH 10-000-57000 Printing Service-Suppl \$57,00 COMCAST CORPORATION (POI 2/1/2021 20707/6359 0/2 107528 2/1/0/2021 STATION 34 0/20621-05/05/21 10-015-58310 Telephones-Service-Infor \$189,34 2/1/2021 2080546356 0/2 107929 2/10/2021 STATION 21 0/20/521 10-015-58310 Telephones-Service-Infor \$114.56 2/1/2021 1590849557 0/2 5518 2/5/2021 STATION 23 01/16/21-0/21/5/21 10-015-58310 Telephones-Service-Infor \$114.56 CONROE NOON LIONS CLUB 2/1/2021 R1211194 4089 2/1/2021 NONTHILY MEMBERSHIP DUES 10-015-54010 Daes/Subscriptions-Admin \$55.00 CONROE WELDING S							Totals for CHA	SE PEST CONTROL, INC.:	\$250.00
COLONIAL LIFE 2/1/2021 E3387610 02.0 5458 2/1/2021 CONTROL NO.E3387610 PREMIt 10-000-21590 P/R-Premium Cancer/Accide S5,359.72 COLONIAL LIFE 2/1/2021 34272 4186 3/3/2021 BUSINESS CARDDS/GOODRICH 10-008-57000 Printing Services-Suppl S75,00 5/359.72 COLORTECH DIRECT & IMPAC 2/1/2021 2070776359 02 107828 2/1/2021 STATION 34 02/06/21-05/05/21 10-015-58310 Telephones-Service-Infor S189.34 5/89.95 COMCAST CORPORATION (POI 2/1/2021 2070776359 02 107829 2/1/2021 STATION 21 0/20/52/1-03/04/21 10-015-58310 Telephones-Service-Infor Tolals for COMCAST CORPORATION (POI 2/1/2021 1590849557 02 5518 2/5/2021 STATION 23 01/16/21-02/15/21 10-015-58310 Telephones-Service-Infor Tolals for CONROE NOON LIONS CLUB 2/1/2021 120012744 4088 2/10/2021 CVLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl 53.00 CONROE WELDING SUPPLY, IN 2/1/2021 R1211198 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl 53.00 CONROE WELDING SUPPLY, IN	CITY OF SHENANDOAH	2/19/2021	MARCH 2021	- 107918	2/24/2021	RENT STATION 26	10-000-14900	Prepaid Expenses-BS	\$1,250.00
COLORTECH DIRECT & IMPAC 2/12/2021 34272 4186 3/3/2021 BUSINESS CARDDS/GOODRICH 10-008-57000 Printing Service-Suppl Totals for COLORTECH DIRECT & IMPACT PRINTING: \$55,307.20 COMCAST CORPORATION (POI 2/1/2021 2070776359 02 107828 2/10/2021 STATION 34 02/06/21-05/05/21 10-015-58310 Telephones-Service-Infor \$189.34 2/1/2021 2080546356 02 107829 2/10/2021 STATION 34 02/06/21-05/05/21 10-015-58310 Telephones-Service-Infor \$107.80 2/1/2021 1590849557 02 5518 2/5/2021 STATION 23 01/16/21-02/15/21 10-015-58310 Telephones-Service-Infor \$114.56 CONROE NOON LIONS CLUB 2/1/2021 120012744 4088 2/10/2021 MONTHLY MEMBERSHIP DUES 10-0015-5400 Dues/Subscriptions-Admin \$55.00 CONROE NOON LIONS CLUB 2/1/2021 R1211198 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211194 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/							Totals fo	or CITY OF SHENANDOAH:	\$1,250.00
COLORTECH DIRECT & IMPAC 2/12/201 34272 4186 3/3/2021 BUSINESS CARDDS/GOODRCH 10-008-5700 Printing Services-Suppl Totals for COLORTECH DIRECT & IMPACT PRINTING: \$75.00 COMCAST CORPORATION (POI 2/1/2021 2/1/2021 2070776359 02 107828 2/10/2021 STATION 34 02/06/21-05/05/21 10-015-58310 Telephones-Service-Infor \$189.34 2/1/2021 2080546356 02 107829 2/10/2021 STATION 21 02/05/21-03/04/21 10-015-58310 Telephones-Service-Infor \$187.30 2/1/2021 1590849557 02 5518 2/5/2021 STATION 23 01/16/21-02/15/21 10-015-58310 Telephones-Service-Infor \$114.56 CONROE NOON LIONS CLUB 2/1/2021 120012744 4088 2/10/2021 MONTHLY MEMBERSHIP DUES 10-001-54100 Dues/Subscriptions-Admin \$55.00 CONROE WELDING SUPPLY, ID 2/1/2021 R1211198 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00	COLONIAL LIFE	2/1/2021	E3387610 02.	0 5458	2/1/2021	CONTROL NO. E3387610 PREMIU	10-000-21590	P/R-Premium Cancer/Accide	\$5,359.72
Totals for COLORTECH DIRECT & IMPACT PRINTING: \$75.00 COMCAST CORPORATION (POI 2/1/2021 2070776359 02 107828 2/10/2021 STATION 34 02/06/21-05/05/21 10-015-58310 Telephones-Service-Infor \$189.34 2/1/2021 2080546356 02 107829 2/10/2021 STATION 21 02/05/21-03/04/21 10-015-58310 Telephones-Service-Infor \$114.35 2/1/2021 1590849557 02 5518 2/5/2021 STATION 23 01/16/21-02/15/21 10-015-58310 Telephones-Service-Infor \$114.35 CONROE NOON LIONS CLUB 2/1/2021 120012744 4088 2/10/2021 MONTHLY MEMBERSHIP DUES 10-015-54100 Dues/Subscriptions-Admin \$55.00 CONROE NOON LIONS CLUB 2/1/2021 R1211198 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211199 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R121120 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 <tr< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Totals for COLONIAL LIFE:</td><td>\$5,359.72</td></tr<>								Totals for COLONIAL LIFE:	\$5,359.72
COMCAST CORPORATION (POI 2/1/2021 2070776359 02 107828 2/10/2021 STATION 34 02/06/21-05/05/21 10-015-58310 Telephones-Service-Infor 2/1/2021 2080546356 02 107829 2/10/2021 STATION 21 02/05/21-03/04/21 10-016-58800 Utilities-Facil \$59.95 2/1/2021 1590849557 02 5518 2/5/2021 STATION 23 01/16/21-02/15/21 10-015-58310 Telephones-Service-Infor 5110-35 CONROE NOON LIONS CLUB 2/1/2021 120012744 4088 2/10/2021 MONTHLY MEMBERSHIP DUES 10-001-54100 Dues/Subscriptions-Admin Totals for COMCAST CORPORATION (POB 606533): \$471.65 CONROE WELDING SUPPLY, IP 2/1/2021 R1211198 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211200 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R121120 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R121120 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R121120 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-S	COLORTECH DIRECT & IMPAC	2/12/2021	34272	4186	3/3/2021	BUSINESS CARDDS/GOODRICH	10-008-57000	Printing Services-Suppl	\$75.00
2/1/2021 2080546356 02 107829 2/10/2021 STATION 21 02/05/21-03/04/21 10-016-58800 Utilities-Facil \$59.95 2/1/2021 1590849557 02 5518 2/5/2021 STATION 23 01/16/21-02/15/21 10-015-58310 Telephones-Service-Infor \$114.56 CONROE NOON LIONS CLUB 2/1/2021 120012744 4088 2/10/2021 MONTHLY MEMBERSHIP DUES 10-001-54100 Dues/Subscriptions-Admin \$55.00 CONROE WELDING SUPPLY, IN 2/1/2021 R1211198 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211194 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211194 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211200 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089						Totals for CO	LORTECH DIR	ECT & IMPACT PRINTING:	\$75.00
2/1/2021 1590849557 02 5518 2/5/2021 STATION 23 01/16/21-02/15/21 10-015-58310 Telephones-Service-Infor Totals for COMCAST CORPORATION (POB 60533): \$114.56 CONROE NOON LIONS CLUB 2/1/2021 120012744 4088 2/10/2021 MONTHLY MEMBERSHIP DUES 10-001-54100 Dues/Subscriptions-Admin \$55.00 CONROE WELDING SUPPLY, IV 2/1/2021 R1211198 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211199 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211200 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600	COMCAST CORPORATION (POI	2/1/2021	2070776359 0	2 107828	2/10/2021	STATION 34 02/06/21-05/05/21	10-015-58310	Telephones-Service-Infor	\$189.34
2/1/2021 1590849557 02 5518 2/5/2021 STATION 23 01/16/21-02/15/21 10-015-58310 Telephones-Service-Infor Totals for COMCAST CORPORATION (POB 60533): \$14.36 CONROE NOON LIONS CLUB 2/1/2021 120012744 4088 2/10/2021 MONTHLY MEMBERSHIP DUES 10-001-54100 Dues/Subscriptions-Admin \$55.00 CONROE WELDING SUPPLY, IN 2/1/2021 R1211198 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211199 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211200 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211201 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211207		2/1/2021	2080546356 0	2 107829	2/10/2021	STATION 21 02/05/21-03/04/21	10-016-58800	Utilities-Facil	\$59.95
Totals for COMCAST CORPORATION (POB 60533): \$471.65 CONROE NOON LIONS CLUB 2/1/2021 120012744 4088 2/10/2021 MONTHLY MEMBERSHIP DUES 10-001-54100 Dues/Subscriptions-Admin \$55.00 CONROE WELDING SUPPLY, IN 2/1/2021 R1211198 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211199 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211200 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER REN							10-015-58310	Telephones-Service-Infor	\$107.80
CONROE NOON LIONS CLUB 2/1/2021 120012744 4088 2/10/2021 MONTHLY MEMBERSHIP DUES 10-001-54100 Dues/Subscriptions-Admin \$55.00 CONROE WELDING SUPPLY, IN 2/1/2021 R1211198 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211199 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211200 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211201 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211201 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211202 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 <		2/1/2021	1590849557 0	2 5518	2/5/2021	STATION 23 01/16/21-02/15/21	10-015-58310	Telephones-Service-Infor	\$114.56
CONROE WELDING SUPPLY, IN 2/1/2021 R1211198 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211199 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211199 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211200 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211201 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211202 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1						Totals for	COMCAST CO	RPORATION (POB 60533):	\$471.65
CONROE WELDING SUPPLY, IN 2/1/2021 R1211198 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211199 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211200 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211201 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211202 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211202 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 <t< td=""><td>CONROE NOON LIONS CLUB</td><td>2/1/2021</td><td>120012744</td><td>4088</td><td>2/10/2021</td><td>MONTHLY MEMBERSHIP DUES</td><td>10-001-54100</td><td>Dues/Subscriptions-Admin</td><td>\$55.00</td></t<>	CONROE NOON LIONS CLUB	2/1/2021	120012744	4088	2/10/2021	MONTHLY MEMBERSHIP DUES	10-001-54100	Dues/Subscriptions-Admin	\$55.00
2/1/2021 R1211199 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211200 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211201 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211202 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211202 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211207 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211208 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.							Totals for CON	NROE NOON LIONS CLUB:	\$55.00
2/1/2021R121120040892/10/2021CYLINDER RENTAL10-008-5600Oxygen & Gases-Suppl\$3.002/1/2021R121120140892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120240892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120440892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120440892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120640892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120740892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120840892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$9.002/1/2021R121120940892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$3.002/1/2021R121121040892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$3.002/1/2021R121121040892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$3.002/1/2021R121121040892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$3.002/1/2021R121121240892/10/2021CYLINDER RENTAL <t< td=""><td>CONROE WELDING SUPPLY, IN</td><td>2/1/2021</td><td>R1211198</td><td>4089</td><td>2/10/2021</td><td>CYLINDER RENTAL</td><td>10-008-56600</td><td>Oxygen & Gases-Suppl</td><td>\$3.00</td></t<>	CONROE WELDING SUPPLY, IN	2/1/2021	R1211198	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00
2/1/2021R121120140892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120240892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120440892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120640892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120740892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120840892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120940892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$9.002/1/2021R121120940892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$3.002/1/2021R121121040892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$3.002/1/2021R121121040892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$3.002/1/2021R121121040892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$3.002/1/2021R121121240892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$3.002/1/2021R121121240892/10/2021CYLINDER RENTAL<		2/1/2021	R1211199	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00
2/1/2021R121120240892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120440892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120640892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120740892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120840892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$6.002/1/2021R121120840892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$9.002/1/2021R121120940892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$3.002/1/2021R121121040892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$3.002/1/2021R121121240892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$3.002/1/2021R121121240892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$3.002/1/2021R121121240892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$3.002/1/2021R121121240892/10/2021CYLINDER RENTAL10-008-56600Oxygen & Gases-Suppl\$9.00		2/1/2021	R1211200	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00
2/1/2021 R1211204 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211206 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211207 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211207 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211208 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$9.00 2/1/2021 R1211209 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211210 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211210 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211212 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$9.		2/1/2021	R1211201	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
2/1/2021 R1211206 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211207 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211208 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$9.00 2/1/2021 R1211209 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$9.00 2/1/2021 R1211209 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211210 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211210 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211212 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$9.00		2/1/2021	R1211202	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
2/1/2021 R1211207 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00 2/1/2021 R1211208 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$9.00 2/1/2021 R1211209 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211210 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211210 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211212 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211212 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$9.00		2/1/2021	R1211204	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
2/1/2021 R1211208 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$9.00 2/1/2021 R1211209 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211210 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211210 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211212 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$9.00		2/1/2021	R1211206	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
2/1/2021 R1211209 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211210 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211212 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211212 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$9.00		2/1/2021	R1211207	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00
2/1/2021 R1211210 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$3.00 2/1/2021 R1211212 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$9.00		2/1/2021	R1211208	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$9.00
2/1/2021 R1211212 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$9.00		2/1/2021	R1211209	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00
		2/1/2021	R1211210	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$3.00
2/1/2021 R1211218 4089 2/10/2021 CYLINDER RENTAL 10-008-56600 Oxygen & Gases-Suppl \$6.00		2/1/2021	R1211212	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$9.00
		2/1/2021	R1211218	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$6.00

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
	2/1/2021	R1211219	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$50.15
	2/1/2021	R1211221	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$9.00
	2/1/2021	R1211771	4089	2/10/2021	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Suppl	\$62.95
	2/1/2021	CT66352	4090	2/10/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$134.40
	2/1/2021	CT66349	4090	2/10/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$91.00
	2/1/2021	CT66760	4090	2/10/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$116.40
	2/1/2021	CT66337	4090	2/10/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$97.20
	2/1/2021	CT66552	4090	2/10/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$123.60
	2/1/2021	CT66494	4090	2/10/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$123.60
	2/11/2021	CT68774	4187	3/3/2021	PROPANE	10-008-56600	Oxygen & Gases-Suppl	\$37.96
	2/11/2021	CT68786	4187	3/3/2021	PROPANE	10-008-56600	Oxygen & Gases-Suppl	\$37.96
	2/22/2021	CT69531	4187	3/3/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$126.60
	2/9/2021	CT68163	4187	3/3/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$242.00
	2/5/2021	CT67841	4187	3/3/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$81.60
	2/5/2021	CT67728	4187	3/3/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$97.20
	2/2/2021	CT67275	4187	3/3/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$181.40
	2/1/2021	PS470517	4187	3/3/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$35.60
	2/1/2021	PS470516	4187	3/3/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$44.40
	2/8/2021	PS470878	4187	3/3/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$26.80
	2/4/2021	CT67438	4187	3/3/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$97.20
	2/3/2021	CT67042	4187	3/3/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$89.04
	2/23/2021	CT70034	4187	3/3/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$98.20
	2/23/2021	CT69986	4187	3/3/2021	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Suppl	\$153.00
					Tota	Is for CONROE	WELDING SUPPLY, INC.:	\$2,226.26
CONSOLIDATED COMMUNICA	2/16/2021	00096001460	0 107919	2/24/2021	ADMIN 02/16/21-03/15/21	10-015-58310	Telephones-Service-Infor	\$879.02
	2/21/2021	93653911600	0 108025	3/3/2021	ADMIN 02/21/21-03/20/21	10-015-58310	Telephones-Service-Infor	\$11,215.59
					Totals for CC	ONSOLIDATED	COMMUNICATIONS-TXU:	\$12,094.61
CRAWFORD ELECTRIC SUPPL	2/1/2021	S009942721-0)(108026	3/3/2021	MAINTENANCE AND REPAIR	10-016-55600	Maintenance & Repairs-Buil	\$140.00
	2/1/2021	S009942721.0	0 108026	3/3/2021	MAINTENANCE ANDN REPAIR	10-016-55600	Maintenance & Repairs-Buil	\$1,840.00
	2/23/2021	S009945365.0	0 108026	3/3/2021	FREIGHT CHARGE	10-016-55600	Maintenance & Repairs-Buil	\$9.72
					Totals for CRAWFO	RD ELECTRIC	SUPPLY COMPANY, INC.:	\$1,989.72
CROWN PAPER AND CHEMICA	2/3/2021	138920	4118	2/24/2021	MAINTENANCE AND REPAIR	10-016-55600	Maintenance & Repairs-Buil	\$222.00
	2/12/2021	139133	4118	2/24/2021	STATION SUPPLIES	10-008-57900	Station Supplies-Suppl	\$570.20
					То	tals for CROWN	N PAPER AND CHEMICAL:	\$792.20
CULLIGAN OF HOUSTON	2/1/2021	1445326	4038	2/3/2021	CI SVC CONT - LEVEL 3 FROM (10-016-55600	Maintenance & Repairs-Buil	\$299.00
						Totals for	CULLIGAN OF HOUSTON:	\$299.00

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
CUMMINS SOUTHERN PLAINS,	2/10/2021	85-36943	107920	2/24/2021	ADDING ALARMS TO UPS & TE	10-016-55600	Maintenance & Repairs-Buil	\$1,618.14
	2/5/2021	CR-33918	107920	2/24/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$474.27
					Totals	for CUMMINS S	SOUTHERN PLAINS, LTD.:	\$2,092.41
DAILEY WELLS COMMUNICAT	2/3/2021	21MCHD01	4119	2/24/2021	SYSTEM SUPPORT & MAINTEN.	10-004-57100	Professional Fees-Radio	\$11,000.00
					Totals for	DAILEY WELL	S COMMUNICATION INC.:	\$11,000.00
DARDEN FOWLER & CREIGHT	2/2/2021	21092	4120	2/24/2021	PROFESSIONAL LEGAL SERVIC	10-001-55500	Legal Fees-Admin	\$2,047.50
					Tota	als for DARDEN	FOWLER & CREIGHTON:	\$2,047.50
DEARBORN NATIONAL LIFE IN	2/1/2021	F021753 02.01	5460	2/1/2021	LIFE/DISABILITY 02/01/21-02/28/	10-025-51700	Health & Dental-Human	\$27,099.06
					Totals for DEARBORN NA	ATIONAL LIFE I	NS CO KNOWN AS BCBS:	\$27,099.06
DEMONTROND	2/19/2021	CM20451			CREDIT	10-010-59050	Vehicle-Parts-Fleet	(\$98.52)
	2/1/2021	19343	107831	2/10/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$107.80
	2/1/2021	19357	107831	2/10/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$747.34
	2/1/2021	19375	107831	2/10/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$519.20
	2/1/2021	19279	107831	2/10/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$3,274.02
	2/1/2021	19473	107831	2/10/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$625.00
	2/1/2021	19486	107831	2/10/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,663.31
	2/2/2021	19771	107921	2/24/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,617.00
	2/4/2021	19876	107921	2/24/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,671.20
	2/9/2021	20121	107921	2/24/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$76.95
	2/8/2021	20085	107921	2/24/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$76.95
	2/11/2021	20017	108028	3/3/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$755.04
	2/12/2021	20384	108028	3/3/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$3,557.70
	2/12/2021	20363	108028	3/3/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$3,712.48
						10-010-54550	luids & Additives - Auto-Fle	\$193.54
	2/18/2021	20428	108028	3/3/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$3,430.08
	2/18/2021	20427	108028	3/3/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$61.12
							Totals for DEMONTROND:	\$21,990.21
DISCOVERY BENEFITS, LLC	2/3/2021	FSA 02.03.21	5461	2/3/2021	MEDICAL FSA 01/01/2021 - 12/31.	10-000-21585	P/R-Flexible Spending-BS-B	\$106.89
	2/1/2021	0001294773-I	5462	2/25/2021	FSA MONTHLY/HSA MONTHLY	10-025-57100	Professional Fees-Human	\$600.60
	2/6/2021	HSA 02.06.202	2 5463	2/6/2021	HSA PLAN FUNDING 02.06.2021	10-025-51700	Health & Dental-Human	\$2,437.50
						10-000-21595	P/R-Health Savings-BS-BS	\$8,574.65
	2/6/2021	HSA 02.06.21	5464	2/6/2021	HSA PLAN FUNDING 02.06.2021	10-000-21595	P/R-Health Savings-BS-BS	\$0.96
	2/7/2021	FSA 02.07.202	2 5465	2/7/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$111.31
	2/6/2021	FSA 02.06.202	2 5466	2/6/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$409.68
	2/5/2021	FSA 02.05.202	2 5467	2/5/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$1,018.51
	2/4/2021	FSA 02.04.202	2 5468	2/4/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$215.00

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
	2/8/2021	FSA 02.08.202	5479	2/8/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$95.17
	2/15/2021	FSA 02.15.202	5480	2/15/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$476.08
	2/11/2021	FSA 02.11.202	5481	2/11/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$201.80
	2/12/2021	FSA 02.12.202	5482	2/12/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$74.79
	2/13/2021	FSA 02.13.202	5483	2/13/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$612.81
	2/10/2021	FSA 02.10.202	5484	2/10/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$235.89
	2/9/2021	FSA 02.09.202	5485	2/9/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$122.78
	2/16/2021	FSA 02.16.202	5486	2/16/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$109.00
	2/17/2021	FSA 02.17.202	5487	2/17/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$69.00
	2/19/2021	HSA 02.19.202	5488	2/19/2021	HSA PLAN FUNDING 02.19.2021	10-025-51700	Health & Dental-Human	\$12,812.50
						10-000-21595	P/R-Health Savings-BS-BS	\$8,526.06
	2/21/2021	FSA 02.21.202	5489	2/21/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$1,060.00
	2/20/2021	FSA 02.20.202	5490	2/20/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$36.20
	2/19/2021	FSA 02.19.202	5491	2/19/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$192.31
	2/14/2021	FSA 02.14.202	5492	2/14/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$92.49
	2/2/2021	FSA 02.02.202	5519	2/2/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$636.49
	2/23/2021	FSA 02.23.202	5520	2/23/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$169.21
	2/2/2021	FSA 02.02.020	5521	2/2/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$148.31
	2/24/2021	FSA 02.24.202	5522	2/24/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$1,378.48
	2/25/2021	FSA 02.25.202	5523	2/25/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$356.82
	2/28/2021	FSA 02.28.202	5524	2/28/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$65.81
	2/27/2021	FSA 02.27.202	5525	2/27/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$20.00
	2/26/2021	FSA 02.26.202	5526	2/26/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$36.82
	2/24/2021	FSA 02.24.202	5527	2/24/2021	MEDICAL FSA 01/01/2021 - 12/31	10-000-21585	P/R-Flexible Spending-BS-B	\$231.24
						Totals for DIS	COVERY BENEFITS, LLC:	\$41,235.16
EMS SURVEY TEAM	2/1/2021	20424	4188	3/3/2021	MCHD MAILED SURVEYS-JANU	10-009-53550	Customer Relations-Dept	\$4,793.10
						Total	s for EMS SURVEY TEAM:	\$4,793.10
ENTERGY TEXAS, LLC	2/1/2021	290004781994	5493	3/5/2021	ROBINSON TOWER 12/22/20-01/1	10-004-58800	Utilities-Radio	\$564.81
	2/3/2021	440002728141	5494	3/5/2021	STATION 32 12/31/20-02/01/21	10-016-58800	Utilities-Facil	\$1,014.53
	2/3/2021	110006452829	5495	3/5/2021	ADMIN 12/31/20-02/01/21	10-016-58800	Utilities-Facil	\$13,755.72
	2/4/2021	40007101669	5496	3/5/2021	ROBINSTON TOWER 12/22/20-01	10-004-58800	Utilities-Radio	\$33.27
	2/11/2021	55006489895	5497	3/1/2021	SPLENDORA TOWER 01/11/21-02	10-004-58800	Utilities-Radio	\$678.58
	2/10/2021	80006477011	5498	3/5/2021	STATION 20 01/06/21-02/03/21	10-016-58800	Utilities-Facil	\$656.69
	2/8/2021	50007013747	5499	3/5/2021	STATION 14 01/06/21-02/04/21	10-016-58800	Utilities-Facil	\$200.45
	2/16/2021	360003310782	5500	3/5/2021	THOMPSON RD 01/14/21-02/12/21	10-004-58800	Utilities-Radio	\$642.89
	2/15/2021	430002743039	5501	3/5/2021	STATION 30 01/13/21-02/11/21	10-016-58800	Utilities-Facil	\$810.58
	2/8/2021	405004093364	5502	3/5/2021	STATION 15 01/05/21 - 02/03/21	10-016-58800	Utilities-Facil	\$6.81
	2/24/2021	240004735506	5529	3/12/2021	GRANGERLAND TOWER 01/21/2	10-004-58800	Utilities-Radio	\$756.08
	2/22/2021	140005033248	5530	3/10/2021	STATION 10 01/14/21-02/12/21	10-016-58800	Utilities-Facil	\$763.31

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
	2/22/2021	365004514263	5531	3/10/2021	STATION 43 01/14/21-02/12/21	10-016-58800	Utilities-Facil	\$344.84
	2/23/2021	35006623235	5532	3/11/2021	STATION 44 01/20/21-02/19/21	10-016-58800	Utilities-Facil	\$265.67
	2/18/2021	235005554645	5533	3/8/2021	STATION 31 01/15/21-02/15/21	10-016-58800	Utilities-Facil	\$544.53
						Totals f	or ENTERGY TEXAS, LLC:	\$21,038.76
ENTERPRISE FM TRUST dba EN	2/3/2021	FBN4134614	4091	2/10/2021	SHOP 632 & 333 MONTHLY LEA	10-008-52725	Capital Lease Expense-Mate	\$285.14
						10-008-55025	Interest Expense-Mater	\$42.13
						10-008-52725	Capital Lease Expense-Mater	\$472.37
						10-008-55025	Interest Expense-Mater	\$91.27
						10-008-57750	all Equipment & Furniture-Su	\$2,923.00
						10-008-52725	Capital Lease Expense-Mater	\$125.00
						10-010-59100	Vehicle-Registration-Fleet	\$46.50
						10-004-52725	Capital Lease Expense-Radic	\$680.89
						10-004-55025	Interest Expense-Radio	\$117.03
				Totals for E	ENTERPRISE FM TRUST dba ENTE		-	\$4,783.33
FIVE STAR SEPTIC SOLUTIONS	2/5/2021	806	4121	2/24/2021	PUMP OUT 2000 GAL LIFT STAT	10-016-58800	Utilities-Facil	\$475.00
	2/21/2021	808	4189	3/3/2021	PUMP OUT 2000 GAL LIFT STAT		Utilities-Facil	\$475.00
							SEPTIC SOLUTIONS, LLC:	\$950.00
FRAZER, LTD.	2/1/2021	78573	4190	3/3/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$454.88
							Totals for FRAZER, LTD.:	\$454.88
GALLS, LLC dba MILLER UNIF(2/1/2021	017533030	4093	2/10/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$21.84
,	2/1/2021	017533028	4093	2/10/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$355.47
	2/1/2021	017533027	4093	2/10/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$501.82
	2/1/2021	017533025	4093	2/10/2021	UNIFORMS	10-008-58700	Uniforms-Suppl	\$239.97
	2/1/2021	017533026	4093	2/10/2021	UNIFORMS	10-008-58700	Uniforms-Suppl	\$239.97
	2/1/2021	017533015	4093	2/10/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$5.00
	2/1/2021	017533014	4093	2/10/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$54.60
	2/1/2021	017533029	4093	2/10/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$209.97
	2/1/2021	017557462	4122	2/24/2021	UNIFORMS	10-008-58700	Uniforms-Suppl	\$1,392.30
	2/1/2021	017536160	4093	2/10/2021	UNIFORMS	10-008-58700	Uniforms-Suppl	\$64.60
	2/3/2021	017575418	4093	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$171.82
	2/3/2021	017575420	4122	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$449.96
	2/3/2021	017575420		2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$485.80
	2/3/2021		4122	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$483.80 \$69.99
		017575428	4122					
	2/1/2021	017543343	4122	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$197.28
	2/1/2021	017543342	4122	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$150.00
	2/1/2021	017543398	4122	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$105.00
	2/1/2021	017543344	4122	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$415.47

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	2/1/2021	017543345	4122	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$235.17
	2/1/2021	017543349	4122	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$139.98
	2/1/2021	017543350	4122	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$55.15
	2/1/2021	017543351	4122	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$99.99
	2/1/2021	017500208	4123	2/24/2021	UNIFORMS	10-008-58700	Uniforms-Suppl	\$142.38
	2/1/2021	017543383	4122	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$119.97
	2/4/2021	017585738	4122	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$105.00
	2/9/2021	017619487	4122	2/24/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$697.09
	2/12/2021	017645783	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$13.00
	2/12/2021	017645780	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	2/12/2021	017645788	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	2/12/2021	017645804	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$74.99
	2/12/2021	017645803	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$351.80
	2/12/2021	017645772	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$151.84
	2/12/2021	017645770	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$602.73
	2/12/2021	017645793	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	2/12/2021	017645792	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	2/12/2021	017645791	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	2/12/2021	017645790	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	2/12/2021	017645789	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	2/12/2021	017645787	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	2/12/2021	017645752	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$299.97
	2/12/2021	017645753	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$194.99
	2/12/2021	017645751	4191	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$229.98
	2/1/2021	017543346	4192	3/3/2021	UNIFORMS	10-007-58700	Uniforms-EMS	\$161.00
					т	otals for GALLS, LL	C dba MILLER UNIFORMS:	\$8,857.89
GLENN OWEN BENNETT, JR db	2/4/2021	80072350	107833	2/10/2021	ACCIDENT REPAIR	10-010-52000	Accident Repair-Fleet	\$2,383.23
					Totals for GLENN OWEN B	ENNETT, JR dba El	LA PAINT & BODY SHOP:	\$2,383.23
GOODYEAR TIRE & RUBBER C	2/12/2021	294-1003499	107925	2/24/2021	GOODYEAR EAGLE RSA	10-010-59150	Vehicle-Tires-Fleet	\$928.00
					Totals	for GOODYEAR TI	RE & RUBBER COMPANY:	\$928.00
GRAINGER	2/12/2021	9805294767	4124	2/24/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$626.76
	2/12/2021	9804255074	4193	3/3/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$64.98
	2/12/2021	9805211332	4193	3/3/2021	VEHICLE PARTS		Vehicle-Parts-Fleet	\$46.88
	2 12 2021	,000211002	4195	5/5/2021		10 010 09000	Totals for GRAINGER:	\$738.62
GREYWARE AUTOMATION PR	2/1/2021	674489	4195	3/3/2021	DOMAIN TIME II STARTER I	KIT 10-015-53050	Computer Software-Infor	\$1,577.01
					Totals for (MATION PRODUCTS, INC.:	\$1,577.01

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GRIFFINS DOOR SERVICES LLC	2/11/2021	2021-019	4125	2/24/2021	5 CHANNEL RECEIVERS	10-016-55600	Maintenance & Repairs-Buil	\$255.00
	2/11/2021	2021-018	4196	3/3/2021	MAINTENANCE AND REPAIR	10-016-55600	Maintenance & Repairs-Buil	\$1,350.00
					То	tals for GRIFFI	NS DOOR SERVICES LLC:	\$1,605.00
GUNSELMAN, KEVIN	2/22/2021	GUN022221	4126	2/24/2021	UNIFORM REIMBURSEMENT	10-008-58700	Uniforms-Suppl	\$59.99
						Total	s for GUNSELMAN, KEVIN:	\$59.99
HEAT TRANSFER SOLUTIONS,	2/12/2021	177750	107928	2/24/2021	BAS MC-FEB 2021	10-016-55600	Maintenance & Repairs-Buil	\$2,072.50
					Totals	for HEAT TRA	NSFER SOLUTIONS, INC.:	\$2,072.50
HENRY SCHEIN, INCMATRX 1	2/1/2021	88948931	107834	2/10/2021	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$529.65
	2/1/2021	89146851	107834	2/10/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$1,989.00
	2/1/2021	89207067	107929	2/24/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$58.54
	2/2/2021	89456894	107929	2/24/2021	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$197.40
	2/4/2021	89562102	108049	3/3/2021	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$1,611.88
						10-008-53900	posable Medical Supplies-Su	\$91.20
	2/8/2021	89673707	108049	3/3/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$58.54
					Totals for	HENRY SCHE	N, INCMATRX MEDICAL:	\$4,536.21
HERNANDEZ, JESSICA	2/24/2021	HER022421	4127	2/24/2021	WELLNESS PROGRAM/HOME O	10-025-54350	Employee Health\Wellness-I	\$54.11
						Totals fo	or HERNANDEZ, JESSICA:	\$54.11
HJM CONSTRUCTION, LLC	2/1/2021	1683	4128	2/24/2021	LANDSCAPING AND MAINTEN/	10-016-53330	Contractual Obligations- Oth	\$1,810.04
	2/1/2021	1682	4128	2/24/2021	LANDSCAPING AND MAINTEN/	10-016-53330	Contractual Obligations- Oth	\$1,024.80
	2/1/2021	1681	4128	2/24/2021	LANDSCAPING AND MAINTEN/	10-016-53330	Contractual Obligations- Oth	\$312.42
	2/1/2021	1684	4128	2/24/2021	LANDSCAPING AND MAINTEN/	10-016-53330	Contractual Obligations- Oth	\$672.26
	2/24/2021	1693	4198	3/3/2021	LANDSCAPE IRRIGATION REPA	10-016-55600	Maintenance & Repairs-Buil	\$4,491.04
	2/24/2021	1705	4198	3/3/2021	MAINTENANCE AND REPAIR	10-016-55600	Maintenance & Repairs-Buil	\$75.00
	2/24/2021	1704	4198	3/3/2021	MAINTENANCE AND REPAIR	10-016-55600	Maintenance & Repairs-Buil	\$75.00
	2/24/2021	1703	4198	3/3/2021	MAINTENANCE AND REPAIR	10-016-55600	Maintenance & Repairs-Buil	\$75.00
	2/24/2021	1702	4198	3/3/2021	MAINTENANCE AND REPAIR	10-016-55600	Maintenance & Repairs-Buil	\$75.00
	2/25/2021	1701	4198	3/3/2021	MAINTENANCE AND REPAIR	10-016-55600	Maintenance & Repairs-Buil	\$75.00
	2/24/2021	1700	4198	3/3/2021	MAINTENANCE AND REPAIR	10-016-55600	Maintenance & Repairs-Buil	\$75.00
						Totals for H	JM CONSTRUCTION, LLC:	\$8,760.56
HOUSTON TRUCKING, LLC	2/25/2021	022521	108052	3/3/2021	MAINTENANCE & REPAIR	10-016-55600	Maintenance & Repairs-Buil	\$2,000.00
						Totals for H	DUSTON TRUCKING, LLC:	\$2,000.00
HR IN ALIGNMENT, LLC	2/1/2021	FEB 2021	4129	2/24/2021	HR CONSULTING FEE FOR FEB	10-025-57100	Professional Fees-Human	\$750.00
						Totals fo	r HR IN ALIGNMENT. LLC:	\$750.00

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IMPAC FLEET	2/1/2021	SQLCD-66104	5469	2/10/2021	FUEL PURCHASE FOR JANUARY	10-010-54700	Fuel - Auto-Fleet	\$37,020.33
						10-010-59100	Vehicle-Registration-Fleet	\$176.50
							Totals for IMPAC FLEET:	\$37,196.83
INDEPENDENCE MEDICAL/CAI	2/1/2021	73571412	107931	2/24/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$1,428.00
					Totals for INDEPENDENCE	E MEDICAL/CA	RDINALHEALTH at HOME:	\$1,428.00
INDIGENT HEALTHCARE SOLU	2/1/2021	71258	4200	3/3/2021	PROFESSIONAL SERVICES FOR	10-002-53050	Computer Software-HCAP	\$12,676.27
	2/3/2021	71323	4200	3/3/2021	JANUARY 2021 POWER SEARCH	10-002-57100	Professional Fees-HCAP	\$227.00
					Totals fo	or INDIGENT H	EALTHCARE SOLUTIONS:	\$12,903.27
ISIMULATE, LLC	2/1/2021	201425780	4130	2/24/2021	REALITY-FULL SYSTEM UPGRA	10-009-53050	Computer Software-Dept	\$8,190.00
							Totals for ISIMULATE, LLC:	\$8,190.00
IT'S MUFFLER TIME, ABEL GOI	2/8/2021	43613	4131	2/24/2021	TAIL PIPE RETROFIT FOR PLYM	10-010-59000	Vehicle-Outside Services-Flo	\$110.00
					Totals for	r IT'S MUFFLEF	R TIME, ABEL GONZALES:	\$110.00
JAMES L. MILLER MECHANIC#	2/1/2021	007845	107835	2/10/2021	MAINTENANCE AND REPAIR	10-016-55600	Maintenance & Repairs-Buil	\$142.50
					Totals f	or JAMES L. M	ILLER MECHANICAL, LLC:	\$142.50
JAMES, ROBERT	2/19/2021	MARCH 2021-	107932	2/24/2021	STATION 44	10-000-14900	Prepaid Expenses-BS	\$1,201.00
						Т	otals for JAMES, ROBERT:	\$1,201.00
JP MORGAN CHASE BANK	2/5/2021	00036741 2.05	5535	2/19/2021	JPM CREDIT CARD TRANSACTI	10-001-53150	Conferences - Fees, Travel, ¿	\$149.00
						10-001-54100	Dues/Subscriptions-Admin	\$509.99
						10-001-56100	Meeting Expenses-Admin	\$92.40
						10-004-57700	Shop Tools-Radio	\$191.20
						10-005-57100	Professional Fees-Accou	\$612.33
						10-007-54100	Dues/Subscriptions-EMS	\$55.00
						10-007-58700	Uniforms-EMS	\$784.60
						10-008-54200	rable Medical Equipment-Su	\$515.40
						10-008-56900	Postage-Suppl	\$710.62
						10-008-57900	Station Supplies-Suppl	\$465.75
						10-009-52600	Books/Materials-Dept	\$269.94
						10-009-52700	Business Licenses-Dept	\$638.00
						10-009-53150	ences - Fees, Travel, & Meal	\$495.00
						10-010-52600	Books/Materials-Fleet	\$15.00
						10-010-55650	Aaintenance- Equipment-Flee	\$199.95
						10-010-57725	Shop Supplies-Fleet	\$46.97
						10-010-58600	Travel Expenses-Fleet	\$480.00
						10-010-59100	Vehicle-Registration-Fleet	\$136.75
							e	

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
						10-015-53050	Computer Software-Infor	\$399.00
						10-015-57750	all Equipment & Furniture-Ir	\$119.99
						10-015-58310	Telephones-Service-Infor	\$592.61
						10-016-55600	tenance & Repairs-Buildings	\$5,184.03
						10-016-57700	Shop Tools-Facil	\$758.00
						10-016-58800	Utilities-Facil	\$5,339.89
						10-025-54350	ployee Health\Wellness-Hun	\$265.97
						10-026-57100	Professional Fees-Recor	\$85.00
						10-045-54100	Dues/Subscriptions-EMS Q	\$555.00
						10-045-58500	ning/Related Expenses-CE-EM	\$900.00
						10-004-58310	Telephones-Service-Radio	\$238.71
						Totals for JI	P MORGAN CHASE BANK:	\$20,806.10
KOLOR KOATED, INC.	2/2/2021	16461	4202	3/3/2021	NAME PLATE, GOLD	10-007-58700	Uniforms-EMS	\$30.98
						Totals	for KOLOR KOATED, INC.:	\$30.98
KRAGE, SAMANTHA	2/8/2021	KRA020821	4094	2/10/2021	TRAINING/RELATED REIMBUR	10-009-58500	Training/Related Expenses-(\$303.79
united, or and the training	2/0/2021	11111020021	4094	2/10/2021			Is for KRAGE, SAMANTHA:	\$303.79
						1010		φ505.77
LEDWIG, ALBERT	2/24/2021	LED022421	4132	2/24/2021	ON CALL MILEAGE REIMBURSI	10-010-56200	Mileage Reimbursements-Flo	\$62.82
						То	otals for LEDWIG, ALBERT:	\$62.82
EXISNEXIS RISK DATA MGM	2/1/2021	1760077-2020	1 107838	2/10/2021	OFFICIAL RECORDS SEARCH 10	10-002-57100	Professional Fees-HCAP	\$150.00
	2/1/2021	1760077-2021	(107838	2/10/2021	OFFICIAL RECORDS SEARCH 01	10-002-57100	Professional Fees-HCAP	\$150.00
	2/1/2021	1171610-2021	(107838	2/10/2021	OFFICIAL RECORDS SEARCH	10-011-57100	Professional Fees-EMS B	\$988.25
					Totals	for LEXISNEX	IS RISK DATA MGMT, INC:	\$1,288.25
LIFE-ASSIST, INC.	2/1/2021	1070910	107840	2/10/2021	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$120.75
	2/1/2021	1070906	107840	2/10/2021	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$241.50
	2/3/2021	1072639	107935	2/24/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$9,584.02
						10-009-54000	Drug Supplies-Dept	\$992.00
	2/1/2021	1071190	107935	2/24/2021	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$1,086.75
	2/1/2021	1071189	107935	2/24/2021	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$966.00
	2/1/2021	1071145	107935	2/24/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$2,006.40
	2/2/2021	1072184	107935	2/24/2021	DME MEDICAL SUPPLIES	10-008-54200	Durable Medical Equipment-	\$278.00
	2/2/2021	1072080	107935	2/24/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$60.55
	2/2/2021	1071983	107935	2/24/2021	DME MEDICAL SUPPLIES	10-008-54200	Durable Medical Equipment-	\$200.00
	2/2/2021	1071941	107935	2/24/2021	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$852.21
						10-008-53900	0	\$5,763.94
						10-008-53800	Disposable Linen-Suppl	\$1,962.68
	2/1/2021	1071681	107935	2/24/2021	MEDICAL SUPPLIES		Disposable Medical Supplies	\$362.00

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
	2/15/2021	1076210	108055	3/3/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$612.00
	2/8/2021	1073839	108055	3/3/2021	BOOKS/MATERIAL	10-009-52600	Books/Materials-Dept	\$760.00
	2/10/2021	1074643	108055	3/3/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$679.07
	2/10/2021	1074582	108055	3/3/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$444.60
	2/3/2021	1072731	108055	3/3/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$5,580.00
	2/11/2021	1075371	108055	3/3/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$1,020.00
						То	otals for LIFE-ASSIST, INC.:	\$33,572.47
LILES PARKER ATTORNEYS &	2/1/2021	2074	107936	2/24/2021	PROFESSIONAL FEES JAN 2021	10-001-55500	Legal Fees-Admin	\$135.00
					Totals for LILES PARKER	ATTORNEYS	& COUNSELORS AT LAW:	\$135.00
LOWE'S ELECTRICAL SERVICE	2/11/2021	963	108056	3/3/2021	MAINTENANCE AND REPAIR	10-040-52752	Capital Purchases - CIP-Buil	\$227.40
					Totals	for LOWE'S EL	ECTRICAL SERVICE, INC.:	\$227.40
LSE CONTRACTORS, LLC	2/15/2021	8726	4203	3/3/2021	EMERGENCY REPAIR	10-016-55600	Maintenance & Repairs-Buil	\$840.00
						Totals for	SE CONTRACTORS, LLC:	\$840.00
MARTIN, DISIERE, JEFFERSON	2/4/2021	198199	107938	2/24/2021	LEGAL FEES	10-025-55500	Legal Fees-Human	\$2,333.50
					Totals for MARTIN	, DISIERE, JEF	FERSON & WISDOM, LLP:	\$2,333.50
MCGRIFF INSURANCE SERVIC	2/1/2021	192653	107939	2/24/2021	PUBLIC BOND RENEWAL - BOB	10-001-54900	Insurance-Admin	\$100.00
	2/1/2021	192465	107939	2/24/2021	PUBLIC BOND RENEWAL - BRA	10-001-54900	Insurance-Admin	\$100.00
	2/1/2021	192662	107939	2/24/2021	PUBLIC BOND RENEWAL - JUST	10-001-54900	Insurance-Admin	\$100.00
	2/1/2021	192454	107939	2/24/2021	PUBLIC BOND RENEWAL - CHR	10-001-54900	Insurance-Admin	\$100.00
	2/1/2021	192668	107939	2/24/2021	PUBLIC BOND RENEWAL - SAN	10-001-54900	Insurance-Admin	\$100.00
	2/1/2021	192460	107939	2/24/2021	PUBLIC BOND RENEWAL - GEO	10-001-54900	Insurance-Admin	\$100.00
					Totals fo	or MCGRIFF IN	SURANCE SERVICES INC:	\$600.00
MCKESSON GENERAL MEDICA	2/1/2021	20383799	107841	2/10/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$646.40
	2/1/2021	20339318	107841	2/10/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$832.40
	2/4/2021	20777226	107940	2/24/2021	MEDICAL/DRUG SUPPLIES	10-008-53900	Disposable Medical Supplies	\$389.92
						10-009-54000	Drug Supplies-Dept	\$914.00
	2/7/2021	20857001	107940	2/24/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$617.74
	2/10/2021	21003336	107940	2/24/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$871.20
	2/12/2021	21110738	108057	3/3/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$730.00
	2/11/2021	21066019	107940	2/24/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$323.20
					Totals for I	MCKESSON G	ENERAL MEDICAL CORP.:	\$5,324.86
MCM TECHNOLOGY, INC.	2/8/2021	58625	4133	2/24/2021	RADIO SHOP SOFTWARE	10-004-53050	Computer Software-Radio	\$15,129.71
						Totals for	MCM TECHNOLOGY, INC.:	\$15,129.71

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
MICRO INTEGRATION & PROG	2/2/2021	221065	4134	2/24/2021	COVID CALL CENTER HANDLE	10-004-57100	Professional Fees-Radio	\$75.00
	2/2/2021	221064	4134	2/24/2021	COVID CALL CENTER VOICEM/	10-004-57100	Professional Fees-Radio	\$150.00
	2/2/2021	221067	4134	2/24/2021	PHONE CHANGES FOR PH COVI	10-004-57100	Professional Fees-Radio	\$600.00
	2/9/2021	221078	4134	2/24/2021	ACCESS CONTROL - STATION 1	10-016-57750	Small Equipment & Furnitur	\$18,064.00
						10-016-55600	tenance & Repairs-Buildings	\$1,030.00
	2/19/2021	221087	4205	3/3/2021	ASSIGNED ENGINEER & HELP I	10-004-55650	Maintenance- Equipment-Ra	\$4,000.00
					Totals for MICRO INTEGRATIO	ON & PROGRA	MMING SOLUTIONS, INC.:	\$23,919.00
MID-SOUTH SYNERGY	2/1/2021	313046001 01	/ 107843	2/10/2021	STATION 45 12/24/20-01/24/21	10-016-58800	Utilities-Facil	\$256.00
						Totals f	or MID-SOUTH SYNERGY:	\$256.00
MILLER TOWING & RECOVER'	2/9/2021	21-2864	107941	2/24/2021	VEHICLE TOWING	10-010-59200	Vehicle-Towing-Fleet	\$300.00
	2/17/2021	21-2916	108058	3/3/2021	VEHICLE TOWING	10-010-59200	Vehicle-Towing-Fleet	\$300.00
	2/17/2021	21-2904	108058	3/3/2021	VEHICLE TOWING	10-010-59200	Vehicle-Towing-Fleet	\$200.00
	2/17/2021	21-2917	108058	3/3/2021	VEHICLE TOWING	10-010-59200	Vehicle-Towing-Fleet	\$300.00
	2/15/2021	21-2898	108058	3/3/2021	VEHICLE TOWING	10-010-59200	Vehicle-Towing-Fleet	\$300.00
					Totals	for MILLER TO	WING & RECOVERY, LLC:	\$1,400.00
MOBILE ELECTRIC POWER SO	2/1/2021	15815	107845	2/10/2021	REPAIR OF GENERATOR	10-010-59000	Vehicle-Outside Services-Fla	\$436.05
				То	tals for MOBILE ELECTRIC POWEF	R SOLUTIONS,	INC dba MOBILE POWER:	\$436.05
MONTGOMERY COUNTY ESD ;	2/19/2021	MARCH 2021	- 4135	2/24/2021	STATION 12 RENT	10-000-14900	Prepaid Expenses-BS	\$1,100.00
					Totals for MO	NTGOMERY C	OUNTY ESD # 1, (STN 12):	\$1,100.00
MONTGOMERY COUNTY ESD #	2/19/2021	MARCH 2021	- 4136	2/24/2021	STATION 13 RENT	10-000-14900	Prepaid Expenses-BS	\$1,100.00
					Totals for MO	ONTGOMERY	COUNTY ESD #1 (STN 13):	\$1,100.00
MONTGOMERY COUNTY ESD #	2/19/2021	MARCH 2021	- 107942	2/24/2021	STATION 42 RENT	10-000-14900	Prepaid Expenses-BS	\$950.00
					Totals for MC	ONTGOMERY (OUNTY ESD #10, STN 42:	\$950.00
MONTGOMERY COUNTY ESD #	2/19/2021	MARCH 2021	- 4137	2/24/2021	STATION 47 RENT	10-000-14900	Prepaid Expenses-BS	\$1,000.00
					Tot	tals for MONTG	OMERY COUNTY ESD #2:	\$1,000.00
MONTGOMERY COUNTY ESD #	2/19/2021	MARCH 2021	- 107943	2/24/2021	STATION 34 RENT	10-000-14900	Prepaid Expenses-BS	\$900.00
					Totals for M	ONTGOMERY	COUNTY ESD #6, STN 34:	\$900.00
MONTGOMERY COUNTY ESD 7	2/19/2021	MARCH 2021	- 107944	2/24/2021	STATION 21 RENT	10-000-14900	Prepaid Expenses-BS	\$800.00
					Totals for MON	ITGOMERY CC	OUNTY ESD #8, STN 21/22:	\$800.00
MONTGOMERY COUNTY ESD 7	2/19/2021	MARCH 2021	- 4138	2/24/2021	STATION 33 RENT	10-000-14900	Prepaid Expenses-BS	\$850.00
					Totals for M	ONTGOMERY	COUNTY ESD #9, STN 33:	\$850.00

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MONTGOMERY COUNTY ESD#	2/19/2021	MARCH 2021-	4139	2/24/2021	RENT STATION 46	10-000-14900	Prepaid Expenses-BS	\$600.00
					Totals for MO	NTGOMERY C	OUNTY ESD#3 (STNT 46):	\$600.00
MUD #39	2/26/2021	10000901 02/2	108060	3/3/2021	STATION 20 01/20/21-02/25/21	10-016-58800	Utilities-Facil	\$267.62
							Totals for MUD #39:	\$267.62
NATIONAL ACADEMY OF AME	2/8/2021	2021-204	107945	2/24/2021	CADS VIRTUAL DEPOSIT	10-045-58500	Training/Related Expenses-C	\$13,500.00
				Tot	als for NATIONAL ACADEMY OF AM	MBULANCE CO	DING,INC dba NAAC, INC:	\$13,500.00
NEW CANEY MUD	2/1/2021	1042526200 01	107846	2/10/2021	STATION 30 12/16/20-01/18/21	10-016-58800	Utilities-Facil	\$35.91
						То	tals for NEW CANEY MUD:	\$35.91
OLLIVIER, ELIZABETH	2/24/2021	OLL022421	4206	3/3/2021	TX PHARMACY TECH RENEWA	10-002-52700	Business Licenses-HCAP	\$119.05
						Totals	for OLLIVIER, ELIZABETH:	\$119.05
OPTIMUM COMPUTER SOLUTI	2/1/2021	INV000010111	4140	2/24/2021	SERVICE LABOR	10-015-57100	Professional Fees-Infor	\$8,050.00
	2/1/2021	INV000010118	4207	3/3/2021	SERVICE LABOR	10-015-57100	Professional Fees-Infor	\$10,378.75
					Totals for C	PTIMUM COM	PUTER SOLUTIONS, INC.:	\$18,428.75
OPTIQUEST INTERNET SERVIC	2/23/2021	75498	4141	2/24/2021	REGISTRATION/RENEWAL - SSI	10-015-53050	Computer Software-Infor	\$65.00
					Totals for 0	OPTIQUEST IN	TERNET SERVICES, INC.:	\$65.00
O'REILLY AUTO PARTS	2/4/2021	0408-497574	107946	2/24/2021	VEHICLES PARTS	10-010-59050	Vehicle-Parts-Fleet	\$565.35
	2/5/2021	0408-498149	107946	2/24/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$59.99
	2/9/2021	0408-499701	107946	2/24/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$17.02
	2/9/2021	0408-499787	108063	3/3/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$371.65
	2/18/2021	0408-102273	108063	3/3/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$29.94
						Totals fo	or O'REILLY AUTO PARTS:	\$1,043.95
ORR SAFETY CORPORATION	2/17/2021	INV5351739	108065	3/3/2021	PRESCRIPTION SAFETY GLASSI	10-007-58700	Uniforms-EMS	\$150.00
	2/17/2021	INV5351727	108065	3/3/2021	PRESCRIPTION SAFETY GLASSI	10-007-58700	Uniforms-EMS	\$150.00
	2/17/2021	INV5351726	108065	3/3/2021	PRESCRIPTION SAFETY GLASSI	10-007-58700	Uniforms-EMS	\$190.00
						Totals for ORR	SAFETY CORPORATION:	\$490.00
O-TWO MEDICAL TECHNOLOC	2/1/2021	INV-015050	108064	3/3/2021	RE-CERTIFICATION/REPAIR OF	10-008-57650	Repair-Equipment-Suppl	\$486.50
					Totals for	O-TWO MEDIC	AL TECHNOLOGIES INC.:	\$486.50
PAGE, WOLFBERG & WIRTH, L	2/4/2021	2021-194	4097	2/10/2021	HIPAA PROPOSED CHANGES	10-026-53150	Conferences - Fees, Travel, ¿	\$149.00
	2/5/2021	2021-264	4097	2/10/2021	XI AND ABC360 SPRING VIRTU	10-001-53150	Conferences - Fees, Travel, $\boldsymbol{\ell}$	\$780.00
	2/4/2021	23809	4142	2/24/2021	LEAL SERVICES 01/06/21-01/26/2	10-001-55500	Legal Fees-Admin	\$3,219.00

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
	2/24/2021	PAG022421	4160	2/24/2021	DEPOSIT ONE-HALF OF HIPAA (10-001-55500	Legal Fees-Admin	\$10,000.00
					Tota	als for PAGE, W	OLFBERG & WIRTH, LLC:	\$14,148.00
PAGING & WIRELESS SERVICE	2/1/2021	62008	107850	2/10/2021	MINITOR 5 REPAIRS	10-004-57200	Radio Repairs - Outsourced (\$374.50
					Totals for P	AGING & WIRE	ELESS SERVICE CENTER:	\$374.50
PANORAMA, CITY OF	2/1/2021	1020159006 0	1 107851	2/10/2021	STATION 14 12/17/20-01/28/21	10-016-58800	Utilities-Facil	\$86.81
						Totals	for PANORAMA, CITY OF:	\$86.81
PCTEL, INC.	2/1/2021	31437	4143	2/24/2021	BACK UP BATTERY PACK AND	10-004-57225	Radio Repair - Parts-Radio	\$1,365.00
							Totals for PCTEL, INC.:	\$1,365.00
PITNEY BOWES INC (POB 3718'	2/16/2021	04765611 01/2	2 107947	2/24/2021	ACCT #8000-9090-0476-5611 01/29	10-008-56900	Postage-Suppl	\$1,005.00
					Totals for PI	TNEY BOWES	INC (POB 371874)postage:	\$1,005.00
POWER ASSOCIATES, INC	2/1/2021	5820	108066	3/3/2021	EATON-FLEX PLAN	10-016-55650	Maintenance- Equipment-Fa	\$10,995.00
						Totals for Po	OWER ASSOCIATES, INC:	\$10,995.00
PRICE, MARK	2/19/2021	PRI021921	4111	2/19/2021	MONIES OWED TO EMPLOYEE	10-000-21400	Accrued Payroll-BS	\$5,364.97
							Totals for PRICE, MARK:	\$5,364.97
RAY MART, INC.dba TRI-SUPPL	2/1/2021	CON01313122	2 107948	2/24/2021	STACKABLE WASHER AND DR	10-016-57750	Small Equipment & Furnitur	\$1,691.94
	2/1/2021	CON01299266	6 107948	2/24/2021	WASHER, DRYER AND RANGE -	10-016-57750	Small Equipment & Furnitur	\$2,636.93
					Totals	for RAY MART,	INC.dba TRI-SUPPLY CO:	\$4,328.87
REED CLAYMON MEEKER & H	2/1/2021	21581	107854	2/10/2021	HIPPA PRESENTATION	10-001-55500	Legal Fees-Admin	\$1,118.00
					Totals for REED	O CLAYMON ME	EEKER & HARGETT PLLC:	\$1,118.00
RELIANT ENERGY	2/1/2021	371000422058	3 5470	2/4/2021	STATION 41 12/01/20-01/04/21	10-016-58800	Utilities-Facil	\$1,092.54
	2/1/2021	353000492754	4 5503	2/17/2021	STATION 27 12/29/20-01/29/21	10-016-58800	Utilities-Facil	\$866.99
	2/23/2021	326000598111	5504	2/23/2021	MAGNOLIA TOWER SECURITY	10-004-58800	Utilities-Radio	\$502.64
	2/23/2021	135004805513	3 5505	2/23/2021	STATION 40 12/30/20-02/01/21	10-016-58800	Utilities-Facil	\$844.77
	2/23/2021	326000598112	2 5506	2/23/2021	MAGNOLIA TOWER 12/30/20-02/	10-004-58800	Utilities-Radio	\$625.61
	2/4/2021	360000414813	5536	2/4/2021	STATION 40 OUTDOOR LIGHTIN	10-016-58800	Utilities-Facil	\$57.65
	2/4/2021	332000530527	5537	2/4/2021	STATION 40 OUTDOOR LIGHTIN	10-016-58800	Utilities-Facil	\$57.74
	2/4/2021	384000341508	3 5538	2/4/2021	STATION 40 OUTDOOR LIGHTIN	10-016-58800	Utilities-Facil	\$58.43
	2/4/2021	369000425104	5539	2/4/2021	STATION 40 OUTDOOR LIGHTIN	10-016-58800	Utilities-Facil	\$57.93
						Tot	tals for RELIANT ENERGY:	\$4,164.30
ROTARY CLUB OF THE WOOD	2/1/2021	1427	41.44	2/24/2021	OUARTERI V DUES - 1ST OTR-II	10-001-54100	Dues/Subscriptions Admin	\$280.00

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
S.A.F.E. DRUG TESTING	2/1/2021	114531	4145	2/24/2021	EMPLOYEE DRUG TESTING 01/(10-025-57300	Recruit/Investigate-Human	\$2,020.00
						Totals for	S.A.F.E. DRUG TESTING:	\$2,020.00
SAFETY GLASSES USA.COM	2/3/2021	197-2126	4146	2/24/2021	SAFETY GLASSES - SMALL	10-008-53900	Disposable Medical Supplies	\$809.19
	2/8/2021	197-2131	4146	2/24/2021	SAFETY GLASSES - SMALL	10-008-53900	Disposable Medical Supplies	\$416.25
	2/5/2021	197-2130	4146	2/24/2021	SAFETY GLASSES - SMALL	10-008-53900	Disposable Medical Supplies	\$772.56
						Totals for SAF	ETY GLASSES USA.COM:	\$1,998.00
SAFETY-KLEEN CORP.	2/15/2021	85266344	4210	3/3/2021	PARTS CLEANER - FLEET	10-010-54500	Equipment Rental-Fleet	\$220.38
						Totals fo	or SAFETY-KLEEN CORP.:	\$220.38
SARI'S CREATIONS	2/1/2021	10470	107855	2/10/2021	EMBROIDERY JOB - JACKETS	10-008-58700	Uniforms-Suppl	\$268.30
						Tota	Is for SARI'S CREATIONS:	\$268.30
SCHAEFFER MANUFACTURIN(2/10/2021	CRJ3293-INV	1 4147	2/24/2021	OIL & LUBRICANTS	10-010-56400	Oil & Lubricants-Fleet	\$1,088.94
					Totals for SCI	HAEFFER MAN	UFACTURING COMPANY:	\$1,088.94
SCOTT EQUIPMENT SERVICE	2/1/2021	902925	107950	2/24/2021	TIRE MACHINE REPAIR	10-010-57650	Repair-Equipment-Fleet	\$150.00
						Totals for SCO	TT EQUIPMENT SERVICE:	\$150.00
SHRED-IT USA LLC	2/15/2021	8181456299	108068	3/3/2021	ACCT #13034336 SERVICE DATE	10-026-56500	Other Services-Recor	\$289.62
						Tota	als for SHRED-IT USA LLC:	\$289.62
SIDDONS MARTIN EMERGENC	2/5/2021	2409486	4148	2/24/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$156.00
					Totals for SIDDC	ONS MARTIN EI	MERGENCY GROUP, LLC:	\$156.00
SNOW, BENJAMIN	2/10/2021	SNO021021	4098	2/10/2021	TRAINING RELATED REIMBURS	10-009-58500	Training/Related Expenses-C	\$289.16
						To	tals for SNOW, BENJAMIN:	\$289.16
SOUTHERN CARE SWEEPING A	2/24/2021	202013	108069	3/3/2021	SAND REMOWAL - STATION 40	10-016-55600	Maintenance & Repairs-Buil	\$500.00
	2/24/2021	202014	108069	3/3/2021	SAND REMOVAL - STATION 32	10-016-55600	Maintenance & Repairs-Buil	\$400.00
	2/24/2021	202015	108069	3/3/2021	SAND REMOVAL - STATION 14	10-016-55600	Maintenance & Repairs-Buil	\$400.00
					Totals for SOUTHERN CA	RE SWEEPING	AND PAVING COMPANY:	\$1,300.00
SPARKLETTS AND SIERRA SPF	2/1/2021	3677798 01222	2 107951	2/24/2021	ACCT #21767323677798	10-008-57900	Station Supplies-Suppl	\$59.91
						10-008-57900	Station Supplies-Suppl	\$64.64
						10-008-57900	Station Supplies-Suppl	\$36.26
						10-008-57900	Station Supplies-Suppl	\$26.80
						10-008-57900	Station Supplies-Suppl	\$3.15
						10-008-57900	Station Supplies-Suppl	\$20.49

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
						10-008-57900	Station Supplies-Suppl	\$50.45
						10-008-57900	Station Supplies-Suppl	\$12.61
						10-008-57900	Station Supplies-Suppl	\$17.34
						10-008-57900	Station Supplies-Suppl	\$55.18
						10-008-57900	Station Supplies-Suppl	\$28.38
						10-008-57900	Station Supplies-Suppl	\$22.07
						10-008-57900	Station Supplies-Suppl	\$78.83
						10-008-57900	Station Supplies-Suppl	\$15.76
						10-008-57900	Station Supplies-Suppl	\$40.99
						10-008-57900	Station Supplies-Suppl	\$12.61
						10-008-57900	Station Supplies-Suppl	\$34.68
						10-008-57900	Station Supplies-Suppl	\$88.28
						10-008-57900	Station Supplies-Suppl	\$40.99
						10-008-57900	Station Supplies-Suppl	\$3.41
						10-008-57900	Station Supplies-Suppl	\$12.61
						10-008-57900	Station Supplies-Suppl	\$64.90
						10-008-57900	Station Supplies-Suppl	\$22.07
						10-008-57900	Station Supplies-Suppl	\$4.73
						10-008-57900	Station Supplies-Suppl	\$17.34
						10-008-57900	Station Supplies-Suppl	\$64.64
						10-008-57900	Station Supplies-Suppl	\$77.25
					Totals fo	or SPARKLETT	S AND SIERRA SPRINGS:	\$976.37
SPLENDORA, CITY OF	2/1/2021	2013901000 0	01 5507	2/20/2021	STATION 31 12/26/20-01/28/21	10-016-58800	Utilities-Facil	\$8.50
						Totals 1	or SPLENDORA, CITY OF:	\$8.50
STANLEY LAKE M.U.D.	2/1/2021	00009834 01/2	2 107856	2/10/2021	STATION 43 12/29/20-01/26/21 - R	10-016-58800	Utilities-Facil	\$34.22
	2/1/2021	00009836 01/2	2 107856	2/10/2021	STATION 43 12/29/20-01/26/21-SP	10-016-58800	Utilities-Facil	\$4.75
						Totals f	or STANLEY LAKE M.U.D.:	\$38.97
STAPLES ADVANTAGE	2/1/2021	3468365219A	107952	2/24/2021	OFFICE SUPPLIES	10-008-56300	Office Supplies-Suppl	\$94.36
	2/1/2021	3468365219B	107952	2/24/2021	OFFICE SUPPLIES	10-008-56300	Office Supplies-Suppl	\$33.36
						Totals fo	or STAPLES ADVANTAGE:	\$127.72
STRYKER SALES CORPORATIC	2/3/2021	3289941M	4151	2/24/2021	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-	\$1,108.21
						10-008-54200	rable Medical Equipment-Su	\$46.10
	2/5/2021	3292853M	4151	2/24/2021	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-	\$1,210.40
	2/2/2021	3288600M	4151	2/24/2021	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-	\$418.32
						10-008-54200	rable Medical Equipment-Su	\$15.34
	2/11/2021	3298965M	4150	2/24/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$3,090.90

Vendor Name Invoice Date Invoice No. Payment No. Payment Date Invoice Description Account No. Account Description Amount \$280.16 2/10/2021 3297450M 4151 2/24/2021 VEHICLE PARTS 10-010-59050 Vehicle-Parts-Fleet 10-010-59050 Vehicle-Parts-Fleet \$14.66 Totals for STRYKER SALES CORPORATION: \$6,220.70 SUDDENLINK 2/25/2021 128957-01-3 02 5540 2/25/2021 ADMIN 02/21/21-03/20/21 10-016-58800 Utilities-Facil \$212.23 2/25/2021 133511-01-0 02 2/25/2021 STATION 14 02/21/21-03/20/21 10-016-58800 Utilities-Facil \$94.10 5541 2/25/2021 104249-01-0 02 2/25/2021 STATION 30 01/01/21-02/28/21 10-015-58310 Telephones-Service-Infor \$164.52 5542 109949-01-3 02 2/23/2021 5543 2/23/2021 STATION 13 01/01/21-01/31/21 10-016-58800 Utilities-Facil \$60.22 Telephones-Service-Infor \$104.59 10-015-58310 Totals for SUDDENLINK: \$635.66 TCDRS 2/1/2021 TCD021521 5508 2/15/2021 TCDRS TRANSMISSION JANUAI 10-000-21650 TCDRS Defined Benefit Plan \$153,850.24 10-000-21650 CDRS Defined Benefit Plan-H \$143,740.10 Totals for TCDRS: \$297,590.34 TELEFLEX LLC 2/3/2021 9503584419 4152 2/24/2021 MEDICAL EQUIPMENT 10-008-54200 Durable Medical Equipment-\$300.00 10-008-54200 rable Medical Equipment-Su \$9.50 2/8/2021 9503599949 2/24/2021 MEDICAL SUPPLIES 10-008-53900 Disposable Medical Supplies \$17,082.00 4152 \$17,391.50 Totals for TELEFLEX LLC: TESSCO TECHNOLOGIES INC. 2/8/2021 452262 2/12/2021 SHOP SUPPLIES 10-004-57725 Shop Supplies-Radio \$152.66 2/17/2021 460126 108072 3/3/2021 GLASS MOUNT ANTENNA 10-004-57225 Radio Repair - Parts-Radio \$230.83 Totals for TESSCO TECHNOLOGIES INC .: \$383.49 TEXAS MUTUAL INSURANCE (2/26/2021 1002506244 2/26/2021 PERIOD 11/01/20-02/01/21 \$78,311.00 5544 10-025-59350 Worker's Compensation Insu Totals for TEXAS MUTUAL INSURANCE COMPANY: \$78,311.00 THE WOODLANDS TOWNSHIP 2/19/2021 MARCH 2021-2/24/2021 \$1,000.00 STATION 23, 24, & 29 RENT 10-000-14900 Prepaid Expenses-BS 107955 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 TOMMY'S PAINT & BODY INC 2/1/2021 3541 4153 2/24/2021 VEHICLE TOWING 10-010-59200 Vehicle-Towing-Fleet \$286.00 Totals for TOMMY'S PAINT & BODY INC dba TOMMY'S WRECKER: \$286.00 TRAHAN, CALEB 2/23/2021 TRA022321 4154 2/24/2021 TRAINING RELATED EXPENSE 10-009-58500 Training/Related Expenses-O \$290.60 Totals for TRAHAN, CALEB: \$290.60 TRIZETTO PROVIDER SOLUTIO 2/1/2021 121Y022100 107858 2/10/2021 INTEGRATED ELIG/QUICK POST 10-011-57100 Professional Fees-EMS B \$1,320.22 Totals for TRIZETTO PROVIDER SOLUTIONS: \$1.320.22

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
TUMAX, CHRISTIAN	2/23/2021	TUM022321	4155	2/24/2021	TRAINING RELATED EXPENSES	10-009-58500	Training/Related Expenses-C	\$257.25
						Tota	Is for TUMAX, CHRISTIAN:	\$257.25
ULINE	2/1/2021	129229503	107859	2/10/2021	PALLETT RACK	10-010-57750	Small Equipment & Furnitur	\$6,330.83
	2/1/2021	129547299	107957	2/24/2021	SWIVEL SHOP STOOL W/ BACK	10-016-57750	Small Equipment & Furnitur	\$136.22
	2/2/2021	129673904	107957	2/24/2021	STACK BINS	10-016-55600	Maintenance & Repairs-Buil	\$501.57
	2/3/2021	129732259	107957	2/24/2021	SWIVEL SHOP STOOL (3)	10-016-57750	Small Equipment & Furnitur	\$390.66
							Totals for ULINE:	\$7,359.28
UNITED RENTALS	2/19/2021	190302145-00	1 108074	3/3/2021	MINI EXCAVATOR/SCISSOR LIF	10-016-54500	Equipment Rental-Facil	\$2,314.61
						То	tals for UNITED RENTALS:	\$2,314.61
VALIC COLLECTIONS	2/8/2021	VAL020821	5509	2/8/2021	EMPLOYEE CONTRIBUTIONS F(10-000-21600	Employee Deferred CompE	\$10,060.59
	2/22/2021	VAL022221	5509	2/8/2021	EMPLOYEE CONTRIBUTIONS F(10-000-21600	Employee Deferred CompE	\$9,465.98
						Totals	for VALIC COLLECTIONS:	\$19,526.57
VALLEY VIEW CONSULTING, I	2/25/2021	3040	4213	3/3/2021	CONSULTING SERVICES - OCT 1	10-001-57100	Professional Fees-Admin	\$750.00
					Tot	als for VALLEY	VIEW CONSULTING, LLC:	\$750.00
VELOCITY BUSINESS PRODUC	2/1/2021	84934	107959	2/24/2021	DESK - STATION 15	10-016-57750	Small Equipment & Furnitur	\$890.12
						10-016-55600	tenance & Repairs-Buildings	\$150.00
					Totals for	VELOCITY BU	SINESS PRODUCTS, LLC:	\$1,040.12
VFIS OF TEXAS / REGNIER & A	2/1/2021	85206	4156	2/24/2021	POLICY #VFNU-CM-0002796	10-001-54900	Insurance-Admin	\$54.02
					Totals for VFIS	S OF TEXAS / F	REGNIER & ASSOCIATES:	\$54.02
WASTE MANAGEMENT OF TEX	2/1/2021	5700073-1792	- 5545	2/1/2021	STATION 43 12/01/20-12/31/20	10-016-58800	Utilities-Facil	\$50.51
	2/1/2021	5703935-1792	- 5545	2/1/2021	STATION 43 01/01/21-01/31/21	10-016-58800	Utilities-Facil	\$67.88
	2/1/2021	5703294-1792	- 5545	2/1/2021	STATION 10 01/01/21-01/31/21	10-016-58800	Utilities-Facil	\$1,740.45
	2/1/2021	5704632-1792	- 5545	2/1/2021	STATION 14 01/01/21-01/31/21	10-016-58800	Utilities-Facil	\$172.96
	2/16/2021	5707004-1792	- 5545	2/1/2021	STATION 10 02/01/21-02/28/21	10-016-58800	Utilities-Facil	\$1,011.69
	2/16/2021	5707640-1792	- 5545	2/1/2021	STATION 43 02/01/21-02/28/21	10-016-58800	Utilities-Facil	\$68.22
	2/16/2021	5708313-1792	- 5545	2/1/2021	STATION 14 02/01/21-02/28/21	10-016-58800	Utilities-Facil	\$43.96
	2/1/2021	5700954-1792	- 5545	2/1/2021	STATION 27 12/01/20-12/31/20	10-016-58800	Utilities-Facil	\$35.18
	2/1/2021	5700954-1792	- 5545	2/1/2021	STATION 27 12/01/20-12/31/20	10-016-58800	-	\$35.18
					Tota	Is for WASTE N	IANAGEMENT OF TEXAS:	\$3,226.03
WESTWOOD N. WATER SUPPL'	2/1/2021	1885 01/27/21		2/10/2021	STATION 27 12/19/20-01/21/21 AC	10-016-58800	Utilities-Facil	\$186.10
	2/1/2021	1520 01/27/21		2/10/2021	STATION 27 12/19/20-01/21/21 - 1		Utilities-Facil	\$58.97
	2/25/2021	1520 02/25/21	108075	3/3/2021	STATION 27 01/21/21-02/22/21 - 1	10-016-58800	Utilities-Facil	\$63.71

Vendor Name			Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amoun
	2/25/2021	1885 02/25/21	108075	3/3/2021	STATION 27 01/21/21-02/22/21 AC		Utilities-Facil	\$186.10
					Tot	als for WESTW	OOD N. WATER SUPPLY:	\$494.88
WHITENER ENTERPRISES, INC	2/17/2021	112985	4214	3/3/2021	FUEL	10-010-54700	Fuel - Auto-Fleet	\$2,915.22
	2/11/2021	112556	4157	2/24/2021	FLUIDS & ADDITIVES/OIL & LU	10-010-54550	Fluids & Additives - Auto-Fl	\$1,083.06
						10-010-56400	Oil & Lubricants-Fleet	\$778.85
	2/1/2021	110327	4214	3/3/2021	SHOP SUPPLIES	10-010-57725	Shop Supplies-Fleet	\$324.00
					Tc	tals for WHITE	NER ENTERPRISES, INC.:	\$5,101.13
WIESNER, INC.	2/19/2021	637250	4215	3/3/2021	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$27.77
							Totals for WIESNER, INC.:	\$27.77
WILKINS LINEN & DUST CONT	2/11/2021	259472	4158	2/24/2021	LAUNDRY SERICE - FLEET	10-010-55100	Laundry Service & Purchase	\$69.10
					Totals for WILK	INS LINEN & D	UST CONTROL SERVICE:	\$69.10
VILLIAMS SCOTSMAN	2/5/2021	8493288	107863	2/10/2021	TEMPORARY TRAILER	10-016-53600	Damages/Insurance Claims	\$2,298.43
						Totals f	or WILLIAMS SCOTSMAN:	\$2,298.43
WOODFOREST NATIONAL BAN	2/1/2021	02/15 6937709	5510	2/15/2021	CAPITAL/LEASE #7709 STATION	10-040-52725	Capital Lease Expense-Build	\$17,520.20
						10-040-55025	Interest Expense-Build	\$170.07
					Totals for	WOODFORES	T NATIONAL BANK (7889):	\$17,690.27
WOODLAND OAKS UTILITY CO	2/1/2021	1055082501 01	5471	2/16/2021	STATION 27 12/16/20-01/15/21	10-016-58800	Utilities-Facil	\$89.72
					Т	otals for WOOI	DLAND OAKS UTILITY CO:	\$89.72
COLL DATA SYSTEMS	2/1/2021	INV00075384	107864	2/10/2021	HOSTED BILLING PRO - 3 YEAR	10-011-57100	Professional Fees-EMS B	\$8,384.37
						Totals	for ZOLL DATA SYSTEMS:	\$8,384.37
COLL MEDICAL CORPORATIO	2/1/2021	3222739	4159	2/24/2021	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-	\$472.00
	2/1/2021	3221277	4100	2/10/2021	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-	\$865.58
						10-008-54200	rable Medical Equipment-Su	\$33.72
	2/2/2021	90049607	4159	2/24/2021	PRORATED EXTENDED WARRA	10-008-55650	Maintenance- Equipment-Su	\$3,901.00
	2/4/2021	3225322	4159	2/24/2021	REPAIR OF X-SERIES	10-008-57650	Repair-Equipment-Suppl	\$1,008.00
	2/4/2021	3225252	4159	2/24/2021	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment	\$1,703.50
	2/5/2021	3225839	4159	2/24/2021	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-	\$236.00
	2/17/2021	3232314	4217	3/3/2021	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment	\$1,866.00
	2/17/2021	3232398	4217	3/3/2021	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies	\$393.60
						otals for ZOLL I		\$10,479.40

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
BANDA, JOSE M dba MAR-BAN CONCRETE C	2/2/2021	242665	107819	2/10/2021	CONCRETE LABOR & MATERIAL	10-040-52753	Capital Purchase - Building/l	\$7,433.00
					Totals for BANDA, JOSE M of	iba MAR-BAN CO	NCRETE CONTRACTORS:	\$7,433.00
GRIFFINS DOOR SERVICES LLC	2/4/2021	2021-016	4125	2/24/2021	STEEL BACK STANDARD LIFT	10-040-52753	Capital Purchase - Building/	\$10,996.00
						Totals for GRIFFI	NS DOOR SERVICES LLC:	\$10,996.00
ISIDORO VEGA/VEGAS DRYWALL	2/4/2021	1353	108053	3/3/2021	DRYWALL - STATION 15	10-040-52752	Capital Purchases - CIP-Buil	\$5,737.92
					1	otals for ISIDORO	VEGA/VEGAS DRYWALL:	\$5,737.92
KENT MOORE CABINETS, LLC	2/8/2021	02082021	107837	2/10/2021	CABINETS	10-040-52753	Capital Purchase - Building/	\$24,963.44
						Totals for KENT	MOORE CABINETS, LLC:	\$24,963.44
LOWE'S ELECTRICAL SERVICE, INC.	2/25/2021	969	108056	3/3/2021	ELECTRICAL & LIGHTING	10-040-52752	Capital Purchases - CIP-Buil	\$17,398.93
					Tota	als for LOWE'S ELI	ECTRICAL SERVICE, INC.:	\$17,398.93
PUNUM ROOFING OF HOUSTON INC	2/1/2021	048689	4209	3/3/2021	GARAGE ROOF - STATION 15	10-040-52752	Capital Purchases - CIP-Buil	\$2,770.00
					Tota	Is for PUNUM RO	OFING OF HOUSTON INC:	\$2,770.00
SBS/ARCHITECTURAL BUILDING SUPPLY, LI	2/1/2021	765554	107949	2/24/2021	DOOR AND FRAMES	10-040-52753	Capital Purchase - Building/	\$2,940.00
				Total	s for SBS/ARCHITECTURAL BUILDIN	G SUPPLY, LLC d	ba DOOR PRO SYSTEMS:	\$2,940.00
UNITED RENTALS	2/1/2021	190159691-00	1 107958	2/24/2021	BOOM 40-50' ARTICULATING	10-040-52752	Capital Purchases - CIP-Buil	\$1,100.27
						То	tals for UNITED RENTALS:	\$1,100.27

Account Summary

Account Number	Description	Net Amount		
10-000-14100	Patient Refunds-BS	\$4,717.33		
10-000-14900	Prepaid Expenses-BS	\$12,751.00		
10-000-21400	Accrued Payroll-BS	\$5,364.97		
10-000-21585	P/R-Flexible Spending-BS-BS	\$8,282.89		
10-000-21590	P/R-Premium Cancer/Accident-BS	\$5,359.72		
10-000-21595	P/R-Health Savings-BS-BS	\$17,101.67		
10-000-21600	Employee Deferred CompBS	\$19,526.57		
10-000-21650	TCDRS Defined Benefit Plan-BS	\$297,590.34		
10-001-53150	Conferences - Fees, Travel, & Meals-Admin	\$929.00		
10-001-54100	Dues/Subscriptions-Admin	\$844.99		
10-001-54900	Insurance-Admin	\$654.02		
10-001-55500	Legal Fees-Admin	\$16,519.50		
10-001-56100	Meeting Expenses-Admin	\$92.40		
10-001-57100	Professional Fees-Admin	\$750.00		
10-002-52700	Business Licenses-HCAP	\$119.05		
10-002-53050	Computer Software-HCAP	\$12,676.27		
10-002-55700	Management Fees-HCAP	\$6,750.33		
10-002-57100	Professional Fees-HCAP	\$527.00		
10-004-52725	Capital Lease Expense-Radio	\$680.89		
10-004-53050	Computer Software-Radio	\$15,129.71		
10-004-55025	Interest Expense-Radio	\$117.03		
10-004-55650	Maintenance- Equipment-Radio	\$4,000.00		
10-004-57100	Professional Fees-Radio	\$11,825.00		
10-004-57200	Radio Repairs - Outsourced (Depot)-Radio	\$374.50		
10-004-57225	Radio Repair - Parts-Radio	\$1,708.63		
10-004-57700	Shop Tools-Radio	\$191.20		
10-004-57725	Shop Supplies-Radio	\$152.66		
10-004-57750	Small Equipment & Furniture-Radio	\$1,612.99		
10-004-58200	Telephones-Cellular-Radio	\$93.36		
10-004-58310	Telephones-Service-Radio	\$477.42		
10-004-58800	Utilities-Radio	\$3,830.02		
10-005-57100	Professional Fees-Accou	\$612.33		
10-007-54100	Dues/Subscriptions-EMS	\$55.00		
10-007-58700	Uniforms-EMS	\$8,267.22		
10-008-52725	Capital Lease Expense-Mater	\$882.51		
10-008-53800	Disposable Linen-Suppl	\$3,587.68		
10-008-53900	Disposable Medical Supplies-Suppl	\$57,866.70		
10-008-54200	Durable Medical Equipment-Suppl	\$11,981.40		
10-008-55025	Interest Expense-Mater	\$133.40		
10-008-55650	Maintenance- Equipment-Suppl	\$3,901.00		
10-008-56300	Office Supplies-Suppl	\$127.72		
10-008-56600	Oxygen & Gases-Suppl	\$2,226.26		
10-008-56900	Postage-Suppl	\$1,715.62		

Account Summary

Account Number	Description	Net Amount		
10-008-57000	Printing Services-Suppl	\$75.00		
10-008-57650	Repair-Equipment-Suppl	\$1,494.50		
10-008-57750	Small Equipment & Furniture-Suppl	\$3,825.37		
10-008-57900	Station Supplies-Suppl	\$4,096.72		
10-008-58700	Uniforms-Suppl	\$2,407.51		
10-009-52600	Books/Materials-Dept	\$1,029.94		
10-009-52700	Business Licenses-Dept	\$638.00		
10-009-53050	Computer Software-Dept	\$8,190.00		
10-009-53150	Conferences - Fees, Travel, & Meals-Dept	\$990.00		
10-009-53550	Customer Relations-Dept	\$4,793.10		
10-009-54000	Drug Supplies-Dept	\$8,679.34		
10-009-56100	Meeting Expenses-Dept	\$512.90		
10-009-57100	Professional Fees-Dept	\$14,635.00		
10-009-58500	Training/Related Expenses-CE-Dept	\$1,463.31		
10-010-52000	Accident Repair-Fleet	\$2,447.57		
10-010-52600	Books/Materials-Fleet	\$15.00		
10-010-54500	Equipment Rental-Fleet	\$220.38		
10-010-54550	Fluids & Additives - Auto-Fleet	\$1,276.60		
10-010-54700	Fuel - Auto-Fleet	\$39,935.55		
10-010-55100	Laundry Service & Purchase-Fleet	\$69.10		
10-010-55650	Maintenance- Equipment-Fleet	\$199.95		
10-010-56200	Mileage Reimbursements-Fleet	\$62.82		
10-010-56400	Oil & Lubricants-Fleet	\$1,867.79		
10-010-57650	Repair-Equipment-Fleet	\$150.00		
10-010-57725	Shop Supplies-Fleet	\$370.97		
10-010-57750	Small Equipment & Furniture-Fleet	\$6,330.83		
10-010-58600	Travel Expenses-Fleet	\$480.00		
10-010-59000	Vehicle-Outside Services-Fleet	\$546.05		
10-010-59050	Vehicle-Parts-Fleet	\$28,049.51		
10-010-59100	Vehicle-Registration-Fleet	\$359.75		
10-010-59150	Vehicle-Tires-Fleet	\$1,965.58		
10-010-59200	Vehicle-Towing-Fleet	\$1,686.00		
10-011-57100	Professional Fees-EMS B	\$10,692.84		
10-015-53050	Computer Software-Infor	\$285,754.60		
10-015-53075	Computer Software - MDC First Responder-Infor	\$3,000.12		
10-015-57100	Professional Fees-Infor	\$18,428.75		
10-015-57750	Small Equipment & Furniture-Infor	\$1,928.72		
10-015-58200	Telephones-Cellular-Infor	\$185.09		
10-015-58310	Telephones-Service-Infor	\$13,721.13		
10-016-53330	Contractual Obligations- Other-Facil	\$12,711.30		
10-016-53600	Damages/Insurance Claims	\$2,298.43		
10-016-54500	Equipment Rental-Facil	\$2,314.61		
10-016-55600	Maintenance & Repairs-Buildings-Facil	\$24,419.74		

Account Summary

Account Number	Description	Net Amount
10-016-55650	Maintenance- Equipment-Facil	\$10,995.00
10-016-57700	Shop Tools-Facil	\$1,020.63
10-016-57750	Small Equipment & Furniture-Facil	\$23,809.87
10-016-58800	Utilities-Facil	\$35,828.89
10-025-51700	Health & Dental-Human	\$70,073.73
10-025-51710	Health Insurance Claims-Human	\$351,837.09
10-025-51720	Health Insurance Admin Fees-Human	\$135,500.00
10-025-54350	Employee Health\Wellness-Human	\$320.08
10-025-55500	Legal Fees-Human	\$2,333.50
10-025-57100	Professional Fees-Human	\$1,350.60
10-025-57300	Recruit/Investigate-Human	\$2,020.00
10-025-58550	Tuition Reimbursement-Human	\$1,000.00
10-025-59350	Worker's Compensation Insurance-Human	\$78,311.00
10-026-53150	Conferences - Fees, Travel, & Meals-Recor	\$149.00
10-026-56500	Other Services-Recor	\$289.62
10-026-57100	Professional Fees-Recor	\$85.00
10-040-52725	Capital Lease Expense-Build	\$17,520.20
10-040-52752	Capital Purchases - CIP-Build	\$27,234.52
10-040-52753	Capital Purchase - Building/Improvements-Build	\$46,332.44
10-040-55025	Interest Expense-Build	\$170.07
10-045-54100	Dues/Subscriptions-EMS Q	\$555.00
10-045-58500	Training/Related Expenses-CE-EMS Q	\$14,400.00
	TOTAL	\$1,877,563.01

JP Morgan Chase Bank February 2021 Credit Card Transactions

Vendor	Invoice Date	Description	Am	ount
AATRIX SOFTWARE	01/28/2021	1099 EFILE PACKAGE PKG-W-150206 PROCESSING FEE F	\$	153.33
AATRIX SOFTWARE	01/27/2021	1099 EFILE PACKAGE PKG-W-150206 PO 59646	\$	459.00
AED SUPERSTORE	01/08/2021	PO#59378 AED PLUS BATTERY REPLACEMENTS	\$	515.40
ALWAYS FLORAL LLC	01/13/2021	PO#59505 FLOWER ORDER RENE LEAL	\$	48.66
APPLE.COM/BILL	02/01/2021	PO#59706 MONTHLY ICLOUD	\$	9.99
ATT*BILL PAYMENT	01/28/2021	STATION 41 FIRE PANEL 281.259.9426 01/13/21-02/12/21	\$	144.09
ATT*BILL PAYMENT	01/27/2021	STATION 24 145685137 01/12/20-02/11/21	\$	123.05
ATT*BILL PAYMENT	01/20/2021	STATION 42 145220893 01/01/21-01/31/21	\$	107.00
ATT*BILL PAYMENT	01/07/2021	STATION 41 01/12/21-02/11/21	\$	123.05
ATT*BILL PAYMENT	01/07/2021	ISSI 12/21/20-01/20/21	\$	238.71
ATT*BUS PHONE PMT	01/19/2021	STATION 30 FIRE PANEL 11/23/20-12/22/20	\$	289.17
ATT*BUS PHONE PMT	01/19/2021	STATION 31 281.689.6865 11/23/20-12/22/20	\$	637.88
ATT*BUS PHONE PMT	01/07/2021	STATION 40 FIRE PANEL 281.259.8210 12/13/20-01/12/21	\$	312.52
AUTOMOTIVE LIFT INSTIT	01/28/2021	VEHICLE LIFT POINT REFERENCE	\$	15.00
BESTBUYCOM806411210364	01/08/2021	PO#59384 KEYBOARD CASE FOR IPAD	Ψ \$	119.99
BRANNEN S CONROE			Ψ \$	
CITY OF CONROE PERMITT	02/05/2021 01/11/2021	STATION 15 FLOOR PREPARATION STATION 15 RENEWAL PERMIT WITH THE CITY OF CONR	•	29.85 2,400.00
		STATION 15 RENEWAL PERMIT WITH THE CITY OF CONR STATION 15 12/28/20-01/26/21	•	,
	02/03/2021		\$ ¢	84.16
CITY OF CONROE UTILITY	02/03/2021	STATION 10 12/28/20-01/26/21	\$	91.08
CITY OF CONROE UTILITY	02/02/2021	ADMIN 12/15/20-01/15/21	\$	1,006.70
COBURN SUPPLY COMPANY	01/08/2021		\$	68.75
COBURN SUPPLY COMPANY	01/28/2021	HVAC REPAIR STATION 10 AND 31	\$	53.10
COBURN SUPPLY COMPANY	01/11/2021	FLEET BAY HEATER REPAIR	\$	122.59
COMCAST HOUSTON	02/02/2021	STATION 23 01/30/21-02/28/21	\$	239.51
CRAWFORD CONROE	01/29/2021	MM OFFICE LIGHT SWITCH REPAIR	\$	58.74
DSHS REGULATORY PROG	01/29/2021	K LERCHBACKER RENEWAL	\$	34.00
DSHS REGULATORY PROG	01/29/2021	B ALEXANDER UPGRADE FROM EMT-P TO LIC-P	\$	126.00
DSHS REGULATORY PROG	01/28/2021	T PARKER, AEMT RENEWAL	\$	96.00
DSHS REGULATORY PROG	01/21/2021	W BEDAIR, EMT-P RENEWAL	\$	96.00
DSHS REGULATORY PROG	01/15/2021	A JENKINS EMT-P RENEWAL	\$	96.00
DSHS REGULATORY PROG	01/07/2021	D EARHARDT A. REYES EMT RENEWAL	\$	190.00
DTV*DIRECTV SERVICE	02/01/2021	STATION 12 01/25/21-02/24/21	\$	150.98
DTV*DIRECTV SERVICE	01/28/2021	STATION 12 01/25/21-02/24/21	\$	150.98
DTV*DIRECTV SERVICE	01/25/2021	ADMIN 01/21/21-02/20/21	\$	58.99
DTV*DIRECTV SERVICE	01/18/2021	STATION 14 INVOICE 006594787X201214	\$	139.72
DTV*DIRECTV SERVICE	01/14/2021	INVOICE 017903440X201212	\$	1,722.88
EPCOR	01/25/2021	STATION 40 METER 273692 11/23/20-12/28/20	\$	90.69
EPCOR	01/25/2021	STATION 40 METER 6439634 11/23/20-12/28/20	\$	62.76
FBS FEE	01/21/2021	STATION 45 11/16/20-12/15/20 FEE	\$	10.78
FBS LAKE SOUTH WATER S	01/21/2021	STATION 45 11/16/20-12/15/20	\$	359.38
FLOWER SHOP NETWORK	02/05/2021	PO#59925 FLOWER ORDER AFILLMORE	\$	52.00
FLOWER SHOP NETWORK	02/05/2021	PO#59924 FLOWER ORDER J.GILL	\$	50.37
GRAINGER	02/05/2021	STATION 40 WELL REPAIR	\$	11.33
GRAINGER	02/05/2021	STATION 40 WELL REPAIR	\$	48.15
HCTRA EZ TAG REBILL	02/01/2021	HCTRA - AUTO CHARGE	\$	480.00
HELENS HUMBLE FLOWER	02/01/2021	PO#59923 FLOWER ORDER RMORRIS	Ψ \$	58.66
HOMEDEPOT.COM	02/01/2021	PO#59667 CONDUIT MEASURING TAPE FOR RADIO	φ \$	191.20
KLEEN RITE CORP	01/14/2021	SERVICE CENTER WASH BAY PUMP REPAIR	\$ ¢	232.51
LOWES #00232*	01/28/2021	ADMIN BUILDING PREVENTATIVE MAINTENANCE SUPPLI	•	58.32
LOWES #00232*	02/04/2021	STATION 15 FRAMING SUPPLIES	\$	101.95
LOWES #00232*	02/03/2021	STATION 15 ELECTRICAL BRACKET INSTALLS	\$	47.50
LOWES #00232*	02/02/2021	STATION 15 GARAGE DOOR LOW VOLTAGE SUPPLIES	\$	155.26
LOWES #00232*	01/28/2021	STATION 15 CONDUIT SUPPLIES FOR LOW VOLTAGE	\$	17.80
LOWES #00232*	01/25/2021	STATION 15 GARAGE ACCESS CONTROL SUPPLIES	\$	39.75
LOWES #00232*	01/21/2021	STATION 15 DOOR INSTALLATION SUPPLIES	\$	7.06
LOWES #00232*	01/15/2021	STATION 15 GARAGE FRAMING SUPPLIES	\$	20.75

JP Morgan Chase Bank February 2021 Credit Card Transactions

Vendor	Invoice Date	Description	Am	ount
LOWES #00232*	01/11/2021	STATION 15 FRAMING SUPPLIES	\$	145.78
LOWES #00232*	01/08/2021	STATION 15 FRAMING SUPPLIES	\$	70.92
LOWES #00232*	01/07/2021	FLOORING SUPPLIES FOR STATION 15	\$	266.46
LOWES #00232*	01/07/2021	STATION 15 CONDUIT SUPPLIES FOR ELECTRICAL	\$	5.98
LOWES #00907*	01/29/2021	PO#59619 SAW TABLE FOR FACILITIES	\$	599.00
LOWES #01052*	01/18/2021	STATION 41 NEW SIGN INSTALLATION AND HEAT LAMPS	\$	33.65
MONTGOMERY VEHREG	02/03/2021	REGISTRATION OF SHOPS 331,333,18,39,45,46,53,54 AND	\$	61.50
MONTGOMERY VEHREG	01/14/2021	REGISTRATION OF SHOP 623	\$	8.25
MONTGOMERY VEHREG	01/13/2021	REGISTRATION OF SHOPS 11,31,614,622,635	\$	39.00
MUNICIPAL ONLINE PAYME	02/05/2021	STATION 15 12/28/20-01/26/21 FEE	\$	0.85
MUNICIPAL ONLINE PAYME	02/04/2021	STATION 10 12/28/20-01/26/21 FEE	\$	0.85
	02/03/2021	ADMIN 12/15/20-01/15/21 FEE	\$	0.85
NAEMSP	01/14/2021	DR. DICKSON NAEMSP REGISTRATION	\$	495.00
NAEMSP	01/11/2021	A. ADAMS NAEMSP MEMBERSHIP	\$	185.00
NAEMSP	01/11/2021	B. WARD NAEMSP REGISTRATION	φ \$	300.00
NAEMSP	01/11/2021	A. ADAMS NAEMSP REGISTRATION	Ψ \$	300.00
NAEMSP		B. WARD NAEMSP MEMBERSHIP	•	
	01/11/2021		\$	185.00
NAEMSP	01/11/2021		\$	300.00
NAEMSP	01/11/2021		\$	185.00
NORTHERN TOOL & EQUIP	01/18/2021	BLAST MEDIA AND REPLACEMENT GUN	\$	46.97
OFFICE DEPOT #1127	01/12/2021	PO#59338 POSTAGE MACHINE SUPPLIES	\$	43.49
O'REILLY AUTO PARTS 40	01/21/2021	STATION 30 HVAC REPAIR	\$	10.20
PAYPAL *BARTEC USA	01/11/2021	UPDATE OF TPMS TOOL	\$	199.95
PAYPAL *COUNTRY IP	01/06/2021	PO 59352 CIPB PREMIUM MEMBERSHIP WITH AGGREGAT		399.00
REV.COM	01/28/2021	TRANSCRIPTION FOR JANUARY, 20212 MCHD BOARD ME	\$	85.00
SAFE KIDS WORLDWIDE	01/21/2021	S. MCCULLY CPST RECERTIFICATION	\$	55.00
SAMS CLUB #6421	01/13/2021	PO#59617 SHELVING FOR LEE	\$	179.96
SAMSCLUB.COM	01/29/2021	PO#59617 SHELVING FOR LEE	\$	89.98
SAMSCLUB.COM	01/14/2021	59459 RESTOCK ORDER STATION SUPPLIES	\$	283.44
SHERWIN WILLIAMS 72701	02/02/2021	STATION 15 PAINT	\$	128.17
SHERWIN WILLIAMS 72701	01/27/2021	PAINT FOR STATION 15	\$	230.90
SHERWIN WILLIAMS 72701	01/26/2021	CAULKING FOR STATION 15	\$	69.16
SHERWIN WILLIAMS 72701	01/06/2021	STATION 15 PAINT	\$	134.89
SP * THEVESTGUY.COM	01/22/2021	PO#59564 NEW HIRE SAFETY VEST	\$	784.60
TFS*FISHER SCI PTO	01/18/2021	PO#59627 TRANNNING FIT TESTING FOR PUBLIC HEALTH	\$	716.64
THE HOME DEPOT #0508	01/08/2021	HOME DEPOT/MAINTENANCE AND REPAIR PO 59422	\$	129.00
THE HOME DEPOT #0508	01/08/2021	HOME DEPOT/MAINTENANCE AND REPAIR	\$	22.42
THE HOME DEPOT #0508	02/04/2021	ANT KILLER FOR STATIONS	\$	59.94
THE HOME DEPOT #0508	02/04/2021	STATION 15 CONDUIT SUPPLIES	\$	21.40
THE HOME DEPOT #0508	02/04/2021	STATION 15 CONDUIT SUPPLIES	\$	21.28
THE HOME DEPOT #0508	02/04/2021	TOOLS	\$	159.00
THE HOME DEPOT #0508	01/25/2021	TOILET PAPER HOLDER AND LIGHT BULBS FOR STATION	\$	54.47
THE HOME DEPOT #0508	02/04/2021	STATION 15 LOW VOLTAGE CONDUIT	\$	38.85
THE HOME DEPOT #0508	01/27/2021	SUPPLIES FOR UPS A REPLACEMENT PROJECT	\$	164.70
THE HOME DEPOT #6819	02/03/2021	STATION 41 PREVENTATIVE MAINTENANCE	\$	10.83
THE HOME DEPOT 508	01/18/2021	STATION 41 DAMAGED SIGN REMOVAL AND STATION 32	\$	91.62
TLF*CARTERS FLORIST NU	01/21/2021	PO#59922 FLOWER ORDER JGILSON	\$	56.28
TST* SALATA - CONROE	01/25/2021	MEETING WITH CAREY STOCKDALE TO DISCUSS MANAG		26.51
TST* WHISTLE STOP CAFE	02/05/2021	MEETING WITH ESD 11 TO DISCUSS CANEY CREEK STAT		65.89
TX.GOV*SERVICEFEE-DIR	02/02/2021	REGISTRATION OF SHOPS 331,333,18,39,45,46,53,54 AND		16.00
TX.GOV*SERVICEFEE-DIR	01/13/2021	REGISTRATION OF SHOP 523 7,333, 10,39,43,40,33,34 AND REGISTRATION OF SHOP 623	գ \$	2.00
TX.GOV*SERVICEFEE-DIR	01/12/2021	REGISTRATION OF SHOPS 11,31,614,622,635	\$ ¢	10.00
UNIVERSAL NAT GAS PYMT	01/19/2021	STATION 27 12/29/20-02/04/21	\$ ¢	24.58
UPS*000000A690R4011	01/12/2021	SHIPPING CHARGES INV 0000A690R4011	\$ ¢	441.13
USPS PO BOXES ONLINE	01/06/2021	POB 478 RENEWAL PO 59377	\$	226.00

JP Morgan Chase Bank February 2021 Credit Card Transactions

Vendor	Invoice Date	Description	Am	ount
WALMART.COM AZ	01/29/2021	PO#59647 STATION SUPPLIES-SHIFT BID REQUESTS	\$	182.31
WOODLANDS CHAMBER OF C	01/20/2021	R. JOHNSON CHAMBER MEMBERSHIP (77.04%)	\$	500.00
WOODLANDS CHAMBER OF C	01/20/2021	R. JOHNSON ECONOMIC OUTLOOK CONFERENCE 2021 (;	\$	149.00
		TOTAL		,522.74

Montgomery County Hospital District Bank Register - Operating Acct-WF Patient Refunds (02/01/2021 - 02/28/2021)

Payment number	Payment type	Invoice dat	evoice numb	Vendor name	nvoice amoui	Cleared?	Post Date
107906	Computer Check	2/22/21	20-44865	AARP (POB 740819)	\$77.02		2/24/21
107905	Computer Check	2/22/21	20-45607	AARP (POB 740819)	\$45.57		2/24/21
107809	Computer Check	2/9/21	20-56342	AARP (POB 740819)	\$52.73	3/2/21	2/10/21
107816	Computer Check	2/9/21	20-63895	AMERIGROUP (POB 933657)	\$271.02	3/2/21	2/10/21
107815	Computer Check	2/9/21	20-64232	AMERIGROUP (POB 933657)	\$279.82	3/2/21	2/10/21
107814	Computer Check	2/9/21	20-66771	AMERIGROUP (POB 933657)	\$271.02	3/2/21	2/10/21
107718	Computer Check	2/1/21	20-64193	AMERIGROUP (POB 933657)	\$224.86	2/16/21	2/3/21
107719	Computer Check	2/1/21	20-64611	AMERIGROUP (POB 933657)	\$283.81	2/16/21	2/3/21
107827	Computer Check	2/9/21	20-67123	CIGNA HEALTHSPRING (POB 981804)	\$505.29		2/10/21
107830	Computer Check	2/9/21	20-59298	COMMUNITY HEALTH CHOICE (POB 4626)	\$264.83	3/2/21	2/10/21
107930	Computer Check	2/22/21	20-39536	HUMANA HEALTH CARE PLANS (POB 93165	\$ \$50.67		2/24/21
107934	Computer Check	2/22/21	20-68416	KELSEYCARE ADVANTAGE (POB 841649)	\$99.06		2/24/21
107937	Computer Check	2/22/21	20-62066	PATIENT REFUND	\$290.00		2/24/21
107847	Computer Check	2/9/21	20-65903	NOVITAS SOLUTIONS (POB 3106)	\$248.38		2/10/21
107848	Computer Check	2/9/21	20-43728	NOVITAS SOLUTIONS (POB 3106)	\$129.23	3/4/21	2/10/21
107953	Computer Check	2/22/21	19-55626	STATE FARM INSURANCE COMPANY	\$69.54		2/24/21
107763	Computer Check	2/1/21	20-41590	TEXAS MEDICAID & HEALTHCARE PARTNE	\$265.00	2/24/21	2/3/21
107762	Computer Check	2/1/21	19-39084	TEXAS MEDICAID & HEALTHCARE PARTNE	\$57.86	2/24/21	2/3/21
107768	Computer Check	2/1/21	20-56396	UNITED HEALTHCARE (POB 101760)	\$707.09	2/16/21	2/3/21
107769	Computer Check	2/1/21	20-60703	UNITED HEALTHCARE (POB 101760)	\$223.52	2/16/21	2/3/21
107770	Computer Check	2/1/21	20-52559	UNITED HEALTHCARE (POB 101760)	\$301.01	2/16/21	2/3/21
				TOTAL	\$4,717.33		

MCHD Surplus/Salvage March 2021

Qty	Serial Number	MCHD Tag	Product Description	S/S	Reason
1	M02741043	N/A	KENMORE DRYER	Salvage	Dryer will not turn on the motor has a internal short/ Broken Beyond Repair
1	MG115106H	N/A	HOT POINT WASHER	Salvage	water pump leaking water/Broken Beyond Repair
1	C84228590	N/A	AMANA WASHER	Salvage	The washer tub will not spin/Broken Beyond Repair
1	C43822755	N/A	ADMIRAL WASHER	Salvage	water pump leaking water/Broken Beyond Repair
1	MZ205772T	N/A	GE WASHER	Salvage	Leaking water/Broken Beyond Repair
1	C90724329	N/A	AMANA WASHER	Salvage	Leaking water/Broken Beyond Repair
1	M24505964	N/A	MAYTAG DRYER	Salvage	Will not dry the laundry/Broken Beyond Repair
1	VZ742214	N/A	GE Refrigerator	Salvage	will not get cold inside/Broken Beyond Repair
1	ANBGC03150046	N/A	PRECTOR TREDMILL	Salvage	The buttons on the control board will not work/Broken Beyond Repair
1	NNTMDF02YYJ0	007760	Nortel Phone	Salvage	equipment is not compatible with current phone system
1	NNTMDF02YYNT	007742	Nortel Phone	Salvage	equipment is not compatible with current phone system
1	NNTMDF05K59C	N/A	Avaya/Nortel Phone	Salvage	equipment is not compatible with current phone system
1	FCH2141FC17	N/A	CISCO VOIP 8811	Salvage	Broken Not repairable
1	FCH2124EBCF	N/A	CISCO VOIP 8851	Salvage	Broken Not repairable
1 each	H19341	9864	EZ IO DRIVER	SALVAGE	Loss of power, end of life.
1	9987803	008399	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9170383	008629	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9169517	008632	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9170357	008635	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9170294	008637	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9173028	NA	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9170295	008639	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9987789	008402	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9987798	008400	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9169519	008626	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9169520	008641	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9170344	008628	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9987802	008403	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9170377	008636	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9170376	008631	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9170380	008627	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9987779	008382	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9170292	008640	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9987780	008381	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9987806	008380	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9115458	NA	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9169521	008638	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9170291	008634	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9169522	008642	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9170381	008630	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9987793	008401	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9272255	NA	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System

MCHD Surplus/Salvage March 2021

Qty	Serial Number	MCHD Tag	Product Description	S/S	Reason
1	9268956	NA	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9153474	NA	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9268457	NA	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9268847	NA	P7100 Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	CDI70060	007082	Bi-Directional Amplifier	Salvage	No longer compatible with current technology
1	SD080376	NA	Bi-Directional Amplifier	Salvage	No longer compatible with current technology
1	CDB80177	007782	Bi-Directional Amplifier	Salvage	No longer compatible with current technology
1	SB060039	NA	Bi-Directional Amplifier	Salvage	No longer compatible with current technology
1	CDI80097	NA	Bi-Directional Amplifier	Salvage	No longer compatible with current technology
1	A40041008693	8032	P7200 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	A4004100CEF3	8680	P7200 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	A4004100CF0A	8675	P7200 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	A40041008B21	8034	P7200 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	A40041008C5D	8033	P7200 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9268210	N/A	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9268752	N/A	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9272421	N/A	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	*0905058f	6524	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9163599	7048	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	*0909550f	7034	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9151749	8372	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9151773	8371	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	*0909549f	6858	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	*0908855f	N/A	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9151748	8367	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9153962	N/A	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	*0909645f	6872	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	*0905059f	6874	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9952285	N/A	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9151744	8378	P7100 System Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9149974	8368	P7100 Scan Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9149975	8364	P7100 Scan Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9149978	8376	P7100 Scan Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9150111	8374	P7100 Scan Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9150067	8373	P7100 Scan Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9150110	8365	P7100 Scan Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9148391	8366	P7100 Scan Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	*0908554f	N/A	P7100 Scan Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9149973	8377	P7100 Scan Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9150117	8375	P7100 Scan Portable Radio	Salvage	Not compatible with current P25 Phase 2 System
1	9009439F	9401	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported
1	9009436F	N/A	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported

MCHD Surplus/Salvage March 2021

Qty	Serial Number	MCHD Tag	Product Description	S/S	Reason
1	9009363F	9406	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported
1	9009568F	9398	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported
1	9009569F	9403	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported
1	8004420	8571	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported
1	9326085	N/A	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported
1	9215851	N/A	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported
1	9329779	N/A	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported
1	9816153	N/A	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported
1	9009362F	9400	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported
1	9009222F	9402	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported
1	9326084	N/A	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported
1	9326703	N/A	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported
1	9298173	N/A	M7100 Mobile Radio VHF	Salvage	Equipment no longer supported
1	D28MR1	6879	M7100 Front Mount Mobile Radio 700/800	Salvage	Equipment no longer supported
1	Ji50879329		Onan 5.5 KW generator	salvage	End of life: 9399 hours

AGENDA ITEM # 27

Montgomery County Hospital District Proceeds from Sale of Assets 10/01/2017 - 02/28/2021

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	Frazer Box E-1597/X-819	5/28/2020	1,000.00
Vehicles	Frazer Box E-1755/X-802	6/2/2020	1,000.00
Vehicles	Frazer Box E-1075/X-794	6/2/2020	1,000.00
Vehicles	Frazer Box E-1076/X-491	6/2/2020	1,000.00
Vehicles	Frazer Box E-1706/X-836	6/2/2020	1,000.00
Vehicles	Frazer Box E-1074/X-416/X-828	6/2/2020	1,000.00
Vehicles	2012 Dodge Ram 3500 - 217,597 miles	6/3/2020	7,265.00
Vehicles	2002 Ford E250 Van Econoline - 210,919 miles	6/24/2020	2,020.00
Vehicles	2012 Dodge Ram 3500 - 209,981 miles	7/22/2020	7,195.00
Vehicles	2015 Dodge Ram 3500 - 215,076 miles	9/30/2020	11,470.00
Vehicles	2012 Dodge Ram 3500 - 212,065 miles	9/30/2020	9,970.00
Vehicles	2012 Dodge Ram 3500 - 213,159 miles	10/7/2020	9,045.00
Vehicles	2012 Dodge Ram 3500 - 208,436 miles	10/21/2020	10,265.00
Vehicles	2010 Dodge Ram 2500 - 199,754 miles	2/6/2021	9,460.00
	Vehicles To	tal	134,044.00
	Total Procee	eds	134,044.00

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 4:02 p.m., February 25, 2021 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 4:02 p.m.

2. Invocation

Led by Mr. Bagley

3. Pledge of Allegiance

Led by Mr. Grice

4. Roll Call

Present:

Sandy Wagner Georgette Whatley Brad Spratt Chris Grice Bob Bagley

Not Present

Justin Chance Brent Thor

5. Public Comment

Commissioner James Nocak, Pct. 3 made a public comment to the board congratulating MCHD's employee's hard work and dedication.

6. Special Recognition

Field – Clayton Smith

Special Recognition – Shawn Henners

7. Consider and act on MCHD board member representation for the Public Health District board. (Ms. Whatley, Chairperson – MCHD board)

Ms. Whatley advised agenda item 7 would be tabled until the next MCHD board meeting.

8. 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.

9. Consider and act on District Policies: (Mr. Chance, Chair – Personnel Committee) • HR 25-403 Equal Opportunity and Harassment

Ms. Whatley made a motion to consider and act on HR 25-403 Equal Opportunity and Harassment policy. Mr. Grice offered a second and motion passed unanimously.

10. 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.

11. COO Report to include updates on facilities, radio system, materials management, staff activities, community paramedicine, and IT.

Mrs. Melissa Miller, COO presented a report to the board.

12. Consider and act on the one (1) month prorated extended warranty – Z X Series. (Mr. Spratt, Chair – PADCOM Committee) (attached)

Ms. Whatley made a motion to consider and act on the one (1) month prorated extended warranty -Z X Series. Mr. Spratt offered a second and motion passed unanimously.

13. Health Care Services Report to include regulatory update, outreach, eligibility, service, utilization, community education, clinical services, epidemiology, and emergency preparedness.

Mrs. Ida Chapa, HCAP Eligibility Supervisor presented the HCAP report to the board.

Mrs. Ade Moronkeji answered questions from the board.

14. 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. Bagley offered a second and motion passed unanimously.

15. 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. Spratt offered a second and motion passed unanimously.

16. Presentation of preliminary Financial Report for four months ended January 31, 2021 – 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.

17. Update on the 1115 Waiver for DSRIP. (Mr. Grice, Treasurer – MCHD Board)

Mr. Brett Allen, CFO presented an update on the 1115 Waiver for DSRIP to the board.

18. Consider and act on 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 and motion passed unanimously.

19. 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. Spratt offered a second and motion passed unanimously.

20. Secretary's Report - Consider and act on minutes for the January 26, 2021 Regular BOD meeting and February 9, 2021 Special BOD meeting. (Mrs. Wagner, Secretary - MCHD Board)

Mrs. Wagner made a motion to consider and act on minutes for January 26, 2021 Regular BOD meeting. Mr. Spratt offered a second and motion passed unanimously.

Mrs. Wagner made a motion to consider and act on minutes for February 9, 2021 Special BOD meeting. Mr. Spratt offered a second and motion passed unanimously.

- 21. Convene into executive session pursuant to the Texas Open Meetings Act to deliberate in closed session on the following matters authorized under the Texas Open Meetings Act:
 - To discuss the purchase of real estate property for a future cell tower site under Section 551.072 of the Texas Government Code. (Ms. Whatley, Chairperson – MCHD Board)
 - To confer with legal counsel for the District concerning present and potential litigation and other confidential legal matters under Section 551.071 of the Texas Government Code. (Ms. Whatley, Chairperson MCHD Board)
 - To discuss personnel issues involving the chief executive officer under Section 551.074 of the Texas Government Code. (Ms. Whatley, Chairperson MCHD Board)

Ms. Whatley advised no action for executive session would be needed.

22. Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Ms. Whatley, Chairperson – MCHD Board)

Ms. Whatley advised no action for executive session would be needed.

23. Adjourn.

The board adjourned at 4:44 p.m.

Sandy Wagner, Secretary