

**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: April 26, 2022

Time: 4:00 P.M.

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

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

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

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

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

Visitors

7. Receive report from Mr. Fred Greene, Senior V.P., Portfolio Manager of Woodforest Financial Services regarding the Tobacco Settlement Permanent Trust Account, consider and take action if necessary. (Mr. Spratt, Treasurer – MCHD Board)
8. Presentation of Investment Report for the quarter ended March 31, 2022. (Mr. Spratt, Treasurer – MCHD Board)

District

9. 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.
10. Presentation of Quarterly Employee Turnover Report. (Mr. Chance, Chair – Personnel Committee)

Emergency Medical Services

11. Chief of EMS Report to include updates on EMS staffing, performance measures, staff activities, patient concerns, transport destinations, emergency preparedness and fleet.
12. Consider and act on pre-approval of Enterprise Lease vehicles. (Mr. Thor, Chair – EMS Committee)

13. Consider and act on Proclamation in support of National EMS Week, May 15, 2022 to May 21, 2022. (Mr. Thor, Chair – EMS Committee)

Operations and Health Care Services

14. COO Report to include updates on facilities, radio system, supply chain, staff activities, community paramedicine, and IT.
15. Update on the 1115 Waiver. (Mr. Chance, Secretary/Treasurer – MCPHD Board)
16. Consider and act on requested 5% Increase for Lawn Maintenance Contract. (Ms. Whatley, Chair – PADCOM Committee)
17. Health Care Services Report to include regulatory update, outreach, eligibility, service, utilization, community education and clinical services.
18. Consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers. (Mrs. Wagner, Chair-Indigent Care Committee)
19. 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)
20. 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

21. Presentation of preliminary Financial Report for six months ended March 31, 2022 – Brett Allen, CFO, report to include Financial Summary, Financial Statements, Supplemental EMS Billing Information, and Supplemental Schedules.
22. Consider and act on MCHD Fee Schedule for Telehealth Services. (Mr. Spratt, Treasurer – MCHD Board)
23. Consider and act on Banking and Investment Policy. (Mr. Spratt, Treasurer – MCHD Board)
24. Consider and act on ACC 05-102 Capital Asset Capitalization Policy. (Mr. Spratt, Treasurer – MCHD Board)
25. Consider and act upon recommendation for amendment(s) to the budget for fiscal year ending September 30, 2022. (Mr. Spratt, Treasurer - MCHD Board)
26. Consider and act on ratification of payment of District invoices. (Mr. Spratt, Treasurer – MCHD Board)

Other Items

27. Secretary's Report – March 22, 2022 Special BOD meeting, March 22, 2022 Regular BOD meeting and April 12, 2022 Special BOD meeting. (Mrs. Wagner, Secretary – MCHD Board)
28. 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 and take action if needed on real estate under Section 551.072 of the Texas Government Code. (Mr. Grice, 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. (Mr. Grice, Chairperson – MCHD Board)
 - To discuss and take action if needed on personnel issues involving the chief executive officer under Section 551.074 of the Texas Government Code. (Mr. Grice, Chairperson – MCHD Board)
29. Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Mr. Grice, Chairperson – MCHD Board)

30. Adjourn.

Sandy Wagner, Secretary

The Board of Directors of the Montgomery County Hospital District reserves the right to adjourn into closed executive session at any time during the course of this meeting to discuss any of the matters listed above as authorized by Texas Government Code, Sections 551.071 (Consultation with District's Attorney); 551.072 (Deliberations about Real property); 551.073 (Deliberations about gifts and Donations); 551.074 (Personnel Matters); 551.076 (Deliberations about Security Devices); and 551.086 (Economic Development).

Agenda Item # 7



To: Board of Directors

From: Brett Allen, CFO

Date: April 26, 2022

Re: Tobacco Settlement Permanent Trust Account

Receive report from Mr. Fred Greene, Senior V.P., Portfolio Manager of Woodforest Financial Services regarding the Tobacco Settlement Permanent Trust Account, consider and take action if necessary. (Mr. Spratt, Treasurer – MCHD Board)

“Presentation will be given during the board meeting”



QUARTERLY INVESTMENT REPORT

For the Quarter Ended

March 31, 2022

Prepared by

Valley View Consulting, L.L.C.

The investment portfolio of Montgomery County Hospital District is in compliance with the Public Funds Investment Act and the Montgomery County Hospital District Investment Policy.

Chief Executive Officer
Investment Officer,
Montgomery County Hospital District

Chief Financial Officer
Investment Officer,
Montgomery County Hospital District

Treasurer, MCHD Board
Investment Officer,
Montgomery County Hospital District

'Disclaimer: These reports were compiled using information provided by the Montgomery County Hospital District. No procedures were performed to test the accuracy or completeness of this information. The market values included in these reports were obtained by Valley View Consulting, L.L.C. from sources believed to be accurate and represent proprietary valuation. Due to market fluctuations these levels are not necessarily reflective of current liquidation values. Yield calculations are not determined using standard performance formulas, are not representative of total return yields and do not account for investment adviser fees.

Summary

Quarter End Results by Investment Category:

Asset Type	December 31, 2021		March 31, 2022		
	Book Value	Market Value	Book Value	Market Value	Ave. Yield
DDA	\$ 3,978,996	\$ 3,978,996	\$ 8,513,720	\$ 8,513,720	0.33%
MMA	17,620,379	17,620,379	18,387,243	18,387,243	0.45%
MMF/LGIP	11,972,568	11,972,568	18,426,485	18,426,485	0.13%
CD/Security	12,074,161	12,074,161	22,080,123	22,080,123	0.63%
Totals	\$ 45,646,104	\$ 45,646,104	\$ 67,407,571	\$ 67,407,571	0.41%

Current Quarter Portfolio Performance: (1)

Average Quarterly Yield	0.41%
Rolling Three Month Treasury	0.31%
Rolling Six Month Treasury	0.36%
TexPool	0.15%

Fiscal Year-to-Date Portfolio Performance: (2)

Average Quarter End Yield	0.29%
Rolling Three Month Treasury	0.18%
Rolling Six Month Treasury	0.22%
TexPool	0.10%

Interest Earnings (Approximate)

Quarterly Interest Earnings	\$ 26,743
Fiscal YTD Interest Earnings	\$ 45,184

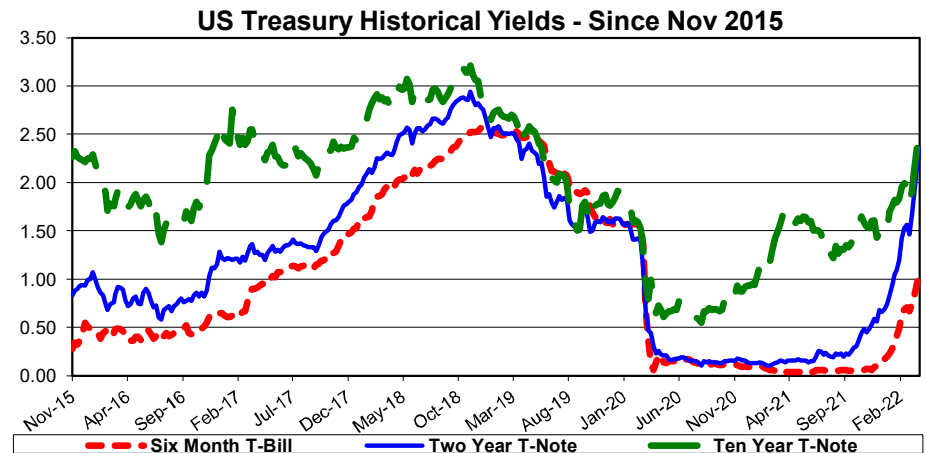
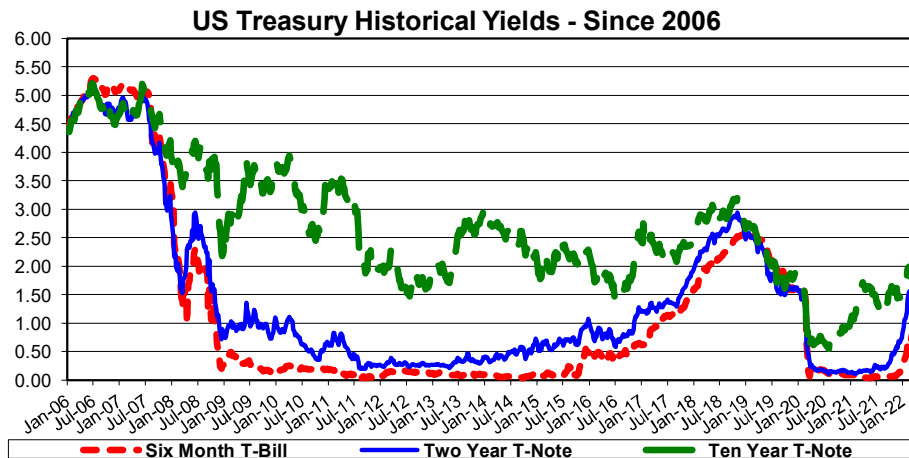
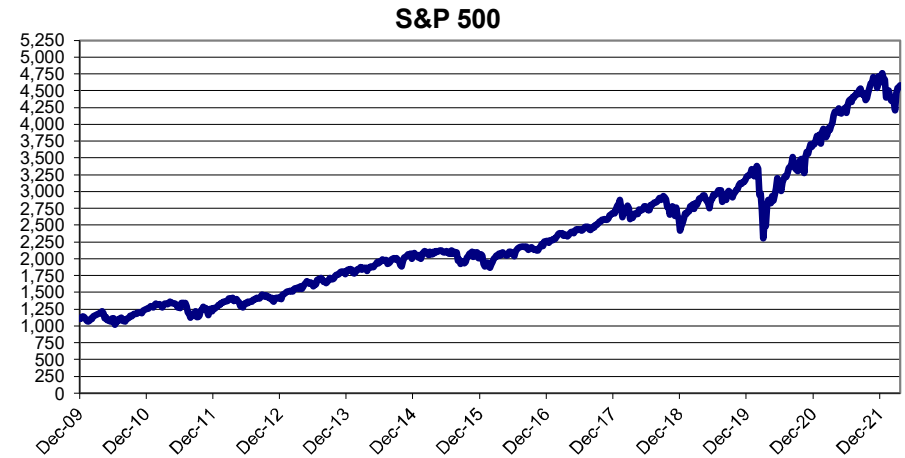
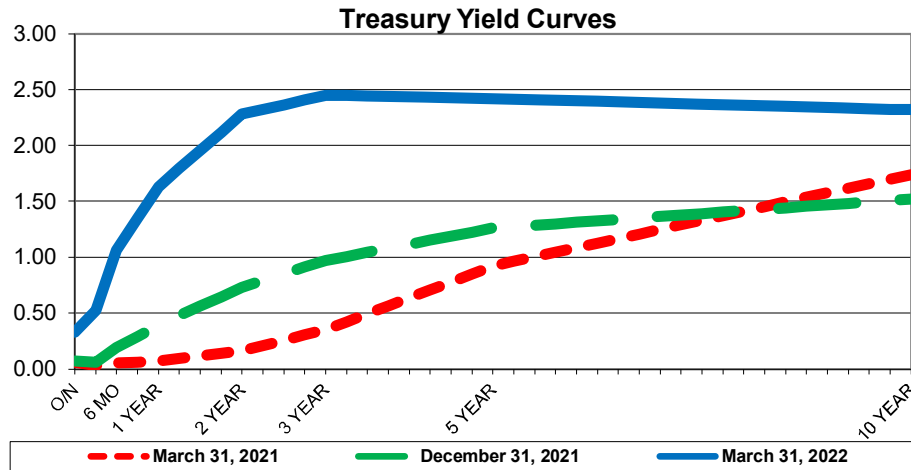
(1) **Current Quarter Average Yield** - based on adjusted book value, realized and unrealized gains/losses and investment advisory fees are not considered. The yield for the reporting month is used for bank, pool, and money market balances.

(2) **Fiscal Year-to-Date Average Yields** - calculated using quarter end report yield and adjusted book values and does not reflect a total return analysis or account for advisory fees.

Economic Overview

3/31/2022

The Federal Open Market Committee (FOMC) **raised** the Fed Funds target range to 0.25% to 0.50% (Effective Fed Funds are trading +/-0.30%). The FOMC ended monthly security purchases and may begin reducing their balance sheet. The market projects 4 to 6 more increases this calendar year. Final Fourth Quarter GDP recorded +6.9%. March Non-Farm Payroll missed estimates adding 431k net new jobs, decreasing the Three Month Average NFP to 562k. Crude oil declined to +/\$100 per barrel. The Stock Markets have recovered from the "correction" and slowly regained some lost ground. Some domestic economic indicators, including housing, softened. Inflation remained well over the FOMC 2% target (Core PCE +/-5.4%). The FOMC Fed Funds target projections pushed the yield curve to a Three Year Maturity peak.



Investment Holdings

March 31, 2022

Description	Rating	Coupon/ Discount	Maturity Date	Settlement Date	Original Face\ Par Value	Book Value	Market Price	Market Value	Life (Days)	Yield
Woodforest Bank - DDA		0.33%	04/01/22	03/31/22	\$ 8,513,720	\$ 8,513,720	1.00	\$ 8,513,720	1	0.33%
Woodforest Bank - MMA		0.45%	04/01/22	03/31/22	11,212,384	11,212,384	1.00	11,212,384	1	0.45%
LegacyTexas Bank MMA		0.23%	04/01/22	03/31/22	2,045,486	2,045,486	1.00	2,045,486	1	0.23%
NexBank IntraFi MMA		0.55%	04/01/22	03/31/22	5,129,373	5,129,373	1.00	5,129,373	1	0.55%
TexPool	AAAm	0.15%	04/01/22	03/31/22	9,219,702	9,219,702	1.00	9,219,702	1	0.15%
TexSTAR	AAAm	0.11%	04/01/22	03/31/22	9,206,783	9,206,783	1.00	9,206,783	1	0.11%
Prosperity Bank CD		0.15%	05/05/22	11/05/21	2,002,500	2,002,500	100.00	2,002,500	35	0.15%
Prosperity Bank CD		0.20%	05/05/22	05/05/21	2,003,334	2,003,334	100.00	2,003,334	35	0.20%
East West Bank CD		0.12%	07/29/22	07/29/21	2,036,470	2,036,470	100.00	2,036,470	120	0.12%
East West Bank CD		0.96%	08/15/22	03/29/22	4,000,316	4,000,316	100.00	4,000,316	137	0.96%
Bank OZK CD		0.15%	09/10/22	09/10/21	2,020,339	2,020,339	100.00	2,020,339	163	0.15%
East West Bank CD		0.19%	10/27/22	10/27/21	4,016,482	4,016,482	100.00	4,016,482	210	0.19%
East West Bank CD		1.28%	11/15/22	03/29/22	4,000,421	4,000,421	100.00	4,000,421	229	1.29%
East West Bank CD		1.59%	03/15/23	03/29/22	2,000,261	2,000,261	100.00	2,000,261	349	1.60%
					\$ 67,407,571	\$ 67,407,571		\$ 67,407,571	56	0.41%

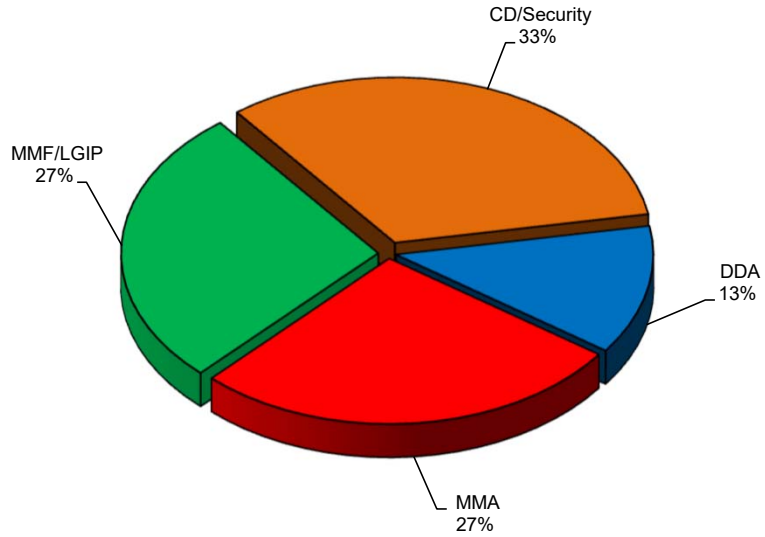
(1) (2)

(1) **Weighted average life** - Pools, Money Market Funds, and Bank Deposits are assumed to have a one day maturity.

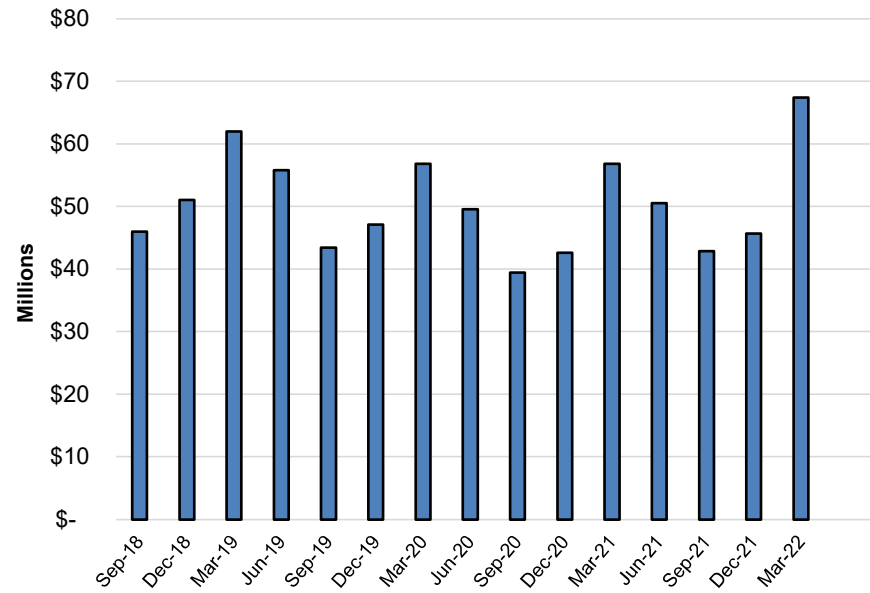
(2) **Weighted average yield to maturity** - The weighted average yield to maturity is based on Book Value, adviser fees and realized and unrealized gains/losses are not considered. The pool and mutual fund yields are the average for the last month of the quarter. Bank deposit yields are estimated from the monthly allocated earnings.

Note: All deposits FDIC insured or collateralized per the Public Funds Collateral Act.

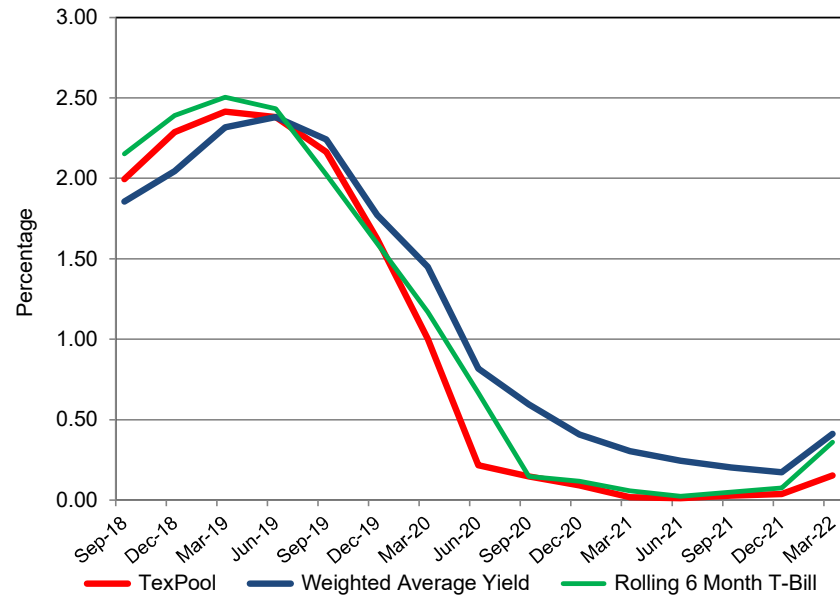
Portfolio Composition



Quarter End Book Value



Total Portfolio Performance



Book & Market Value Comparison

Issuer/Description	Yield	Maturity Date	Book Value 12/31/21	Increases	Decreases	Book Value 03/31/22	Market Value 12/31/21	Change in Market Value	Market Value 03/31/22
Woodforest Bank - DDA	0.33%	04/01/22	\$ 3,978,996	\$ 4,534,725	–	\$ 8,513,720	\$ 3,978,996	\$ 4,534,725	\$ 8,513,720
Woodforest Bank - MMA	0.45%	04/01/22	10,451,669	760,714	–	11,212,384	10,451,669	760,714	11,212,384
LegacyTexas Bank MMA	0.23%	04/01/22	2,044,603	883	–	2,045,486	2,044,603	883	2,045,486
NexBank IntraFi MMA	0.55%	04/01/22	5,124,106	5,267	–	5,129,373	5,124,106	5,267	5,129,373
TexPool	0.15%	04/01/22	5,992,070	3,227,632	–	9,219,702	5,992,070	3,227,632	9,219,702
TexSTAR	0.11%	04/01/22	5,980,498	3,226,285	–	9,206,783	5,980,498	3,226,285	9,206,783
Prosperity Bank CD	0.15%	05/05/22	2,001,760	740	–	2,002,500	2,001,760	740	2,002,500
Prosperity Bank CD	0.20%	05/05/22	2,002,346	988	–	2,003,334	2,002,346	988	2,003,334
East West Bank CD	0.12%	07/29/22	2,035,867	603	–	2,036,470	2,035,867	603	2,036,470
East West Bank CD	0.96%	08/15/22	–	4,000,316	–	4,000,316	–	4,000,316	4,000,316
Bank OZK CD	0.15%	09/10/22	2,019,587	752	–	2,020,339	2,019,587	752	2,020,339
East West Bank CD	0.19%	10/27/22	4,014,601	1,881	–	4,016,482	4,014,601	1,881	4,016,482
East West Bank CD	1.29%	11/15/22	–	4,000,421	–	4,000,421	–	4,000,421	4,000,421
East West Bank CD	1.60%	03/15/23	–	2,000,261	–	2,000,261	–	2,000,261	2,000,261
TOTAL /AVERAGE	0.41%		\$ 45,646,104	\$ 21,761,467	\$ –	\$ 67,407,571	\$ 45,646,104	\$ 21,761,467	\$ 67,407,571

Agenda Item # 9



To: Board of Directors

From: Randy Johnson

Date: April 26, 2022

Re: CEO Report

CEO April Report

During the past month I was involved in the following:

1. **Manager Meeting:** The focus was on training management and life skills training classes, and additional employee information (financial counseling, legal assistance, mental health helps) available on the MCHD Employee Assistance Platform available to all employees.
2. **NEOP:** We began a new employee class last month, consisting of one Human Resource employee and 10 EMS employees.
3. We met with Dr. Eckstein, the medical director of our ET3 platform. He visited with the docs, command staff and our district chiefs to see how the ET3 program was working and how well the program was meeting expectations.
4. Chief Seek completed a partnership negotiation with Lone Star College to provide two 15-person paramedic classes each year for less than half the cost of providing one cohort at Blinn College. Our goal is to begin the first 15 person cohort in the early spring of 2024.
5. We completed our search and the interview process to hire a billing department supervisor. We are very pleased to note that Shelly Welch, a seven-year employee with excellent credentials and experience in retail management, has been named our new billing supervisor. She will be filling Rhonda Cottrell's former position who replaced Karen Webb as billing manager.
6. Mrs. Karen Webb, our billing manager for the past 20 years, is having her retirement party Friday, April 29th in the Board Room at 1:30 p.m. Karen has been outstanding in her job and we wish her a glorious retirement!
7. April 13th, we celebrated the opening of Station 44, near Bentwater, in partnership with the Montgomery Fire Department.
8. Earlier this month, we conducted one on one meetings regarding retirement plans and

wishes for all our employees with 20 or more years of experience at MCHD. The meetings were very insightful as various tenured employees have different work plans until reaching retirement and have various retirement needs and goals.

9. Mr. Chuck Rowe conducted an EMS Provider Audit for DSHS. The audit found no need for any corrective action. Congratulations to the Clinical, Operations, and Quality Departments at MCHD EMS!

10. MCHD EMS Command Staff met with Memorial Hermann The Woodlands Hospital to review operations and transfer processes. The meeting was very well received by hospital staff as the MCHD Metrics team did an excellent job of giving the hospital very specific metrics on patient volume and transition processes.

11. Key EMS, IT, Radio, GIS, and Metrics personnel attended the CAD user's conference in Plano, Texas last week. The conference was educational and excellent for networking. This will be an excellent foundation for publishing four CAD RFI.

12. As I write this report, IronMan will be taking place in The Woodlands this weekend. MCHD is prepared to care for all involved in the event through the weekend.

Plans for the Quarter include:

1. Finalizing planning for potential future debit day and peak scheduling throughout the organization.
2. 2023 budget planning.
3. Complete RFI for a new CAD.
4. Complete ambulance design and brand to be used in future fleet expansion.
5. Continue ongoing management and supervisory training.
6. Hardwire the quality and risk reporting process.
7. Aggressively Recruit.

Thank you,

Randy



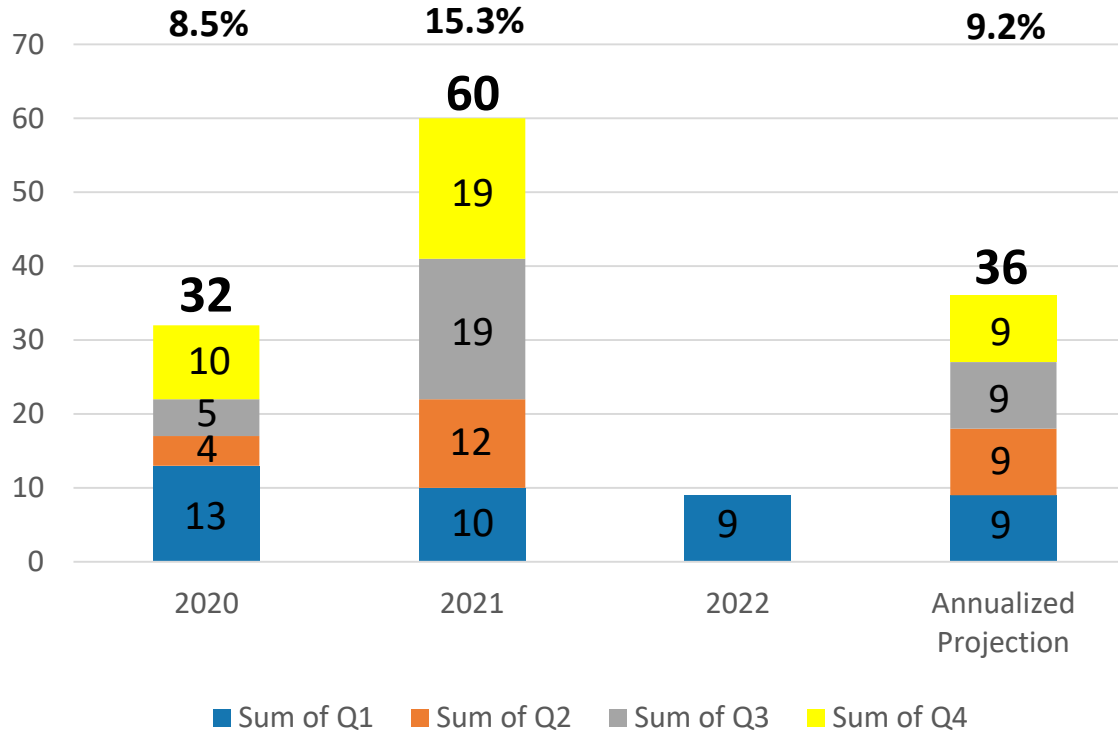
Turnover Report

1/1/2022 – 3/31/2022

Human Resources
April 2022

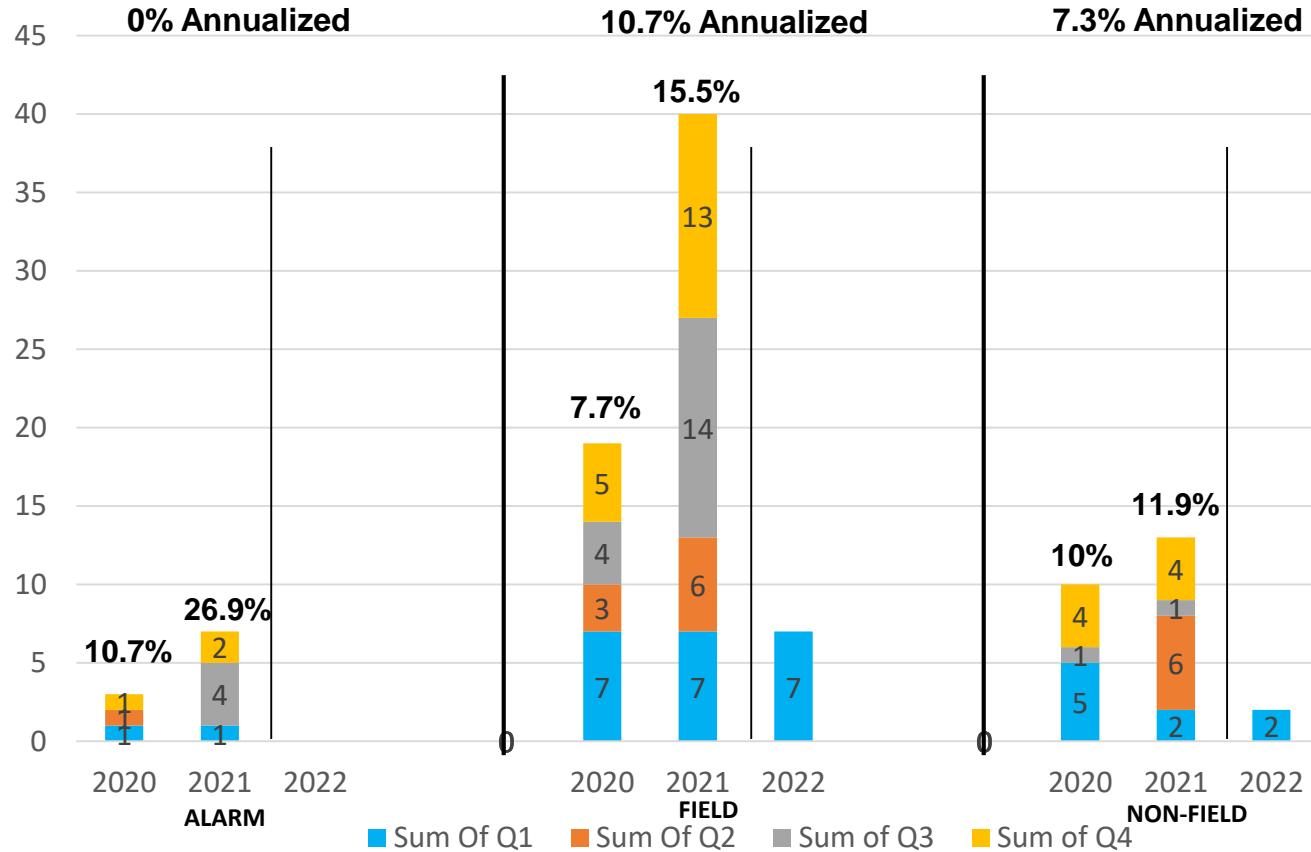


1/1 – 3/31 TURNOVER REPORT

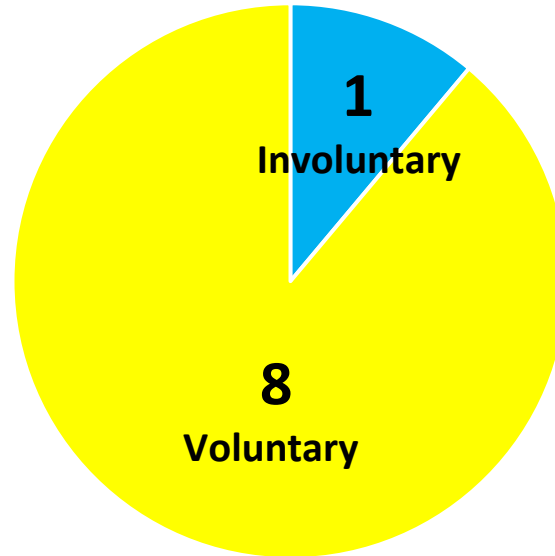




1/1 – 3/31 TURNOVER BY DEPARTMENT



1/1 – 3/31 Voluntary VS Involuntary
Turnover





Voluntary Reasons

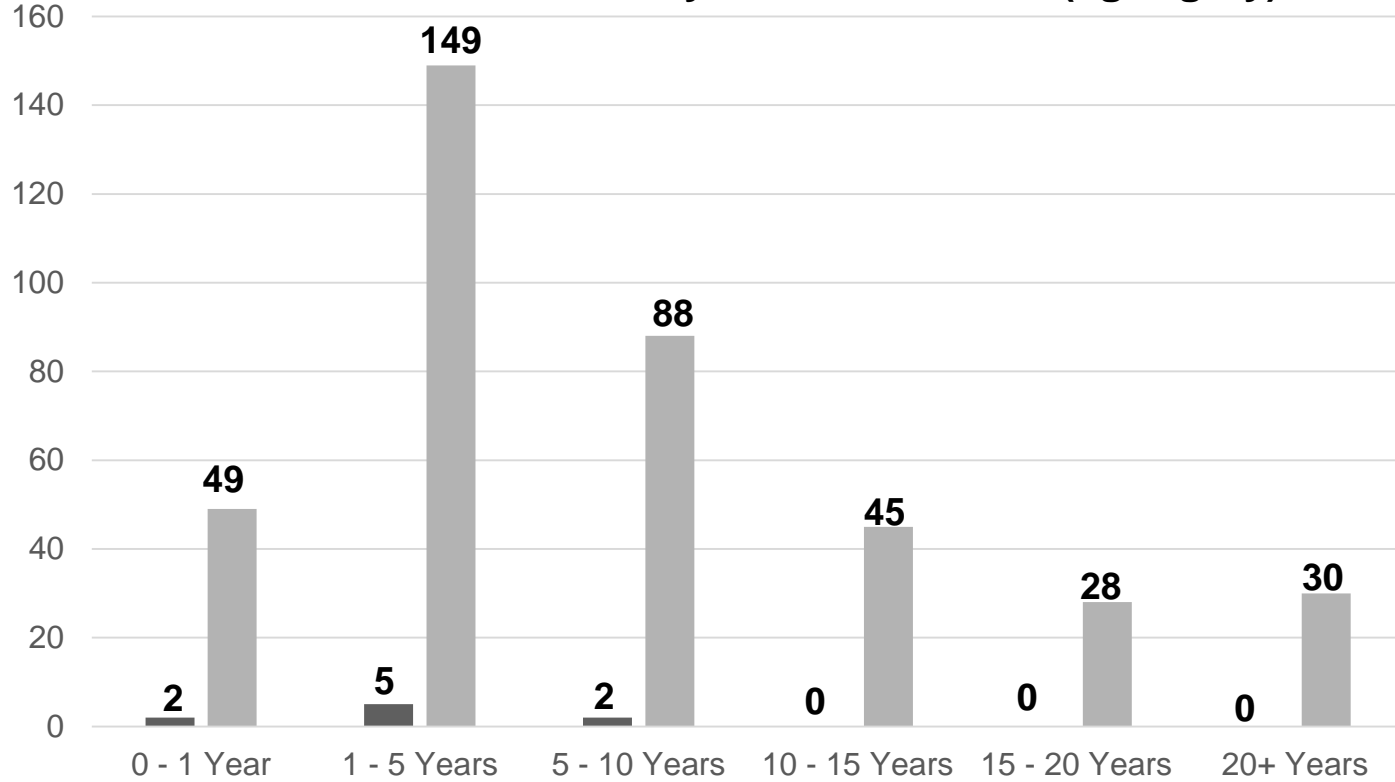
January 1, 2022 – March 31, 2022

8 Voluntarily left

- 3 – Took another job opportunity
 - 1 field = took another job opportunity after graduating law school
 - 1 field = took another job in a hospital
 - 1 non field = took another job with family
- 2 – Personal Reasons
 - 1 field = needed to tend to family concerns
 - 1 non field = personal reasons
- 1 Field – Going back to school full time
- 2 Field – Could not meet part time field requirements



Current Turnover Workforce by Years of Service (dark gray) & Current Workforce by Years of Service (light gray)



Agenda Item # 11



We Make a Difference!

To: Board of Directors

From: James Campbell

Date: April 26, 2022

RE: EMS Division Report

Executive Summary

- Customer service scores for the first quarter of 2022 rank MCHD 1st compared to other similar EMS systems. There were 1,400 patient surveys returned between 1/1/2022 and 3/31/2022. Our average survey score was 95.28 and 86.03% of responses gave MCHD the highest rating of “very good.” In addition, our rolling 12-month score of 94.94 is a difference of 1.99 points higher than that national database score of 92.95.
- MCHD EMS responded to 6,555 responses and transported 3,673 patients in March 2022. That is an average of 211 responses per day resulting in an average of 118 patient transport per day.
- Overall staffing continues to improve. For March 2022, we averaged 2.8 units shut down per day, and for the year we are averaging 2.6 units shut down per day.
- In March and April we renewed our EMS Provider license with the State of Texas, and that processes went smoothly. In addition, we had an EMS Audit where DSHS sends an inspector to review our clinical guidelines, policies, FOGs, and records. They also randomly inspect and ambulance during the visit, and we are proud to report that we successfully passed that audit with no major deficiencies noted by the inspector!
- Chief Campbell and Lee Gillum attended the GETAC EMS Committee and Education Committee meetings in early April. The education committee is primarily focused on workforce development and exploring several options to recruit people into the EMS industry. The federal government has given Texas several million dollars to help with EMS, specifically in the area of education.
- Chief Campbell, Chief Darst, and Cpt. Wells-Whitworth were a part of the MCHD group that attended the International CAD Consortium in Plano this month. This user group meeting centered around different dispatch centers from around the country and how they use their CADs.
- Debit Day Update
 - Since Q1CE we have had two In Charge promotions.
 - The week of April 25th we are having another important Debit Day planning meeting. The discussion will be centered around:
 - How many peak ambulances do we need to have ‘in service’ each day (ALS and BLS)?
 - In Charge and Attendance headcount
 - Operational discussions on implementing Debit Day ambulances in 2023 based on the number of ICs we get for the remainder of this year.
 - The current hiring process is open to both Paramedics and EMTs. As part of our Debit Day implementation plan we discussed hiring more EMTs to more consistently staff BLS ambulances before the attend paramedic school.
- Ten administrative personnel are qualified to work in the field. Each person is required to work a minimum of 12 hours per month in the field, which is a combined total of 120 hours per month. For March 2022, administrative personnel worked a combined total of 232 hours in the field.

Department of Clinical Services and Quality and Process Improvement

- MCHD hosted Field Training Evaluation Paramedic (FTEP) March 28th - April 1st. MCHD had 52 providers attend the course that received their FTEP certification. The FTEP course confirmed that MCHD has an exceptional onboarding and promotional processes; however, there is room for improvement with standardization among our preceptors and EMS Captains. This opportunity was offered to District Chiefs, EMS Captains, those attempting Captain promotion, and In-Charge preceptors in the spirit of mentorship and improving standardization in our processes.
- EMS - Captain Promotions. Congratulations to Sarah Cuccia, Andy Adams, Jade Campbell, Clayton Smith and Mitch Ayres as they promoted to EMS - Captain. This process was over 4 weeks long and started with 20 applicants. Those who passed completed a comprehensive written examination, professional interview, scenario evaluations and oral boards with Dr. Dickson. While only 4 were successful in promoting, the future is bright as all the candidates represented how talented and skilled MCHD providers are.
- MCHD welcomed 10 new field employees in March that began NEOP on March 30th. They have completed driver training and have started phase 1 of their field orientation with either an EMS Captain or In-Charge preceptor. In addition, each NEOP has been assigned a mentor.
- There are 6 In-Charge candidates in the promotional process.
- Application for employment for EMT's and Paramedics opened April 11th and will close May 11th. We currently have 63 applicants. Interviews and testing will be the week of May 16th.

Alarm

- Alarm performed CitiCall testing and interviewed 5 field employees for PRN positions in Alarm. The goal is to have staffing contingencies in Alarm that will help with future needs. Extended offers to 3 people.
- Alarm is planning for mandatory CE in May, and there have been meetings to discuss agenda items and educational topics. This will be the first in person CE since the beginning of COVID-19
- Alarm celebrated National Safety Telecommunications Week with prizes, food, presents, decorations and drawings.

EMS Committee Update

- Earlier this month, we had voluntary one on one meetings with some of most tenured employees from various departments. These meeting were very informative, and it was nice to hear everyone's different plans and ideas regarding retirement and financial planning.
- The next committee meeting is scheduled for May 24, 2022 at 3pm
- Before the next meeting, there will be an informational email sent out looking for anyone who wants to join the committee.



Dispatched Incident Review

Last Month

3/1/2022 - 3/31/2022

Dispatched	
Incidents	5,568
Responses	6,555

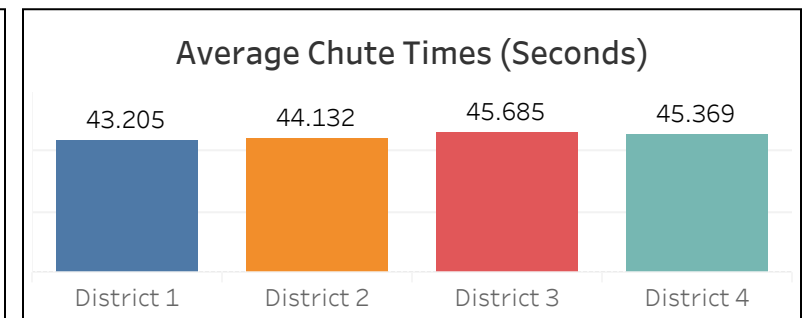
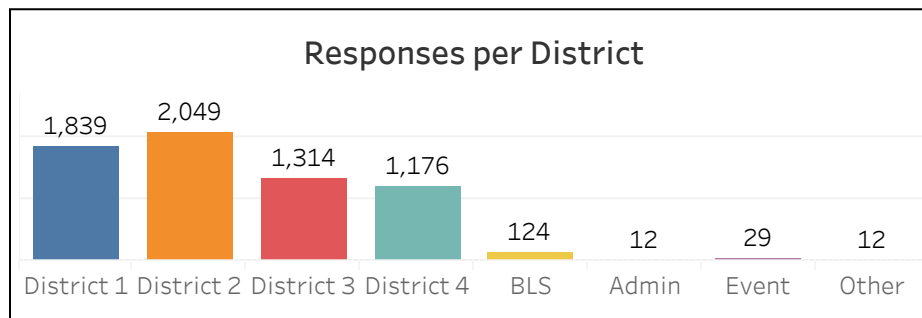
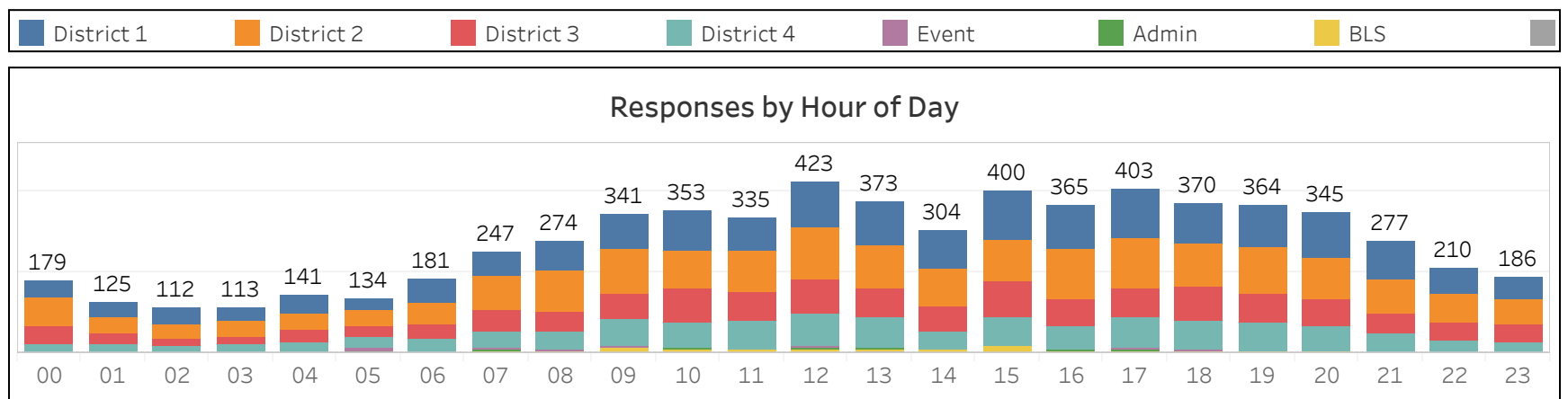
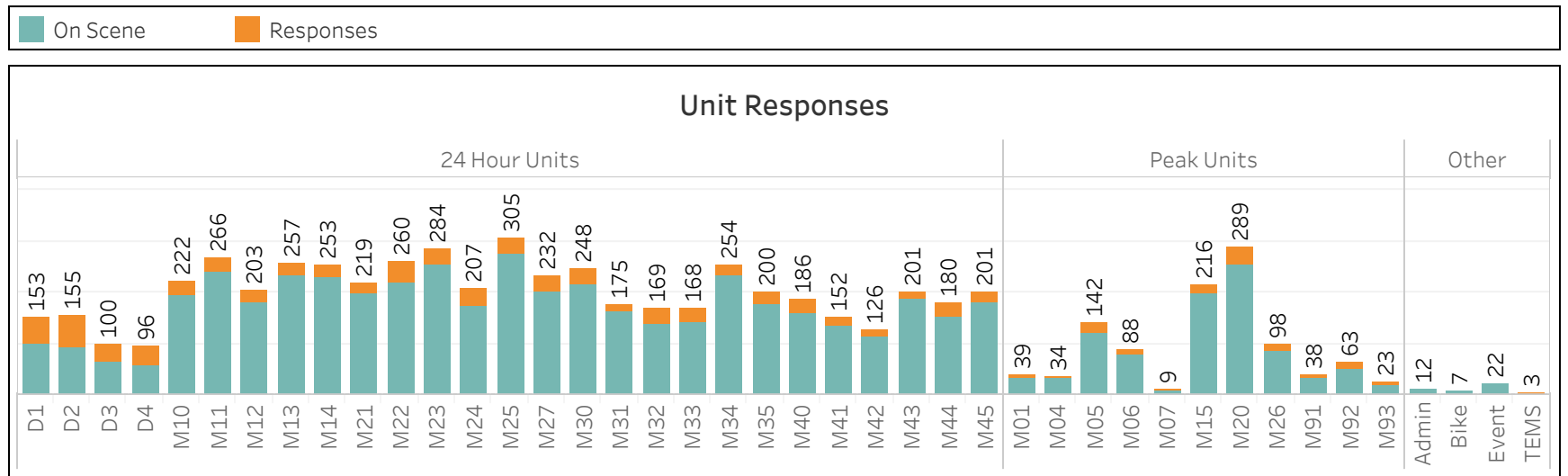
On Scene	
Incidents	5,199
Responses	5,628

Transported	
Incidents	3,624
Transports	3,673

Response Times			
Priority 1	Priority 2	Priority 3	Overall
93.6%	95.8%	94.8%	94.4%

Incident Types (Top 30)

Fall	695
Sick Person	649
MVC	508
Breathing Problems	402
Transfer/Evaluation	392
Unconscious/Fainting	341
Chest Pain	323
Seizures	210
Stroke	203
Emotional Crisis	179
SEND	168
Abdominal Pain	164
Hemorrhage	140
Assault	116
Traumatic Injury	109
Unknown Problem	105
Heart Problems	103
Medical Alarm	97
Diabetic	90
Overdose Ingestion	88
Back Pain	70
Structure Fire	70
Cardiac Arrest	65
Allergic Reaction	38
Choking	31
Headache	25
Obvious/Expected Dea..	25
Pregnancy/Miscarriage	24
Dedicated Standby	22
Penetrating Trauma	18



Hospital Patient Transports

3/1/2022 - 3/31/2022

Total Transports
to All Facilities

3,791

	Sepsis	STEMI	Stroke	Trauma	Grand Total
M.Hermann - The Woodlands	21	5	21	15	62
H. Methodist - The Woodlands	17	6	35		58
CHI - St. Luke's - The Woodlands	16	4	22	1	43
HCAHH - Conroe	13	11	3	8	35
HCAHH - Kingwood	7	6	9	2	24
HCAHH - Tomball	9	6	5		20
M.Hermann - Northeast	3		1		4
TCH - The Woodlands	1			1	2
H.Methodist Hospital - Willowbrook			2		2
M.Hermann - TMC	1				1
M. Hermann - Cypress		1			1
CHI - St. Luke's Vintage			1		1
CHI - St. Luke's - TMC		1			1
Grand Total	88	40	99	27	254

Avg. Turnaround Time Main Facilities (Minutes)

M.Hermann - TMC	60.65
HCAHH - Northwest	57.41
HCAHH - North Cypress	48.62
H. Methodist Hospital - TMC	43.83
H.Methodist Hospital - Willowbrook	43.53
Ben Taub General	42.90
H. Methodist - The Woodlands	42.87
MD Anderson Cancer Center - TMC	41.87
M.Hermann - Northeast	41.27
HCAHH - Kingwood	40.96
M.Hermann - The Woodlands	39.45
CHI - St. Luke's Vintage	39.14
HCAHH - Tomball	38.51
CHI - St. Luke's - The Woodlands	35.19
HCAHH - Conroe	34.30
TCH - TMC	34.05
M. Hermann - Cypress	33.64
CHI - St. Luke's - TMC	32.19
TCH - The Woodlands	30.44
Michael E. DeBakey VA Medical Center	26.58

Patients Per Facility Main Facilities (Count)

HCAHH - Conroe	796
M.Hermann - The Woodlands	791
H. Methodist - The Woodlands	620
CHI - St. Luke's - The Woodlands	578
HCAHH - Kingwood	373
HCAHH - Tomball	142
TCH - The Woodlands	139
M.Hermann - Northeast	106
H.Methodist Hospital - Willowbrook	26
M.Hermann - TMC	13
M. Hermann - Cypress	12
CHI - St. Luke's Vintage	12
MD Anderson Cancer Center - TMC	9
Michael E. DeBakey VA Medical Center	6
HCAHH - Northwest	5
H. Methodist Hospital - TMC	5
CHI - St. Luke's - TMC	4
TCH - TMC	3
HCAHH - North Cypress	1
Ben Taub General	1

Avg. Turnaround Time Support Facilities (Minutes)

Patients Per Facility Support Facilities (Count)

H. Methodist - West	57.98	H. Methodist ECC - 1488	33
St. Joseph Health College Station Hospital	53.23	M. Hermann CCC - Kingwood	31
M.Hermann - Greater Heights	33.75	HCAHH - Cleveland ER	25
Behavioral - Woodland Springs	30.73	M.Hermann - Woodlands West	23
St. Joseph Medical Center	29.75	HCAHH - Magnolia ER	11
CHI - St. Luke's - Lakeside	27.27	CHI - St. Luke's - Springwoods Village	11
M.Hermann - Woodlands West	26.46	Behavioral - Tri-County	6
CHI - St. Luke's - Springwoods Village	26.30	America's ER Magnolia	5
HCAHH - Magnolia ER	24.15	CHI - St. Luke's - Lakeside	3
M. Hermann CCC - Kingwood	23.38	Woodlands Marathon - Main Medical	1
H. Methodist ECC - 1488	23.36	St. Joseph Medical Center	1
Woodlands Marathon - Main Medical	20.90	St. Joseph Health College Station Hospital	1
HCAHH - Cleveland ER	20.86	M.Hermann - Greater Heights	1
America's ER Magnolia	18.32	H. Methodist - West	1
Behavioral - Tri-County	13.58	Behavioral - Woodland Springs	1

MCHD

Conroe, TX
Client 6577



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

Patient Experience Report

January 1, 2022 to March 31, 2022

Your Score

95.28

Your Patients in this Report

1,400

Total Patients in this Report

22,589

Total EMS Organizations

192





Executive Summary

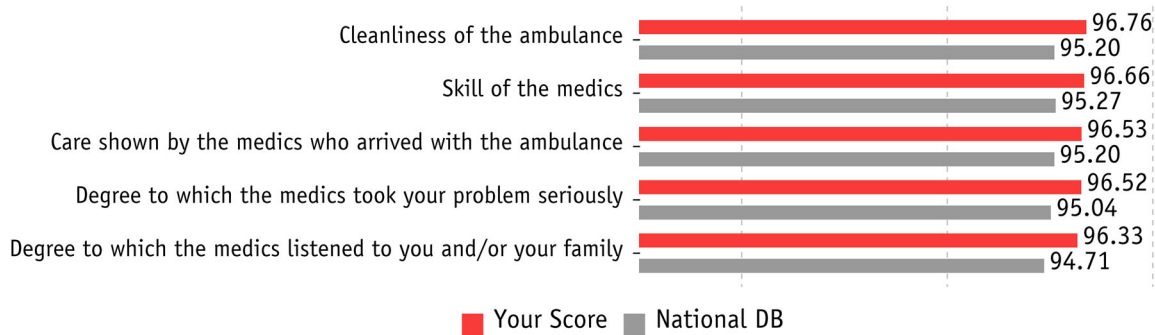
Your overall score for the time period selected is **95.28**. This is a difference of **-0.12** from your previous period's score of **95.40**.

Your overall Top Box score, which represents the percentage of the highest possible rating Very Good, is **86.03%**.

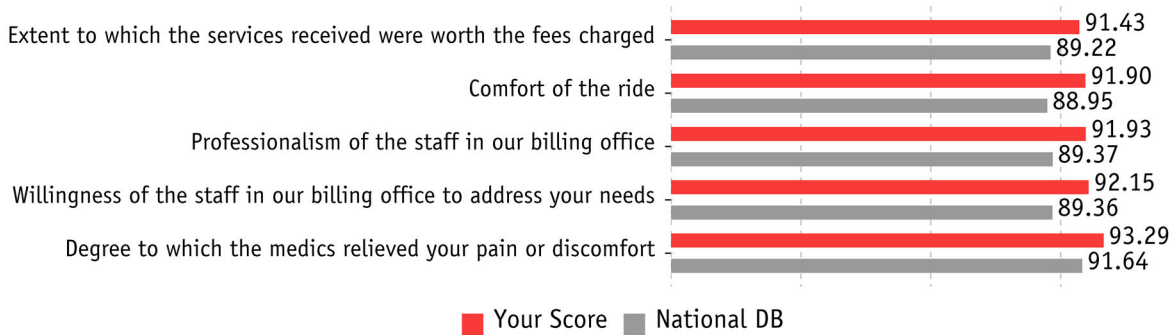
In addition, your rolling 12- month score of **94.94** is a difference of **1.99** from the national database score of **92.95**.

When compared to all organizations in the national database, your score of **94.94** is ranked **18th** and **1st** for comparably sized organizations.

5 Highest Scores



5 Lowest Scores

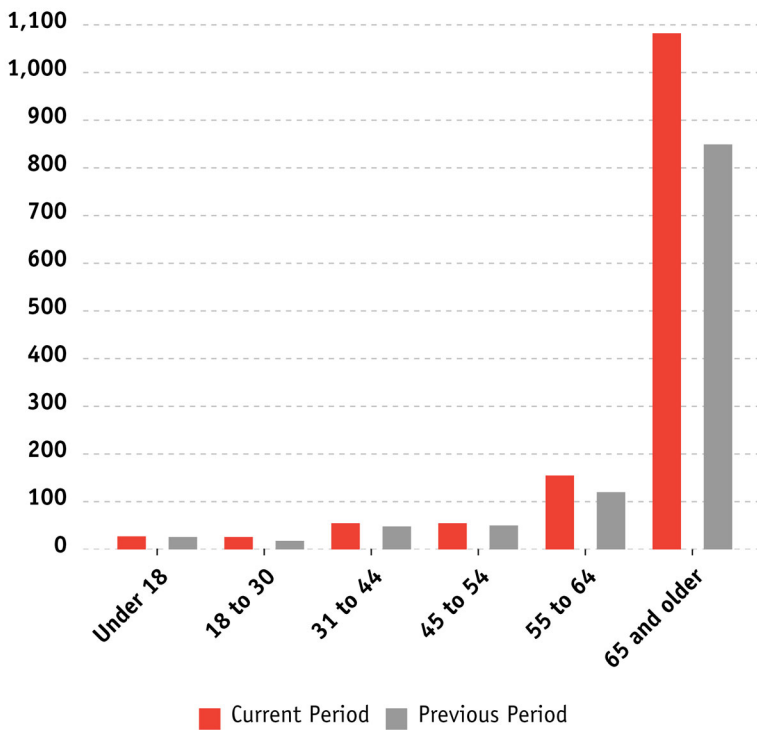




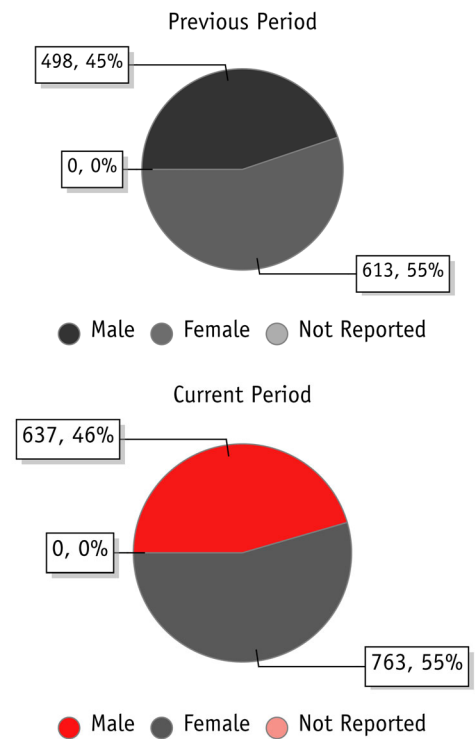
Demographics — This report provides basic information about the patient's age and gender.

	Total	Previous Period			Total	Current Period		
		Male	Female	Not Reported		Male	Female	Not Reported
Under 18	26	15	11	0	27	16	11	0
18 to 30	18	9	9	0	26	13	13	0
31 to 44	48	19	29	0	55	29	26	0
45 to 54	50	27	23	0	55	24	31	0
55 to 64	120	53	67	0	155	62	93	0
65 and older	849	375	474	0	1082	493	589	0
Total	1111	498	613	0	1400	637	763	0

Age Ranges



Gender





Question Analysis

This report shows your current score for the time period selected compared to the corresponding previous time period and the change between the two periods. The national DB score is included for reference

Dispatch Composite

	Current	Previous	(+/-)	National DB
Helpfulness of the person you called for ambulance service	95.67	95.52	0.15	93.98
Concern shown by the person you called for ambulance service	95.42	95.32	0.10	93.83
Extent to which you were told what to do until the ambulance arrived	94.50	94.82	-0.32	92.41

Ambulance Composite

	Current	Previous	(+/-)	National DB
Extent to which the ambulance arrived in a timely manner	95.64	95.78	-0.14	93.10
Cleanliness of the ambulance	96.76	96.78	-0.02	95.20
Comfort of the ride	91.90	92.39	-0.49	88.95
Skill of the person driving the ambulance	96.01	95.84	0.17	94.57

Medic Composite

	Current	Previous	(+/-)	National DB
Care shown by the medics who arrived with the ambulance	96.53	96.32	0.21	95.20
Degree to which the medics took your problem seriously	96.52	96.26	0.26	95.04
Degree to which the medics listened to you and/or your family	96.33	96.09	0.24	94.71
Skill of the medics	96.66	96.90	-0.24	95.27
Extent to which the medics kept you informed about your treatment	95.10	95.18	-0.08	93.41
Extent to which medics included you in the treatment decisions (if applicable)	95.15	95.05	0.10	93.24
Degree to which the medics relieved your pain or discomfort	93.29	94.50	-1.21	91.64
Medics' concern for your privacy	95.56	95.92	-0.36	94.11
Extent to which medics cared for you as a person	96.14	95.92	0.22	94.89

Billing Office Staff Composite

	Current	Previous	(+/-)	National DB
Professionalism of the staff in our billing office	91.93	93.84	-1.91	89.37
Willingness of the staff in our billing office to address your needs	92.15	93.40	-1.25	89.36



Question Analysis (Continued)

Overall Experience Composite	Current	Previous	(+/-)	National DB
How well did our staff work together to care for you	96.04	95.73	0.31	94.09
Extent to which our staff eased your entry into the medical facility	95.89	95.44	0.45	94.14
Appropriateness of Emergency Medical Transportation treatment	95.87	96.07	-0.20	94.12
Extent to which the services received were worth the fees charged	91.43	91.55	-0.12	89.22
Overall rating of the care provided by our Emergency Medical Transportation	95.75	96.19	-0.44	94.17
Likelihood of recommending this ambulance service to others	95.64	95.69	-0.05	93.93



Benchmark Comparison

This section of the report is based off your overall score for the YTD 12-month time period, compared to other benchmark compare groups. An aggregate rolling score is needed to provide stability to the overall score ranking for more meaningful comparisons to other benchmark groups. Each month, the last month in the 12 month period is dropped and the newest month is added. An organization must have a minimum of 100 surveys to be eligible for ranking.

Your Company	Total DB	Similar Sized	Texas	CAAS	ACE	
Number of organizations in compare group	192	27	19	47	13	
Minimum Score	21.73	1.00	1.00	1.00	1.00	
Maximum Score	100	100	100	100	100	
Mean Score	94.94	92.86	93.12	92.11	92.45	92.07
Your Percentile		79th	100th	N/A	81st	67th
Your Rank		18	1	N/A	8	4

Minimum Score - This is the lowest score in the benchmark group.

Maximum Score - This is the highest score in the benchmark group.

Mean Score - This is where your mean score ranks against others in the compare group.

Your Percentile - This is the percentage of scores that fall below your mean score.

Your Rank - This is where your mean score ranks against others in the compare group.

From: [Daniel, Donna](#)
To: [Admin Building](#); [Service Center](#); [EMS Field Crews](#); [EMS Operations](#); [EMS Supervisors](#); [Command Staff](#); [Dispatchers](#); [AlarmOps](#); [Deputy Chiefs](#); [District Chiefs](#)
Cc: [Walker, Debra](#); [Mosley, Tyler](#)
Subject: Information Bulletin #22-041 - RE News Update - April
Date: Wednesday, April 20, 2022 3:53:56 PM
Attachments: [image001.png](#)
Importance: High

Information Bulletin

TO: MCHD Employees
FROM: James Campbell, EMS Chief
DATE: April 20, 2022
RE: News Update
Info #: 22-041

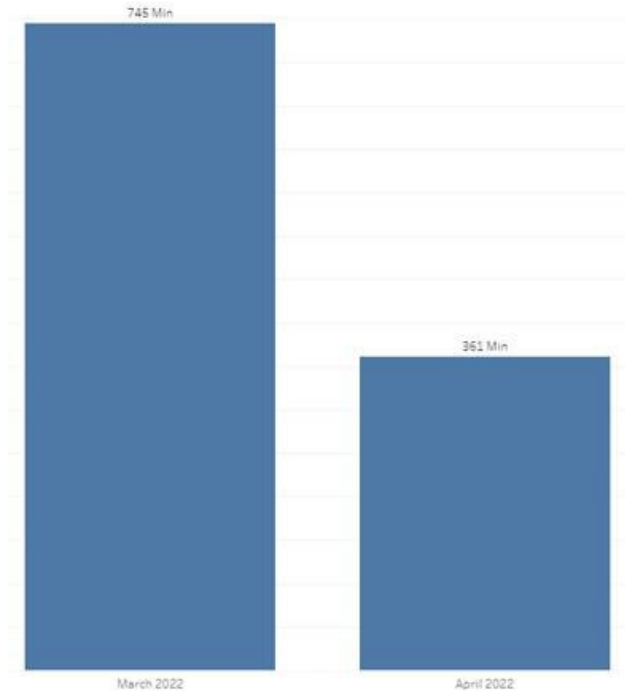


EMS Updates

- Volume Update: March and April EMS volume continues to stabilize, and we are starting to see more and more days where we respond to closer to 200 responses in a day. This is a good thing for the system!
 - March 6,555 total responses and 3, 673 transports
 - April's average so far: 211 responses per day and 116 transports per day
- Staffing Update: In March 2022, we averaged 2.8 ambulances shut down per day. Thus far, April staffing has improved and we are averaging 1.7 ambulances shut down per day.
- Debit Day Update
 - Since Q1CE we have had two In Charge promotions.
 - The week of April 25th we are having another important Debit Day planning meeting. The discussion will be centered around:
 - How many peak ambulances do we need to have 'in service' each day (ALS and BLS)?
 - In Charge and Attendance headcount
 - Operational discussions on implementing Debit Day ambulances in 2023 based on the number of ICs we get for the remainder of this year.
 - The current hiring process is open to both Paramedics and EMTs. As part of our Debit Day implementation plan, we discussed hiring more EMTs to more

consistently staff BLS ambulances before the attend paramedic school.

- This month, we renewed our EMS Provider license with the State of Texas, and that processes went smoothly. In addition, we had an EMS Audit where DSHS sends an inspector to look at our clinical guidelines, policies, FOGs, and records. They also randomly inspect and ambulance during the visit, and we are proud to report that we successfully passed that audit with no deficiencies noted by the inspector!
- In Q1CE, we discussed no longer staging for responses where the call comes from a 3rd/4th party caller. Below is a graphic of the ambulance time we have been able to save in our system, this is great!



- Station 33 is vertical! Construction supply chains have been difficult to predict, so a defined timeline for when the station will be complete is difficult to gauge right now. However, we are excited about this station and our continued partnership with Caney Creek FD!



- It is officially budget season and every department is working to plan their fiscal year 2023 budgets for MCHD.

DCS and Professional Development Update

- Congratulations to our newest Captains!
 - Jade Campbell
 - Mitch Ayres
 - Andy Adams
 - Sarah Cuccia
 - Clayton Smith
- There are currently six candidates in the different phase of ICE.
- Thus far, in the current hiring process we have 63 applicants (a mix of Paramedics and EMTS). The application process ends May 11 and testing will begin May 16th.
- The expansion of the FRO refusal process has yielded an average of approximately 50 patient refusals per month completed by our FRO partners.

EMS Committee Update

- Earlier this month, we had voluntary one-on-one meetings with some of most tenured employees from various departments. These meeting were very informative, and it was nice to hear everyone's different plans and ideas regarding retirement and financial planning.
- The next EMS committee meeting is scheduled for May 24, 2022 at 3pm.
- Before the next meeting, there will be an informational email sent out looking for anyone who wants to join the committee.

Docs' Corner – MCHD Paramedic Podcast & Podcast 360

New Releases

Air Patency & Protection

<https://www.youtube.com/watch?v=0ull3jS8h9w>

<https://soundcloud.com/mchdpp/gcsl8-final-mixdown#t=0:00>

MCI MCHD Style

<https://www.youtube.com/watch?v=mfJpPbVI4Y8>

<https://soundcloud.com/mchdpp/mchd-mci-final-mixdown#t=0:00>

Training Calendar

<https://app.targetolutions.com/auth/index.cfm?action=login.showlogin&customerid=33551&customerpath=mchd>

Have a Question?

<https://members.mchd-tx.org/>

Misti Willingham

Public Information Officer

D: 936.523.1134

C: 936.537.0611

Montgomery County Hospital District

Fleet Summary 2021-2022

Mileage	Ambulance	Supervisor/Squad	CommandStaff	Support	MonthlyTotal	WeeklyTotal
March 2022	125,335	12,661	3,356	14,411	155,763	38,941
February 2022	126,268	13,542	3,756	15,460	159,026	39,757
January 2022	164,528	14,821	4,318	18,982	202,649	50,662
December 2021	131,195	12,824	3,071	11,453	158,543	39,636
November 2021	151,040	14,004	4,322	18,795	188,161	47,040
October 2021	123,360	11,029	4,848	15,459	154,696	38,674
September 2021	133,126	12,558	4,130	13,909	163,723	40,931
August 2021	209,963	18,845	5,125	17,113	251,046	62,762
July 2021	136,613	13,303	4,285	16,124	170,325	42,581
June 2021	130,766	12,841	3,566	14,903	162,076	40,519
May 2021	154,598	16,236	6,849	18,070	195,753	48,938
April 2021	126,641	15,050	5,458	15,896	163,045	40,761
Total	1,713,433	167,714	53,084	190,575	2,124,806	
Average	142,786	13,976	4,424	15,881	177,067	44,267
Annualized Amounts					2,124,806	

Accidents	MCHD-Fault		MCHD Non-Fault		GRAND TOTAL
	Non-injury	Injury	Non-injury	Injury	
March 2022	3		2		5
February 2022	4		1		5
January 2022	3		1		4
December 2021	4		2		6
November 2021			2		2
October 2021	1		3		4
September 2021	2		1		3
August 2021	4				4
July 2021	4		1		5
June 2021	2		1		3
May 2021	2		1		3
April 2021	3		1		4
Total	32		16		48
Per 100,000 Miles	1.51	-	0.75	-	2.26

Service Interruptions	Count	Per 100K miles
March 2022	7	4.49
February 2022	3	1.89
January 2022	7	3.45
December 2021	6	3.78
November 2021	4	2.13
October 2021	6	3.88
September 2021	8	4.89
August 2021	8	3.19
July 2021	4	2.35
June 2021	6	3.70
May 2021	4	2.04
April 2021	4	2.45
Total	67	3.15

Agenda Item # 12



To: Board of Directors
From: Wayde Sullivan, Fleet Manager
Date: April 26, 2022
Re: Enterprise Leasing

Consider and act on pre-approval of Enterprise Lease vehicles. (Mr. Thor, Chair – EMS Committee)

The order banks for new vehicles are now beginning to open for the 2023 model year. Due to pent-up demand, the order banks are expected to fill very quickly and may only be open for a short time.

We are requesting that the Board pre-approve the proposed vehicles to be obtained through Enterprise Fleet Management for Fiscal Year 2023, so that MCHD's order can be placed.

The attached schedules identify the proposed vehicles and provide the estimated cost.

With these leases, the District will complete the planned three-year migration of the MCHD fleet (excluding the ambulances and one Tahoe purchased shortly before implementing this plan).

Fiscal Impact: Nominal

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



Montgomery County Hospital District

Menu Pricing



FLEET MANAGEMENT

Equity Lease Menu Pricing

Year	Make	Model	Trim Level	Quantity	Term	Estimated Annual Mileage	Total Monthly Cost Including Maintenance	Monthly Cost (Lease Rate)*	Full Maintenance**	Annual Cost Including Maintenance	Annual Cost Including Maintenance by Quantity	AME Needed	Cost of Aftermarket	One time Aftermarket Cost (By Quantity)
2023	Chevrolet	Tahoe	Police Vehicle 4x2	7	48	25,000	\$1,136.07	\$1,136.07	\$0.00	\$13,632.84	\$ 95,429.88	N/A		\$0.00

Cost for 7 New Leases	\$ 95,429.88
------------------------------	---------------------

Lease rates are based upon factory order pricing and miles per year
Pricing does not include expected return on equity at end of lease

Montgomery County Hospital District



Menu Pricing

FLEET MANAGEMENT



Equity Lease Menu Pricing

Year	Make	Model	Trim Level	Quantity	Term	Estimated Annual Mileage	Total Monthly Cost Including Maintenance	Monthly Cost (Lease Rate)*	Full Maintenance**	Annual Cost Including Maintenance	Annual Cost Including Maintenance by Quantity	AME Needed	Cost of Aftermarket	One time Aftermarket Cost (By Quantity)
2023	Chevrolet	Silverado 3500	WT 4x4 Crew Cab 176.8 WB SRW	1	48	25,000	\$1,075.94	\$1,075.94	\$0.00	\$12,911.28	\$ 12,911.28	Billed Out		
2024	Chevrolet	Silverado 2500	WT 4x4 Crew Cab 158.9 WB SRW	1	48	25,000	\$1,095.70	\$1,095.70	\$0.00	\$13,148.40	\$ 13,148.40	Billed Out		
2023	RAM	ProMaster 2500	High Roof Cargo Van 159 in. WB	2	48	15,000	\$876.87	\$876.87	\$0.00	\$10,522.44	\$ 21,044.88	Billed Out		

Cost for 4 New Leases

\$47,104.56

Lease rates are based upon factory order pricing and miles per year
Pricing does not include expected return on equity at end of lease

Agenda Item # 13



To: Board of Directors

From: James Campbell, EMS Chief

Date: April 26, 2022

Re: National EMS Week, May 15, 2022 to May 21, 2022

Consider and act on Proclamation in support of National EMS Week, May 15, 2022 to May 21, 2022. (Mr. Thor, Chair – EMS Committee)

PROCLAMATION

To designate the Week of May 15-21, 2022, as Emergency Medical Services Week

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

WHEREAS, access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and

WHEREAS, the members of emergency medical service teams, whether career or volunteer, engage in thousands of hours of specialized training and continuing education to enhance their lifesaving skills; and

WHEREAS, the Montgomery County Commissioners Court hereby supports and recognizes the Montgomery County Hospital District Emergency Services Personnel as an integral partner to the citizens of Montgomery County.

NOW, THEREFORE BE IT RESOLVED that the Commissioners Court of Montgomery County, Texas does hereby proclaim the week of May 15-21, 2022 as:

“EMERGENCY MEDICAL SERVICES WEEK”

Agenda Item # 14



To: Board of Directors
From: Melissa Miller, COO
Date: April 26, 2022
Re: **COO Report**

FACILITIES:

- Station 44 – Grand Opening Ceremony was held April 13th at 5:30 pm.
- Station 33- Steel framework is in place with framing anticipated in May.



- Station 42 Remodel – MCHD met with Magnolia Fire Dept. to evaluate construction bid respondents for remodel of MCHD Station 42. The selected bidder will be taken to the next the ESD 10 Board meeting for approval. We will then get pricing and bring the information to the MCHD Board.

RADIO:

- Justin Evans was welcomed as an Associate Member of the P25 Steering Committee as a subject matter expert (SME) in March. Associate member SMEs ensure that decisions are as well-informed as possible, particularly with respect to the highly technical standards.
- The West County Tower is nearing completion and closing on the property is planned for May. The RFP to build the tower(s) is scheduled to release by the end of summer, pending the Terragon environmental report.

MATERIALS MANAGEMENT:

- Materials Management completed training for Operative IQ Warehouse. The program roll out is underway.
- Materials Management is preparing the Supply Bid for release in June.

INFORMATION TECHNOLOGY:

- MCHD staff from IT, CAD, Radio, Alarm and EMS attended the International Public Safety Consortium (known as CAD consortium) April 10-14 in Plano, TX. Information obtained will help in the development of a RFI for MCHD CAD replacement.
- Annual cybersecurity training for all staff and Board members is nearing completion with a due date of May 2022. This is a mandatory training for Texas government employees to comply with House Bill 3834.
- MCHD staff is doing very well in the spotting phishing email; in fact, we are below the national average for the healthcare industry and company size. This information is provided by our security
- As a requirement for our cybersecurity insurance, IT will be turning on multi-factor authentication on the Outlook web email system at the beginning of May. Multi-factor authentication is becoming an industry trend to combat cybercrime.
- IT implemented the new wireless controllers that maintain all the wireless access points on campus and at the EMS stations. This system has improved security and monitoring features.

Agenda Item # 15



To: Board of Directors

From: Melissa Miller, COO

Date: April 26, 2022

Re: 1115 Waiver Update

Update on the 1115 Waiver. (Mr. Chance, Secretary/Treasurer – MCPHD Board)

“Presentation will be given during the board meeting”

Agenda Item # 16



We Make a Difference!

To: Board of Directors

From: Justin Evans

Date: 4-26-2022

Re: Requested 5% Increase for Lawn Maintenance Contract

Consider and act on requested 5% Increase for Lawn Maintenance Contract.

The remaining amount on the contract from May 2022 – September 2022 is \$44,458.62 with a 5% Increase (of \$2,222.93) the total would be \$46,681.55

FY2023 budget will also include the 5% Increase to the annual contract \$94,784.58 with a 5% Increase will be \$99,523.80

Yes No N/A

- | | | | |
|-------------------------------------|--------------------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Budgeted item? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Within budget? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Renewal contract? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special request? |



HJM Construction would like to thank Montgomery County Hospital District for the opportunity to discuss a five (5%) increase on our remaining contract balance. Covering May to September 2022.

Remaining balance on this contract is \$44,458.62 we are seeking 5% of this balance in the sum of \$2,222.93 (Attachment 1)

We would like to make MCHD aware of our increasing material cost and continually rising fuel cost and how devastating they can be to a small business like ours.

We understand we are currently under a contract and MCHD does not have to grant this increase. We are thankful to MCHD for giving us opportunity to present examples of the increases we have been facing.

HJM Construction was awarded the Mowing and Landscape Services Proposal RFP No. FY2021-016-01 in October of 2020, this agreement was renewed/extended in October of 2021 to present with no request of increase. At the time of the bid, the average price of fuel was holding steady around 2.19 per gallon. (Attachment 2)

However, with the global crisis in Ukraine and policies set by the current Administration we are seeing record breaking fuel cost increasing our average price per gallon to \$3.99 (attachment 2a). The route we travel to service the thirteen locations included in our agreement is 119 miles round trip with the starting point at our office in Montgomery. We also utilize an additional 18 -21 gallons of fuel per service week in our mowers. We anticipate paying an additional Cost of \$1,287 in fuel alone.

Not only have we experienced rising fuel cost, but material cost has hit an all-time high in the past 18 months. For example, we use Ranger Pro as a liquid herbicide to help kill and prevent weeds in the landscape beds, and various locations at all thirteen properties. Historically a 2.5-gal container of Ranger Pro would cost \$23.47 and last about a month. The current price of a 2.5-gal container is \$151.73. This is an increase of 550%. (Attachment 3) resulting in an additional increase of \$641.30.

Fertilizer is among the items with extreme price increases. HJM Construction uses Lesco 15-5-10 with a Post Emergent Plus. Traditionally we would pay \$35 a bag which covers 7500 sq feet. We fertilizer

2022 Value

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Program 1 Mow, Edge, Trim, Weed, Debris Disposal	\$ 3,245.36	\$ 3,245.36	\$ 6,490.72	\$ 6,490.72	\$ 6,490.72	\$ 6,490.72	\$ 8,113.40	\$ 6,490.72	\$ 6,490.72	4	2	2
Program 2 Fertilizing			\$ 3,512.72						\$ 3,512.72			
Program 3 Landscape Bed Maintenance	\$ 574.16	\$ 574.16	\$ 1,148.32	\$ 1,148.32	\$ 1,148.32	\$ 1,148.32	\$ 1,435.40	\$ 1,148.32	\$ 1,148.32			
Program 4 Tree Trimming			\$ 420.47			\$ 420.47			\$ 420.47			
Program 5 Mulching				\$ 4,172.84								
Total per Month	\$ 3,819.52	\$ 3,819.52	\$ 11,572.23	\$ 11,811.88	\$ 7,639.04	\$ 8,059.51	\$ 9,548.80	\$ 7,639.04	\$ 11,572.23			

\$ 44,458.62

5%

\$ 2,222.93

\$ 46,681.55



300 Colonial Center Pkwy, Suite 550
Roswell, GA 30076-4883

SALES INVOICE

CUSTOMER #	INVOICE #
1480734	106242914-001
INVOICE DATE	DUE DATE
02/08/2021	03/25/2021

LOCAL BRANCH:
STAFFORD TX # 518
10410 MULA RD
STAFFORD, TX 77477-3111
281-498-0904

BILL TO:

HJM CONSTRUCTON
LMI LANDSCAPES INC
2261 NORTHPARK DR STE 222
KINGWOOD TX 77339-1744

SHIP TO:

J/ NOVEL RIVER OAKS (#1480734-3001)
2511 WILLOWICK RD
HOUSTON, TX 77027-3984

ORDER #	PO #	SHIP VIA	CUSTOMER CONTACT	SALES ASSOCIATE
106242914-001	NOVEL RIVER OAKS	CUSTOMER PICK UP	VICTOR SANTOS	JOHN-PAUL MELENDEZ
TERMS			PROJECT NAME	
NET 45 DAYS W30				

LN	ITEM #	DESCRIPTION	QTY ORDER	QTY SHIP	QTY OPEN	NET PRICE	EXT PRICE
1	3PVCBE	PVC PIPE 3 IN. X 20 FT. SCHEDULE 40 BELL END (SOLD PER FT.)	20	20	0	2.1470 / FT	42.94
2	406-030	SCH 40 PVC 90 DEGREE ELBOW 3 IN. SOCKET	8	8	0	6.0860 / EA	48.69
3	PT-PRIM-PURP-QT	PRO-TRADE PURPLE PRIMER LOW VOC 1 QT.	1	1	0	14.9160 / EA	14.92
4	20985HSF12	LENOX PVC HANDSAW FRAMES HSF12 12 IN. FRAME BLADE AND HANDLE	1	1	0	27.1420 / EA	27.14
5	86758415	RANGER PRO NON SELECTIVE LIQUID HERBICIDE 2.5 GAL.	2	2	0	23.4730 / EA	46.95
6	RH-RHBG-QT-12	CHRISTY'S RED HOT BLUE PVC CEMENT MEDIUM BODY 1 QT.	1	1	0	22.8650 / EA	22.87

SAVE PAPER SAVE TIME



We offer three convenient ways for you to receive your invoices and statements: email, paper or eInvoice Connect, our secure online site. With eInvoice Connect, you are notified by email when new invoices are posted. You can search, sort, view, print, download and pay your bills online. With email delivery, your invoices are sent once per day and you can get an exact replica of your paper bill. Go paperless by choosing one of the options above and make a statement. Contact your credit representative or call 1-800-SiteOne and get setup today!

Learn more at <http://www.siteone.com/payonline>

PLEASE REMIT PAYMENT TO:
SITEONE LANDSCAPE SUPPLY, LLC
24110 NETWORK PLACE
CHICAGO, IL 60673-1241

SUBTOTAL: \$203.51
SALES TAX: \$0.00
FREIGHT: \$0.00
TOTAL: \$203.51
TOTAL PAYMENT: \$0.00
AMOUNT DUE: \$203.51

CUSTOMER SIGNATURE: _____

SiteOne Landscape Supply warrants that all products conform to the description on the label. Because conditions of use, which are of critical importance are beyond our control, seller makes no warranty, expressed or implied, concerning the use of these products. No employee of the company is authorized to make any warranty or representation, expressed or implied, concerning our products. Always follow directions and carefully observe all precautions on the label or manufacturer's instructions. Products used contrary to directions may cause serious plant or personal injury. Buyer assumes all risk of use of handling whether in accordance with direction or not and accepts the products sold to them by this company on these conditions.

Note: Returns subject to 25% restock charge.



300 Colonial Center Pkwy, Suite 550
Roswell, GA 30076-4883

SALES INVOICE

CUSTOMER #	INVOICE #
1480734	107712476-001
INVOICE DATE	DUE DATE
03/07/2021	05/22/2021

LOCAL BRANCH:
WOODLANDS TX # 251
8823 FAWN TRL STE B
CONROE, TX 77385-3304
936-273-7717

BILL TO:

HJM CONSTRUCITON
LMI LANDSCAPES INC
2261 NORTHPARK DR STE 222
KINGWOOD TX 77339-1744

SHIP TO: Pick Up

MCHD Maintenance

ORDER #	PO #	SHIP VIA	CUSTOMER CONTACT	SALES ASSOCIATE
107712476-001	MCHD Maint	CUSTOMER PICK UP	JOE MAES	SCOTT EVERETT
TERMS			PROJECT NAME	
NET 45 DAYS W30				

LN	ITEM #	DESCRIPTION	QTY ORDER	QTY SHIP	QTY OPEN	NET PRICE	EXT PRICE
1	81964	LESCO LOCKUP 0.03% 15-5-10 30% POLYPLUS OPTI45 2FE 1MN POST EMERGENT PLUS FERTILIZER 50#	3	3	0	34.2600 / EA	102.78
2	089934	ACCU-POUR PITCHER CLEAR PLASTIC 1 QT.	1	1	0	11.1800 / EA	11.18

SAVE PAPER SAVE TIME



We offer three convenient ways for you to receive your invoices and statements: email, paper or eInvoice Connect, our secure online site. With eInvoice Connect, you are notified by email when new invoices are posted. You can search, sort, view, print, download and pay your bills online. With email delivery, your invoices are sent once per day and you can get an exact replica of your paper bill. Go paperless by choosing one of the options above and make a statement. Contact your credit representative or call 1-800-SiteOne and get setup today!

Learn more at <http://www.siteone.com/payonline>

PLEASE REMIT PAYMENT TO:
SITEONE LANDSCAPE SUPPLY, LLC
24110 NETWORK PLACE
CHICAGO, IL 60673-1241

SUBTOTAL:	\$113.96
SALES TAX:	\$9.40
FREIGHT:	\$0.00
TOTAL:	\$123.36
TOTAL PAYMENT:	\$0.00
AMOUNT DUE:	\$123.36

CUSTOMER SIGNATURE: _____

SiteOne Landscape Supply warrants that all products conform to the description on the label. Because conditions of use, which are of critical importance are beyond our control, seller makes no warranty, expressed or implied, concerning the use of these products. No employee of the company is authorized to make any warranty or representation, expressed or implied, concerning our products. Always follow directions and carefully observe all precautions on the label or manufacturer's instructions. Products used contrary to directions may cause serious plant or personal injury. Buyer assumes all risk of use of handling whether in accordance with direction or not and accepts the products sold to them by this company on these conditions.

Note: Returns subject to 25% restock charge.

390,000 sq feet of sod and landscape bed areas at the 13 locations, with an average of 55 bags used per service. (Attachment 4)

55 bags @ \$35 each = \$1925

Current price per bag is \$61.88 for 55 bags = \$3,403.40.

Increase of \$1,478.40.

Agenda Item # 17



To: Board of Directors
From: Ade Moronkeji, HCAP Manager
Date: April 26, 2022
Re: HCAP Report

Eligibility Criteria

In order to qualify for HCAP benefits, applicants must meet the following eligibility criteria promulgated by the State of Texas and the District:

- **Residence:** Must live in Montgomery county prior to completing an application
- **Citizenship:** Must be a U.S. citizen or a legal permanent resident
 - Legal Permanent residents are non-citizens who are lawfully authorized to live permanently within the United States (green-card holder) and has lived in the U.S. continuously for a minimum of five years
- **Income:** May not exceed the minimum established Federal Poverty Income Level (FPIIL) of 150% This information is updated yearly when the State releases the CIHCP income guidelines.
 - Details per income for each household size can be found on the MCHD website as well as in the HCAP handbooks
- **Resources:** May not exceed \$2,000 per month or \$3,000 for individuals who are aged or disabled
- **Medical Need:** There must be a medical reason for pursuing HCAP benefits since this is not insurance but coverage funded by tax payer's dollars.
 - This criteria is not a state requirement but the District's prerogative.

Program Updates

- The state office has released the new income guidelines for FY22, which is in accordance with the Federal Poverty Levels (FPL) drafted by the Department of Health and Human Services. These guidelines which take into account inflation, capture the income for different household sizes. These figures are used to determine financial eligibility for HCAP and other income-based state and federal programs.
-

- Subsequently, I.H.S. has updated the income standards in their system to ensure that the program worksheet used to calculate income eligibility is accurate.

- Genesis Hale has transitioned from her position as the Intake Specialist and is now part of the Bill Pay team. We have one more open position that we anticipate filling before June.
- The Social Security Offices are now open to the public after being closed since March 2020. In-person services are also available, which is beneficial to HCAP clients who need to obtain certain paperwork for their application process.

Eligibility Updates

Outreach

- The team is continuing with weekly visits to The Mission to identify and assist individuals with the HCAP application. In March, 6 individuals filled out the application and 2 were approved for coverage. One applicant is currently pending an interview.
- Staff continues to work with the CPs to identify cases that require additional assistance with the application process. When necessary, the CPs also conduct visits to The Mission to support complex HCAP cases that require a multidisciplinary approach.
- Dustie Klein, Eligibility Specialist, provided an informal training on the online application for staff at The Mission to facilitate timely access to HCAP benefits.

Applications

- The total number of applications received and processed FY to date is 1,062.
 - The number of identifiable applications for March was 254 which is a significant increase of 48% from February's total, but still lower than March numbers for FY21.
 - Below is a month to month comparison between FY21 and FY22:
-

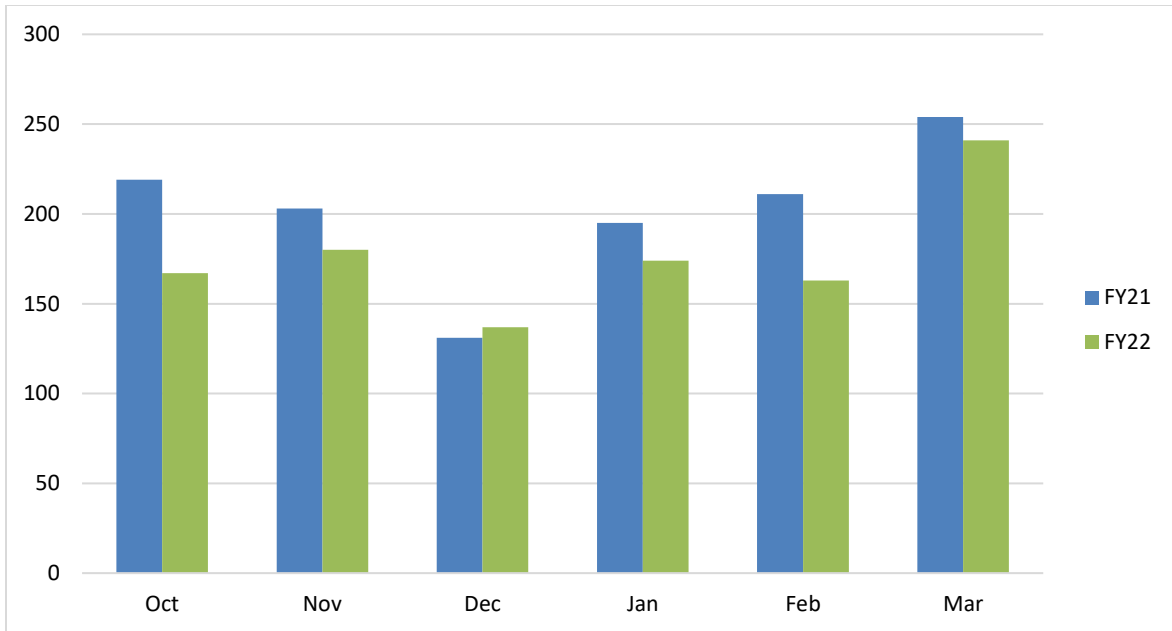


Figure 1 – Monthly Application FY21 V. FY22

Enrollment

- Even though the observed trend across indigent health care programs in Texas is a decrease in enrollment, our staff is making efforts to slow down the rate of decline. Reminder calls are initiated with individuals whose eligibility are three weeks from expiration to encourage re-enrollment and sustain current numbers.
- Figure 2 helps to visualize and compare the trends in enrollment between FY21 and FY22 and figure 3 shows the program comparison between the two fiscal years specifically for the month of March.

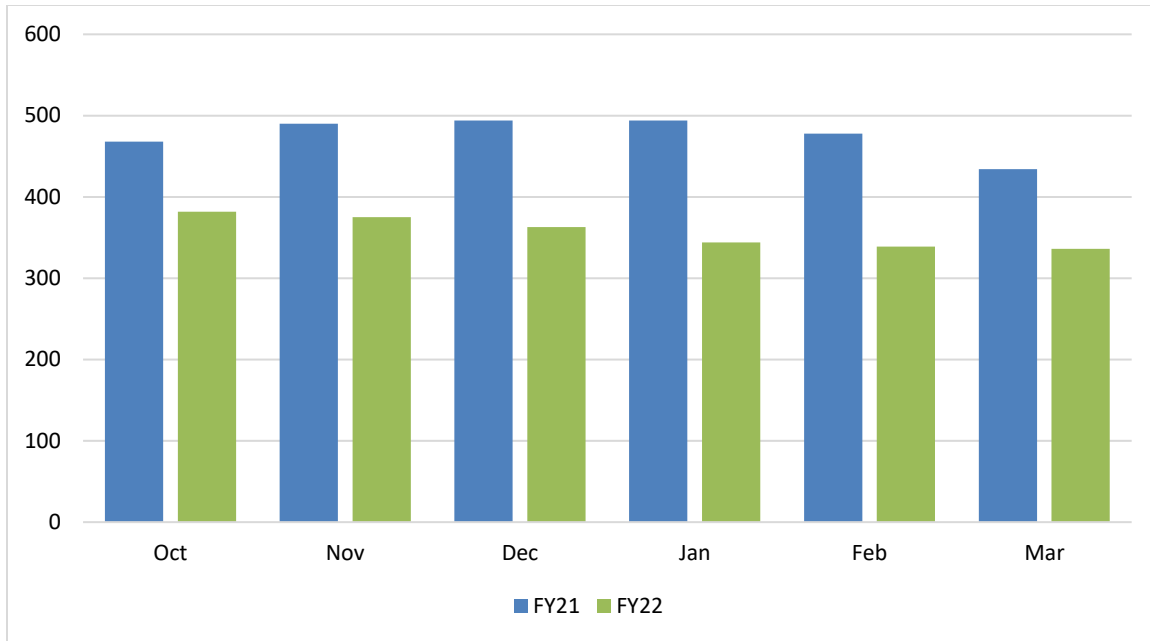


Figure 2 - Active Clients FY21 V. FY22

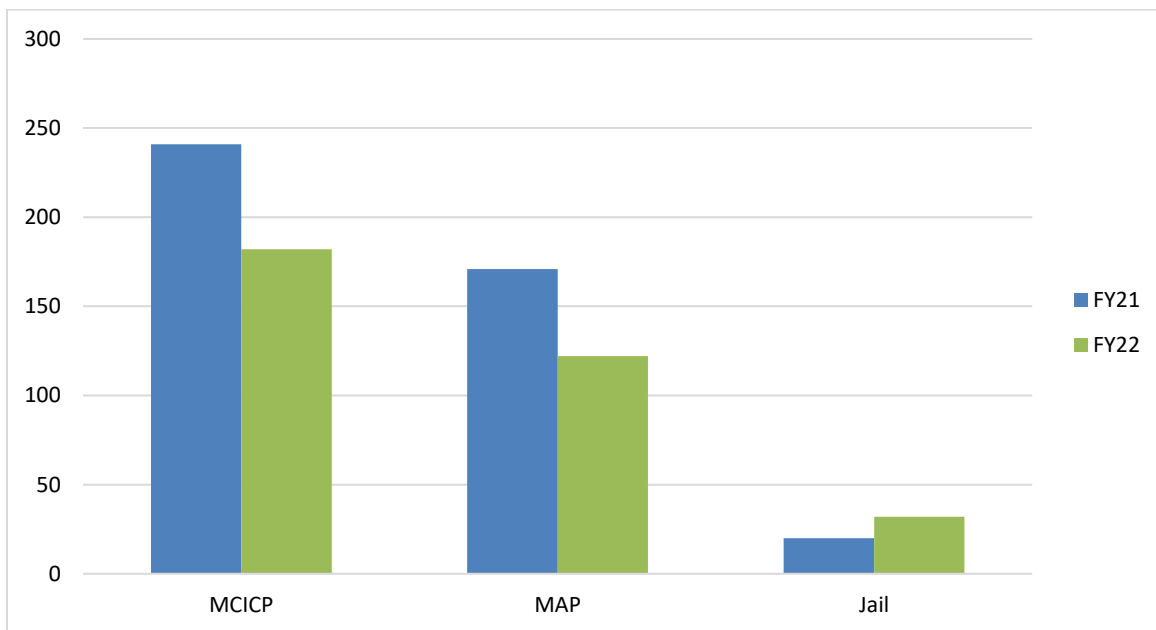


Figure 3 – March HCAP Program breakdown FY21 V. FY22

New Client Trend

Figure 4 represents the number of new clients added to the program on a monthly basis and also highlights the trend in contrast to the projection for the fiscal year. 27 new clients were added to the program in March.

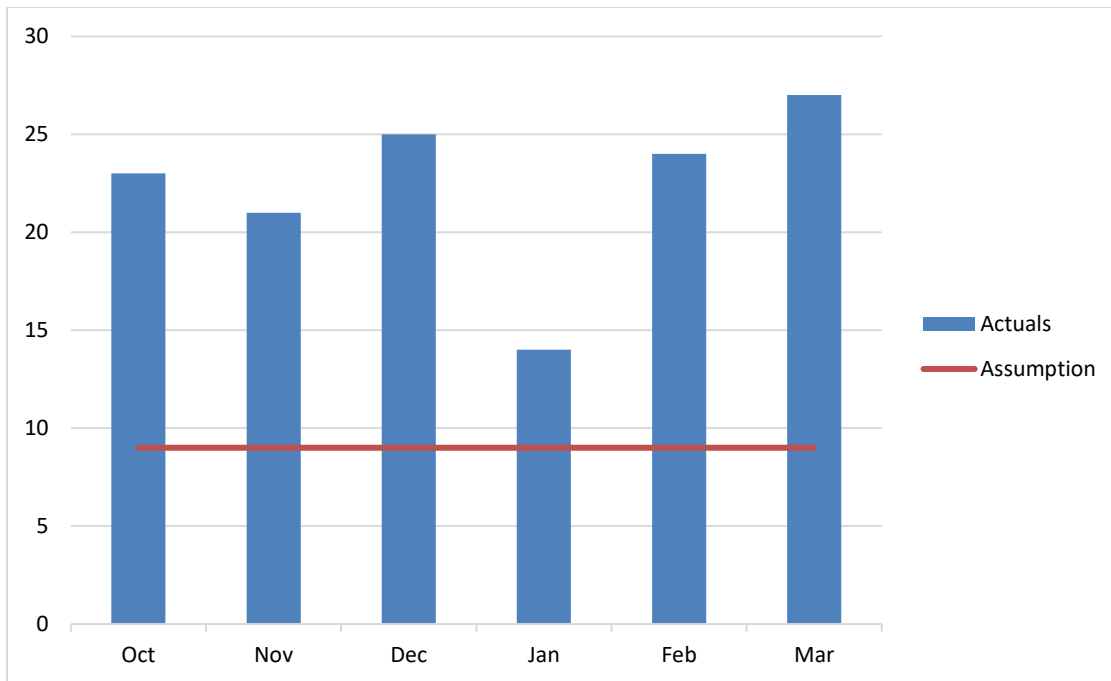


Figure 4 – Monthly New Clients V. Assumption

Bill Pay Updates

Claims Administration

- In the month of March, the bill pay team processed 1,077 medical claims.
- Figure 5 shows a monthly comparison between the volumes of medical claims received FY21 over FY22.

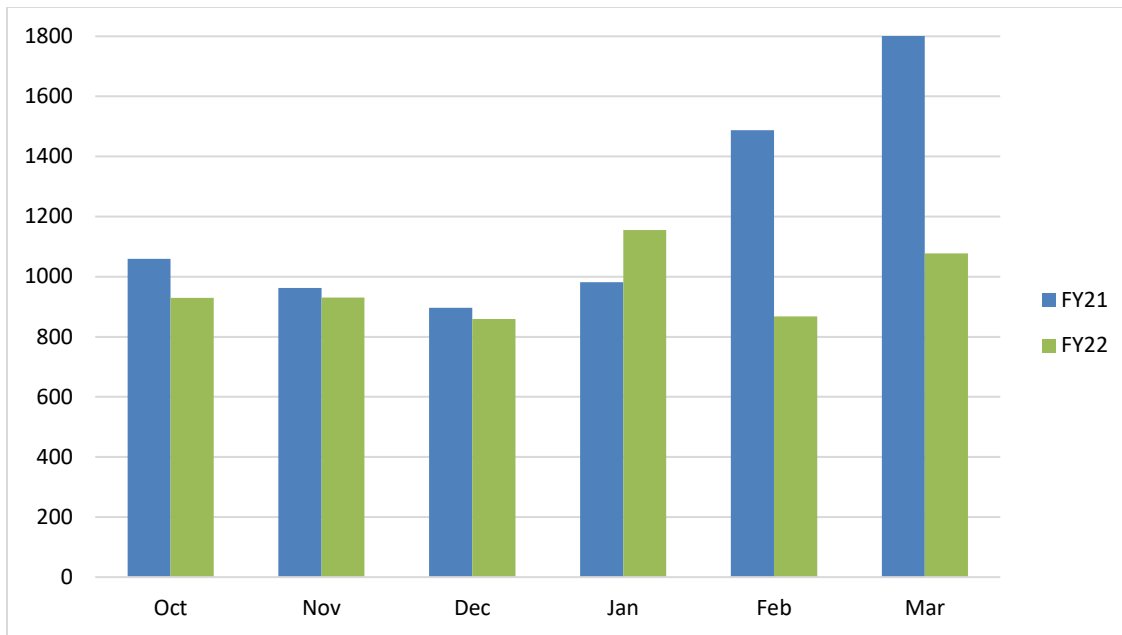


Figure 5 – Volume of Medical Claims FY21 V. FY22

- The graph below represents the types of calls managed by the claims representatives in March.



Figure 6 – March Provider Calls

- Calls pertaining to status of claims represent the highest call volume for March. The team will continue to encourage providers to utilize the Pipeline for 24/7 access to information on processed claims.

Providers Utilized in March

- Figure 7 represents 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 services represent our highest expenditures for claims processed in March.

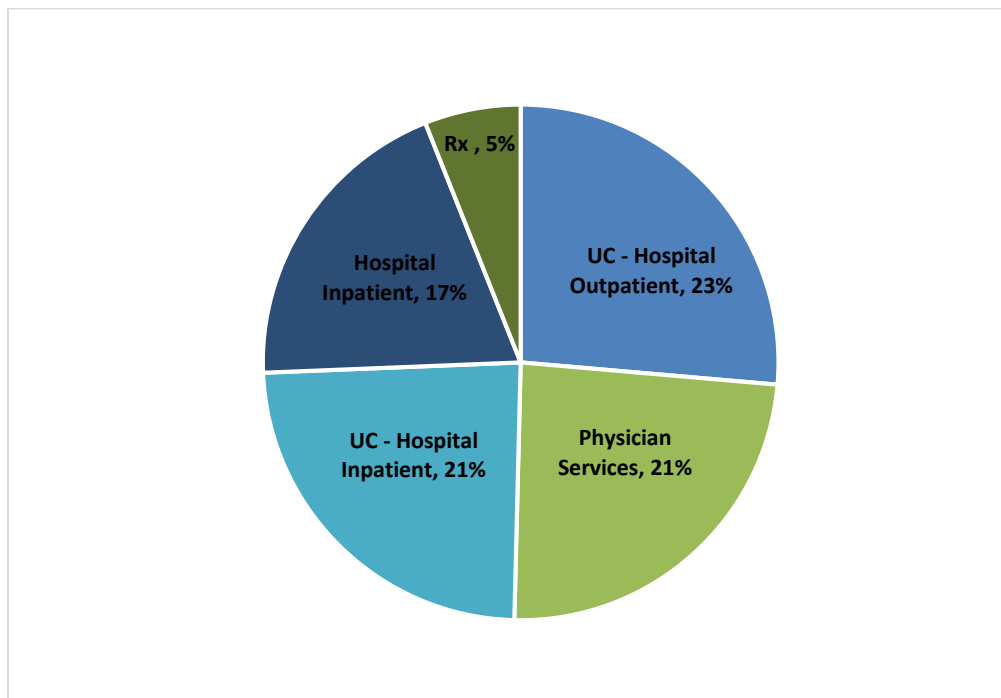


Figure 7 – March Source of Care Identified by the Top 5 Providers Utilized by HCAP Clients

Case Management Updates

The case managers worked with the bill pay team and Prime DX to resolve 4 high dollar claims for services received from HCA Conroe, HCA Tomball and MD Anderson. They obtained the relevant clinical for medical review and to facilitate determination of provider reimbursement.

Education efforts for March

- 57 clients received the diabetes self-management education
- 39 clients received COPD education to improve disease self-management
- 87 clients received education on hypertension management

- 315 clients received wellness calls

Top 5 Diagnoses

The diagnoses below were extracted from claims processed in specific months of the year. Based on ICD10 codes, the main health issues within the HCAP population for claims processed in March include:

- Essential Hypertension (I10)
- Contact with/Exposure to COVID-19 (Z20.822)
- Obstructive sleep apnea (G47.33)
- Hyperlipidemia, Unspecified (E78.5)
- Type 2 Diabetes Mellitus (E11.9)

The case managers will use this information to target intervention via education and other relevant tools. The graphs below provide a visual of the average cost of each claim for the top 5 diagnoses and the reimbursement amount for the services.

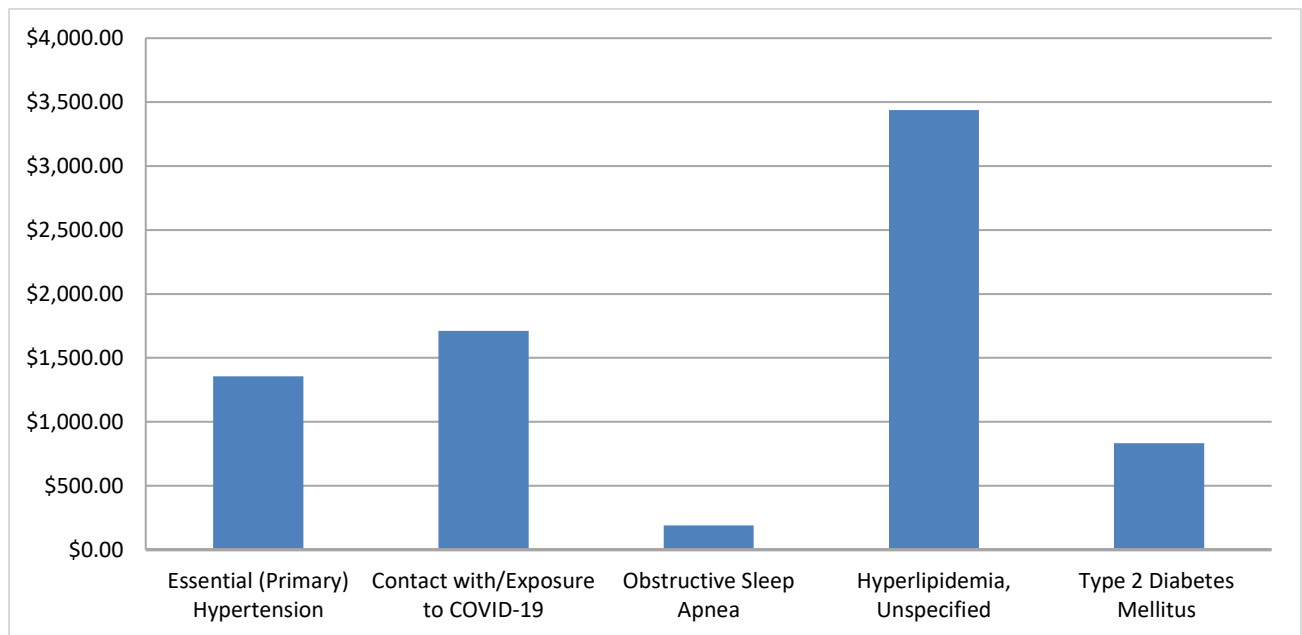


Figure 8 – Average Cost per Claim for Top 5 Diagnoses

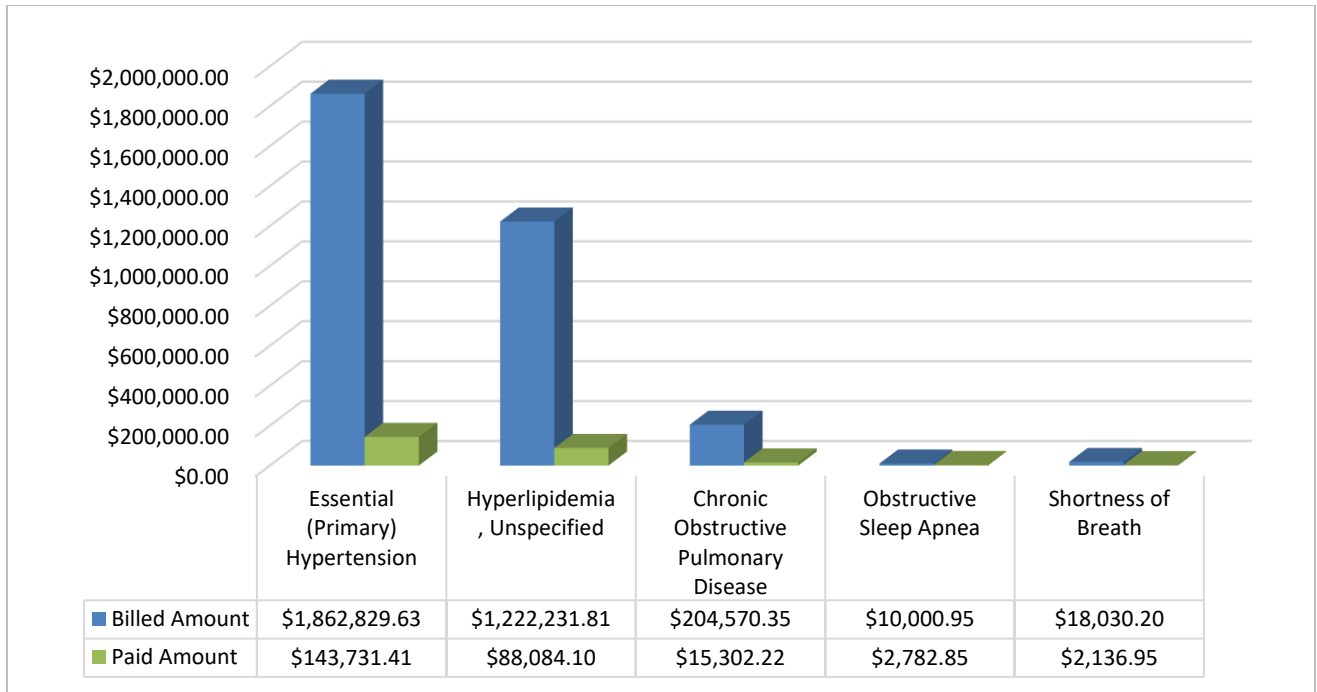


Figure 9 – Amount Billed V. Amount Paid for Top 5 diagnoses

Maximum Liability

Figure 10 shows the number of clients who have reached the maximum annual benefits of \$60,000 or 30 inpatient days each fiscal year while figure 11 depicts the number of clients who reached their maximum liability due to a cancer diagnosis. Year to date, only six clients have exhausted their maximum liability for FY22. Four of the clients were on MCICP (0-21% FPIL) and the other two on MAP (21% - 150% FPIL).

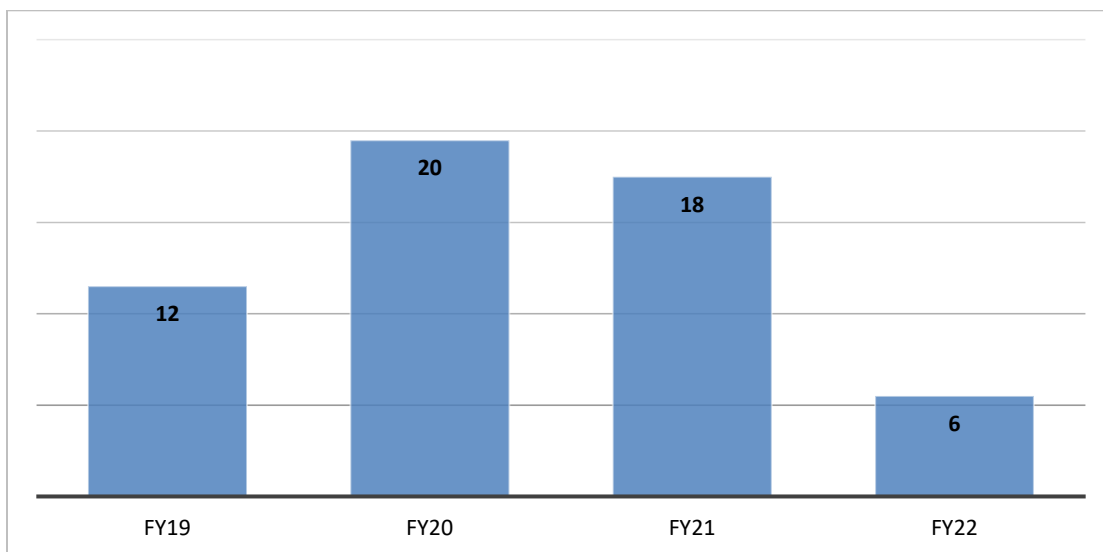


Figure 10 – Maximum Liability Exhausted FY19-22

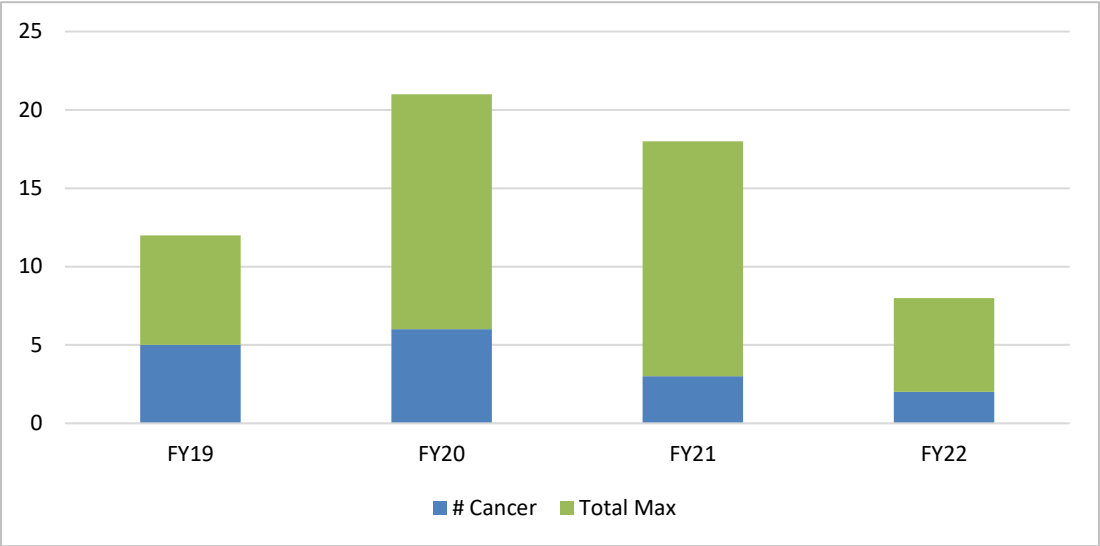


Figure 11 – Number of Clients at Maximum Liability V. Portion of Max with Cancer Diagnosis

Prescription Benefit Services:

Increase in savings for March is attributed to an application for a high dollar Hep. C medication.

Table 1

Month	Applying Clients	Total Applications	Monthly Savings (AWP-16% + Dispensing Fee)
Mar-22	23	32	\$27,050.20
Feb-22	19	23	\$10,852.80
Jan-21	13	16	\$19,352.55
Dec-21	12	13	\$33,876.28
Nov-21	13	20	\$7,956.45
Oct-21	13	17	\$7,898.41
Sep-21	19	24	\$22,039.47
Aug-21	13	18	\$21,749.87
Jul-21	13	19	\$27,892.16
Jun-21	14	17	\$40,87.97
May-21	25	40	\$59,459.99
Apr-21	15	27	\$23,202.47
Mar-21	28	39	\$14,211.45

*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 March 31, 2022*

Rank	Therapy Class	Billed Amount
1	Anticonvulsants - Misc.	\$1,542.07
2	Sympathomimetics	\$1,308.86
3	Opioid Agonists	\$1,107.63
4	Bronchodilators - Anticholinergics	\$998.72
5	Direct Factor Xa Inhibitors	\$518.92
6	Central Muscle Relaxants	\$491.76
7	Fluoroquinolones	\$455.66
8	Insulin	\$384.65
9	Calcium Channel Blockers	\$314.90
10	ACE Inhibitors	\$283.82
11	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	\$242.02
12	HMG CoA Reductase Inhibitors	\$241.52
13	Beta Blockers Cardio-Selective	\$239.55
14	Thyroid Hormones	\$238.30
15	Angiotensin II Receptor Antagonists	\$209.39
16	5-HT3 Receptor Antagonists	\$184.60
17	Proton Pump Inhibitors	\$152.50
18	Alpha-2 Receptor Antagonists (Tetracyclics)	\$136.52
19	Emollient/Keratolytic Agents	\$135.70
20	Laxatives - Miscellaneous	\$130.02
21	Laxative Combinations	\$125.52
22	Serotonin Modulators	\$121.06
23	Antiparkinson Dopaminergics	\$118.98
24	Selective Serotonin Reuptake Inhibitors (SSRIs)	\$118.87
25	Immunosuppressive Agents	\$118.28
Grand Total		\$9,919.82

AGENDA ITEM # 18

Board Mtg:4/26/22

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 2/2/2022 to 3/30/2022

Disbursement Date	Board Reviewed	Payments Made to All Other Vendors (Non-UPL)	
February			
February 2, 2022	Yes	\$	32,942.55
February 9, 2022	Yes	\$	92,780.25
February 16, 2022	Yes	\$	86,863.54
February 23, 2022	Yes	\$	16,041.41
Total February Payments - MTD		\$	228,627.75
Monthly Budget - February 2022		\$	228,060.00
March			
March 2, 2022	No	\$	28,268.38
March 9, 2022	No	\$	97,531.77
March 16, 2022	No	\$	44,407.16
March 23, 2022	No	\$	33,054.94
March 30, 2022	No	\$	46,528.73
Total March Payments - MTD		\$	249,790.98
Monthly Budget - March 2022		\$	228,060.00

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

AGENDA ITEM # 19

Board Mtg: 4/26/22

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 4/1/22 through 4/30/22

<u>Disbursement Date</u>	<u>Value of Services Provided by HCA and Affiliated Providers</u>
<u>April</u>	
April Voluntary Contribution for Medicaid 1115 Waiver Program	\$ 196,471.00
Budgeted Amount April 2022	\$ 196,471.00
Over / (Under) Budget	\$ -

Agenda Item #20



To: Board of Directors

From: Ade Moronkeji

Date: April 26, 2022

Re: Consider and act on revisions and modifications to Healthcare Assistance Program (HCAP) which is comprised of the Montgomery County Indigent Care Plan and the Medical Assistance Plan Handbooks (Mrs. Wagner, Chair-Indigent Care Committee)

Revisions are based on the State CIHCP Handbook revision received April 2022.

MCICP Current Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

**MONTGOMERY COUNTY HOSPITAL DISTRICT
MONTGOMERY COUNTY INDIGENT CARE PLAN
INCOME GUIDELINES (21% FPG) EFFECTIVE 03/01/21**

# of Individuals in the MCICP Household	21% FPG Minimum Income Standard
1	\$226
2	\$305
3	\$385
4	\$464
5	\$544
6	\$623
7	\$703
8	\$782
9	\$861
10	\$941
11	\$1,020
12	\$1,100

New Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

CIHCP Monthly Income Standards Effective April 2022

Based on the **2022** Federal Poverty Guideline (FPG)

# of Individuals in the MCICP Household	21% FPG Minimum Income Standard
1	\$238
2	\$321
3	\$404
4	\$486
5	\$569
6	\$651
7	\$734
8	\$817
9	\$899
10	\$982
11	\$1,064
12	\$1,147

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

MAP Current Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

**MONTGOMERY COUNTY HOSPITAL DISTRICT
MEDICAL ASSISTANCE PLAN INCOME GUIDELINES INCOME
GUIDELINES (150% FPIL) EFFECTIVE 03/01/21**

# of Individuals in the MAP Household	150% FPG Minimum Income Standard
1	\$1,610
2	\$2,178
3	\$2,745
4	\$3,313
5	\$3,880
6	\$4,448
7	\$5,015
8	\$5,583
9	\$6,150
10	\$6,718
11	\$7,285
12	\$7,853

New Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

CIHCP Monthly Income Standards Effective April 2022
Based on the **2022** Federal Poverty Guideline (FPG)

# of Individuals in the MAP Household	150% FPG Minimum Income Standard
1	\$1,699
2	\$2,289
3	\$2,879
4	\$3,469
5	\$4,059
6	\$4,649
7	\$5,239
8	\$5,829
9	\$6,419
10	\$7,009
11	\$7,599
12	\$8,189

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

Fiscal Impact:

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

Montgomery County Hospital District

Montgomery County Indigent Care Plan

Handbook Procedures and Guidelines

Revised [April 1, 2022](#) ~~March 1, 2021~~

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

INTRODUCTION

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

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

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

SECTION ONE
PLAN ADMINISTRATION
INTRODUCTION

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

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

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

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

MCHD MCICP Handbook

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

The purpose of the MCHD MCICP Handbook is to:

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.

GENERAL ADMINISTRATION

MCHD Responsibility

The District will:

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

SECTION ONE
PLAN ADMINISTRATION
GENERAL ADMINISTRATION

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

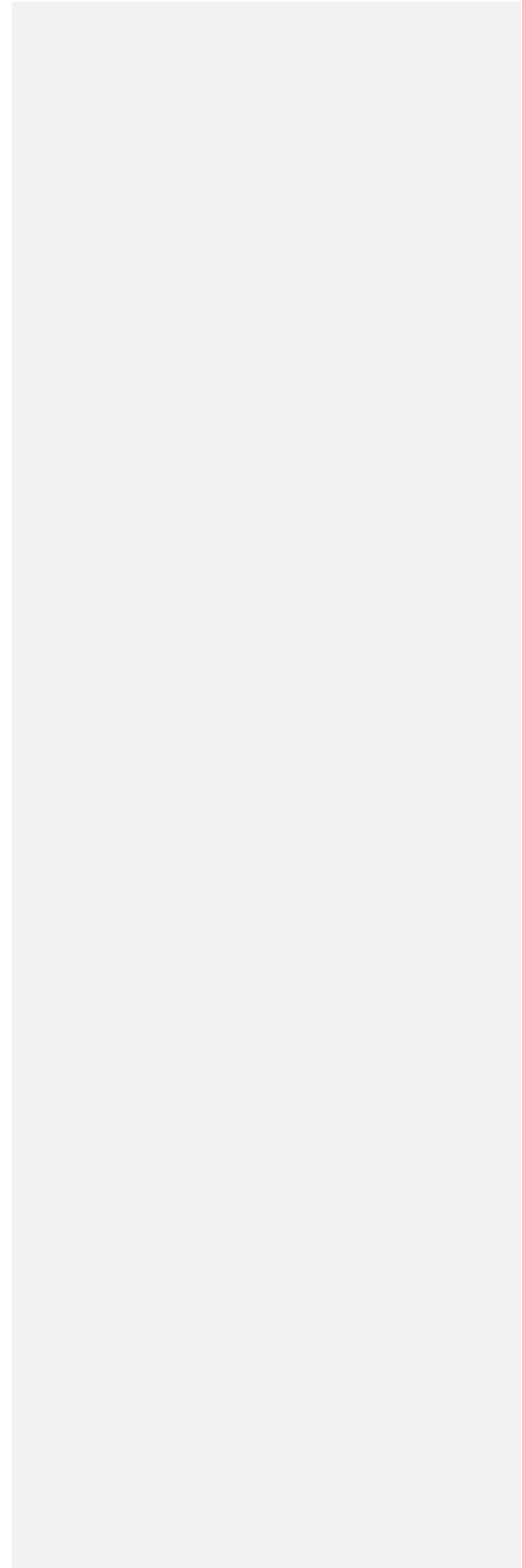
If there is ever a question as to whether or not an applicant should be exempt from work registration, contact the local Texas Workforce Commission (TWC) office when in doubt.

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

SECTION ONE
PLAN ADMINISTRATION
GENERAL ADMINISTRATION

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

SECTION TWO ELIGIBILITY CRITERIA



RESIDENCE

General Principles

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

SECTION TWO
ELIGIBILITY CRITERIA
RESIDENCE

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

Verifying Residence

Verify residence for all clients.

Proof may include but is not limited to:

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

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

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

Documenting Residence

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

CITIZENSHIP

General Principles

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

HOUSEHOLD

General Principles

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

MCHD MCICP Household

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

Disqualified Persons

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

MCHD MCICP One-Person Household

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

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

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

Verifying Household

All households are verified.

Proof may include but is not limited to:

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

Documenting Household

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

RESOURCES

General Principles

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

SECTION TWO
ELIGIBILITY CRITERIA
RESOURCES

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

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

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

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

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

Income- Producing Property

Exempt property that:

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

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

Insurance Settlement

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

Lawsuit Settlement

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

Life Insurance

Exempt the cash value of life insurance policies.

Liquid Resources

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

Loans (Non-Educational)

Exempt these loans from resources.

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

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

Lump-Sum Payments

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

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

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

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

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

Personal Possessions

Exempt.

Real Property

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

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

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

Reimbursement

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

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

Retirement Accounts

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

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

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

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

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

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

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

Exclude all retirement accounts or plans established under:

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

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

Trust Fund

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

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

SECTION TWO
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 RESOURCES

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

Vehicles

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

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

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

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

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

SECTION TWO
ELIGIBILITY CRITERIA
RESOURCES

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

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

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

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

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

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

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

SECTION TWO
ELIGIBILITY CRITERIA
RESOURCES

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

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

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

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

How To Determine Fair Market Value of Vehicles.

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

SECTION TWO
ELIGIBILITY CRITERIA
INCOME

(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.

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

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

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

Crime Victim's Compensation Payments

Exempt.

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

Disability Insurance Payments

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

Dividends and Royalties

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

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

Educational Assistance

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

Energy Assistance

Exempt the following types of energy assistance payments:

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

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

Foster Care Payments

Exempt.

Government Disaster Payments

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

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

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

In-Kind Income

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

Interest

Count as unearned income.

Job Training

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

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

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

Loans (Non-educational)

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

Lump-Sum Payments

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

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

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

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

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

Military Pay

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

Mineral Rights

Count payments for mineral rights as unearned income.

Pensions

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

Reimbursement

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

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

RSDI Payments

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

SECTION TWO
ELIGIBILITY CRITERIA
INCOME

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 self-employment enterprise.

Trust Fund

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

Unemployment Compensation Payments

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 Workforce Commission (TWC) or a court sets the amount of the attorney's fee to be paid.

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

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

Other Types of Benefits and Payments

Exempt benefits and payments from the following programs:

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

Verifying Income

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

Proof may include but is not limited to:

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

Documenting Income

On HCAP Form 101, document the following items.

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

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

The following exceptions apply:

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

BUDGETING INCOME

General Principles

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

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

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

Steps for Budgeting Income

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

Step 1

Determine countable income.

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

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

Step 2

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

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

Self-employment Income.

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

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

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

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

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

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

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

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

Step 3

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

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

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

Step 4

Convert self-employment allowable costs to monthly amounts.

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

Step 5

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

Step 6

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

Step 7

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

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

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

Step 8

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

Deductions for Medicaid-Eligible Individuals

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

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

Step 9

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

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

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

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

Step 10

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

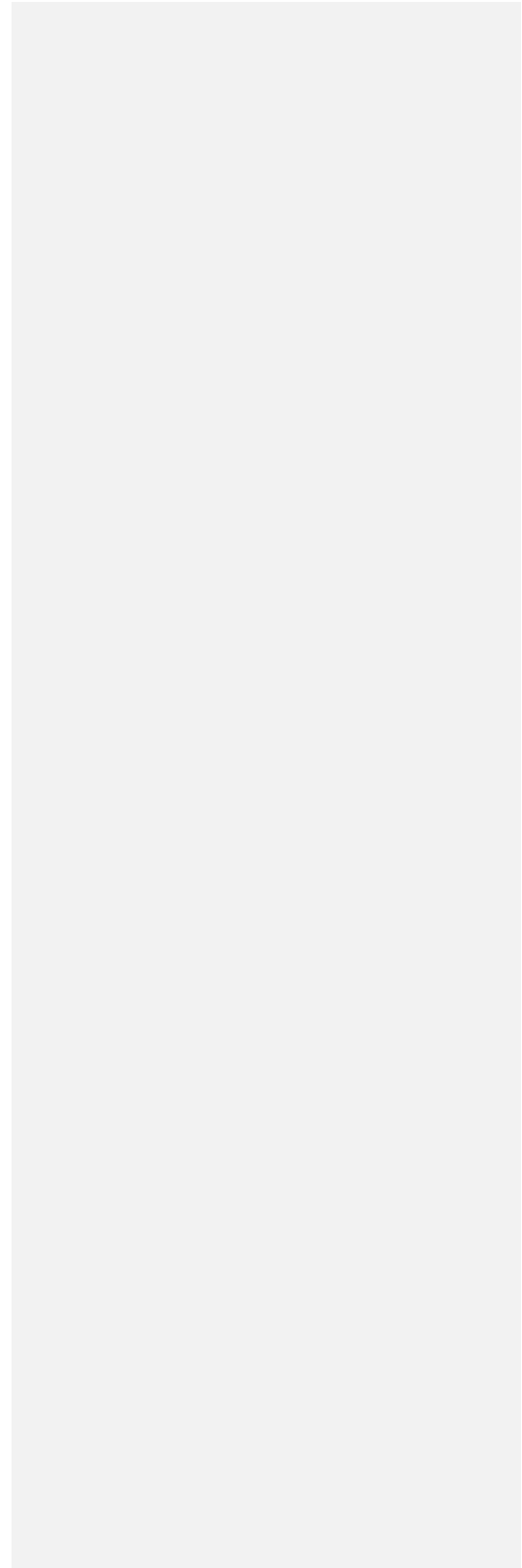
**MONTGOMERY COUNTY HOSPITAL DISTRICT
 MONTGOMERY COUNTY INDIGENT CARE PLAN
 INCOME GUIDELINES EFFECTIVE 04/01/2022
~~03/01/2021~~
 21 % FPIL**

# of Individuals in the MCICP Household	Income Standard 21% FPIL
1	<u>\$238,226</u>
2	<u>\$321,305</u>
3	<u>\$404,385</u>
4	<u>\$486,464</u>
5	<u>\$569,544</u>
6	<u>\$651,623</u>
7	<u>\$734,703</u>
8	<u>\$817,782</u>
9	<u>\$899,861</u>
10	<u>\$982,941</u>
11	<u>\$1,064,1,020</u>
12	<u>\$1,147,1,100</u>

Note: Based on the 2021 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.

SECTION THREE CASE PROCESSING



CASE PROCESSING

General Principles

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

SECTION THREE
CASE PROCESSING

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

SECTION THREE
CASE PROCESSING

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

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

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

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

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

SECTION THREE
CASE PROCESSING

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

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

PROCESSING AN APPLICATION

Steps for Processing an Application

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

Step 1

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

Step 2

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

Step 3

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

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

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

SECTION THREE
CASE PROCESSING
PROCESSING AN APPLICATION

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

Step 4

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

Step 5

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

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

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

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

Step 6

Repeat Steps 2 and 3 as necessary.

Step 7

Determine eligibility based on the five eligibility criteria.

Document information in the case record to support the decision.

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

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

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

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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,

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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

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

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

DENIAL DECISION DISPUTES

Responses Regarding a Denial Decision

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

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

The Household/Client Appeal Process

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

SECTION THREE
CASE PROCESSING
DENIAL DECISION DISPUTES

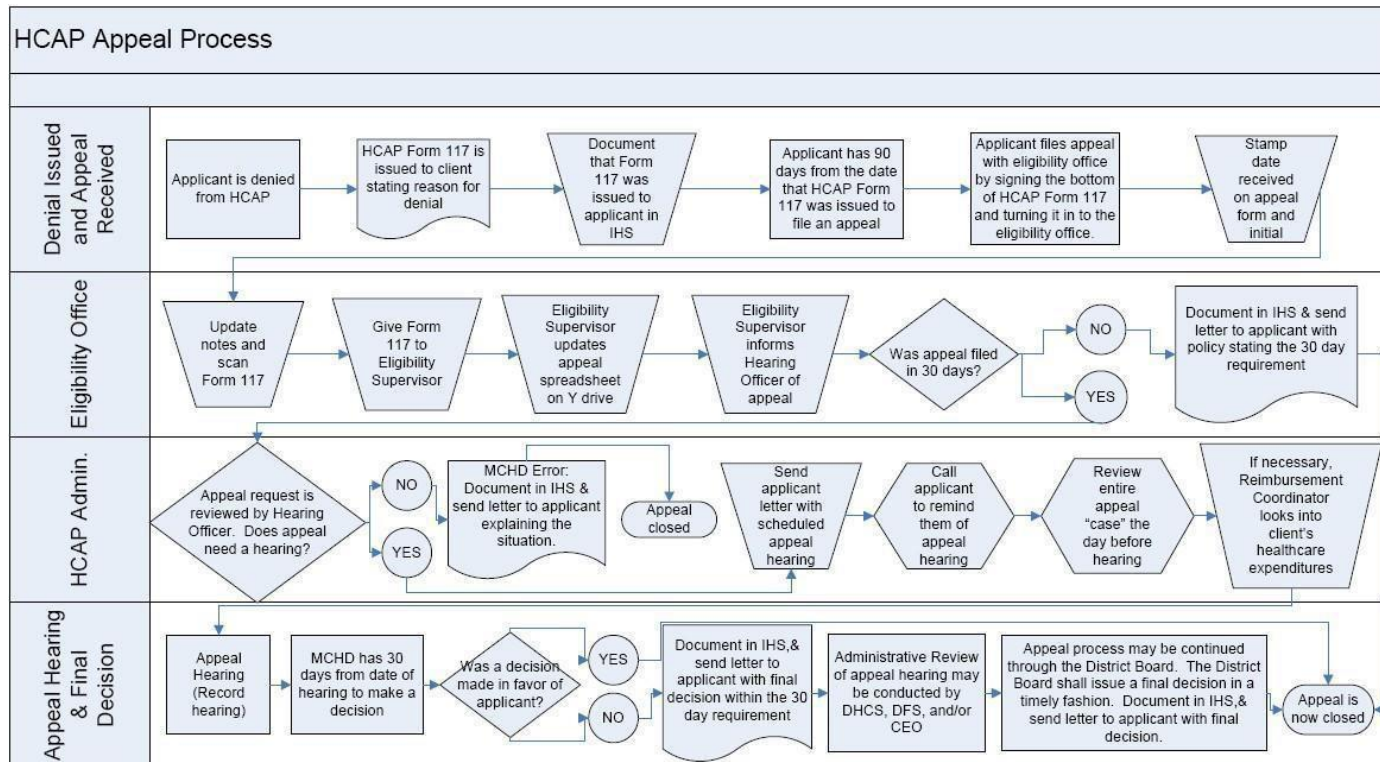
The decision as to whether or not an appeal is necessary is decided upon by the Hearing Officer after reviewing the case.

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.

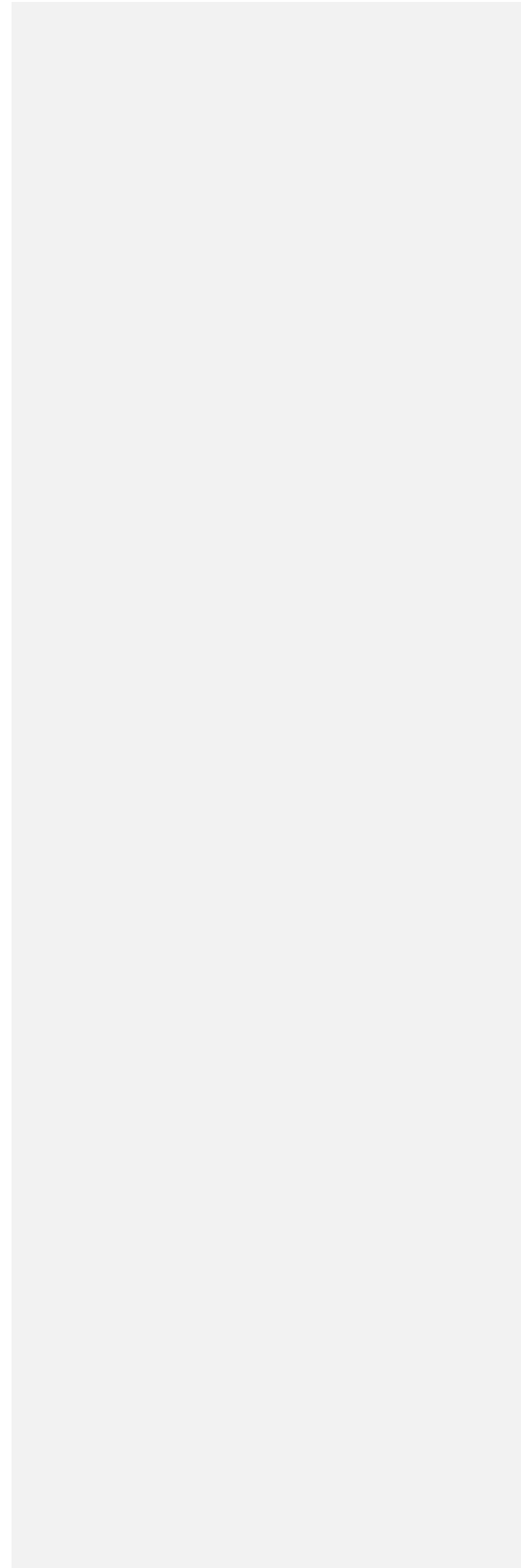
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CASE PROCESSING
DENIAL DECISION DISPUTES

MCICP Appeal Process Flowchart



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

SECTION FOUR SERVICE DELIVERY



SERVICE DELIVERY

General Principles

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

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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 Wellness services
 - Home and community health care services (in special circumstances with authorization)
 - Occupational Therapy Services
 - Physician assistant services (PA)
 - Physical Therapy Services

SECTION FOUR
SERVICE DELIVERY

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

SECTION FOUR
SERVICE DELIVERY
BASIC HEALTH CARE SERVICES

a. 30 days of hospitalization refers to inpatient hospitalization.

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

SECTION FOUR
SERVICE DELIVERY
BASIC HEALTH CARE SERVICES

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

Immunizations

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

Inpatient Hospital Services

Inpatient hospital services must be medically necessary and be:

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

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

Laboratory and X-Ray Services

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

Medical Screening Services

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

Outpatient Hospital Services

Outpatient hospital services must be medically necessary and be:

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

Physician Services

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

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

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

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

Prescription Drugs

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

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

The MCHD HCAP Formulary may be found in Appendix VII.

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

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

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

Rural Health Clinic (RHC) Services

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

Skilled Nursing Facility Services

Services must be:

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

EXTENDED HEALTH CARE SERVICES

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

Advanced Practice Nurse (APN) Services

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

Ambulatory Surgical Center (ASC) Services

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

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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:

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EXTENDED HEALTH CARE SERVICES

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

Colostomy Medical Supplies and Equipment:

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

Mental Health - Counseling Services:

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

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

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

The hospital district requires prior authorization for all mental health

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

(inpatient and outpatient) counseling services.

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

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

Diabetic Medical Supplies and Equipment:

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

The hospital district requires the supplier to receive prior authorization.

Items covered are:

- Test strips, alcohol prep pads, lancets, glucometers, insulin syringes, humulin pens, and needles required for the humulin pens.

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

Diabetic Medical Supplies and Equipment:

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

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SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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

Durable Medical Equipment:

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

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

Items covered with MCHD authorization are:

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

Durable Medical Equipment:

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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

Emergency Medical Services:

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

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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

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

Federally Qualified Health Center (FQHC) Services:

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

Health and Wellness Services

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

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

Home Health Care Services

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

The hospital district requires the provider to receive prior authorization.

Occupational Therapy Services:

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

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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

The hospital district requires the provider to receive prior authorization.

Physician Assistant (PA) Services:

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

Physical Therapy Services:

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

The hospital district requires the provider to receive prior authorization.

EXCLUSIONS AND LIMITATIONS

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

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

SECTION FOUR
SERVICE DELIVERY
EXCLUSIONS AND LIMITATIONS

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

SECTION FOUR
SERVICE DELIVERY
EXCLUSIONS AND LIMITATIONS

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

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

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

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

Conflicts In Other Agreements:

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

SERVICE DELIVERY DISPUTES

Appeals of Adverse Benefits Determinations

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

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

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

Full and Fair Review of All Claims

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

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SERVICE DELIVERY
SERVICE DELIVERY DISPUTES

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

First Appeal Level

Requirements for First Appeal

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

Pre-service Non-urgent Claims:

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

For Post-service Claims:

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

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

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

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

Timing of Notification of Benefit Determination on First Appeal

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

Pre-service Non-urgent Care Claims

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

Concurrent Care Claims

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

Post-service Claims

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

Calculating Time Periods

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

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

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

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

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

Second Appeal Level

Adverse Decision on First Appeal; Requirements for Second Appeal

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

Timing of Notification of Benefit Determination on Second Appeal

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

Pre-service Non-urgent Care Claims

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

Concurrent Care Claims

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

Post-service Claims

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

Calculating Time Periods

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

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

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

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SERVICE DELIVERY
SERVICE DELIVERY DISPUTES

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

Decision on Second Appeal to be Final

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

Appointment of Authorized Representative

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

MANDATED PROVIDER INFORMATION

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

Continuity of Care:

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

Prior Approval:

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

Mandatory Notification Requirements:

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

SECTION FOUR
SERVICE DELIVERY
MANDATED PROVIDER INFORMATION

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

Authorization:

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

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

Emergency Defined:

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

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

Emergency Medical Services:

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

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SERVICE DELIVERY
MANDATED PROVIDER INFORMATION

Reimbursement:

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

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

Return to Mandated Provider:

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

Appeal:

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

SECTION FIVE FORMS

FORMS

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

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

APPENDIX I GLOSSARY OF TERMS

GLOSSARY

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

Accessible Resources - Resources legally available to the household.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The District – Montgomery County Hospital District

Domicile - A residence

DSHS - Department of State Health Services (Texas DSHS)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Gross Income - Income before deductions.

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX I.
GLOSSARY OF TERMS

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

Net income - Gross income minus allowable deductions.

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

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

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

Real Property - Land and any improvements on it.

Reimbursement - Repayment for a specific item or service.

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

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

Relationship also extends to:

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

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

APPENDIX I.
GLOSSARY OF TERMS

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

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

Status Date – The date when the hospital district make a change to a client's status.

TDSHS – Texas Department of State Health Services

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

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

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

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

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

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

**APPENDIX II
MCHD'S ENABLING
LEGISLATION**

MONTGOMERY COUNTY HOSPITAL DISTRICT'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT¹

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) Bonds of the district shall mature within 40 years of their date, shall be executed in the name of the hospital district and on its behalf by the president of the board and countersigned by the secretary in the manner provided by Chapter 204, Acts of the 57th Legislature, Regular Session, 1961 as amended (Article 717j--1, Vernon's Texas Civil Statutes), shall bear interest at a rate not to exceed that prescribed by Chapter 3, Acts of the 61st Legislature, Regular Session, 1969, as amended (Article 717k--2, Vernon's Texas Civil Statutes), and shall be subject to the same requirements in the manner of approval by the Attorney General of Texas and registration by the Comptroller of Public Accounts of the State of Texas as are by law provided for approval and registration of bonds issued by

counties. On the approval of bonds by the attorney general and registration by the comptroller, the same shall be incontestable for any cause.

(d) The district shall have the same power and authority as cities and counties under The Certificate of Obligation Act of 1971 (Article 2368a.1, Vernon's Texas Civil Statutes) to issue and sell certificates of obligation for permitted purposes under this Act in accordance with the provisions of The Certificate of Obligation Act. Certificates of Obligation shall be issued in conformity with and in the manner specified in The Certificate of Obligation Act, as it may be amended from time to time.

Sec. 9. A petition for an election to create a hospital district, as provided in Section 3 of this Act, may incorporate a request that a separate proposition be submitted at such election as to whether the board of directors of the district, in the event same is created, shall be authorized to issue bonds for the purposes specified in Section 8 of this Act. Such petition shall specify the maximum amount of bonds to be issued and their maximum maturity, and same shall be included in the proposition submitted at the election.

Sec. 9A. The district may issue revenue bonds or certificates of obligation or may incur or assume any other debt only if authorized by a majority of the voters of the district voting in an election held for that purpose. This section does not apply to refunding bonds or other debt incurred solely to refinance an outstanding debt.

Sec. 10. In addition to the power to issue bonds payable from taxes levied by the district, as contemplated by Section 8 of this Act, the board of directors is further authorized to issue and to refund any previously issued revenue bonds for purchasing, constructing, acquiring, repairing, equipping, or renovating buildings and improvements for health care or hospital purposes and for acquiring sites for health care or hospital

purposes, the bonds to be payable from and secured by a pledge of all or any part of the revenues of the district to be derived from the operation of its hospital or health care facilities. The bonds may be additionally secured by a mortgage or deed of trust lien on any part or all of its properties. The bonds shall be issued in the manner and in accordance with the procedures and requirements specified for the issuance of revenue bonds by county hospital authorities in Sections 8 and 10 through 13 of Chapter 122, Acts of the 58th Legislature, 1963 (Article 4494r, Vernon's Texas Civil Statutes).

Sec. 11. (a) The board of directors is hereby given complete discretion as to the type of buildings, both as to number and location, required to establish and maintain an adequate health care or hospital system. The health care or hospital system may include domiciliary care and treatment of the sick, wounded, and injured, hospitals, outpatient clinic or clinics, dispensaries, geriatric domiciliary care and treatment, convalescent home facilities, necessary nurses, domicilaries and training centers, blood banks, community mental health centers and research centers or laboratories, ambulance services, and any other facilities deemed necessary for health or hospital care by the directors. The district, through its board of directors, is further authorized to enter into an operating or management contract with regard to its facilities or a part thereof or may lease all or part of its buildings and facilities on terms and conditions considered to be to the best interest of its inhabitants. Except as provided by Subsection (c) of Section 15 of this Act, the term of a lease may not exceed 25 years from the date entered. The district shall be empowered to sell or otherwise dispose of any property, real or personal, or equipment of any nature on terms and conditions found by the board to be in the best interest of its inhabitants.

(b) The district may sell or exchange a hospital, including real property necessary or convenient for the operation of the hospital and real property that the board of directors finds may be useful in connection with future expansions of the hospital, on terms and conditions the board determines to be in the best interests of the district, by complying with the procedures prescribed by Sections 285.052, Health and Safety Code, and any subsequent amendments.

(c) The board of directors of the district shall have the power to prescribe the method and manner of making purchases and expenditures by and for the hospital district and shall also be authorized to prescribe all accounting and control procedures. All contracts for construction involving the expenditure of more than \$10,000 may be made only after advertising in the manner provided by Chapter 163, Acts of the 42nd Legislature, Regular Session, 1931, as amended (Article 2368a, Vernon's Texas Civil Statutes). The provisions of Article 5160, Revised Civil Statutes of Texas, 1925, as amended, relating to performance and payment bonds shall apply to construction contracts let by the district. The district may acquire equipment for use in its health care or hospital system and mortgage or pledge the property so acquired as security for the payment of the purchase price, but any such contract shall provide for the entire obligation of the district to be retired within five years from the date of the contract. Except as permitted in the preceding sentence and as permitted by Sections 5, 8, 9 and 10 of this Act, the district may incur no obligation payable from any revenues of the district, except those on hand or to be on hand within the then current and following fiscal year of the district.

(d) The board may declare an emergency in the matter of funds not being available to pay principal of and interest on any bonds of the district payable in whole or in part

from taxes or to meet any other needs of the district and may issue negotiable tax anticipation notes to borrow the money needed by the district. Tax anticipation notes may bear interest at any rate or rates authorized by general law and must mature within one year of their date. Tax anticipation notes may be issued for any purpose for which the district is authorized to levy taxes, and tax anticipation notes shall be secured with the proceeds of taxes to be levied by the district in the succeeding 12-month period. The board may covenant with the purchasers of the notes that the board will levy a sufficient tax in the following fiscal year to pay principal of and interest on the notes and pay the costs of collecting the taxes.

Section 12. (a) The board of directors of the district shall name one or more banks within its boundaries to serve as depository for the funds of the district. All funds of the district, except those invested as provided in Section 5 of this Act and those transmitted to a bank or banks of payment for bonds or obligations issued or assumed by the district shall be deposited as received with the depository bank and shall remain on deposit; provided that nothing in this Act shall limit the power of the board to place a portion of such funds on time deposit or purchase certificates of deposit.

(b) Before the district deposits in any bank funds of the district in an amount which exceeds the maximum amount secured by the Federal Deposit Insurance Corporation, the bank shall be required to execute a bond or other security in an amount sufficient to secure from loss the district funds which exceed the amount secured by the Federal Deposit Insurance Corporation.

Sec. 13. (a) The board of directors shall annually levy a tax not to exceed the amount hereinabove permitted for the purpose of paying:

(1) the indebtedness assumed or issued by the district, but no tax shall be levied to pay principal of or interest on revenue bonds issued under the provisions of Section 9 of this Act; and

(2) the maintenance and operating expenses of the district.

(b) In setting the tax rate the board shall take into consideration the income of the district from sources other than taxation. On determination of the amount of tax required to be levied, the board shall make the levy and certify the same to the tax assessor-collector.

Sec. 13A. (a) Notwithstanding Section 26.07(b)(3), Tax Code, a petition to require an election under Section 26.07, Tax Code, on reducing the district's tax rate to the rollback tax rate shall be submitted to the county election administrator of Montgomery County instead of to the board of directors of the district.

(b) Notwithstanding Section 26.07(c), Tax Code, not later than the 20th day after the day a petition is submitted under Subsection (a) of this section, the county elections administrator shall:

(1) determine whether the petition is valid under Section 26.07, Tax Code;

and

(2) certify the determination of the petition's validity to the board of directors of the district.

(c) If the county elections administrator fails to act within the time allowed, the petition is treated as if it had been found valid.

(d) Notwithstanding Section 26.07(d), Tax Code, if the county elections administrator certifies to the board of directors that the petition is valid or fails to act within the time allowed, the board of directors shall order that an election under Section

26.07, Tax Code, to determine whether to reduce the district's tax rate to the rollback rate be held in the district in the manner prescribed by Section 26.07(d) of that code.

(e) The district shall reimburse the county elections administrator for reasonable costs incurred in performing the duties required by this section.

Sec. 14. All bonds issued and indebtedness assumed by the district shall be and are hereby declared to be legal and authorized investments of banks, savings banks, trust companies, building and loan associations, savings and loan associations, insurance companies, trustees, and sinking funds of cities, towns, villages, counties, school districts, or other political subdivisions of the State of Texas, and for all public funds of the State of Texas or its agencies including the Permanent School Fund. Such bonds and indebtedness shall be eligible to secure deposit of public funds of the State of Texas and public funds of cities, towns, villages, counties, school districts, or other political subdivisions or corporations of the State of Texas and shall be lawful and sufficient security for said deposits to the extent of their value when accompanied by all unmatured coupons appurtenant thereto.

Sec. 15. (a) The district shall have the right and power of eminent domain for the purpose of acquiring by condemnation any and all property of any kind and character in fee simple, or any lesser interest therein, within the boundaries of the district necessary or convenient to the powers, rights, and privileges conferred by this Act, in the manner provided by the general law with respect to condemnation by counties; provided that the district shall not be required to make deposits in the registry of the trial court of the sum required by Paragraph 2 of Article 3268, Revised Civil Statutes of Texas, 1925, as amended, or to make bond as therein provided. In condemnation proceedings being

prosecuted by the district, the district shall not be required to pay in advance or give bond or other security for costs in the trial court, nor to give any bond otherwise required for the issuance of a temporary restraining order or a temporary injunction, nor to give bond for costs or for supersedeas on any appeal or writ of error.

(b) If the board requires the relocation, raising, lowering, rerouting, or change in grade or alteration in the construction of any railroad, electric transmission, telegraph or telephone lines, conduits, poles, or facilities or pipelines in the exercise of the power of eminent domain, all of the relocation, raising, lowering, rerouting, or changes in grade or alteration of construction due to the exercise of the power of eminent domain shall be the sole expense of the board. The term “sole expense” means the actual cost of relocation, raising, lowering, rerouting, or change in grade or alteration of construction to provide comparable replacement without enhancement of facilities, after deducting the net salvage value derived from the old facility.

(c) Land owned by the district may not be leased for a period greater than 25 years unless the board of directors:

- (1) funds that the land is not necessary for health care or hospital purposes;
- (2) complies with any indenture securing the payment of bonds issued by the district; and
- (3) receives on behalf of the district not less than the current market value for the lease.

(d) Land of the district, other than land that the district is authorized to sell or exchange under Subsection (b) of Section 11 of this Act, may not be sold unless the board of directors complies with Section 272.002, Local Government Code.

Sec. 16. (a) The directors shall have the authority to levy taxes for the entire year in which the district is created as the result of the election herein provided. All taxes of the district shall be assessed and collected on county tax values as provided in Subsection (b) of this section unless the directors, by majority vote, elect to have taxes assessed and collected by its own tax assessor-collector under Subsection (c) of this section. Any such election may be made prior to December 1 annually and shall govern the manner in which taxes are subsequently assessed and collected until changed by a similar resolution. Hospital tax shall be levied upon all taxable property within the district subject to hospital district taxation.

(b) Under this subsection, district taxes shall be assessed and collected on county tax values in the same manner as provided by law with relation to county taxes. The tax assessor-collector of the county in which the district is situated shall be charged and required to accomplish the assessment and collection of all taxes levied by and on behalf of the district. The assessor-collector of taxes shall charge and deduct from payments to the hospital districts an amount as fees for assessing and collecting the taxes at a rate of one percent of the taxes assessed and one percent of the taxes collected but in no event shall the amount paid exceed \$5000 in any one calendar year. Such fees shall be deposited in the officers salary funds of the county and reported as fees of office of the county tax assessor- collector. Interest and penalties on taxes paid to the hospital district shall be the same as in the case of county taxes. Discounts shall be the same as allowed by the county. The residue of tax collections after deduction of discounts and fees for assessing and collecting shall be deposited in the district's depository. The bond of the county tax assessor-collector shall stand as security for the proper performance of his duties as assessor-collector of the

district, or if in the judgment of the district board of directors it is necessary, additional bond payable to the district may be required. In all matters pertaining to the assessment, collection, and enforcement of taxes for the district, the county tax assessor-collector shall be authorized to act in all respects according to the laws of the State of Texas relating to state and county taxes.

(c) Under this subsection, taxes shall be assessed and collected by a tax assessor-collector appointed by the directors, who shall also fix the term of his employment, compensation, and requirement for bond to assure the faithful performance of his duties, but in no event shall such bond be for less than \$5,000, or the district may contract for the assessment and collection of taxes as provided by the Tax Code.

Sec. 17. The district may employ fiscal agents, accountants, architects, and attorneys as the board may consider proper.

Sec. 18. Whenever a patient residing within the district has been admitted to the facilities of the district, the chief administrative officer may cause inquiry to be made as to his circumstances and those of the relatives of the patient legally liable for his support. If he finds that the patient or his relatives are able to pay for his care and treatment in whole or in part, an order shall be made directing the patient or his relatives to pay to the hospital district for the care and support of the patient a specified sum per week in proportion to their financial ability. The chief administrative officer shall have the power and authority to collect these sums from the estate of the patient or his relatives legally liable for his support in the manner provided by law for collection of expenses in the last illness of a deceased person. If the chief administrative officer finds that the patient or his relatives are not able to pay either in whole or in part for his care and treatment in the

facilities of the district, same shall become a charge on the hospital district as to the amount of the inability to pay. Should there be any dispute as to the ability to pay or doubt in the mind of the chief administrative officer, the board of directors shall hear and determine same after calling witnesses and shall make such order or orders as may be proper. Appeals from a final order of the board shall lie to the district court. The substantial evidence rule shall apply.

Sec. 19. (a) The district may sponsor and create a nonstock, nonmember corporation under the Texas Non-Profit Corporation Act (Article 1396-1.01 et seq., Vernon's Texas Civil Statutes) and its subsequent amendments and may contribute or cause to be contributed available funds to the corporations.

(b) The funds of the corporations, other than funds paid by the corporation to the district, may be used by the corporation only to provide, to pay the costs of providing, or to pay the costs related to providing indigent health care or other services that the district is required or permitted to provide under the constitution or laws of this state. The board of directors of the hospital district shall establish adequate controls to ensure that the corporation uses its funds as required by this subsection.

(c) The board of directors of the corporation shall be composed of seven residents of the district appointed by the board of directors of the district. The board of directors of the district may remove any director of the corporation at any time with or without cause.

(d) The corporation may invest funds in any investment in which the district is authorized to invest funds of the district, including investments authorized by the Public Funds Investment Act of 1987 (Article 842a-2, Vernon's Texas Civil Statutes) and its subsequent amendments.

Sec. 20. After creation of the hospital district, no county, municipality, or political subdivision wholly or partly within the boundaries of the district shall have the power to levy taxes or issue bonds or other obligations for hospital or health care purposes or for providing medical care for the residents of the district. The hospital district shall assume full responsibility for the furnishing of medical and hospital care for its needy inhabitants. When the district is created and established, the county and all towns and cities located wholly or partly therein shall convey and transfer to the district title to all land, buildings, improvements, and equipment in anywise pertaining to a hospital or hospital system located wholly within the district which may be jointly or separately owned by the county or any city or town within the district. Operating funds and reserves for operating expenses which are on hand and funds which have been budgeted for hospital purposes by the county or any city or town therein for the remainder of the fiscal year in which the district is created shall likewise be transferred to the district, as shall taxes previously levied for hospital purposes for the current year, and all sinking funds established for payment of indebtedness assumed by the district.

Sec. 21. The support and maintenance of the hospital district shall never become a charge against or obligation of the State of Texas nor shall any direct appropriation be made by the legislature for the construction, maintenance, or improvement of any of the facilities of the district.

Sec. 22. In carrying out the purposes of this act, the district will be performing an essential public function, and any bonds issued by it and their transfer and the issuance therefrom, including any profits made in the sale thereof, shall at all times be free from taxation by the state or any municipality or political subdivision thereof.

Sec. 23. The legislature hereby recognizes there is some confusion as to the proper qualification of electors in the light of recent court decisions. It is the intention of this Act to provide a procedure for the creation of the hospital district and to allow the district, when created, to issue bonds payable from taxation, but that in each instance the authority shall be predicated on the expression of the will of the majority of those who cast valid ballots at an election called for the purpose. Should the body calling an election determine that all qualified electors, including those who own taxable property which has been duly rendered for taxation, should be permitted to vote at an election by reason of the aforesaid court decisions nothing herein shall be construed as a limitation on the power to call and hold an election; provided provision is made for the voting, tabulating, and counting of the ballots of the resident qualified property taxpaying electors separately from those who are qualified electors, and in any election so called a majority vote of the resident qualified property taxpaying voters and a majority vote of the qualified electors, including those who own taxable property which has been duly rendered for taxation, shall be required to sustain the proposition.

23A. (a) The board of directors may order an election on the question of dissolving the district and disposing of the districts assets and obligations.

(b) The election shall be held on the earlier of the following dates that occurs at least 90 days after the date on which the election is ordered:

- (1)** the first Saturday in May; or
- (2)** the date of the general election for state and county officers.

(c) The ballot for the election shall be printed to permit voting for or against the proposition: "The dissolution of the Montgomery County Hospital District." The election shall be held in accordance with the applicable provisions of the Election Code.

(d) If a majority of the votes in the election favor dissolution, the board of directors shall find that the district is dissolved. If a majority of the votes in the election do not favor dissolution, the board of directors shall continue to administer the district and another election on the question of dissolution may not be held before the fourth anniversary of the most recent election to dissolve the district.

(e) If a majority of the votes in the election favor dissolution, the board of directors shall:

(1) transfer the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment that belong to the district to Montgomery County not later than the 45th day after the date on which the election is held; and

(2) transfer the land, buildings, improvements, equipment not described by Subdivision (1) of this subsection, and other assets that belong to the district to Montgomery County or administer the property, assets, and debts in accordance with Subsections (g)-(k) of this section.

(f) The county assumes all debts and obligations of the district relating to the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment at the time of the transfer. If the district also transfers the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the county assumes

all debts and obligations of the district relating to those assets at the time of the transfer and the district is dissolved. The county shall use all transferred assets to:

- (1) pay the outstanding debts and obligations of the district relating to the assets at the time of the transfer; or**
- (2) furnish medical and hospital care for the needy residents of the county.**

(g) If the board of directors finds that the district is dissolved but does not transfer the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the board of directors shall continue to control and administer that property and those assets and the related debts of the district until all funds have been disposed of and all district debts have been paid or settled.

(h) After the board of directors finds that the district is dissolved, the board of directors shall:

- (1) determine the debt owed by the district; and**
- (2) impose on the property included in the district's tax rolls a tax that is in proportion of the debt to the property value.**

(i) The board of directors may institute a suit to enforce payment of taxes and to foreclose liens to secure the payment of taxes due the district.

(j) When all outstanding debts and obligations of the district are paid, the board of directors shall order the secretary to return the pro rata share of all unused tax money to each district taxpayer and all unused district money from any other source to Montgomery County. A taxpayer may request that the taxpayer's share of surplus tax money be credited to the taxpayer's county taxes. If a taxpayer requests the credit, the board of directors shall direct the secretary to transmit the funds to the county tax

assessor-collector. Montgomery County shall use unused district money received under this section to furnish medical and hospital care for the needy residents of the county.

(k) After the district has paid all its debts and has disposed of all its assets and funds as prescribed by this section, the board of directors shall file a written report with the Commissioners Court of Montgomery County setting forth a summary of the board of directors' actions in dissolving the district. Not later than the 10th day after it receives the report and determines that the requirements of this section have been fulfilled, the commissioners court shall enter an order dissolving the district.

Sec. 23B. (a) The residents of the district by petition may request the board of directors to order an election on the question of dissolving the district and disposing of the district's assets and obligations. A petition must:

(1) state that it is intended to request an election in the district on the question of dissolving the district and disposing of the district's assets and obligations;

(2) be signed by a number of residents of the district equal to at least 15 percent of the total vote received by all candidates for governor in the most recent gubernatorial general election in the district that occurs more than 30 days before the date the petition is submitted; and

(3) be submitted to the county elections administrator of Montgomery County.

(a-1) Not later than the 30th day after the date a petition requesting the dissolution of the district is submitted under Subsection (a) of this section, the county elections administrator shall:

(1) determine whether the petition is valid; and

(2) certify the determination of the petition's validity to the board of directors of the district.

(a-2) If the county elections administrator fails to act within the time allowed, the petition is treated as if it had been found valid;

(a-3) If the county elections administrator certifies to the board of directors that the petition is valid or fails to act within the time allowed, the board of directors shall order that a dissolution election be held in the district in the manner prescribed by this section.

(a-4) If a petition submitted under Subsection (a) of this section does not contain the necessary number of valid signatures, the residents of the district may not submit another petition under Subsection (a) of this section before the third anniversary of the date the invalid petition was submitted.

(a-5) The district shall reimburse the county elections administrator for reasonable costs incurred in performing the duties required by this section.

(b) The election shall be held on the earlier of the following dates that occurs at least 90 days after the date on which the election is ordered:

(1) the first Saturday in May; or

(2) the date of the general election for state and county officers.

(c) The ballot for the election shall be printed to permit voting for or against the proposition: "The dissolution of the Montgomery County Hospital District." The election shall be held in accordance with the applicable provisions of the Election Code.

(d) If a majority of the votes in the election favor dissolution, the board of directors shall find that the district is dissolved. If less than a majority of the votes in the election

favor dissolution, the board of directors shall continue to administer the district and another election on the question of dissolution may not be held before the third anniversary of the most recent election to dissolve the district.

(e) If a majority of the votes in the election favor dissolution, the board of directors shall transfer the land, buildings, improvements, equipment, and other assets that belong to the district to Montgomery County not later than the 45th day after the date on which the election is held. The county assumes all debts and obligations of the district at the time of the transfer and the district is dissolved. The county should use all transferred assets in a manner that benefits residents of the county residing in territory formerly constituting the district. The county shall use all transferred assets to:

(1) pay the outstanding debts and obligations of the district relating to the assets at the time of the transfer; or

(2) furnish medical and hospital care for the needy residents of the county.

Sec. 24. If a hospital district has not been created under this Act by January 1, 1982, then the Act will no longer be in effect.

Sec. 25. Proof of provisions of the notice required in the enactment hereof under the provisions of Article IX, Section 9, of the Texas Constitution, has been made in the manner and form provided by law pertaining to the enactment of local and special laws, and the notice is hereby found and declared proper and sufficient to satisfy the requirement.

Sec. 26. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended, and that this Act take effect and be in force from and after its passage, and it is so enacted.

APPENDIX III
CHAPTER 61

Chapter 61 of the Health and Safety Code is a law passed by the First Called Special Session of the 69th Legislature in 1985 that:

- Defines who is indigent,
- Assigns responsibilities for indigent health care,
- Identifies health care services eligible people can receive, and
- Establishes a state assistance fund to match expenditures for counties that exceed certain spending levels and meet state requirements.

Chapter 61, Health and Safety Code, is intended to ensure that needy Texas residents, who do not qualify for other state or federal health care assistance programs, receive health care services.

Chapter 61, Health and Safety Code, may be accessed at:

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

**APPENDIX IV
TEXAS
ADMINISTRATIVE
CODE SUBCHAPTERS**

APPENDIX IV.
TEXAS ADMINISTRATIVE CODE SUBCHAPTERS

The Texas Administrative Code (TAC) is the compilation of all state agency rules in Texas.

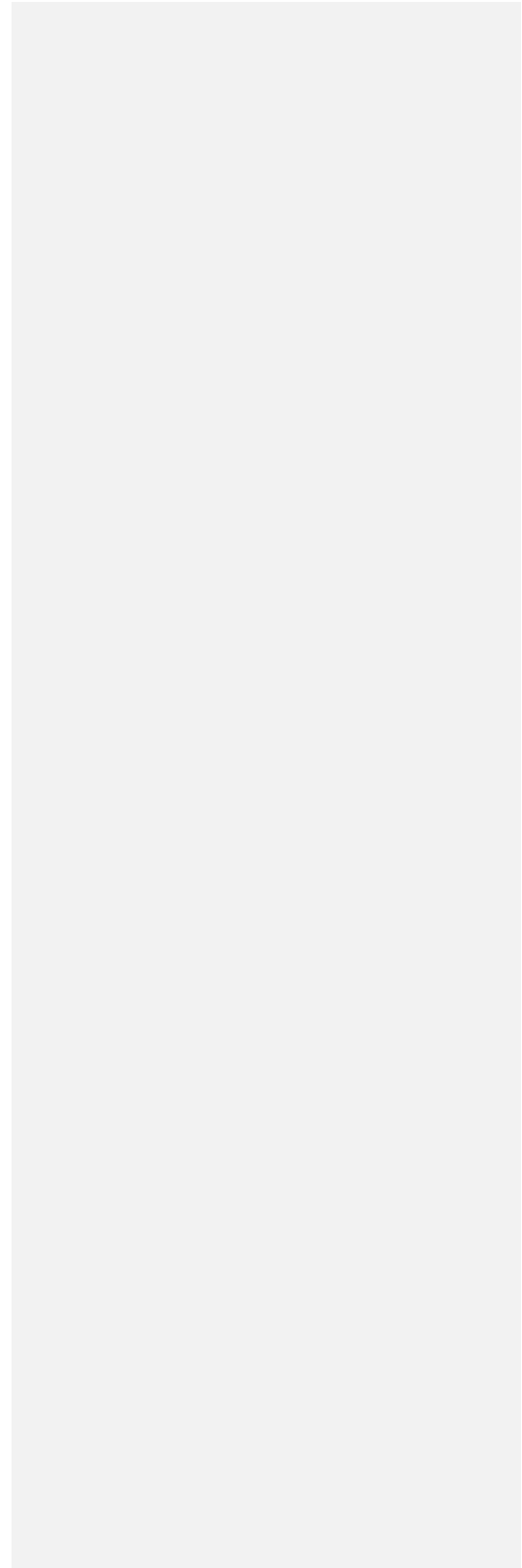
The County Indigent Health Care Program (CIHCP) rules are in: TAC, Title 25 (Health Services), Part 1 (TDSHS), Chapter 14 (CIHCP), and the following Subchapters:

- A - Program Administration
- B - Determining Eligibility
- C - Providing Services

The CIHCP rules may be accessed at:

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

**APPENDIX V
FEDERAL POVERTY
GUIDELINES**



APPENDIX V.
FEDERAL POVERTY GUIDELINES

FEDERAL POVERTY GUIDELINES

FAMILY SIZE	21% FPIL
1	\$238,226
2	\$321,305
3	\$404,385
4	\$486,464
5	\$569,544
6	\$651,623
7	\$734,703
8	\$817,782
9	\$899,861
10	\$982,941
11	\$1,064,020
12	\$1,147,100

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* Effective ~~April 1, 2022~~ March 1, 2024

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

State of Texas §
 §
County of Montgomery §

**AGREEMENT FOR ENROLLMENT OF COUNTY INMATES INTO
MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE
PROGRAM**

This Agreement is made and entered into this ~~the~~ day of March, 2014, by and between the County of Montgomery, a governmental subdivision of the State of Texas, (hereinafter "the County") and the Montgomery County Hospital District, a governmental subdivision of the State of Texas created pursuant to Acts of the 65th Legislature, Regular Session, 1977, Chapter 258, as amended (hereinafter "the MCHD").

WITNESSETH:

WHEREAS, the County operates a county jail and provides law enforcement services; and

WHEREAS, County jail inmates and detainees have the need for occasional medical treatment beyond that which jail personnel are qualified to administer; and

WHEREAS, many County inmates and detainees at the County jail qualify under the financial and other criteria of the Montgomery County Hospital District Public Assistance Program (hereinafter "Hospital District Public Assistance Program" or sometimes "Program") as indigent persons; and

WHEREAS; the MCHD was created and enacted for the purpose of providing healthcare services to the needy or indigent residents of Montgomery County; and

WHEREAS, the MCHD is the only local governmental entity with the power to levy taxes, issue bonds or other obligations for hospital or health care purposes or for providing medical care for the residents of Montgomery County; and

WHEREAS, providing for the healthcare needs of the citizens in Montgomery County is MCHD's primary mission; and

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

program and place such inmate on its rolls as eligible for healthcare services under such program. MCHD agrees to abide by its criteria and policies regarding eligibility for the Hospital District Public Assistance Program and to not unreasonably withhold approval of an indigent inmate eligible under the program. If MCHD determines that the inmate is covered under another federal, state or local program which affords medical benefits to covered individuals and such benefits are accessible to the inmate, MCHD will promptly advise the County of such fact. As requested by County, MCHD enrollment and eligibility personnel shall reasonably assist County personnel with the application and enrollment materials for inmates seeking enrollment into the Program, including providing periodic training to County staff on matters pertinent to the Program, including the Program policies and rules. However, MCHD shall not be required to assign Program staff member to the jail for purposes of fulfilling its assistance responsibilities.

C. MCHD agrees to provide for the health care and medical treatment of Montgomery County jail inmates that are enrolled in the Hospital District's Public Assistance Program, subject to the terms and conditions of such Program except as noted herein. The parties agree that the effective date of coverage under the Hospital District Public Assistance Program for such services is the actual date of enrollment into the program; however, certain health care expenses incurred by an eligible inmate up to ninety (90) days prior to the inmate's enrollment into the Program may be covered under the Program as is set out in the Program rules and guidelines. MCHD and County agree to cooperate in arranging for the provision of the health care services covered by the Program to jail inmates who qualify for such services, including use of MCHD's physician network and contracted healthcare providers as well as MCHD's patient care management protocols administered by MCHD's third-party claims

and benefits manager. The Parties understand and agree that eligible inmates enrolled in the Program will not receive prescription medications or similar prescription services from the Program as the County dispenses such medications at the jail.

E. If treatment at an out of network provider is medically necessary, the County shall notify MCHD of such need as soon as reasonably possible, not later than the close of business the first day following the incident giving rise to the medical necessity. If treatment is sought at a local healthcare provider within MCHD's patient care network, and the local healthcare provider determines additional treatment is necessary by an out of network provider, then any notice requirements set forth herein shall be the responsibility of the in-network healthcare provider and/or primary care physician, as per existing Hospital District Public Assistance Program guidelines and policies. MCHD shall honor and abide by all of the provisions of its Program and its in-network provider agreements as well as the Indigent Care and Treatment Act, Chapter 61 Texas Health & Safety Code.

F. The County shall remain responsible for medical care and treatment of county inmates who do not qualify for the Hospital District Public Assistance Program. MCHD shall not be responsible for treatment or payment for healthcare services provided to County inmates who are not eligible to participate in Program, or to State or Federal inmates (including INS detainees) incarcerated in the County jail. For purposes of this Agreement, a State or Federal inmate (including INS detainees) is a person incarcerated in the county jail through a contract or other agreement with a state or federal governmental agency, but shall not include a County inmate who is in the County jail, or who has been returned to the County jail while awaiting criminal proceedings on local, state or federal charges, or a combination thereof.

G. The County and MCHD agree that MCHD may deny an inmate's application for enrollment in the Program in the event MCHD determines the inmate's health care needs resulted from conduct or conditions for which the County or its employees would be responsible in a civil action at law, exclusive of any affirmative defenses of governmental and/or official immunity. In such event, County shall remain responsible for the inmate's health care needs. In addition, County agrees to reimburse MCHD for any medical expenses that MCHD incurred or expended on behalf of an indigent inmate or detainee housed at the County jail that resulted from conduct or conditions for which the County or its employees would be responsible in a civil action at law, exclusive of any affirmative defenses of governmental and/or official immunity. Should the County deny responsibility for any such claims, the County Judge, the County Sheriff and the Chief Executive Officer of MCHD shall meet to discuss the facts of such claims and the underlying responsibility therefor. Any agreement(s) reached at such meeting shall be reduced to writing and recommended by such persons to their respective governing boards for approval as necessary. Should the parties be unable to reach agreement as to financial responsibility, the dispute will be submitted to binding arbitration. The prevailing party in such arbitration shall be entitled to recover its reasonable attorneys' fees.

H. The County shall provide prompt written notification to MCHD in the event an enrolled inmate is transferred to another detention facility, or is released from the County jail, so that MCHD may revise its records to delete such inmate from its Program rolls. As used in this paragraph and the following paragraph "prompt written notification" shall be notification as soon as is practicable but in no event after the end of the calendar month in which the inmate is released from jail or transferred to another detention facility.

I. The County and MCHD agree that County will reimburse MCHD for health care expenses incurred by an enrolled inmate after such inmate has been released from jail or transferred to another detention facility if County fails to provide prompt written notification to MCHD of the inmate's release or transfer from the County jail.

J. In the event any portion of this agreement conflicts with the Texas Health and Safety Code, or the Montgomery County Hospital District enabling legislation, or any other applicable statutory provision, then said statutory provisions shall prevail to the extent of such conflict.

K. Any provision of this Agreement which is prohibited or unenforceable shall be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof.

L. No provision herein nor any obligation created hereunder should be construed to impose any obligation or confer any liability on either party for claims of any non-signatory party. Further, it is expressly agreed by the parties hereto that other than those covenants contained in section 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

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, 2014

MONTGOMERY COUNTY, TEXAS

By: Alan B. Sadler, County Judge

Date: _____

Attest:


Mark Turnbull, County Clerk

MONTGOMERY COUNTY HOSPITAL
DISTRICT

By: Randy Johnson, Chief Executive
Officer

Date: _____


MONTGOMERY COUNTY, TEXAS



By: Alan B. Sadler, County Judge

Date: ---||M AR 24--=20:---:14:---

Attest:



Mark Turnbull, County Clerk

**APPENDIX VII
MCHD
HCAP FORMULARY**

MCHD 2021 Preferred Drug List

This is a condensed version of the US Script, Inc. MCHD Formulary. Please be aware that this is not an all-inclusive list. Changes may occur throughout the year and plan exclusions may override this list. Benefit designs may vary with respect to drug coverage, quantity limits, step therapy, days' supply, and prior authorization. Please contact MCHD HCAP pharmacy benefit personnel at 936-523-5108 or 936-523-5112 if you have any questions.

TAKE THIS LIST WITH YOU EACH TIME YOU VISIT A DOCTOR. ASK
YOUR DOCTOR FOR GENERIC DRUGS WHENEVER POSSIBLE.

*** = Prior Authorization Required

<u>ANTI-INFECTIVE AGENTS</u>	MISC. ANTI-INFECTIVES	ANTI-HYPERTENSIVE COMBOS	paroxetine
ANTIFUNGALS	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)
		methyl dopa/ HCTZ	FIORINAL/CODEINE® (generic)
CEPHALOSPORINS	<u>CARDIOVASCULAR AGENTS</u>	metoprolol/ HCTZ	IMITREX® (generic)***
cefaclor	ACE INHIBITORS	trimaterene/ HCTZ	MIDRIN® (generic)
cefadroxil	benazepril		
cefdinir	captopril	BETA BLOCKERS	<u>ENDOCRINE &</u>
cefepime	enalapril	atenolol	<u>METABOLIC AGENTS</u>
cefprozil	fosinopril	carvedilol	ANTI-DIABETICS
cefuroxime	lisinopril	labetalol	glimepiride
cephalexin	moexipril	metoprolol	glipizide/ extended-release
FLUOROQUINOLONES	quinapril	nadolol	glipizide/ metformin
ciprofloxacin	ramipril capsules	propranolol	glyburide
ofloxacin	ANGIOTENSIN II BLOCKERS	CALCIUM CHANNEL BLOCKERS	glyburide/ metformin
levofloxacin	losartan	amlodipine	metformin/ extended-release
ACROLIDE ANTIBIOTICS	ANTIADRENERGICS	diltiazem/ extended-release	ESTROGENS M
azithromycin	clonidine	felodipine	estradiol
clarithromycin	doxazosin	nifedipine/ extended-release	estradiol cypionate
erythromycin	terazosin	verapamil/ extended-release	estradiol/ norethindrone
			estradiol transdermal system
PENICILLINS	ANTIHYPERLIPIDEMICS	<u>CENTRAL NERVOUS SYSTEM AGENTS</u>	ESTRATEST® (generic)
amoxicillin	cholestyramine	ANTIDEPRESSANTS	ESTRATEST HS® (generic)
amoxicillin/ clavulanate	fenofibrate	amitriptyline	estropipate
		citalopram	

APPENDIX VII
MCHD HCAP FORMULARY

ampicillin
dicloxacillin
penicillin

INSULINS

HUMULIN ® ***
LANTUS ® ***
LEVEMIR ® ***
NOVOLIN ® ***
NOVOLOG ® ***

OTHER ENDOCRINE DRUGS

alendronate

GASTROINTESTINAL

AGENTS
H-2 ANTAGONISTS

famotidine
ranitidine

PROTON PUMP INHIBITORS

(**Prior Authorization Required-Must try/
fail OTC product prior to prescription

product coverage)

omeprazole
pantoprazole

MISC. ULCER

dicyclomine
misoprostol
sucralfate
PREVPAC® ***

MUSCULOSKELETAL

AGENTS

NSAIDS

diclofenac
etodolac
ibuprofen
indomethacin
ketorolac
meloxicam
nabumetone
naproxen
oxaprozin

gemfibrozil
lovastatin
pravastatin
simvastatin

ANTI-ASTHMATICS

albuterol nebulization
albuterol/ ipratropium neb
ipratropium nebulization
theophylline

***The following respiratory
medications are available
only with prior authorization.

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

UROLOGICAL MEDICATIONS

ANTICHOLINERGICS/

ANTISPASMODICS

flavoxate
hyoscyamine subl
oxybutynin

BENIGN PROSTATIC

HYPERTROPHY DRUGS

doxazosin
tinzastene
tamsulosin
terazosin

fluoxetine
imipramine
mirtazapine
nortriptyline

THYROID AGENTS

levothyroxine
ARMOUR THYROID ®

APPENDIX VII
MCHD HCAP FORMULARY

piroxicam
sulindac

RESPIRATORY AGENTS

ALLERGY-NASAL

flunisolide
fluticasone

Montgomery County Hospital District

Medical Assistance Plan

Handbook Procedures and Guidelines

Revised [April 1, 2022](#) ~~March 1, 2021~~

Board Reviewed/Approved

**MONTGOMERY COUNTY HOSPITAL DISTRICT
MEDICAL ASSISTANCE PLAN HANDBOOK**

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Note: Appendices may be changed or revised as needed with authorization from the Chief Operating Officer, Chief Financial Officer, and/or Chief Executive Officer of the District.

TECHNICAL ASSISTANCE

The MCHD Medical Assistance Plan (MAP) may be contacted at:

MCHD Healthcare Assistance Office
1400 South Loop 336 West
Conroe, Texas, 77304

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

Friday:
7:30am - 11:30am

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

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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 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

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PLAN ADMINISTRATION
INTRODUCTION

financial resources in amounts sufficient to obtain basic health care services. The Plan rules for services to persons who are found to be above 21% of FPIL but below 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.

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INTRODUCTION

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

MCHD MAP Handbook

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

The purpose of the MCHD MAP Handbook is to:

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

GENERAL ADMINISTRATION

MCHD Responsibility

The District will:

- Administer a county wide indigent health care Program
- Serve all of and only Montgomery County's Needy Inhabitants
 - Needy inhabitants is defined by the district as any individual who meets the eligibility criteria for the Plan as defined herein and who meet an income level from 21-150% 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

SECTION ONE
PLAN ADMINISTRATION
GENERAL ADMINISTRATION

- Montgomery County Hospital District will validate the accuracy of all disclosed information, especially information that may appear fraudulent or dishonest. Additionally, any applicant may be asked to produce additional information or documentation for any part of the Eligibility process
- Public Notice. Not later than the beginning of MCHD's operating year, the District shall specify the procedure it will use during the operating year to determine eligibility and the documentation required to support a request for assistance and shall make a reasonable effort to notify the public of the procedure
- Establish an optional work registration procedure that will contact the local Texas Workforce Commission (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:
 - Receive food stamp benefits,
 - Receive unemployment insurance benefits or have applied but not yet been notified of eligibility,
 - Physically or mentally unfit for employment,
 - Age 18 and attending school, including home school, or on employment training program on at least a half-time basis,
 - Age 60 or older,
 - Parent or other household member who personally provides care for a child under age 6 or a disabled person of any age living with the household,
 - Employed or self-employed at least 30 hours per week,
 - Receive earnings equal to 30 hours per week multiplied by the federal minimum wage.

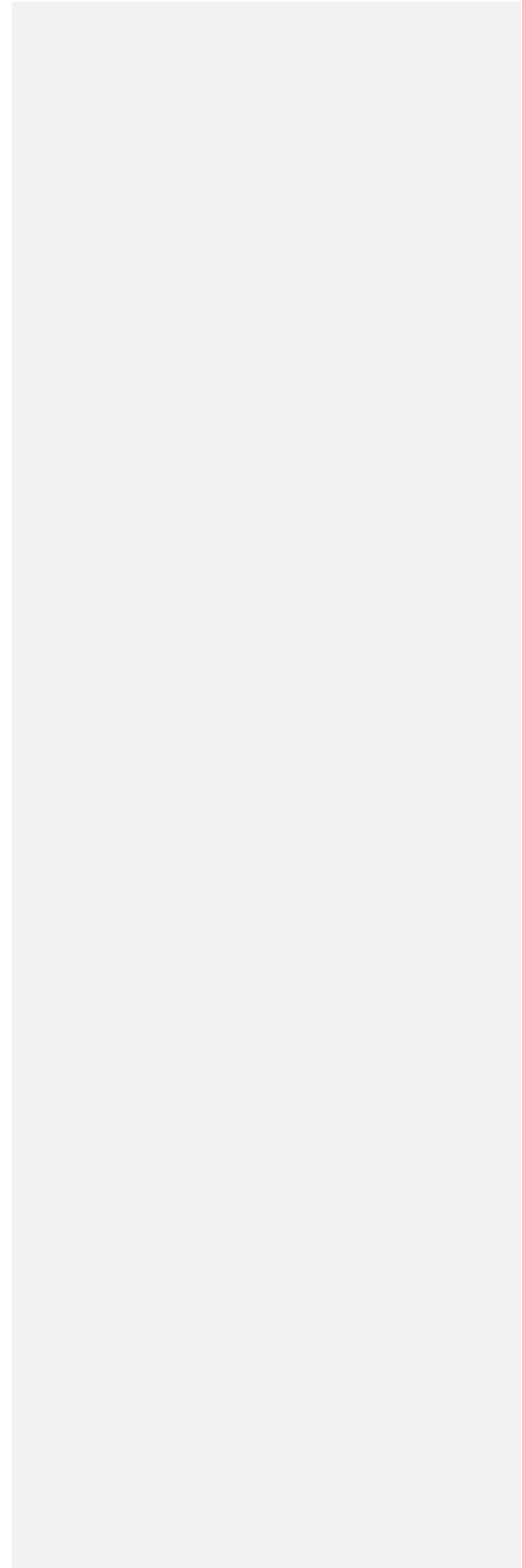
If there is ever a question as to whether or not an applicant should be exempt from work registration, contact the local Texas Workforce Commission (TW C) office when in doubt.

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:

SECTION ONE
PLAN ADMINISTRATION
GENERAL ADMINISTRATION

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

SECTION TWO ELIGIBILITY CRITERIA



RESIDENCE

General Principles

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

SECTION TWO
ELIGIBILITY CRITERIA
RESIDENCE

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

Verifying Residence

Verify residence for all clients.

Proof may include but is not limited to:

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

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

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

Documenting Residence

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

CITIZENSHIP

General Principles

- A person must be a natural born citizen, a naturalized citizen, or a documented alien that has a green card and has had that status for at least 5 years as per citizenship guidelines of this text.
- All applicants must fill out HCAP Form F, Proof of Citizenship for MCHD MAP, which documents the citizenship status of the applicant.

Applicants must be one of the following:

- a U.S. citizen (natural born or naturalized), or
- an alien lawfully admitted before 8/22/96 who meets one of the following requirements:
 - a refugee admitted under Section 207 of INA,
 - a victim of severe trafficking admitted under Section (101)(a)(15)(T) of INA
 - an asylee admitted under Section 208 of INA,
 - an alien whose deportation is withheld under Sections 243(h) or 241(b)(3) of INA,
 - a Cuban/Haitian entrant paroled under Section 212(d)(5) of INA,
 - an Amerasian Legal Permanent Resident (LPR),
 - a parolee granted status under Section 212(d)(5) of INA for at least one year,
 - a Conditional Entrant admitted under Section 203(a)(7) of INA, or
 - an LPR other than an Amerasian.

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CITIZENSHIP

- an alien lawfully admitted on or after 8/22/96 who meets one of the following requirements:
 - a refugee admitted under Section 207 of INA,
 - a victim of severe trafficking admitted under Section (101)(a)(15)(T) of INA
 - an asylee admitted under Section 208 of INA,
 - an alien whose deportation is being withheld under Section 243(h) or 241(b)(3) of INA,
 - a Cuban/Haitian Entrant paroled under Section 212(d)(5) of the INA, or
 - an Amerasian Legal Permanent Resident (LPR).
 - **NOTE: The aliens listed above meet the alien eligibility requirement for 5 years from their legal entry date into the United States**
 - an alien legally admitted for permanent residence who is:
 - an honorably discharged U.S. veteran, or
 - U.S. active duty military personnel, or
 - the spouse, un-remarried surviving spouse, or minor unmarried dependent child of an honorably discharged U.S. veteran or U.S. active duty military personnel.
- An alien who is the spouse or child of an honorably discharged U.S. veteran or U.S. active duty personnel and who has filed a petition with BCIS as being battered by the spouse or parent who no longer lives in the home.
- A documented alien that has a green card and has had that status for at least 5 years and does not meet any of the above criteria.

HOUSEHOLD

General Principles

- A MCHD MAP household is a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons.
- Legal responsibility for support exists between:
 - Persons who are legally married under the laws of the State of Texas (including common-law marriage),
 - In Texas, a common-law is considered a legal marriage. A man and a woman who want to establish a common-law marriage must sign a form provided by the county clerk. In addition, they must (1) agree to be married, (2) cohabit, and (3) represent to others that they are married. The only way to dissolve a common-law marriage is through a formal divorce proceeding in a court of law
 - Persons who are legally married under the laws of the State of Texas and not divorced,
 - Persons that are separated from their spouse and not divorced are considered part of the household because the law states that if you are not legally divorced, everything you have is still considered community property.
 - Applicant may provide proof of income and resources for absent spouse, or
 - If applicant cannot provide proof of income and resources for absent spouse, they must:
 1. Present three verifiable domicile forms, HCAP Form 103, Request for Domicile Verification (provided by District) and,
 2. Sign HCAP Form 104, the MAP Affidavit of Marital Status and Financial Support regarding separation from spouse.

3. Review of background check:

- a. If background check illustrates that there are no joint income/resources between applicant and absent spouse, continue with eligibility process as normal.
 - b. If background check identifies joint income/resources between applicant and absent spouse, the applicant may be given a single 3 month period to pursue all income and resources from absent spouse.
 - i. Upon recertification, the applicant must prove or disprove any discrepancies identified on the background check.
 - ii. Once all requested documents are provided, completed, and accepted, the client may then become recertified for MAP benefits.
- A legal parent and a minor child (including unborn children), or
 - A managing conservator and a minor child.
- Eligibility for the Medicaid program automatically disqualifies a person from the Medical Assistance Plan.

MCHD MAP Household

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

Disqualified Persons

- A person who receives or is categorically eligible to receive Medicaid,
- A person who receives TANF benefits,
- A person who receives SSI benefits and is eligible for Medicaid,
- A person who receives Qualified Medicare Beneficiary (QMB), Medicaid Qualified Medicare Beneficiary (MQMB), Specified Low-

SECTION TWO
ELIGIBILITY CRITERIA
HOUSEHOLD

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

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

- Two persons legally married to each other,
- Two persons who are legally married and not divorced,
- One or both legal parents and their legal minor children,
- A managing conservator and a minor child and the conservator's spouse and other legal minor children, if any,
- Minor children, including unborn children, who are siblings, and
- Both Medicaid-ineligible parents of Medicaid-eligible children.

Verifying Household

All households are verified.

Proof may include but is not limited to:

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

Documenting Household

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

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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

SECTION TWO
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RESOURCES

household lives in it. If the household does not live in the structure, count it as a resource.

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

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

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

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

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

Income- Producing Property

Exempt property that:

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

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

Insurance Settlement

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

Lawsuit Settlement

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

Life Insurance

Exempt the cash value of life insurance policies.

Liquid Resources

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

Loans (Non-Educational)

Exempt these loans from resources.

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

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

Lump-Sum Payments

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

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

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

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

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

Personal Possessions

Exempt.

Real Property

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

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

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

Reimbursement

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

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

Retirement Accounts

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

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

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

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

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

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

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

Exclude all retirement accounts or plans established under:

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

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

Trust Fund

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

- The trust arrangement is unlikely to end during the certification period; and
- No household member can revoke the trust agreement or change the name of the beneficiary during the certification period; and
- The trustee of the fund is either a
 - Court, institution, corporation, or organization not under the direction or ownership of a household member; or
 - Court-appointed individual who has court-imposed limitations placed on the use of the funds; and

SECTION TWO
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- The trust investments do not directly involve or help any business or corporation under the control, direction, or influence of a household member. Exempt trust funds established from the household's own funds if the trustee uses the funds
 - Only to make investments on behalf of the trust or
 - To pay the education or health care expenses of the beneficiary.

Vehicles

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

How To Determine Fair Market Value of Vehicles.

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

Penalty for Transferring Resources

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

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

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

Use the chart below to determine the length of denial.

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

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

Verifying Resources

Verify all countable resources.

Proof may include but is not limited to:

- Bank account statements and
- Award letters.

Documenting Resources

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

INCOME

General Principles

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

Adoption Payments

Exempt.

Alien Sponsor's Income

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

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

Sec. 61.012. REIMBURSEMENT FOR SERVICES.

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

SECTION TWO
ELIGIBILITY CRITERIA
INCOME

(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.

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

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

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

Crime Victim's Compensation Payments

Exempt.

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

Disability Insurance Payments

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.

SECTION TWO
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INCOME

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

SECTION TWO
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INCOME

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 self-employment enterprise.

Trust Fund

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

Unemployment Compensation Payments

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

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

VA Payments

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

Vendor Payments

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

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

Wages, Salaries, Commissions

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

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

Workers' Compensation Payments

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

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

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

Other Types of Benefits and Payments

Exempt benefits and payments from the following programs:

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

Verifying Income

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

Proof may include but is not limited to:

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

Documenting Income

On HCAP Form 101, document the following items.

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

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

The following exceptions apply:

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

BUDGETING INCOME

General Principles

- Count income already received and any income the household expects to receive. If the household is not sure about the amount expected or when the income will be received, use the best estimate.
- Income, whether earned or unearned, is counted in the month that it is received.
- Count terminated income in the month received. Use actual income and do not use conversion factors if terminated income is less than a full month's income.
- View at least two pay amounts in the time period beginning 45 days before the interview date or the process date for cases processed without an interview. However, do not require the household to provide verification of any pay amount that is older than two months before the interview date or the process date for cases processed without an interview.
- When determining the amount of self-employment income received, verify four recent pay amounts that accurately represent their pay. Verify one month's pay amount that accurately represent their pay for self-employed income received monthly. Do not require the household to provide verification of self-employment income and expenses for more than two calendar months before the interview date or the case process date if not interviewed, for income received monthly or more often.
- Accept the applicant's statement as proof if there is a reasonable explanation of why documentary evidence or a collateral source is not available and the applicant's statement does not contradict other individual statements or other information received by the entity.
- Use at least three consecutive, current pay periods to calculate fluctuating income.
- The self-employment income projection, which includes the current month and 3 months prior, is the period of time that the household expects the income to support the family.
- There are deductions for earned income that are not allowed for unearned income.

- 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.

Step 1

Determine countable income.

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

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

Step 2

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

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

Self-employment Income.

- Compute self-employment income, using one of these methods:
 - Monthly. Use this method if the person has at least one full representative calendar month of self-employment income.

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

- Daily. Use this method when there is less than one full representative calendar month of self-employment income, and the source or frequency of the income is unknown or inconsistent.
- Determine if the self-employment income is monthly, daily, or seasonal, since that will determine the length of the projection period.
 - The projection period is monthly if the self-employment income is intended to support the household for at least the next 6 months. The projection period is the last 3 months and the current month.
 - The projection period is seasonal if the self-employment income is intended to support the household for less than 12 months since it is available only during certain months of the year. The projection period is the number of months the self-employment is intended to provide support.
- Determine the allowable costs of producing self-employment income, by accepting the deductions listed on the 1040 U.S. Individual Income Tax Return or by allowing the following deductions:
 - Capital asset improvements,
 - Capital asset purchases, such as real property, equipment, machinery and other durable goods, i.e., items expected to last at least 12 months,
 - Fuel,
 - Identifiable costs of seed and fertilizer,
 - Insurance premiums,
 - Interest from business loans on income-producing property,
 - Labor,
 - Linen service,
 - Payments of the principal of loans for income-producing property,
 - Property tax,
 - Raw materials,
 - Rent,
 - Repairs that maintain income-producing property,
 - Sales tax,
 - Stock,
 - Supplies,
 - Transportation costs. The person may choose to use 50.0 cents per mile instead of keeping track of individual transportation expenses. Do not allow travel to and from the place of business.
 - Utilities

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ELIGIBILITY CRITERIA
BUDGETING INCOME

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.

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

Step 5

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

Step 6

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

Step 7

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

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

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

Step 8

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

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

Deductions for Medicaid-Eligible Individuals

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

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

Step 9

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

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

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

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

Step 10

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

SECTION TWO
 ELIGIBILITY CRITERIA
 BUDGETING INCOME

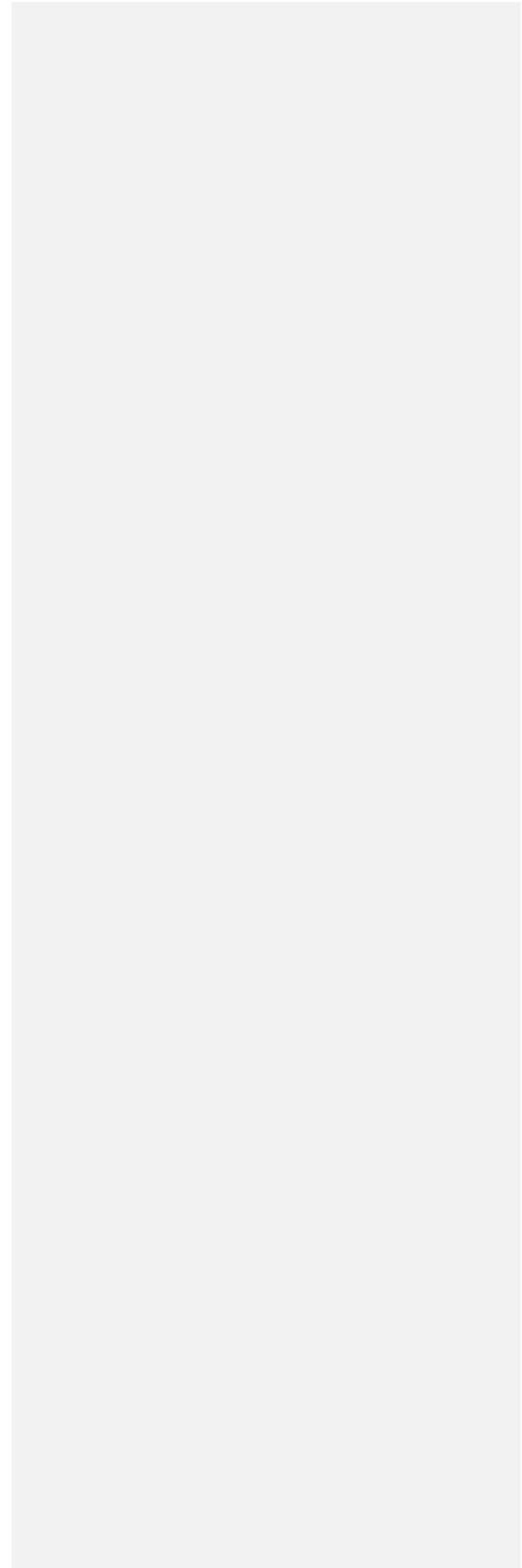
**MONTGOMERY COUNTY HOSPITAL
 DISTRICT MEDICAL ASSISTANCE PLAN
 INCOME GUIDELINES EFFECTIVE
4/1/2022 03/01/2021
 21- 150% FPIL**

# of Individuals in the MAP Household	Income Standard	
	21% FPIL	150% FPIL
1	<u>\$238 226</u>	<u>\$1,699 1,610</u>
2	<u>\$321 305</u>	<u>\$2,289 2,178</u>
3	<u>\$404 385</u>	<u>\$2,879 2,745</u>
4	<u>\$486 464</u>	<u>\$3,469 3,313</u>
5	<u>\$569 544</u>	<u>\$4,059 3,880</u>
6	<u>\$651 623</u>	<u>\$4,649 4,448</u>
7	<u>\$734 703</u>	<u>\$5,239 5,015</u>
8	<u>\$817 782</u>	<u>\$5,829 5,583</u>
9	<u>\$899 861</u>	<u>\$6,419 6,150</u>
10	<u>\$982 941</u>	<u>\$7,009 6,718</u>
11	<u>\$1,064 1,020</u>	<u>\$7,599 7,285</u>
12	<u>\$1,147 1,100</u>	<u>\$8,189 7,853</u>

Note: Based on the 2021 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.

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CASE PROCESSING

- Issue written notice, namely, HCAP Form 109, Notice of Eligibility and HCAP Form 110, the MAP Identification Card, HCAP Form 120, Notice of Incomplete Application, or HCAP Form 117, Notice of Ineligibility, of the District's decision. If the District denies health care assistance, the written notice shall include the reason for the denial and an explanation of the procedure for appealing the denial.
- Review each eligible case record at least once every six months.
 - Approved applications are valid for a period not to exceed six (6) months but no less than 1 month.
 - Before the expiration date, all clients will receive a notice by mail that benefits will expire in the next two weeks.
 - All clients must start the eligibility process all over again at the time of re-application.
- Use the "Prudent Person Principle" in situations where there are unusual circumstances in which an applicant's statement must be accepted as proof if there is a reasonable explanation why documentary evidence or a collateral contact is not available and the applicant's statement does not contradict other client statements or other information received by staff.
- Current eligibility continues until a change resulting in ineligibility occurs and a HCAP Form 117 is issued to the household.
- Consult the hospital district's legal counsel to develop procedures regarding disclosure of information.
- Be aware that a person involved in a motor vehicle accident or an assault (before or during MAP benefit period) will not receive benefit coverage for any medical expenses related to that accident or assault, unless proper documentation is provided showing no other liability. The minimum documentation required consists of at least police report or auto insurance information. Other documentation may be necessary.
- Be aware that a person injured on the job (before or during MAP benefit period) who is entitled to Worker's Compensation, must pursue that resource for benefit coverage.
- Remember that MCHD is the payor of last resort. Do not hesitate to explain this to the client.
- The applicant has the right to:

SECTION THREE
CASE PROCESSING

- Have his application considered without regard to race, color, religion, creed, national origin, age, sex, disability, or political belief;
 - Request a review of the decision made on his application or re-certification for health care assistance; and
 - Request, orally and in writing, a fair hearing about actions affecting receipt or termination of health care assistance.
- The applicant is responsible for:
 - Completing the HCAP Form 100 accurately.

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

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

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

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

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CASE PROCESSING

- Reporting changes, which affect eligibility, within 14 days after the date that the change actually occurred. Failure to report changes could result in repayment of expenditures paid.
- Any changes in income, resources, residency other than federal cost of living adjustments mandates re application and reconsideration of determination.
- To cooperate or follow through with an application process for any other source of medical assistance before being processed for the Medical Assistance Plan, since MCHD is a payor of last resort.
- Note: Misrepresentation of facts or any attempt by any applicant or interested party to circumvent the policies of the district in order to become or remain eligible is grounds for immediate and permanent refusal of assistance. Furthermore, if a client fails to furnish any requested information or documentation, the application will be denied.
- The Montgomery County Hospital District has installed a comprehensive video and audio recording system in the Health Care Assistance Program office suite. This system serves many purposes. This system is designed to ensure quality services and to provide a level of security for the staff. It also provides documentation of client interviews which is useful in reducing fraud and abuse of the system. The recordings provide the staff protection against false claims from disgruntled clients, and ensure accuracy in connection with HCAP client interviews. All persons who apply for services, renewal of services, or other issues with the Health Care Assistance Program shall be subject to the video and audio taping equipment of the Montgomery County Hospital District.

PROCESSING AN APPLICATION

Steps for Processing an Application

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

Step 1

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

Step 2

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

Step 3

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

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

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

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 MAP Appointment Card, HCAP Form 2, indicating the date, time, place of the interview, and name of interviewer.

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

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

Step 6

Repeat Steps 2 and 3 as necessary.

Step 7

Determine eligibility based on the five eligibility criteria.

Document information in the case record to support the decision.

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

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

If a candidate has a telephone interview or does not require an

SECTION THREE
CASE PROCESSING
PROCESSING AN APPLICATION

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.

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

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

Reasons for denial include but are not limited to:

- Not a resident of the county,
- A recipient of Medicaid,

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CASE PROCESSING
PROCESSING AN APPLICATION

- Resources exceed the resource limit,
- Income exceeds the income limit,
- Failed to keep an appointment,
- Failed to provide information requested,
- Failed to return the review application,
- Failed to comply with requirements to obtain other assistance, or
- Voluntarily withdrew.

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

Determine the applicant's Eligibility Effective Date. Current Eligibility begins on the first calendar day in the month that an identifiable application is filed or the earliest, subsequent month in which all eligibility criteria are met.

The applicant may be retroactively eligible in any of the three calendar months before the month the identifiable application is received if all eligibility criteria are met. (Exception: Eligibility effective date for a new county resident begins the date the applicant is considered a county resident. For example, if the applicant meets all four eligibility criteria, but doesn't move to the county until the 15th of the month, the eligibility effective date will be the 15th of the month, not the first calendar day in the month that an identifiable application is filed.)

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

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

Termination of Coverage

Expiration of Coverage:

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

Termination:

In certain circumstances, a client may have their benefits revoked before their coverage period expires. Clients will be notified by mail or phone

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two weeks before their MAP benefits will terminate, along with the explanation for termination. Coverage will terminate on the date listed on HCAP Form 117, Notice on Ineligibility.

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

DENIAL DECISION DISPUTES

Responses Regarding a Denial Decision

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

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

The Household/Client Appeal Process

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

SECTION THREE
CASE PROCESSING
DENIAL DECISION DISPUTES

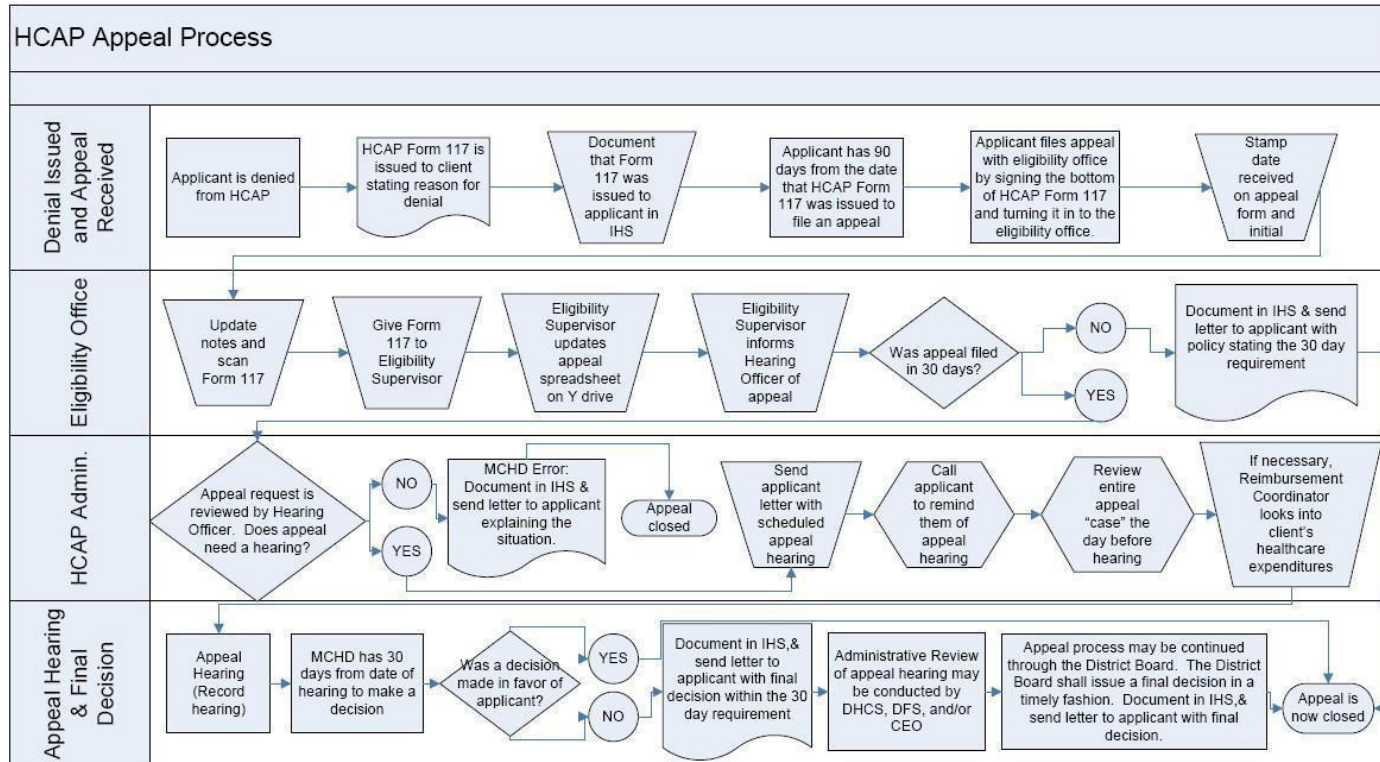
The decision as to whether or not an appeal is necessary is decided upon by the Hearing Officer after reviewing the case.

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.

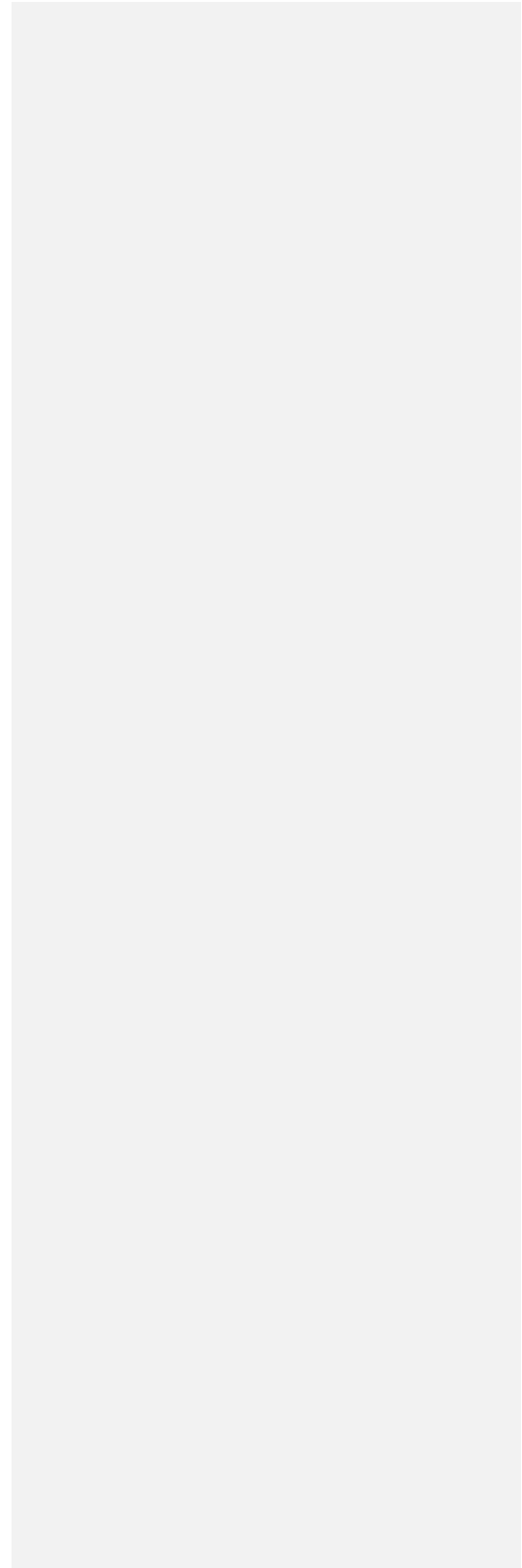
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CASE PROCESSING
DENIAL DECISION DISPUTES

MAP Appeal Process Flowchart



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

SECTION FOUR SERVICE DELIVERY



SERVICE DELIVERY

General Principles

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

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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 Wellness Services
 - Home and community health care services (in special circumstances with authorization)
 - Occupational Therapy Services
 - Physician assistant services (PA)
 - Physical Therapy Services

SECTION FOUR
SERVICE DELIVERY

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

SECTION FOUR
SERVICE DELIVERY

a. 30 days of hospitalization refers to inpatient hospitalization.

- The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospital, to each MCICP client is:
 1. \$20,000;
- The Montgomery County Hospital District is the payor of last resort and shall provide assistance only if other adequate public or private sources of payment are not available. In addition, MCHD is not secondary to any insurance benefits or exhausted benefits.
- For claim payment to be considered, a claim should be received:
 1. Within 95 days from the approval date for services provided before the household was approved or
 2. Within 95 days from the date of service for services provided after the approval date.
- The payment standard is determined by the date the claim is paid.
- MCHD 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
 - OT
 - PT ◦
 - ST
- Primary care visits
- Specialty care visits

Basic and Extended Health Care Services do not Include Services and Supplies that:

- Are provided to a patient before or after the time period the patient is eligible for the MCHD Medical Assistance Plan;
- Are payable by or available under any health, accident, or other insurance coverage; by any private or governmental benefit system; by any legally liable third party, or under other contract;
- Are provided by military medical facilities, Veterans Administration facilities, or United States public health service hospitals;
- Are related to any condition covered under the worker's compensation laws or any other payor source.

BASIC HEALTH CARE SERVICES

MCHD-established Basic Health Care Services:

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

Annual Physical Examinations

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

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

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

Family Planning Services

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

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

SECTION FOUR
SERVICE DELIVERY
BASIC HEALTH CARE SERVICES

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

Immunizations

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

Inpatient Hospital Services

Inpatient hospital services must be medically necessary and be:

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

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

Laboratory and X-Ray Services

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

Medical Screening Services

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

Outpatient Hospital Services

Outpatient hospital services must be medically necessary and be:

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

Physician Services

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

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

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

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

Prescription Drugs

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

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

The MCHD HCAP Formulary may be found in Appendix VII.

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

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

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

Rural Health Clinic (RHC) Services

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

Skilled Nursing Facility Services

Services must be:

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

EXTENDED HEALTH CARE SERVICES

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

Advanced Practice Nurse (APN) Services

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

Ambulatory Surgical Center (ASC) Services

These services must be provided in a freestanding ASC, and are limited to items and services provided in reference to an ambulatory surgical procedure. A freestanding ASC service should be billed as one inclusive charge on a HCFA-1500, using the TOS "F."

Bi-level Positive Airway Pressure (BIPAP)

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

Catastrophic Oncology Services

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

Colostomy Medical Supplies and Equipment:

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

The hospital district requires the supplier to receive prior authorization.

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

Items covered are:

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

Colostomy Medical Supplies and Equipment:

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

Mental Health - Counseling Services:

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

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

Inpatient and outpatient psychiatric services: psychotherapy services must be medically necessary; based on a physician referral; and provided by a licensed psychiatrist (MD) or licensed clinical social worker (LCSW , previously 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.

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

The hospital district requires prior authorization for all mental health (inpatient and outpatient) counseling services.

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

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

Diabetic Medical Supplies and Equipment:

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

The hospital district requires the supplier to receive prior authorization.
Items covered are:

- Test strips, alcohol prep pads, lancets, glucometers, insulin syringes, humulin pens, and needles required for the humulin pens.

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

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.

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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 Concentration at Perc 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 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

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SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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 MAP Benefits:

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

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

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EXCLUSIONS AND LIMITATIONS

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

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

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

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

Conflicts In Other Agreements:

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

SERVICE DELIVERY DISPUTES

Appeals of Adverse Benefits Determinations

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

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

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

Full and Fair Review of All Claims

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

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SERVICE DELIVERY
SERVICE DELIVERY DISPUTES

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

First Appeal Level

Requirements for First Appeal

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

Pre-service Non-urgent Claims:

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

For Post-service Claims:

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

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

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

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

Timing of Notification of Benefit Determination on First Appeal

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

Pre-service Non-urgent Care Claims

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

Concurrent Care Claims

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

Post-service Claims

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

Calculating Time Periods

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

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

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

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

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

Second Appeal Level

Adverse Decision on First Appeal; Requirements for Second Appeal

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

Timing of Notification of Benefit Determination on Second Appeal

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

Pre-service Non-urgent Care Claims

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

Concurrent Care Claims

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

Post-service Claims

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

Calculating Time Periods

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

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

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

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SERVICE DELIVERY
SERVICE DELIVERY DISPUTES

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

Decision on Second Appeal to be Final

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

Appointment of Authorized Representative

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

MANDATED PROVIDER INFORMATION

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

Continuity of Care:

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

Prior Approval:

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

Mandatory Notification Requirements:

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

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SERVICE DELIVERY
MANDATED PROVIDER INFORMATION

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

Authorization:

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

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

Emergency Defined:

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

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

Emergency Medical Services:

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

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SERVICE DELIVERY
MANDATED PROVIDER INFORMATION

Reimbursement:

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

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

Return to Mandated Provider:

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

Appeal:

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

SECTION FIVE FORMS

FORMS

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

- HCAP Form 100: MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE APPLICATION
- HCAP Form 2: HCAP APPOINTMENT CARD
- HCAP Form 3: HCAP BEHAVIORAL GUIDELINES
- HCAP Form A: ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FORM
- HCAP Form B: ASSET AND BACKGROUND CHECK FORM
- HCAP Form C: MEDICAL HISTORY FORM
- HCAP Form D: RELEASE FORM
- HCAP Form E: SUBROGATION FORM
- HCAP Form F: PROOF OF CITIZENSHIP FOR MCHD HCAP
- HCAP Form G: HOW TO CONTACT THE ELIGIBILITY OFFICE REGARDING YOUR SSI STATUS
- HCAP Form H: REPRESENTATION AND ACKNOWLEDGEMENT FORM
- HCAP Form I: ASSIGNMENT OF HEALTH INSURANCE PROCEEDS
- HCAP Form J: HCAP FRAUD POLICY AND PROCEDURES
- HCAP Form 12: REQUEST FOR INFORMATION
- HCAP Form 101: WORKSHEET (*Electronic Version*)
- HCAP Form 102: STATEMENT OF SUPPORT
- HCAP Form 103: REQUEST FOR DOMICILE VERIFICATION
- HCAP Form 104: AFFIDAVIT REGARDING MARITAL STATUS AND FINANCIAL SUPPORT
- HCAP Form 109: NOTICE OF ELIGIBILITY (*Electronic Version*)
- HCAP Form 110: HCAP IDENTIFICATION CARD
- HCAP Form 117: NOTICE OF INELIGIBILITY (*Electronic Version*)
- HCAP Form 120: NOTICE OF INCOMPLETE APPLICATION
- HCAP Form 200: EMPLOYER VERIFICATION FORM
- HCAP Form 201: SELF-EMPLOYMENT VERIFICATION FORM

APPENDIX I GLOSSARY OF TERMS

GLOSSARY

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

Accessible Resources - Resources legally available to the household.

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

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

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

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

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

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

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

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

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

Common Law Marriage - Relationship recognized under Texas law in which the parties age 18 or older are free to marry, live together, and hold out to the public that they are husband and wife. A man and a woman who want to establish a common-law marriage must sign a form provided by the county clerk. In addition, they must (1) agree to be married, (2) cohabit, and (3) represent to others that they are married.

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

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

- The applicant's full name and address,

APPENDIX I.
GLOSSARY OF TERMS

- 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.

APPENDIX I.
GLOSSARY OF TERMS

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.

APPENDIX I.
GLOSSARY OF TERMS

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

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

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

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

TDSHS – Texas Department of State Health Services

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

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

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

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

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

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

**APPENDIX II
MCHD'S ENABLING
LEGISLATION**

MONTGOMERY COUNTY HOSPITAL DISTRICT'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT¹

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) Bonds of the district shall mature within 40 years of their date, shall be executed in the name of the hospital district and on its behalf by the president of the board and countersigned by the secretary in the manner provided by Chapter 204, Acts of the 57th Legislature, Regular Session, 1961 as amended (Article 717j--1, Vernon's Texas Civil Statutes), shall bear interest at a rate not to exceed that prescribed by Chapter 3, Acts of the 61st Legislature, Regular Session, 1969, as amended (Article 717k--2, Vernon's Texas Civil Statutes), and shall be subject to the same requirements in the manner of approval by the Attorney General of Texas and registration by the Comptroller of Public Accounts of the State of Texas as are by law provided for approval and registration of bonds issued by

counties. On the approval of bonds by the attorney general and registration by the comptroller, the same shall be incontestable for any cause.

(d) The district shall have the same power and authority as cities and counties under The Certificate of Obligation Act of 1971 (Article 2368a.1, Vernon's Texas Civil Statutes) to issue and sell certificates of obligation for permitted purposes under this Act in accordance with the provisions of The Certificate of Obligation Act. Certificates of Obligation shall be issued in conformity with and in the manner specified in The Certificate of Obligation Act, as it may be amended from time to time.

Sec. 9. A petition for an election to create a hospital district, as provided in Section 3 of this Act, may incorporate a request that a separate proposition be submitted at such election as to whether the board of directors of the district, in the event same is created, shall be authorized to issue bonds for the purposes specified in Section 8 of this Act. Such petition shall specify the maximum amount of bonds to be issued and their maximum maturity, and same shall be included in the proposition submitted at the election.

Sec. 9A. The district may issue revenue bonds or certificates of obligation or may incur or assume any other debt only if authorized by a majority of the voters of the district voting in an election held for that purpose. This section does not apply to refunding bonds or other debt incurred solely to refinance an outstanding debt.

Sec. 10. In addition to the power to issue bonds payable from taxes levied by the district, as contemplated by Section 8 of this Act, the board of directors is further authorized to issue and to refund any previously issued revenue bonds for purchasing, constructing, acquiring, repairing, equipping, or renovating buildings and improvements for health care or hospital purposes and for acquiring sites for health care or hospital

purposes, the bonds to be payable from and secured by a pledge of all or any part of the revenues of the district to be derived from the operation of its hospital or health care facilities. The bonds may be additionally secured by a mortgage or deed of trust lien on any part or all of its properties. The bonds shall be issued in the manner and in accordance with the procedures and requirements specified for the issuance of revenue bonds by county hospital authorities in Sections 8 and 10 through 13 of Chapter 122, Acts of the 58th Legislature, 1963 (Article 4494r, Vernon's Texas Civil Statutes).

Sec. 11. (a) The board of directors is hereby given complete discretion as to the type of buildings, both as to number and location, required to establish and maintain an adequate health care or hospital system. The health care or hospital system may include domiciliary care and treatment of the sick, wounded, and injured, hospitals, outpatient clinic or clinics, dispensaries, geriatric domiciliary care and treatment, convalescent home facilities, necessary nurses, domicilaries and training centers, blood banks, community mental health centers and research centers or laboratories, ambulance services, and any other facilities deemed necessary for health or hospital care by the directors. The district, through its board of directors, is further authorized to enter into an operating or management contract with regard to its facilities or a part thereof or may lease all or part of its buildings and facilities on terms and conditions considered to be to the best interest of its inhabitants. Except as provided by Subsection (c) of Section 15 of this Act, the term of a lease may not exceed 25 years from the date entered. The district shall be empowered to sell or otherwise dispose of any property, real or personal, or equipment of any nature on terms and conditions found by the board to be in the best interest of its inhabitants.

(b) The district may sell or exchange a hospital, including real property necessary or convenient for the operation of the hospital and real property that the board of directors finds may be useful in connection with future expansions of the hospital, on terms and conditions the board determines to be in the best interests of the district, by complying with the procedures prescribed by Sections 285.052, Health and Safety Code, and any subsequent amendments.

(c) The board of directors of the district shall have the power to prescribe the method and manner of making purchases and expenditures by and for the hospital district and shall also be authorized to prescribe all accounting and control procedures. All contracts for construction involving the expenditure of more than \$10,000 may be made only after advertising in the manner provided by Chapter 163, Acts of the 42nd Legislature, Regular Session, 1931, as amended (Article 2368a, Vernon's Texas Civil Statutes). The provisions of Article 5160, Revised Civil Statutes of Texas, 1925, as amended, relating to performance and payment bonds shall apply to construction contracts let by the district. The district may acquire equipment for use in its health care or hospital system and mortgage or pledge the property so acquired as security for the payment of the purchase price, but any such contract shall provide for the entire obligation of the district to be retired within five years from the date of the contract. Except as permitted in the preceding sentence and as permitted by Sections 5, 8, 9 and 10 of this Act, the district may incur no obligation payable from any revenues of the district, except those on hand or to be on hand within the then current and following fiscal year of the district.

(d) The board may declare an emergency in the matter of funds not being available to pay principal of and interest on any bonds of the district payable in whole or in part

from taxes or to meet any other needs of the district and may issue negotiable tax anticipation notes to borrow the money needed by the district. Tax anticipation notes may bear interest at any rate or rates authorized by general law and must mature within one year of their date. Tax anticipation notes may be issued for any purpose for which the district is authorized to levy taxes, and tax anticipation notes shall be secured with the proceeds of taxes to be levied by the district in the succeeding 12-month period. The board may covenant with the purchasers of the notes that the board will levy a sufficient tax in the following fiscal year to pay principal of and interest on the notes and pay the costs of collecting the taxes.

Section 12. (a) The board of directors of the district shall name one or more banks within its boundaries to serve as depository for the funds of the district. All funds of the district, except those invested as provided in Section 5 of this Act and those transmitted to a bank or banks of payment for bonds or obligations issued or assumed by the district shall be deposited as received with the depository bank and shall remain on deposit; provided that nothing in this Act shall limit the power of the board to place a portion of such funds on time deposit or purchase certificates of deposit.

(b) Before the district deposits in any bank funds of the district in an amount which exceeds the maximum amount secured by the Federal Deposit Insurance Corporation, the bank shall be required to execute a bond or other security in an amount sufficient to secure from loss the district funds which exceed the amount secured by the Federal Deposit Insurance Corporation.

Sec. 13. (a) The board of directors shall annually levy a tax not to exceed the amount hereinabove permitted for the purpose of paying:

(1) the indebtedness assumed or issued by the district, but no tax shall be levied to pay principal of or interest on revenue bonds issued under the provisions of Section 9 of this Act; and

(2) the maintenance and operating expenses of the district.

(b) In setting the tax rate the board shall take into consideration the income of the district from sources other than taxation. On determination of the amount of tax required to be levied, the board shall make the levy and certify the same to the tax assessor-collector.

Sec. 13A. (a) Notwithstanding Section 26.07(b)(3), Tax Code, a petition to require an election under Section 26.07, Tax Code, on reducing the district's tax rate to the rollback tax rate shall be submitted to the county election administrator of Montgomery County instead of to the board of directors of the district.

(b) Notwithstanding Section 26.07(c), Tax Code, not later than the 20th day after the day a petition is submitted under Subsection (a) of this section, the county elections administrator shall:

(1) determine whether the petition is valid under Section 26.07, Tax Code;

and

(2) certify the determination of the petition's validity to the board of directors of the district.

(c) If the county elections administrator fails to act within the time allowed, the petition is treated as if it had been found valid.

(d) Notwithstanding Section 26.07(d), Tax Code, if the county elections administrator certifies to the board of directors that the petition is valid or fails to act within the time allowed, the board of directors shall order that an election under Section

26.07, Tax Code, to determine whether to reduce the district's tax rate to the rollback rate be held in the district in the manner prescribed by Section 26.07(d) of that code.

(e) The district shall reimburse the county elections administrator for reasonable costs incurred in performing the duties required by this section.

Sec. 14. All bonds issued and indebtedness assumed by the district shall be and are hereby declared to be legal and authorized investments of banks, savings banks, trust companies, building and loan associations, savings and loan associations, insurance companies, trustees, and sinking funds of cities, towns, villages, counties, school districts, or other political subdivisions of the State of Texas, and for all public funds of the State of Texas or its agencies including the Permanent School Fund. Such bonds and indebtedness shall be eligible to secure deposit of public funds of the State of Texas and public funds of cities, towns, villages, counties, school districts, or other political subdivisions or corporations of the State of Texas and shall be lawful and sufficient security for said deposits to the extent of their value when accompanied by all unmatured coupons appurtenant thereto.

Sec. 15. (a) The district shall have the right and power of eminent domain for the purpose of acquiring by condemnation any and all property of any kind and character in fee simple, or any lesser interest therein, within the boundaries of the district necessary or convenient to the powers, rights, and privileges conferred by this Act, in the manner provided by the general law with respect to condemnation by counties; provided that the district shall not be required to make deposits in the registry of the trial court of the sum required by Paragraph 2 of Article 3268, Revised Civil Statutes of Texas, 1925, as amended, or to make bond as therein provided. In condemnation proceedings being

prosecuted by the district, the district shall not be required to pay in advance or give bond or other security for costs in the trial court, nor to give any bond otherwise required for the issuance of a temporary restraining order or a temporary injunction, nor to give bond for costs or for supersedeas on any appeal or writ of error.

(b) If the board requires the relocation, raising, lowering, rerouting, or change in grade or alteration in the construction of any railroad, electric transmission, telegraph or telephone lines, conduits, poles, or facilities or pipelines in the exercise of the power of eminent domain, all of the relocation, raising, lowering, rerouting, or changes in grade or alteration of construction due to the exercise of the power of eminent domain shall be the sole expense of the board. The term “sole expense” means the actual cost of relocation, raising, lowering, rerouting, or change in grade or alteration of construction to provide comparable replacement without enhancement of facilities, after deducting the net salvage value derived from the old facility.

(c) Land owned by the district may not be leased for a period greater than 25 years unless the board of directors:

- (1) funds that the land is not necessary for health care or hospital purposes;
- (2) complies with any indenture securing the payment of bonds issued by the district; and
- (3) receives on behalf of the district not less than the current market value for the lease.

(d) Land of the district, other than land that the district is authorized to sell or exchange under Subsection (b) of Section 11 of this Act, may not be sold unless the board of directors complies with Section 272.002, Local Government Code.

Sec. 16. (a) The directors shall have the authority to levy taxes for the entire year in which the district is created as the result of the election herein provided. All taxes of the district shall be assessed and collected on county tax values as provided in Subsection (b) of this section unless the directors, by majority vote, elect to have taxes assessed and collected by its own tax assessor-collector under Subsection (c) of this section. Any such election may be made prior to December 1 annually and shall govern the manner in which taxes are subsequently assessed and collected until changed by a similar resolution. Hospital tax shall be levied upon all taxable property within the district subject to hospital district taxation.

(b) Under this subsection, district taxes shall be assessed and collected on county tax values in the same manner as provided by law with relation to county taxes. The tax assessor-collector of the county in which the district is situated shall be charged and required to accomplish the assessment and collection of all taxes levied by and on behalf of the district. The assessor-collector of taxes shall charge and deduct from payments to the hospital districts an amount as fees for assessing and collecting the taxes at a rate of one percent of the taxes assessed and one percent of the taxes collected but in no event shall the amount paid exceed \$5000 in any one calendar year. Such fees shall be deposited in the officers salary funds of the county and reported as fees of office of the county tax assessor- collector. Interest and penalties on taxes paid to the hospital district shall be the same as in the case of county taxes. Discounts shall be the same as allowed by the county. The residue of tax collections after deduction of discounts and fees for assessing and collecting shall be deposited in the district's depository. The bond of the county tax assessor-collector shall stand as security for the proper performance of his duties as assessor-collector of the

district, or if in the judgment of the district board of directors it is necessary, additional bond payable to the district may be required. In all matters pertaining to the assessment, collection, and enforcement of taxes for the district, the county tax assessor-collector shall be authorized to act in all respects according to the laws of the State of Texas relating to state and county taxes.

(c) Under this subsection, taxes shall be assessed and collected by a tax assessor-collector appointed by the directors, who shall also fix the term of his employment, compensation, and requirement for bond to assure the faithful performance of his duties, but in no event shall such bond be for less than \$5,000, or the district may contract for the assessment and collection of taxes as provided by the Tax Code.

Sec. 17. The district may employ fiscal agents, accountants, architects, and attorneys as the board may consider proper.

Sec. 18. Whenever a patient residing within the district has been admitted to the facilities of the district, the chief administrative officer may cause inquiry to be made as to his circumstances and those of the relatives of the patient legally liable for his support. If he finds that the patient or his relatives are able to pay for his care and treatment in whole or in part, an order shall be made directing the patient or his relatives to pay to the hospital district for the care and support of the patient a specified sum per week in proportion to their financial ability. The chief administrative officer shall have the power and authority to collect these sums from the estate of the patient or his relatives legally liable for his support in the manner provided by law for collection of expenses in the last illness of a deceased person. If the chief administrative officer finds that the patient or his relatives are not able to pay either in whole or in part for his care and treatment in the

facilities of the district, same shall become a charge on the hospital district as to the amount of the inability to pay. Should there be any dispute as to the ability to pay or doubt in the mind of the chief administrative officer, the board of directors shall hear and determine same after calling witnesses and shall make such order or orders as may be proper. Appeals from a final order of the board shall lie to the district court. The substantial evidence rule shall apply.

Sec. 19. (a) The district may sponsor and create a nonstock, nonmember corporation under the Texas Non-Profit Corporation Act (Article 1396-1.01 et seq., Vernon's Texas Civil Statutes) and its subsequent amendments and may contribute or cause to be contributed available funds to the corporations.

(b) The funds of the corporations, other than funds paid by the corporation to the district, may be used by the corporation only to provide, to pay the costs of providing, or to pay the costs related to providing indigent health care or other services that the district is required or permitted to provide under the constitution or laws of this state. The board of directors of the hospital district shall establish adequate controls to ensure that the corporation uses its funds as required by this subsection.

(c) The board of directors of the corporation shall be composed of seven residents of the district appointed by the board of directors of the district. The board of directors of the district may remove any director of the corporation at any time with or without cause.

(d) The corporation may invest funds in any investment in which the district is authorized to invest funds of the district, including investments authorized by the Public Funds Investment Act of 1987 (Article 842a-2, Vernon's Texas Civil Statutes) and its subsequent amendments.

Sec. 20. After creation of the hospital district, no county, municipality, or political subdivision wholly or partly within the boundaries of the district shall have the power to levy taxes or issue bonds or other obligations for hospital or health care purposes or for providing medical care for the residents of the district. The hospital district shall assume full responsibility for the furnishing of medical and hospital care for its needy inhabitants. When the district is created and established, the county and all towns and cities located wholly or partly therein shall convey and transfer to the district title to all land, buildings, improvements, and equipment in anywise pertaining to a hospital or hospital system located wholly within the district which may be jointly or separately owned by the county or any city or town within the district. Operating funds and reserves for operating expenses which are on hand and funds which have been budgeted for hospital purposes by the county or any city or town therein for the remainder of the fiscal year in which the district is created shall likewise be transferred to the district, as shall taxes previously levied for hospital purposes for the current year, and all sinking funds established for payment of indebtedness assumed by the district.

Sec. 21. The support and maintenance of the hospital district shall never become a charge against or obligation of the State of Texas nor shall any direct appropriation be made by the legislature for the construction, maintenance, or improvement of any of the facilities of the district.

Sec. 22. In carrying out the purposes of this act, the district will be performing an essential public function, and any bonds issued by it and their transfer and the issuance therefrom, including any profits made in the sale thereof, shall at all times be free from taxation by the state or any municipality or political subdivision thereof.

Sec. 23. The legislature hereby recognizes there is some confusion as to the proper qualification of electors in the light of recent court decisions. It is the intention of this Act to provide a procedure for the creation of the hospital district and to allow the district, when created, to issue bonds payable from taxation, but that in each instance the authority shall be predicated on the expression of the will of the majority of those who cast valid ballots at an election called for the purpose. Should the body calling an election determine that all qualified electors, including those who own taxable property which has been duly rendered for taxation, should be permitted to vote at an election by reason of the aforesaid court decisions nothing herein shall be construed as a limitation on the power to call and hold an election; provided provision is made for the voting, tabulating, and counting of the ballots of the resident qualified property taxpaying electors separately from those who are qualified electors, and in any election so called a majority vote of the resident qualified property taxpaying voters and a majority vote of the qualified electors, including those who own taxable property which has been duly rendered for taxation, shall be required to sustain the proposition.

23A. (a) The board of directors may order an election on the question of dissolving the district and disposing of the districts assets and obligations.

(b) The election shall be held on the earlier of the following dates that occurs at least 90 days after the date on which the election is ordered:

- (1)** the first Saturday in May; or
- (2)** the date of the general election for state and county officers.

(c) The ballot for the election shall be printed to permit voting for or against the proposition: "The dissolution of the Montgomery County Hospital District." The election shall be held in accordance with the applicable provisions of the Election Code.

(d) If a majority of the votes in the election favor dissolution, the board of directors shall find that the district is dissolved. If a majority of the votes in the election do not favor dissolution, the board of directors shall continue to administer the district and another election on the question of dissolution may not be held before the fourth anniversary of the most recent election to dissolve the district.

(e) If a majority of the votes in the election favor dissolution, the board of directors shall:

(1) transfer the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment that belong to the district to Montgomery County not later than the 45th day after the date on which the election is held; and

(2) transfer the land, buildings, improvements, equipment not described by Subdivision (1) of this subsection, and other assets that belong to the district to Montgomery County or administer the property, assets, and debts in accordance with Subsections (g)-(k) of this section.

(f) The county assumes all debts and obligations of the district relating to the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment at the time of the transfer. If the district also transfers the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the county assumes

all debts and obligations of the district relating to those assets at the time of the transfer and the district is dissolved. The county shall use all transferred assets to:

(1) pay the outstanding debts and obligations of the district relating to the assets at the time of the transfer; or

(2) furnish medical and hospital care for the needy residents of the county.

(g) If the board of directors finds that the district is dissolved but does not transfer the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the board of directors shall continue to control and administer that property and those assets and the related debts of the district until all funds have been disposed of and all district debts have been paid or settled.

(h) After the board of directors finds that the district is dissolved, the board of directors shall:

(1) determine the debt owed by the district; and

(2) impose on the property included in the district's tax rolls a tax that is in proportion of the debt to the property value.

(i) The board of directors may institute a suit to enforce payment of taxes and to foreclose liens to secure the payment of taxes due the district.

(j) When all outstanding debts and obligations of the district are paid, the board of directors shall order the secretary to return the pro rata share of all unused tax money to each district taxpayer and all unused district money from any other source to Montgomery County. A taxpayer may request that the taxpayer's share of surplus tax money be credited to the taxpayer's county taxes. If a taxpayer requests the credit, the board of directors shall direct the secretary to transmit the funds to the county tax

assessor-collector. Montgomery County shall use unused district money received under this section to furnish medical and hospital care for the needy residents of the county.

(k) After the district has paid all its debts and has disposed of all its assets and funds as prescribed by this section, the board of directors shall file a written report with the Commissioners Court of Montgomery County setting forth a summary of the board of directors' actions in dissolving the district. Not later than the 10th day after it receives the report and determines that the requirements of this section have been fulfilled, the commissioners court shall enter an order dissolving the district.

Sec. 23B. (a) The residents of the district by petition may request the board of directors to order an election on the question of dissolving the district and disposing of the district's assets and obligations. A petition must:

(1) state that it is intended to request an election in the district on the question of dissolving the district and disposing of the district's assets and obligations;

(2) be signed by a number of residents of the district equal to at least 15 percent of the total vote received by all candidates for governor in the most recent gubernatorial general election in the district that occurs more than 30 days before the date the petition is submitted; and

(3) be submitted to the county elections administrator of Montgomery County.

(a-1) Not later than the 30th day after the date a petition requesting the dissolution of the district is submitted under Subsection (a) of this section, the county elections administrator shall:

(1) determine whether the petition is valid; and

(2) certify the determination of the petition's validity to the board of directors of the district.

(a-2) If the county elections administrator fails to act within the time allowed, the petition is treated as if it had been found valid;

(a-3) If the county elections administrator certifies to the board of directors that the petition is valid or fails to act within the time allowed, the board of directors shall order that a dissolution election be held in the district in the manner prescribed by this section.

(a-4) If a petition submitted under Subsection (a) of this section does not contain the necessary number of valid signatures, the residents of the district may not submit another petition under Subsection (a) of this section before the third anniversary of the date the invalid petition was submitted.

(a-5) The district shall reimburse the county elections administrator for reasonable costs incurred in performing the duties required by this section.

(b) The election shall be held on the earlier of the following dates that occurs at least 90 days after the date on which the election is ordered:

(1) the first Saturday in May; or

(2) the date of the general election for state and county officers.

(c) The ballot for the election shall be printed to permit voting for or against the proposition: "The dissolution of the Montgomery County Hospital District." The election shall be held in accordance with the applicable provisions of the Election Code.

(d) If a majority of the votes in the election favor dissolution, the board of directors shall find that the district is dissolved. If less than a majority of the votes in the election

favor dissolution, the board of directors shall continue to administer the district and another election on the question of dissolution may not be held before the third anniversary of the most recent election to dissolve the district.

(e) If a majority of the votes in the election favor dissolution, the board of directors shall transfer the land, buildings, improvements, equipment, and other assets that belong to the district to Montgomery County not later than the 45th day after the date on which the election is held. The county assumes all debts and obligations of the district at the time of the transfer and the district is dissolved. The county should use all transferred assets in a manner that benefits residents of the county residing in territory formerly constituting the district. The county shall use all transferred assets to:

(1) pay the outstanding debts and obligations of the district relating to the assets at the time of the transfer; or

(2) furnish medical and hospital care for the needy residents of the county.

Sec. 24. If a hospital district has not been created under this Act by January 1, 1982, then the Act will no longer be in effect.

Sec. 25. Proof of provisions of the notice required in the enactment hereof under the provisions of Article IX, Section 9, of the Texas Constitution, has been made in the manner and form provided by law pertaining to the enactment of local and special laws, and the notice is hereby found and declared proper and sufficient to satisfy the requirement.

Sec. 26. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended, and that this Act take effect and be in force from and after its passage, and it is so enacted.

APPENDIX III
CHAPTER 61

Chapter 61 of the Health and Safety Code is a law passed by the First Called Special Session of the 69th Legislature in 1985 that:

- Defines who is indigent,
- Assigns responsibilities for indigent health care,
- Identifies health care services eligible people can receive, and
- Establishes a state assistance fund to match expenditures for counties that exceed certain spending levels and meet state requirements.

Chapter 61, Health and Safety Code, is intended to ensure that needy Texas residents, who do not qualify for other state or federal health care assistance programs, receive health care services.

Chapter 61, Health and Safety Code, may be accessed at:

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

**APPENDIX IV
TEXAS
ADMINISTRATIVE
CODE SUBCHAPTERS**

APPENDIX IV.
TEXAS ADMINISTRATIVE CODE SUBCHAPTERS

The Texas Administrative Code (TAC) is the compilation of all state agency rules in Texas.

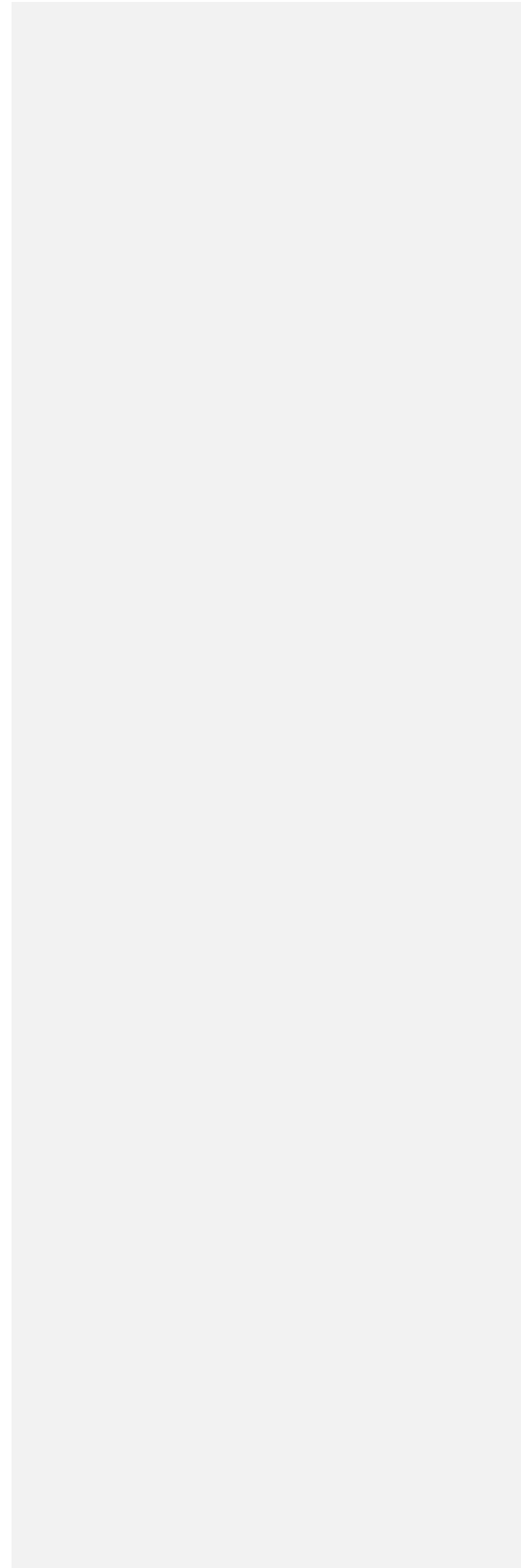
The County Indigent Health Care Program (CIHCP) rules are in: TAC, Title 25 (Health Services), Part 1 (TDSHS), Chapter 14 (CIHCP), and the following Subchapters:

- A - Program Administration
- B - Determining Eligibility
- C - Providing Services

The CIHCP rules may be accessed at:

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

**APPENDIX V
FEDERAL POVERTY
GUIDELINES**



**MONTGOMERY COUNTY HOSPITAL
DISTRICT MEDICAL ASSISTANCE
PLAN
INCOME GUIDELINES EFFECTIVE
~~04/01/2022 03/01/2021~~
21- 150% FPIL**

# of Individuals in the MAP Household	Income Standard	Income Standard
	21% FPIL	150% FPIL
1	\$238,226	\$1,699,161
2	\$321,305	\$2,289,217
3	\$404,385	\$2,879,274
4	\$486,464	\$3,469,331
5	\$569,544	\$4,059,388
6	\$651,623	\$4,649,448
7	\$734,703	\$5,239,505
8	\$817,782	\$5,829,563
9	\$899,861	\$6,419,619
10	\$982,941	\$7,009,678
11	\$1,064,1,020	\$7,599,7,285
12	\$1,147,1,100	\$8,189,7,853

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* Effective ~~April 1, 2022~~ ~~March 1, 2021~~

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

State of Texas §
 §
County of Montgomery §

**AGREEMENT FOR ENROLLMENT OF COUNTY INMATES INTO
MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE
PROGRAM**

This Agreement is made and entered into this ~~the~~ day of March, 2014, by and between the County of Montgomery, a governmental subdivision of the State of Texas, (hereinafter "the County") and the Montgomery County Hospital District, a governmental subdivision of the State of Texas created pursuant to Acts of the 65th Legislature, Regular Session, 1977, Chapter 258, as amended (hereinafter "the MCHD").

WITNESSETH:

WHEREAS, the County operates a county jail and provides law enforcement services; and

WHEREAS, County jail inmates and detainees have the need for occasional medical treatment beyond that which jail personnel are qualified to administer; and

WHEREAS, many County inmates and detainees at the County jail qualify under the financial and other criteria of the Montgomery County Hospital District Public Assistance Program (hereinafter "Hospital District Public Assistance Program" or sometimes "Program") as indigent persons; and

WHEREAS; the MCHD was created and enacted for the purpose of providing healthcare services to the needy or indigent residents of Montgomery County; and

WHEREAS, the MCHD is the only local governmental entity with the power to levy taxes, issue bonds or other obligations for hospital or health care purposes or for providing medical care for the residents of Montgomery County; and

WHEREAS, providing for the healthcare needs of the citizens in Montgomery County is MCHD's primary mission; and

WHEREAS, the County is authorized to provide minor medical treatment for inmates and the MCHD is authorized to provide the indigent healthcare services for certain inmates as is contemplated by this Agreement; and

WHEREAS, both the County and the MCHD have budgeted and appropriated sufficient funds which are currently available to carry out their respective obligations contemplated herein.

NOW, THEREFORE, for and in consideration of the mutual covenants, considerations and undertakings herein set forth, it is agreed as follows:

I.

ENROLLMENT INTO HOSPITAL DISTRICT PUBLIC ASSISTANCE PROGRAM

A. *The* County will assist inmates in seeking coverage under the Hospital District Public Assistance Program. County staff shall make available to County inmates such application forms and instructions necessary to seek enrollment in *the* Hospital District Public Assistance Program. Upon completion of such enrollment materials the County will promptly forward such enrollment materials to MCHD for evaluation. Alternatively, County staff may assist potentially eligible inmates with MCHD's online application process for determining eligibility into the Program.

B. Upon receipt of an inmate's enrollment materials from the County, MCHD shall promptly review such materials for purposes of qualifying the inmate for the Hospital District Public Assistance Program. In this regard, MCHD agrees to deem Montgomery County, Texas as the place of residence for any County inmate housed in the Montgomery County jail, regardless of whether the inmate has declared or maintained a residence outside the boundaries of MCHD. Upon obtaining satisfactory proof that the inmate qualifies under the Hospital District Public Assistance Program, MCHD shall enroll such inmate into such

program and place such inmate on its rolls as eligible for healthcare services under such program. MCHD agrees to abide by its criteria and policies regarding eligibility for the Hospital District Public Assistance Program and to not unreasonably withhold approval of an indigent inmate eligible under the program. If MCHD determines that the inmate is covered under another federal, state or local program which affords medical benefits to covered individuals and such benefits are accessible to the inmate, MCHD will promptly advise the County of such fact. As requested by County, MCHD enrollment and eligibility personnel shall reasonably assist County personnel with the application and enrollment materials for inmates seeking enrollment into the Program, including providing periodic training to County staff on matters pertinent to the Program, including the Program policies and rules. However, MCHD shall not be required to assign Program staff member to the jail for purposes of fulfilling its assistance responsibilities.

C. MCHD agrees to provide for the health care and medical treatment of Montgomery County jail inmates that are enrolled in the Hospital District's Public Assistance Program, subject to the terms and conditions of such Program except as noted herein. The parties agree that the effective date of coverage under the Hospital District Public Assistance Program for such services is the actual date of enrollment into the program; however, certain health care expenses incurred by an eligible inmate up to ninety (90) days prior to the inmate's enrollment into the Program may be covered under the Program as is set out in the Program rules and guidelines. MCHD and County agree to cooperate in arranging for the provision of the health care services covered by the Program to jail inmates who qualify for such services, including use of MCHD's physician network and contracted healthcare providers as well as MCHD's patient care management protocols administered by MCHD's third-party claims

and benefits manager. The Parties understand and agree that eligible inmates enrolled in the Program will not receive prescription medications or similar prescription services from the Program as the County dispenses such medications at the jail.

E. If treatment at an out of network provider is medically necessary, the County shall notify MCHD of such need as soon as reasonably possible, not later than the close of business the first day following the incident giving rise to the medical necessity. If treatment is sought at a local healthcare provider within MCHD's patient care network, and the local healthcare provider determines additional treatment is necessary by an out of network provider, then any notice requirements set forth herein shall be the responsibility of the in-network healthcare provider and/or primary care physician, as per existing Hospital District Public Assistance Program guidelines and policies. MCHD shall honor and abide by all of the provisions of its Program and its in-network provider agreements as well as the Indigent Care and Treatment Act, Chapter 61 Texas Health & Safety Code.

F. The County shall remain responsible for medical care and treatment of county inmates who do not qualify for the Hospital District Public Assistance Program. MCHD shall not be responsible for treatment or payment for healthcare services provided to County inmates who are not eligible to participate in Program, or to State or Federal inmates (including INS detainees) incarcerated in the County jail. For purposes of this Agreement, a State or Federal inmate (including INS detainees) is a person incarcerated in the county jail through a contract or other agreement with a state or federal governmental agency, but shall not include a County inmate who is in the County jail, or who has been returned to the County jail while awaiting criminal proceedings on local, state or federal charges, or a combination thereof.

G. The County and MCHD agree that MCHD may deny an inmate's application for enrollment in the Program in the event MCHD determines the inmate's health care needs resulted from conduct or conditions for which the County or its employees would be responsible in a civil action at law, exclusive of any affirmative defenses of governmental and/or official immunity. In such event, County shall remain responsible for the inmate's health care needs. In addition, County agrees to reimburse MCHD for any medical expenses that MCHD incurred or expended on behalf of an indigent inmate or detainee housed at the County jail that resulted from conduct or conditions for which the County or its employees would be responsible in a civil action at law, exclusive of any affirmative defenses of governmental and/or official immunity. Should the County deny responsibility for any such claims, the County Judge, the County Sheriff and the Chief Executive Officer of MCHD shall meet to discuss the facts of such claims and the underlying responsibility therefor. Any agreement(s) reached at such meeting shall be reduced to writing and recommended by such persons to their respective governing boards for approval as necessary. Should the parties be unable to reach agreement as to financial responsibility, the dispute will be submitted to binding arbitration. The prevailing party in such arbitration shall be entitled to recover its reasonable attorneys' fees.

H. The County shall provide prompt written notification to MCHD in the event an enrolled inmate is transferred to another detention facility, or is released from the County jail, so that MCHD may revise its records to delete such inmate from its Program rolls. As used in this paragraph and the following paragraph "prompt written notification" shall be notification as soon as is practicable but in no event after the end of the calendar month in which the inmate is released from jail or transferred to another detention facility.

I. The County and MCHD agree that County will reimburse MCHD for health care expenses incurred by an enrolled inmate after such inmate has been released from jail or transferred to another detention facility if County fails to provide prompt written notification to MCHD of the inmate's release or transfer from the County jail.

J. In the event any portion of this agreement conflicts with the Texas Health and Safety Code, or the Montgomery County Hospital District enabling legislation, or any other applicable statutory provision, then said statutory provisions shall prevail to the extent of such conflict.

K. Any provision of this Agreement which is prohibited or unenforceable shall be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof.

L. No provision herein nor any obligation created hereunder should be construed to impose any obligation or confer any liability on either party for claims of any non-signatory party. Further, it is expressly agreed by the parties hereto that other than those covenants contained in section 1(F), no provision herein is intended to affect any waiver of liability or immunity from liability to which either party may be entitled by laws affecting governmental entities.

II. LIABILITY

To the extent allowed by law, it is agreed that the MCHD agrees to indemnify and hold harmless the County for any acts or omissions associated with any medical treatment that the MCHD provides to eligible inmates through its Health Care Assistance Program in accordance with the terms and conditions of this Agreement. The foregoing indemnity

obligation is limited and does not extend to negligent, grossly negligent, reckless or intentional conduct of an enrolled inmate that result in injuries or property damages to the County or to third-parties.

III.
NOTICES

The parties designate the following persons as contact persons for all notices contemplated by this Agreement:

MCHD: Donna Daniel, Records Manager
P.O. 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, 2014

MONTGOMERY COUNTY, TEXAS

By: Alan B. Sadler, County Judge

Date: _____

Attest:


Mark Turnbull, County Clerk

MONTGOMERY COUNTY HOSPITAL
DISTRICT

By: Randy Johnson, Chief Executive
Officer

Date: _____


MONTGOMERY COUNTY, TEXAS



By: Alan B. Sadler, County Judge

Date: ---M AR 24--20---:14---

Attest:



Mark Turnbull, County Clerk

**APPENDIX VII
MCHD
HCAP FORMULARY**

APPENDIX VII
MCHD HCAP FORMULARY

MCHD 2021 Preferred Drug List

This is a condensed version of the US Script, Inc. MCHD Formulary. Please be aware that this is not an all-inclusive list. Changes may occur throughout the year and plan exclusions may override this list. Benefit designs may vary with respect to drug coverage, quantity limits, step therapy, days' supply, and prior authorization. Please contact MCHD HCAP pharmacy benefit personnel at 936-523-5108 or 936-523-5112 if you have any questions.

TAKE THIS LIST WITH YOU EACH TIME YOU VISIT A DOCTOR. ASK
YOUR DOCTOR FOR GENERIC DRUGS WHENEVER POSSIBLE.

*** = Prior Authorization Required

<u>ANTI-INFECTIVE AGENTS</u>	MISC. ANTI-INFECTIVES	ANTIHYPERTENSIVE COMBOS	paroxetine
ANTIFUNGALS	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	<u>CARDIOVASCULAR AGENTS</u>	metoprolol/ HCTZ	IMITREX® (generic)***
cefaclor	ACE INHIBITORS	trimaterene/ HCTZ	MIDRIN® (generic)
cefadroxil	benazepril		
cefdinir	captopril	BETA BLOCKERS	<u>ENDOCRINE &</u>
cefepodoxime	enalapril	atenolol	<u>METABOLIC AGENTS</u>
cefprozil	fosinopril	carvedilol	ANTIDIABETICS
cefuroxime	lisinopril	labetalol	glimepiride
cephalexin	moexipril	metoprolol	glipizide/ extended-release
FLUOROQUINOLONES	quinapril	nadolol	glipizide/ metformin
	ramipril capsules	propranolol	glyburide
ciprofloxacin			glyburide/ metformin
ofloxacin	ANGIOTENSIN II BLOCKERS	CALCIUM CHANNEL BLOCKERS	metformin/ extended-release
levofloxacin	losartan	amlodipine	
		diltiazem/ extended-release	ESTROGENS M
ACROLIDE ANTIBIOTICS	ANTIADRENERGICS	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 AGENTS</u>	ESTRATEST® (generic)
PENICILLINS	ANTIHYPERLIPIDEMICS	ANTIDEPRESSANTS	ESTRATEST HS® (generic)
amoxicillin	cholestyramine	amitriptyline	
amoxicillin/ clavulanate	fenofibrate	citalopram	estropipate
ampicillin	gemfibrozil	fluoxetine	THYROID AGENTS

APPENDIX VII
MCHD HCAP FORMULARY

dicloxacillin	lovastatin	imipramine	levothyroxine
penicillin	pravastatin	mirtazapine	ARMOUR THYROID ®
simvastatin		nortriptyline	

INSULINS

HUMULIN ® ***
LANTUS ® ***
LEVEMIR ® ***
NOVOLIN ® ***
NOVOLOG ® ***

OTHER ENDOCRINE DRUGS

alendronate

GASTROINTESTINAL

AGENTS

H-2 ANTAGONISTS

famotidine
ranitidine

PROTON PUMP INHIBITORS

(*Prior Authorization Required-Must try/

fail OTC product prior to prescription
product coverage)

omeprazole
pantoprazole

MISC. ULCER

dicyclomine
misoprostol
sucralfate
PREVPAC® ***

**MUSCULOSKELETAL
AGENTS**

NSAIDS

diclofenac
etodolac
ibuprofen
indomethacin
ketorolac
meloxicam
nabumetone
naproxen
oxaprozin

ANTI ASTHMATICS

albuterol nebulization
albuterol/ ipratropium neb
ipratropium nebulization
theophylline

*****The following respiratory
medications are available
only with prior authorization.**

ADVAIR® ***
ATROVENT® HFA ***

COMBIVENT® ***

piroxicam sulindac

RESPIRATORY AGENTS ALLERGY-NASAL flunisolide

fluticasone

APPENDIX VII
MCHD HCAP FORMULARY

FLOVENT® HFA***

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*** VENTOLIN® HFA

UROLOGICAL MEDICATIONS

ANTICHOLINERGICS/

ANTISPASMODICS

flavoxate

hyoscyamine subl

oxybutynin

BENIGN PROSTATIC

HYPERTROPHY DRUGS

doxazosin

finasteride

tamsulosin

terazosin

APPENDIX VII
MCHD HCAP FORMULARY

AGENDA ITEM # 21

Board Mtg.: 4/26/2022

Montgomery County Hospital District Financial Dashboard for March 2022 (dollars expressed in 000's)

	Mar 2022	Mar 2021	Var	Var %
Cash and Investments	62,120	56,022	6,098	10.9%

Legend	
Green	Favorable Variance
Red	Unfavorable Variance

Income Statement	March 2022				Year to Date			
	Act	Bud	Var	Var %	Act	Bud	Var	Var %
Revenue								
Tax Revenue	599	546	53	9.7%	37,372	37,438	(66)	-0.2%
EMS Net Revenue	1,621	1,550	71	4.6%	8,599	9,055	(457)	-5.0%
Other Revenue	293	347	(54)	-15.6%	3,491	3,541	(50)	-1.4%
Total Revenue	2,512	2,443	70	2.9%	49,462	50,033	(572)	-1.1%
Expenses								
Payroll	3,528	3,650	(122)	-3.4%	19,214	20,961	(1,747)	-8.3%
Operating	1,221	1,653	(432)	-26.1%	6,616	7,861	(1,245)	-15.8%
Indigent Healthcare	342	425	(83)	-19.5%	2,272	2,547	(275)	-10.8%
Total Operating Expenses	5,090	5,728	(637)	-11.1%	28,102	31,368	(3,267)	-10.4%
Capital	62	62	(1)	-1.0%	2,581	2,542	39	1.6%
Total Expenditures	5,152	5,790	(638)	-11.0%	30,683	33,910	(3,227)	-9.5%
Revenue Over / (Under) Expenses	(2,640)	(3,347)	708	-21.1%	18,779	16,123	2,655	-16.5%

Total Tax Revenue: Year-to-date, Total Tax Revenue is lower than budget by \$66k or 0.2%. As of March 31st, 96.62% of annual budgeted tax revenue has been collected. The monthly Tax Revenue budget is allocated based on a rolling three-year collection average.

EMS Net Revenue: Year-to-date, EMS Revenue is \$456k lower than budget. While YTD Billable Trips have exceeded budgeted trips, contractual adjustments have also increased due to an increase in Medicare charges in our payer mix. Charity care has also been more than budgeted; however, this is expected to be offset through reimbursement from the Ambulance Supplemental Payment Program.

Other Revenue: Year-to-Date, Other Revenue is \$50k lower than budget primarily due to Community Paramedicine patient encounters being fewer than budgeted.

Payroll: Overall, Payroll Expenses are \$1,747k less than budget. The full effect of payroll adjustments resulting from the cost of living adjustment approved by the Board will begin impacting the financial statements in April.

Operating Expenses: Operating Expenses are under budget by \$1,244k. Generally, Operating Expenses are less than expected across the board.

Indigent Care Expenses: Indigent Care Expenses are under budget by \$275k.

Capital: Capital Expenditures are over budget by \$39k.

Montgomery County Hospital District

Balance Sheet

As of March 31, 2022

Fund 10
03/31/2022

ASSETS

Cash and Equivalents

10-000-10100	Petty Cash-Adm.-BS	\$1,850.00
10-000-11401	Operating Account-WF-BS	\$8,223,979.40
10-000-12400	Investments-MMA-BS	\$2,045,486.36
10-000-12500	Investments-MMDA-BS	\$5,129,373.04
10-000-13100	Texpool-District-BS	\$6,719,701.82
10-000-13300	Investments-WF Bank-BS	\$11,212,383.62
10-000-13400	Texstar Investment Pool-BS	\$6,706,783.36
10-000-13500	Investments-BS	\$22,080,122.90

Total Cash and Equivalents		\$62,119,680.50
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Receivables

10-000-14100	A/R-EMS Billings-BS	\$8,182,855.18
10-000-14200	Allowance for Bad Debts-BS	(\$2,524,323.37)
10-000-14300	A/R-Other-BS	\$849,159.45
10-000-14305	A/R Employee-BS	\$22,685.36
10-000-14450	Capital Lease Receivable-BS	\$3,779,032.29
10-000-14525	Receivable from Component Unit-BS	\$196,729.92
10-000-14605	Interest Receivable - Capital Lease-BS	\$8,022.38
10-000-14700	Taxes Receivable-BS	\$2,379,177.91
10-000-14750	Allowance for bad debt-tax rev-BS	(\$297,179.31)

Total Receivables		\$12,596,159.81
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Other Assets

10-000-14900	Prepaid Expenses-BS	\$262,663.32
10-000-15000	Inventory-BS	\$860,999.81

Total Other Assets		\$1,123,663.13
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TOTAL ASSETS

\$75,839,503.44

LIABILITIES

Current Liabilities

10-000-20500	Accounts Payable-BS	\$352,435.28
10-000-20600	Accounts Payable-Other-BS	\$2,188.43
10-000-21000	Accrued Expenditures-BS	\$981,987.45
10-000-21400	Accrued Payroll-BS	\$424,677.08
10-000-21525	P/R-United Way Deductions-BS	\$5,118.25
10-000-21585	P/R-Flexible Spending-BS-BS	\$10,939.01
10-000-21590	P/R-Premium Cancer/Accident-BS	\$3,641.41
10-000-21595	P/R-Health Savings-BS-BS	\$9,014.66
10-000-21600	Employee Deferred Comp.-BS	\$11,699.94
10-000-21650	TCDRS Defined Benefit Plan-BS	\$585,646.93
10-000-26755	Accrued Interest - Capital Lease Liability-BS	\$2,197.73

Total Current Liabilities		\$2,389,546.17
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Montgomery County Hospital District

Balance Sheet

As of March 31, 2022

		Fund 10
		03/31/2022
Deferred Liabilities		
10-000-23000	Deferred Tax Revenue-BS	\$2,081,998.60
10-000-23200	Deferred Revenue-BS	\$278,027.74
10-000-23300	Deferred Capital Lease Revenue-BS	\$3,728,087.99
Total Deferred Liabilities		\$6,088,114.33
TOTAL LIABILITIES		\$8,477,660.50
CAPITAL		
10-000-30225	Assigned - Open Purchase Orders-BS	\$2,126,998.79
10-000-30400	Nonspendable - Inventory-BS	\$860,999.81
10-000-30700	Nonspendable - Prepaids-BS	\$262,663.32
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	\$49,611,181.02
TOTAL CAPITAL		\$67,361,842.94
TOTAL LIABILITIES AND CAPITAL		\$75,839,503.44

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended March 31, 2022

	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	\$529,118.20	\$471,509.00	\$57,609.20	\$37,039,880.30	\$36,997,293.00	\$42,587.30	\$37,902,334.00	97.72%	\$862,453.70
Delinquent Tax Revenue	\$13,998.03	\$23,659.00	(\$9,660.97)	\$163,980.44	\$275,537.00	(\$111,556.56)	\$426,044.00	38.49%	\$262,063.56
Penalties and Interest	\$55,596.46	\$50,690.00	\$4,906.46	\$141,917.77	\$154,036.00	(\$12,118.23)	\$340,647.00	41.66%	\$198,729.23
Miscellaneous Tax Revenue	\$0.00	\$43.00	(\$43.00)	\$26,555.73	\$10,967.00	\$15,588.73	\$10,967.00	242.14%	(\$15,588.73)
Total Tax Revenue	\$598,712.69	\$545,901.00	\$52,811.69	\$37,372,334.24	\$37,437,833.00	(\$65,498.76)	\$38,679,992.00	96.62%	\$1,307,657.76
EMS Net Revenue									
Advanced Life Support Revenue	\$3,375,209.57	\$3,046,274.00	\$328,935.57	\$18,394,356.07	\$17,798,910.00	\$595,446.07	\$35,781,651.00	51.41%	\$17,387,294.93
Basic Life Support Revenue	\$641,408.38	\$599,272.00	\$42,136.38	\$3,899,733.41	\$3,499,215.00	\$400,518.41	\$7,035,093.00	55.43%	\$3,135,359.59
Transfer Service Fees	\$0.00	\$3,736.00	(\$3,736.00)	\$9,174.15	\$22,308.00	(\$13,133.85)	\$44,724.00	20.51%	\$35,549.85
Non-Transport Fees	\$31,691.20	\$32,065.00	(\$373.80)	\$185,695.70	\$188,155.00	(\$2,459.30)	\$377,278.00	49.22%	\$191,582.30
Contractual Allowance	(\$1,381,039.88)	(\$1,196,438.00)	(\$184,601.88)	(\$7,739,105.87)	(\$6,990,291.00)	(\$748,814.87)	(\$14,052,594.00)	55.07%	(\$6,313,488.13)
Charity Care	(\$932,880.59)	(\$699,456.00)	(\$233,424.59)	(\$5,198,187.48)	(\$4,086,631.00)	(\$1,111,556.48)	(\$8,215,360.00)	63.27%	(\$3,017,172.52)
Provision for Bad Debt	(\$123,201.09)	(\$257,694.00)	\$134,492.91	(\$1,026,459.32)	(\$1,505,599.00)	\$479,139.68	(\$3,026,710.00)	33.91%	(\$2,000,250.68)
Recovery of Bad Debt - EMS	\$9,506.87	\$22,140.00	(\$12,633.13)	\$73,474.60	\$129,016.00	(\$55,541.40)	\$259,708.00	28.29%	\$186,233.40
Total EMS Net Revenue	\$1,620,694.46	\$1,549,899.00	\$70,795.46	\$8,598,681.26	\$9,055,083.00	(\$456,401.74)	\$18,203,790.00	47.24%	\$9,605,108.74
Other Revenue									
Investment Income - MCHD	\$13,301.90	\$6,675.00	\$6,626.90	\$45,156.38	\$33,833.00	\$11,323.38	\$66,463.00	67.94%	\$21,306.62
Interest Income	\$505.13	\$690.00	(\$184.87)	\$4,076.71	\$4,310.00	(\$233.29)	\$8,216.00	49.62%	\$4,139.29
Interest Income - Capital Lease	\$8,505.42	\$0.00	\$8,505.42	\$48,281.99	\$0.00	\$48,281.99	\$0.00	0.00%	(\$48,281.99)
Tobacco Settlement Proceeds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$700,000.00	0.00%	\$700,000.00
Weyland Bldg. Land Lease	\$2,150.11	\$8,266.00	(\$6,115.89)	\$12,900.66	\$16,532.00	(\$3,631.34)	\$33,064.00	39.02%	\$20,163.34
Miscellaneous Income	\$4,677.12	\$5,421.00	(\$743.88)	\$75,992.81	\$47,451.00	\$28,541.81	\$248,672.00	30.56%	\$172,679.19
Rx Discount Card Royalties	\$23.50	\$55.00	(\$31.50)	\$220.00	\$330.00	(\$110.00)	\$660.00	33.33%	\$440.00
Proceeds from Capital Lease	\$0.00	\$0.00	\$0.00	\$1,428,218.17	\$1,428,219.00	(\$0.83)	\$1,848,219.00	77.28%	\$420,000.83
Tenant Rent Income	\$7,351.33	\$9,198.00	(\$1,846.67)	\$44,107.98	\$55,191.00	(\$11,083.02)	\$110,383.00	39.96%	\$66,275.02
P.A. Processing Fees	\$0.00	\$125.00	(\$125.00)	\$0.00	\$750.00	(\$750.00)	\$1,500.00	0.00%	\$1,500.00
Contract Revenue (Net)	\$5,150.45	\$0.00	\$5,150.45	\$165,358.78	\$117,776.00	\$47,582.78	\$174,151.00	94.95%	\$8,792.22

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended March 31, 2022

	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	\$41,600.00	\$90,000.00	(\$48,400.00)	\$358,400.00	\$540,000.00	(\$181,600.00)	\$1,080,000.00	33.19%	\$721,600.00
Education/Training Revenue	\$7,746.00	\$8,250.00	(\$504.00)	\$187,708.59	\$130,500.00	\$57,208.59	\$282,000.00	66.56%	\$94,291.41
Stand-By Fees	\$6,450.00	\$6,058.00	\$392.00	\$43,067.50	\$31,003.00	\$12,064.50	\$49,048.00	87.81%	\$5,980.50
EMS - Trauma Fund Income	\$0.00	\$0.00	\$0.00	\$37,431.00	\$30,000.00	\$7,431.00	\$30,000.00	124.77%	(\$7,431.00)
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	\$8,334.00	(\$0.67)	\$49,999.98	\$50,000.00	(\$0.02)	\$100,000.00	50.00%	\$50,000.02
Employee Medical Premiums	\$138,612.62	\$154,633.00	(\$16,020.38)	\$611,837.36	\$679,948.00	(\$68,110.64)	\$1,384,241.00	44.20%	\$772,403.64
Dispatch Fees	\$7,599.00	\$9,441.00	(\$1,842.00)	\$50,454.00	\$56,646.00	(\$6,192.00)	\$251,792.00	20.04%	\$201,338.00
MDC Revenue - First Responders	\$4,325.00	\$4,000.00	\$325.00	\$88,224.96	\$88,050.00	\$174.96	\$92,550.00	95.33%	\$4,325.04
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	\$10,263.95	\$10,264.00	(\$0.05)	\$61,416.11	\$61,417.00	(\$0.89)	\$123,237.00	49.84%	\$61,820.89
Tower Contract Revenue	\$21,719.04	\$25,502.00	(\$3,782.96)	\$147,773.68	\$152,682.00	(\$4,908.32)	\$306,712.00	48.18%	\$158,938.32
Gain/Loss on Sale of Assets	\$4,670.00	\$0.00	\$4,670.00	\$30,280.00	\$16,000.00	\$14,280.00	\$64,000.00	47.31%	\$33,720.00
Total Other Revenue	\$292,983.90	\$346,912.00	(\$53,928.10)	\$3,490,906.66	\$3,540,638.00	(\$49,731.34)	\$7,633,565.00	45.73%	\$4,142,658.34
Total Revenues	\$2,512,391.05	\$2,442,712.00	\$69,679.05	\$49,461,922.16	\$50,033,554.00	(\$571,631.84)	\$64,517,347.00	76.66%	\$15,055,424.84
Expenses									
Payroll Expenses									
Regular Pay	\$1,968,439.83	\$2,188,900.00	(\$220,460.17)	\$11,010,845.24	\$12,405,145.00	(\$1,394,299.76)	\$25,097,059.00	43.87%	\$14,086,213.76
Overtime Pay	\$233,095.63	\$233,350.00	(\$254.37)	\$1,375,501.96	\$1,468,955.00	(\$93,453.04)	\$2,961,081.00	46.45%	\$1,585,579.04
Paid Time Off	\$237,515.05	\$216,139.00	\$21,376.05	\$1,496,889.76	\$1,402,782.00	\$94,107.76	\$2,951,073.00	50.72%	\$1,454,183.24
Stipend Pay	\$11,938.15	\$11,392.00	\$546.15	\$224,979.33	\$68,352.00	\$156,627.33	\$136,704.00	164.57%	(\$88,275.33)
Payroll Taxes	\$176,610.37	\$196,084.00	(\$19,473.63)	\$1,006,780.24	\$1,127,828.00	(\$121,047.76)	\$2,290,441.00	43.96%	\$1,283,660.76
TCDRS Plan	\$232,596.43	\$251,729.00	(\$19,132.57)	\$1,149,527.57	\$1,224,042.00	(\$74,514.43)	\$2,720,572.00	42.25%	\$1,571,044.43
Health & Dental	\$45,088.72	\$60,945.00	(\$15,856.28)	\$436,983.87	\$476,674.00	(\$39,690.13)	\$842,344.00	51.88%	\$405,360.13
Health Insurance Claims	\$550,370.26	\$402,918.00	\$147,452.26	\$2,109,388.78	\$2,333,964.00	(\$224,575.22)	\$4,751,472.00	44.39%	\$2,642,083.22
Health Insurance Admin Fees	\$71,847.75	\$88,505.00	(\$16,657.25)	\$403,033.31	\$452,859.00	(\$49,825.69)	\$983,892.00	40.96%	\$580,858.69
Total Payroll Expenses	\$3,527,502.19	\$3,649,962.00	(\$122,459.81)	\$19,213,930.06	\$20,960,601.00	(\$1,746,670.94)	\$42,734,638.00	44.96%	\$23,520,707.94

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended March 31, 2022

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Operating Expenses									
Unemployment Expense	(\$3,000.00)	\$1,500.00	(\$4,500.00)	\$3,264.00	\$9,000.00	(\$5,736.00)	\$18,000.00	18.13%	\$14,736.00
Accident Repair	\$1,960.60	\$1,990.00	(\$29.40)	\$18,197.65	\$18,200.00	(\$2.35)	\$36,000.00	50.55%	\$17,802.35
Accounting/Auditing Fees	\$9,200.00	\$14,500.00	(\$5,300.00)	\$40,200.00	\$44,500.00	(\$4,300.00)	\$54,200.00	74.17%	\$14,000.00
Advertising	\$0.00	\$0.00	\$0.00	\$1,794.00	\$5,475.00	(\$3,681.00)	\$13,650.00	13.14%	\$11,856.00
Ambulance Supplemental IGT	\$0.00	\$207,774.00	(\$207,774.00)	\$0.00	\$207,774.00	(\$207,774.00)	\$207,774.00	0.00%	\$207,774.00
Bank Charges	\$0.00	\$100.00	(\$100.00)	\$0.00	\$600.00	(\$600.00)	\$1,200.00	0.00%	\$1,200.00
Credit Card Processing Fee	\$2,566.80	\$1,725.00	\$841.80	\$14,096.45	\$12,700.00	\$1,396.45	\$22,500.00	62.65%	\$8,403.55
Bio-Waste Removal	\$3,233.43	\$2,868.00	\$365.43	\$21,019.88	\$17,708.00	\$3,311.88	\$35,416.00	59.35%	\$14,396.12
Books/Materials	\$14,279.28	\$16,798.00	(\$2,518.72)	\$60,818.39	\$94,181.00	(\$33,362.61)	\$249,165.00	24.41%	\$188,346.61
Business Licenses	\$9,639.00	\$13,515.00	(\$3,876.00)	\$16,022.00	\$23,280.00	(\$7,258.00)	\$40,415.00	39.64%	\$24,393.00
Capital Lease Expense	\$325,885.65	\$320,937.00	\$4,948.65	\$365,678.34	\$343,907.00	\$21,771.34	\$417,424.00	87.60%	\$51,745.66
Capital Lease Interest Expense	\$3,961.96	\$3,962.00	(\$0.04)	\$18,126.12	\$18,126.00	\$0.12	\$36,687.00	49.41%	\$18,560.88
Collection Fees	\$3,720.00	\$6,000.00	(\$2,280.00)	\$24,128.14	\$34,000.00	(\$9,871.86)	\$75,000.00	32.17%	\$50,871.86
Community Education	\$250.00	\$2,050.00	(\$1,800.00)	\$996.99	\$6,961.75	(\$5,964.76)	\$12,261.75	8.13%	\$11,264.76
Computer Maintenance	\$5,250.00	\$13,500.00	(\$8,250.00)	\$365,421.43	\$400,980.00	(\$35,558.57)	\$512,150.00	71.35%	\$146,728.57
Computer Software	\$20,814.12	\$28,638.00	(\$7,823.88)	\$445,487.05	\$566,051.00	(\$120,563.95)	\$1,087,574.00	40.96%	\$642,086.95
Computer Software - MDC First Responder	\$2,000.08	\$1,000.00	\$1,000.08	\$33,229.43	\$36,000.00	(\$2,770.57)	\$43,500.00	76.39%	\$10,270.57
Computer Supplies/Non-Cap.	\$6,803.72	\$7,820.00	(\$1,016.28)	\$15,706.16	\$18,547.74	(\$2,841.58)	\$46,102.74	34.07%	\$30,396.58
Conferences - Fees, Travel, & Meals	\$1,515.14	\$4,111.00	(\$2,595.86)	\$48,889.91	\$86,250.00	(\$37,360.09)	\$142,826.00	34.23%	\$93,936.09
Contractual Obligations- County Appraisal	\$73,582.62	\$74,744.00	(\$1,161.38)	\$147,165.24	\$149,488.00	(\$2,322.76)	\$298,976.00	49.22%	\$151,810.76
Contractual Obligations- Tax Collector Assessm	\$61.11	\$0.00	\$61.11	\$106,974.43	\$94,704.00	\$12,270.43	\$94,704.00	112.96%	(\$12,270.43)
Contractual Obligations- Other	\$16,637.58	\$19,138.00	(\$2,500.42)	\$111,112.07	\$115,576.00	(\$4,463.93)	\$301,860.00	36.81%	\$190,747.93
Customer Property Damage	\$381.53	\$478.00	(\$96.47)	\$2,066.84	\$2,343.00	(\$276.16)	\$12,840.00	16.10%	\$10,773.16
Customer Relations	\$5,790.00	\$5,850.00	(\$60.00)	\$42,379.37	\$36,500.00	\$5,879.37	\$73,000.00	58.05%	\$30,620.63
Damages/Uninsured Portion	\$2,840.54	\$0.00	\$2,840.54	\$15,959.04	\$0.00	\$15,959.04	\$0.00	0.00%	(\$15,959.04)
Disposable Linen	\$6,714.73	\$7,965.00	(\$1,250.27)	\$31,239.10	\$31,057.00	\$182.10	\$55,327.16	56.46%	\$24,088.06
Disposable Medical Supplies	\$80,011.97	\$79,177.91	\$834.06	\$694,599.20	\$671,384.53	\$23,214.67	\$1,121,610.33	61.93%	\$427,011.13
Drug Supplies	\$3,594.23	\$33,765.00	(\$30,170.77)	\$145,847.57	\$183,291.00	(\$37,443.43)	\$484,880.00	30.08%	\$339,032.43
Dues/Subscriptions	\$6,768.93	\$10,937.00	(\$4,168.07)	\$33,323.35	\$49,523.00	(\$16,199.65)	\$87,214.00	38.21%	\$53,890.65
Durable Medical Equipment	\$14,290.00	\$37,079.00	(\$22,789.00)	\$72,650.97	\$173,913.08	(\$101,262.11)	\$386,495.08	18.80%	\$313,844.11

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended March 31, 2022

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Employee Health\Wellness	\$321.31	\$1,400.00	(\$1,078.69)	\$12,746.24	\$19,600.00	(\$6,853.76)	\$30,500.00	41.79%	\$17,753.76
Employee Recognition	\$2,542.04	\$16,171.00	(\$13,628.96)	\$48,247.72	\$65,075.00	(\$16,827.28)	\$115,311.00	41.84%	\$67,063.28
Equipment Rental	\$227.57	\$236.00	(\$8.43)	\$5,417.63	\$5,312.00	\$105.63	\$17,485.00	30.98%	\$12,067.37
Fluids & Additives - Auto	\$587.71	\$1,500.00	(\$912.29)	\$13,306.35	\$14,000.00	(\$693.65)	\$30,000.00	44.35%	\$16,693.65
Fuel - Auto	\$91,533.38	\$91,977.00	(\$443.62)	\$415,733.35	\$551,008.00	(\$135,274.65)	\$1,099,020.00	37.83%	\$683,286.65
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	\$123.00	\$150.00	(\$27.00)	\$1,135.90	\$1,146.00	(\$10.10)	\$2,076.00	54.72%	\$940.10
Insurance	\$0.00	\$0.00	\$0.00	\$180,198.68	\$209,488.00	(\$29,289.32)	\$662,099.00	27.22%	\$481,900.32
Interest Expense	\$41,808.00	\$57,887.00	(\$16,079.00)	\$41,808.00	\$61,541.00	(\$19,733.00)	\$72,512.00	57.66%	\$30,704.00
Laundry Service & Purchase	\$250.52	\$240.00	\$10.52	\$1,042.77	\$1,000.00	\$42.77	\$1,800.00	57.93%	\$757.23
Leases/Contracts	\$3,970.96	\$5,630.00	(\$1,659.04)	\$27,617.18	\$32,664.00	(\$5,046.82)	\$74,010.00	37.32%	\$46,392.82
Legal Fees	\$134.50	\$23,790.00	(\$23,655.50)	\$29,487.01	\$92,550.00	(\$63,062.99)	\$185,060.00	15.93%	\$155,572.99
Maintenance & Repairs-Buildings	\$51,373.19	\$72,687.32	(\$21,314.13)	\$222,802.75	\$284,341.89	(\$61,539.14)	\$469,845.73	47.42%	\$247,042.98
Maintenance- Equipment	\$41,503.66	\$67,453.00	(\$25,949.34)	\$305,732.80	\$338,929.39	(\$33,196.59)	\$637,022.39	47.99%	\$331,289.59
Management Fees	\$10,462.18	\$11,000.00	(\$537.82)	\$51,689.93	\$66,000.00	(\$14,310.07)	\$132,000.00	39.16%	\$80,310.07
Meals - Business and Travel	\$182.88	\$70.00	\$112.88	\$1,318.00	\$1,160.00	\$158.00	\$1,280.00	102.97%	(\$38.00)
Meeting Expenses	\$1,567.59	\$2,100.00	(\$532.41)	\$8,083.99	\$9,338.00	(\$1,254.01)	\$32,940.00	24.54%	\$24,856.01
Mileage Reimbursements	\$355.48	\$797.00	(\$441.52)	\$689.82	\$3,519.00	(\$2,829.18)	\$7,717.00	8.94%	\$7,027.18
Office Supplies	\$44.09	\$1,933.00	(\$1,888.91)	\$3,953.35	\$7,838.00	(\$3,884.65)	\$18,768.00	21.06%	\$14,814.65
Oil & Lubricants	\$5,142.60	\$3,592.00	\$1,550.60	\$17,314.10	\$16,452.00	\$862.10	\$30,984.00	55.88%	\$13,669.90
Other Services	\$0.00	\$375.00	(\$375.00)	\$1,936.29	\$2,250.00	(\$313.71)	\$4,500.00	43.03%	\$2,563.71
Other Services - DSRIP	\$0.00	\$0.00	\$0.00	\$67,368.28	\$68,000.00	(\$631.72)	\$1,043,592.00	6.46%	\$976,223.72
Oxygen & Gases	\$3,448.02	\$5,433.00	(\$1,984.98)	\$23,377.63	\$24,557.12	(\$1,179.49)	\$51,255.12	45.61%	\$27,877.49
Postage	\$1,588.20	\$1,700.00	(\$111.80)	\$11,960.28	\$11,160.00	\$800.28	\$22,320.00	53.59%	\$10,359.72
Printing Services	\$87.50	\$672.00	(\$584.50)	\$1,001.70	\$3,150.00	(\$2,148.30)	\$19,967.00	5.02%	\$18,965.30
Professional Fees	\$104,464.34	\$102,749.00	\$1,715.34	\$659,825.90	\$687,221.00	(\$27,395.10)	\$1,611,105.00	40.95%	\$951,279.10
Radio Repairs - Outsourced (Depot)	\$851.83	\$852.00	(\$0.17)	\$38,374.19	\$38,375.00	(\$0.81)	\$42,080.00	91.19%	\$3,705.81
Radio - Parts	\$1,215.69	\$1,216.00	(\$0.31)	\$19,216.80	\$19,179.05	\$37.75	\$60,710.05	31.65%	\$41,493.25
Radios	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,000.00	0.00%	\$12,000.00
Recruit/Investigate	\$6,518.42	\$4,880.00	\$1,638.42	\$29,780.88	\$30,707.00	(\$926.12)	\$78,300.00	38.03%	\$48,519.12
Rent	\$11,306.42	\$11,306.00	\$0.42	\$68,879.17	\$71,663.00	(\$2,783.83)	\$144,779.00	47.58%	\$75,899.83

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended March 31, 2022

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Repair-Equipment	\$1,382.42	\$1,384.00	(\$1.58)	\$10,674.27	\$10,469.00	\$205.27	\$69,200.00	15.43%	\$58,525.73
Shop Tools	\$1,593.92	\$2,081.00	(\$487.08)	\$3,980.27	\$4,478.00	(\$497.73)	\$16,470.00	24.17%	\$12,489.73
Shop Supplies	\$1,071.10	\$1,075.00	(\$3.90)	\$14,318.23	\$14,275.17	\$43.06	\$61,658.17	23.22%	\$47,339.94
Small Equipment & Furniture	\$14,887.18	\$23,129.00	(\$8,241.82)	\$224,319.25	\$330,924.33	(\$106,605.08)	\$711,204.85	31.54%	\$486,885.60
Special Events Supplies	\$0.00	\$750.00	(\$750.00)	\$0.00	\$750.00	(\$750.00)	\$3,350.00	0.00%	\$3,350.00
Station Supplies	\$5,628.21	\$4,784.00	\$844.21	\$25,833.47	\$25,428.00	\$405.47	\$55,632.00	46.44%	\$29,798.53
Supplemental Food	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,000.00	0.00%	\$3,000.00
Telephones-Cellular	\$12,600.77	\$11,380.00	\$1,220.77	\$69,580.86	\$68,328.00	\$1,252.86	\$136,582.00	50.94%	\$67,001.14
Telephones-Service	\$26,075.13	\$27,135.00	(\$1,059.87)	\$116,272.67	\$162,810.00	(\$46,537.33)	\$329,220.00	35.32%	\$212,947.33
Training/Related Expenses-CE	\$14,867.23	\$25,525.00	(\$10,657.77)	\$51,616.27	\$103,484.09	(\$51,867.82)	\$497,975.00	10.37%	\$446,358.73
Tuition Reimbursement	\$5,095.45	\$4,000.00	\$1,095.45	\$51,514.90	\$36,150.00	\$15,364.90	\$74,150.00	69.47%	\$22,635.10
Travel Expenses	\$69.36	\$1,155.00	(\$1,085.64)	\$1,521.58	\$6,245.00	(\$4,723.42)	\$13,280.00	11.46%	\$11,758.42
Uniforms	\$35,682.50	\$28,446.41	\$7,236.09	\$78,901.13	\$132,265.05	(\$53,363.92)	\$327,438.24	24.10%	\$248,537.11
Utilities	\$42,907.61	\$43,515.00	(\$607.39)	\$245,004.99	\$247,464.00	(\$2,459.01)	\$419,360.00	58.42%	\$174,355.01
Vehicle-Batteries	\$273.50	\$6,150.00	(\$5,876.50)	\$12,914.01	\$27,900.00	(\$14,985.99)	\$66,150.00	19.52%	\$53,235.99
Vehicle-Outside Services	\$779.00	\$1,330.00	(\$551.00)	\$5,768.35	\$7,180.00	(\$1,411.65)	\$15,000.00	38.46%	\$9,231.65
Vehicle-Parts	\$28,502.73	\$27,000.00	\$1,502.73	\$265,839.07	\$259,745.28	\$6,093.79	\$451,745.28	58.85%	\$185,906.21
Vehicle-Registration	\$178.47	\$133.00	\$45.47	\$839.75	\$998.00	(\$158.25)	\$2,496.00	33.64%	\$1,656.25
Vehicle-Tires	\$5,670.66	\$5,250.00	\$420.66	\$36,779.26	\$35,500.00	\$1,279.26	\$63,000.00	58.38%	\$26,220.74
Vehicle-Towing	\$853.00	\$980.00	(\$127.00)	\$3,378.00	\$3,580.00	(\$202.00)	\$9,000.00	37.53%	\$5,622.00
Worker's Compensation Insurance	\$22,724.16	\$32,262.00	(\$9,537.84)	\$190,589.81	\$193,572.00	(\$2,982.19)	\$410,370.00	46.44%	\$219,780.19
Total Operating Expenses	\$1,221,206.50	\$1,653,182.64	(\$431,976.14)	\$6,616,085.95	\$7,860,791.47	(\$1,244,705.52)	\$16,420,071.89	40.29%	\$9,803,985.94
Indigent Care Expenses									
1115 Medicaid Waiver - Uncompensated Care	\$196,471.00	\$196,471.00	\$0.00	\$1,122,108.57	\$1,178,826.00	(\$56,717.43)	\$2,357,650.00	47.59%	\$1,235,541.43
Specialty Healthcare Providers	\$145,225.61	\$228,060.00	(\$82,834.39)	\$1,149,946.15	\$1,368,360.00	(\$218,413.85)	\$2,736,724.00	42.02%	\$1,586,777.85
Total Indigent Care Expenses	\$341,696.61	\$424,531.00	(\$82,834.39)	\$2,272,054.72	\$2,547,186.00	(\$275,131.28)	\$5,094,374.00	44.60%	\$2,822,319.28
Capital Expenditures									
Capital Purchases - Land	\$0.00	\$0.00	\$0.00	\$4,750.00	\$0.00	\$4,750.00	\$600,000.00	0.79%	\$595,250.00
Capital Purchase - Building/Improvements	\$29,285.21	\$38,375.80	(\$9,090.59)	\$454,285.21	\$463,375.80	(\$9,090.59)	\$542,175.51	83.79%	\$87,890.30

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended March 31, 2022

	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 Purchase - Equipment	\$32,459.90	\$24,000.00	\$8,459.90	\$693,852.46	\$650,165.98	\$43,686.48	\$2,147,800.98	32.31%	\$1,453,948.52
Capital Purchase - Vehicles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,854,600.00	0.00%	\$1,854,600.00
Capital Purchase - Capital Leases	\$0.00	\$0.00	\$0.00	\$1,428,218.17	\$1,428,219.00	(\$0.83)	\$1,848,219.00	77.28%	\$420,000.83
Total Capital Expenditures	\$61,745.11	\$62,375.80	(\$630.69)	\$2,581,105.84	\$2,541,760.78	\$39,345.06	\$6,992,795.49	36.91%	\$4,411,689.65
Total Expenses	\$5,152,150.41	\$5,790,051.44	(\$637,901.03)	\$30,683,176.57	\$33,910,339.25	(\$3,227,162.68)	\$71,241,879.38	43.07%	\$40,558,702.81
Revenue over Expenditures	(\$2,639,759.36)	(\$3,347,339.44)	\$707,580.08	\$18,778,745.59	\$16,123,214.75	\$2,655,530.84	(\$6,724,532.38)	(279.26%)	(\$25,503,277.97)

AGENDA ITEM # 21

Montgomery County Hospital District Accounts Receivable Analysis

Days in Accounts Receivable

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
A/R Balance	7,002,770	7,166,646	7,400,123	7,341,138	7,409,507	7,875,400	7,746,363	7,363,267	7,146,302	7,693,191	7,568,753	7,444,967
Total 6-Mo Charges	13,763,607	13,937,078	14,185,371	14,563,518	15,492,327	15,965,488	15,898,313	15,703,760	15,756,266	15,802,843	15,027,446	14,883,298
Avg Charge / Day *	76,464	77,428	78,808	80,908	86,068	88,697	88,324	87,243	87,535	87,794	83,486	82,685
A/R Days	92	93	94	91	86	89	88	84	82	88	91	90

* Beginning in August 2015, A/R Balance excludes liens related to motor vehicle accidents.

** Avg Charge / Day is calculated using the most current six months' charges divided by 180 days.

Accounts Receivable Aging by Dollars

Month	Days						Total	> 90 Days	> 120 Days
	Current	31-60	61-90	91-120	121-180	>180			
Apr-21	2,235,270	1,376,109	1,175,564	953,692	532,747	1,339,573	7,612,955	2,826,012	1,872,320
May-21	2,378,352	1,455,751	1,139,026	948,419	556,804	1,304,632	7,782,984	2,809,855	1,861,436
Jun-21	2,423,147	1,414,838	1,164,416	1,019,157	677,948	1,316,918	8,016,424	3,014,023	1,994,866
Jul-21	2,350,697	1,440,380	1,189,151	1,058,275	717,238	1,205,083	7,960,824	2,980,597	1,922,321
Aug-21	2,750,737	1,360,835	1,231,145	1,019,338	495,968	1,164,272	8,022,295	2,679,579	1,660,241
Sep-21	2,666,165	1,643,697	1,167,577	1,146,811	710,095	1,166,667	8,501,012	3,023,573	1,876,762
Oct-21	2,217,004	1,629,537	1,402,797	1,105,323	828,774	1,211,882	8,395,317	3,145,979	2,040,656
Nov-21	2,102,646	1,261,292	1,410,832	1,312,697	706,117	1,200,490	7,994,073	3,219,303	1,906,607
Dec-21	2,296,820	1,170,785	1,081,995	1,278,980	749,927	1,208,287	7,786,794	3,237,194	1,958,214
Jan-22	2,677,737	1,414,763	1,051,323	1,008,717	979,261	1,214,000	8,345,801	3,201,978	2,193,261
Feb-22	2,440,953	1,739,920	1,167,148	941,289	743,550	1,247,895	8,280,755	2,932,735	1,991,446
Mar-22	2,443,644	1,531,088	1,414,563	983,450	542,525	1,272,063	8,187,334	2,798,039	1,814,589

Accounts Receivable Aging by Percentage

Month	Days						Total	> 90 Days	> 120 Days
	Current	31-60	61-90	91-120	121-180	>180			
Apr-21	29%	18%	15%	13%	7%	18%	100%	37%	25%
May-21	31%	19%	15%	12%	7%	17%	100%	36%	24%
Jun-21	30%	18%	15%	13%	8%	16%	100%	38%	25%
Jul-21	30%	18%	15%	13%	9%	15%	100%	37%	24%
Aug-21	34%	17%	15%	13%	6%	15%	100%	33%	21%
Sep-21	31%	19%	14%	13%	8%	14%	100%	36%	22%
Oct-21	26%	19%	17%	13%	10%	14%	100%	37%	24%
Nov-21	26%	16%	18%	16%	9%	15%	100%	40%	24%
Dec-21	29%	15%	14%	16%	10%	16%	100%	42%	25%
Jan-22	32%	17%	13%	12%	12%	15%	100%	38%	26%
Mar-22	30%	19%	17%	12%	7%	16%	100%	34%	22%

AGENDA ITEM # 21

Board Mtg.: 04/26/2022

Montgomery County Hospital District Accounts Payable Analysis

Accounts Payable Aging by Dollars

Month	Current	Days			Credits	Total	\$ Total minus Credits
		31-60	61-90	> 90			
Apr-21	197,666	-	-	2	(2)	197,666	197,668
May-21	442,222	-	-	2	(2)	442,222	442,224
Jun-21	392,663	-	-	2	(2)	392,663	392,665
Jul-21	392,663	-	-	2	(2)	392,663	392,665
Aug-21	291,676	-	-	2	(2)	291,676	291,678
Sep-21	291,676	-	-	2	(2)	291,676	291,678
Oct-21	734,124	-	-	2	(2)	734,124	734,126
Nov-21	894,894	-	-	2	(2)	894,894	894,896
Dec-21	220,840	-	-	2	(2)	220,840	220,842
Jan-22	175,378	-	-	2	(2)	175,378	175,380
Feb-22	645,695	-	-	2	(2)	645,695	645,697
Mar-22	352,435	-	-	2	(2)	352,435	352,437

Accounts Payable Aging by Percentage without Credits

Month	Current	Days		
		31-60	61-90	> 90
Apr-21	100%	0%	0%	0%
May-21	100%	0%	0%	0%
Jun-21	100%	0%	0%	0%
Jul-21	100%	0%	0%	0%
Aug-21	100%	0%	0%	0%
Sep-21	100%	0%	0%	0%
Oct-21	100%	0%	0%	0%
Nov-21	100%	0%	0%	0%
Dec-21	100%	0%	0%	0%
Jan-22	100%	0%	0%	0%
Feb-22	100%	0%	0%	0%
Mar-22	100%	0%	0%	0%

Agenda Item # 22



To: Board of Directors

From: Brett Allen, CFO

Date: April 26, 2022

Re: MCHD Fee Schedule for Telehealth Services

Consider and act on MCHD Fee Schedule for Telehealth Services. (Mr. Spratt, Treasurer – MCHD Board)

Agenda Item #22

**Montgomery County Hospital District
EMS Fee Schedule for Telehealth Service
Priced at 100% of Medicare Allowable**

ALS Treatment in Place	\$458.52
BLS Treatment in Place	\$386.12

Agenda Item # 23



To: Board of Directors

From: Brett Allen, CFO

Date: April 26, 2022

Re: Banking and Investment Policy

We Make a Difference!

Consider and act on Banking and Investment Policy. (Mr. Spratt, Treasurer – MCHD Board)

MONTGOMERY COUNTY HOSPITAL DISTRICT

Banking and Investment Policy

This banking and investment policy (“Investment Policy”) is adopted to meet the District’s responsibilities under the Public Funds Investment Act, Chapter 2256, Texas Government Code (hereinafter “Government Code”). This Policy applies to all funds represented in the Annual Financial Report, with the exception of any retirement, endowment or trust funds.

Effective cash management is recognized as essential to good fiscal management. Investment interest is a source of revenue to District funds. The District’s investment portfolio shall be designed and managed in a manner intended to maximize this revenue source, to be responsive to public trust, and to be in compliance with legal requirements and limitations.

Investments shall be made with the following primary objectives, listed in order of priority:

- * **Safety** and preservation of principal
- * Maintenance of sufficient **liquidity** to meet operating needs
- * **Public trust** from prudent investment activities
- * Optimization of **interest earnings** on the portfolio

1. **DEFINITIONS** For purposes of this Investment Policy, the following definitions shall apply:

- a. The “District” means Montgomery County Hospital District.
- b. “Bond Proceeds” means the proceeds from the sale of bonds, notes and any other obligations issued by the District, and reserves and funds maintained by the District for debt service purposes.
- c. “Book Value” means the original acquisition cost of an investment plus or minus the accrued amortization or accretion.
- d. “Funds” means public funds in the custody of the District that the District is authorized to invest.
- e. “Investment Pool” means an entity created under the Government Code as set forth in §§2256.016 to invest public funds jointly on behalf of the entities that participate in the pool and whose investment objectives in order of priority are: (i) preservation and safety of principal; (ii) liquidity; and (iii) yield.
- f. “Market Value” means the current face or par value of an investment multiplied by the net selling price of the security as quoted by a recognized market pricing source quoted on the valuation date.
- g. “Qualified Representative” means a person who holds a position with a business organization, who is authorized to act on behalf of the business organization and who is one of the following:
 - (1) for a business organization doing business that is regulated or registered with a securities commission, a person who is registered under the rules of the Financial Industry Regulatory Authority (FINRA);

- (2) for a state or federal bank, a savings bank, or a state or federal credit union, a member of the loan committee for the bank or branch of the bank or a person authorized by a corporate resolution to act on behalf of and bind the banking institution; or
- (3) for an Investment Pool, the person authorized by the elected official or board with authority to administer the activities of the Investment Pool to sign the written instrument on behalf of the Investment Pool.

2. **INVESTMENT OFFICERS** The Chief Executive Officer (“CEO”), Chief Financial Officer (“CFO”), and Treasurer of the Board of Directors shall serve as Investment Officers of the District, shall recommend appropriate legally authorized and adequately secured investments, and shall invest District Funds as directed by the Board and this Investment Policy. In making investment decisions pertaining to investments of District funds, the Investment Officers shall exercise the judgment and care under prevailing circumstances that a prudent person would exercise in the management of his or her own affairs, not for speculation, but for investment, considering the probable safety of capital and the probable income to be derived. When deciding whether an Investment Officer’s actions were prudent, the determination should be based upon the total investment portfolio, rather than an individual investment in the portfolio, provided deviations from expectations are reported in a timely fashion. However, an investment transaction not consistent with this Investment Policy would not be considered prudent.

3. **WITHDRAWAL & TRANSFER AUTHORITY** The CEO, CFO, or the Treasurer of the Board of Directors is authorized to withdraw, transfer, and reinvest the District’s investments as prescribed in this Investment Policy. Any other employee or representative of the District will be permitted to perform these functions by express written authority of the Board or the CEO (see Exhibit “B”).

4. **CHECKS, DRAFTS, ETC.**

- a. Except as otherwise provided herein, all checks, drafts, notes or other orders for payment of money issued in the name of the District shall be signed (i) by the CEO, CFO, or by one (1) member of the Board for dollar amounts up to \$25,000.00; or (ii) by the CEO or CFO and by one (1) member of the Board for dollar amounts totaling greater than \$25,000.00.
- b. Due to an extended and/or unexpected absence of the CFO, all checks, drafts, notes or other orders for payment of money issued in the name of the District shall be signed (i) by the CEO or Chief Operating Officer or by one (1) member of the Board for dollar amounts up to \$25,000.00; or (ii) by the CEO or acting CFO and by one (1) member of the Board, or by a combination of any three (3) members of the Board for dollar amounts totaling greater than \$25,000.00.
- c. The CEO may not initiate and sign a purchase order and thereafter sign the check (or authorize an electronic draft) evidencing payment of the Purchase Order.

Drafts to the District’s bank accounts for certain expenditures may be made through electronic signatures, electronic payments, and/or other automated arrangements not requiring a physical signature of a District representative.

5. **APPROVED INVESTMENTS** The District is authorized to invest its Funds in only the investment types, consistent with the strategies and maturities defined in this Investment Policy and chapter 2256 of the Government Code. The maximum stated maturity of any individual investment should be no longer than 5 years, and the maximum dollar-weighted average maturity of any pooled fund should be no longer than one year.

The following investments will be permitted:

- a. Obligations, including letters of credit, of the United States or its agencies or instrumentalities, including the Federal Home Loan Banks;
- b. Other obligations, the principal and interest on which are unconditionally guaranteed or insured by, or backed by the full faith and credit of the United States or its agencies and instrumentalities, including obligations that are fully guaranteed or insured by the Federal Deposit Insurance Corporation or by the explicit full faith and credit of the United States;
- c. Obligations of the State of Texas or its agencies and instrumentalities, and obligations of counties, cities, and other political subdivisions of this State rated as to investment quality by a nationally recognized investment rating firm not less than A or its equivalent;
- d. Fully insured or collateralized deposits at eligible depositories placed in compliance with this Policy and the Government Code;
- e. Repurchase agreements placed in compliance with the Government Code.
- f. No load money market mutual funds regulated by the Securities and Exchange Commission whose investment objectives include maintaining a stable \$1.0000 share value and that meet the requirements of the Government Code.
- g. Local government investment pools, either state-administered or through joint powers statutes and other intergovernmental agreement legislation authorized in compliance with the Government Code.

The investments set forth in Government Code ~~§~~ 2256.009(b), are not considered authorized investments.

The District is not required to liquidate investments that were authorized at the time of purchase. At least quarterly, the Investment Officers shall monitor the rating of any investment required by the Government Code to maintain a minimum credit rating. All prudent measures will be taken to liquidate an investment that is downgraded to less than the required minimum rating.

6. **SAFETY AND INVESTMENT MANAGEMENT** The Investment Officers shall observe financial market indicators, study financial trends, and utilize available educational tools in order to maintain appropriate managerial expertise. Investments shall be made in a manner that ensures the preservation of capital in the overall portfolio and offsets, during a 12-month period, any market price losses resulting from interest-rate fluctuations by income received from the balance of the portfolio.

The Investment Officers shall create a competitive environment for all individual security purchases and sales, financial institution deposit placements, and money market mutual fund and local government investment pool selections. The Investment Officers shall develop and maintain procedures for ensuring a competitive environment.

7. **LIQUIDITY AND MATURITY**

- a. Unless otherwise prohibited by law, assets of the District shall be invested in instruments whose maturities do not exceed five (5) years from the time of purchase.
- b. The District's Investment portfolio shall have sufficient liquidity to meet anticipated cash flow requirements.

8. **DIVERSITY** Where appropriate, the investment portfolio shall be diversified in terms of investment instruments, maturity, scheduling, and financial institutions to reduce risk of loss resulting from over concentration of assets in a specific class of investments, specific maturity, or specific issuer. The District may achieve some diversification by placing part of its investment portfolio in a Local Government Investment Pool meeting the requirements of Government Code §§ 2256.016, if the Board authorizes the investment in the particular pool by resolution.

9. **FUNDS/STRATEGIES** Investments of the following fund categories shall be consistent with this policy and in accordance with the strategy defined below:

OPERATING FUNDS:

1. Suitability - Any investment eligible in the Investment Policy is suitable for Operating Funds (including debt service and other pooled funds).

2. Safety of Principal - All investments shall be high quality with no perceived default risk. Market price fluctuations will occur. However, managing the weighted average days to maturity for the Operating Fund's portfolio to less than 300 days and restricting the maximum allowable maturity to two years will minimize the price volatility of the overall portfolio.

3. Liquidity - The Operating Fund requires the greatest short-term liquidity of any of the Fund types. Short-term deposits, investment pools, and money market mutual funds will provide daily liquidity and may be utilized as a competitive yield alternative to fixed maturity investments.

~~3.4~~ Marketability - Securities with active and efficient secondary markets are necessary in the event of an unanticipated cash flow requirement. Historical market "spreads" between the bid and offer prices of a particular security-type of less than a quarter of a percentage point will define an efficient secondary market.

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5. Diversification - Investment maturities should be staggered throughout the budget cycle to provide cash flow based on the anticipated operating needs of the District. Diversifying the appropriate maturity structure out through two years will reduce market cycle risk.

6. Yield - Attaining a competitive market yield for comparable investment-types and portfolio restrictions is the desired objective. The yield of an equally weighted, rolling six-month Treasury Bill portfolio will be the minimum yield objective.

10. **SAFEKEEPING and CUSTODY:** All trades, where applicable, will be executed by delivery versus payment (DVP) to ensure that securities are deposited with an eligible safekeeping agent prior to the release of funds. District-owned securities will be evidenced by safekeeping receipts issued by the agent. The District may designate an eligible and authorized financial institution or broker/dealer as custodian for FDIC insured deposit placements as per the Government Code.

All financial institution deposits shall be insured or collateralized in compliance with applicable State law. Pledged collateral shall maintain a market value equal to or greater than 102% of the deposits plus accrued interest, less any amount insured by the FDIC. The District reserves the right, in its sole discretion, to accept or reject any form of insurance or collateralization pledged towards deposits. Financial institutions will be required to sign a depository agreement. The collateralized

deposit portion of the agreement shall define the District's rights to the collateral in case of default, bankruptcy, or closing, and shall establish a perfected security interest in compliance with Federal and State regulations, including:

- a. The agreement must be in writing;
- b. The agreement has to be executed by the financial institution and the District contemporaneously with the acquisition of the asset;
- c. The agreement must be approved by the Board of Directors or designated committee of the financial institutions and a copy of the meeting minutes must be delivered to the District; and
- d. The agreement must be part of the financial institution's "official record" continuously since its execution.

Securities pledged as collateral shall be held by an independent third party governed by a custodial agreement acceptable to the District. The agreement is to specify the acceptable investment securities as collateral, including provisions relating to possession of the collateral, the substitution or release of investment securities, ownership of securities, and the method of valuation of securities. The agreement must clearly state that the custodian is instructed to release pledged collateral to the District in the event the District has determined that the financial institution has failed to pay on any matured investments, or has determined that the funds of the District are in jeopardy for whatever reason, including involuntary closure or change of ownership. A clearly marked evidence of the pledge must be supplied to the District and retained by the Investment Officers.

11. **BROKER/DEALERS** Broker/dealers must submit information as requested by the District and be in good standing with the Financial Industry Regulatory Authority ("FINRA"). Representatives of brokers/dealers shall be registered with the Texas State Securities Board. The Board, at least annually, shall review, revise and adopt a list of qualified broker/dealers that are authorized to engage in investment transactions with the District. The Board of Directors acknowledges the "List of Authorized, Qualified Broker/Dealers" as set forth in the document appended hereto as Appendix 1, which has been previously approved by the Board of Directors.
12. **INVESTMENT PROVIDERS** A written copy of this Investment Policy shall be presented to any person offering to engage in an investment transaction with the District.

Local Government Investment Pools and Discretionary Investment Management Firms shall execute a written instrument stating:

- a. The business organization has received and reviewed the District's Investment Policy; and
- b. Has acknowledged that the business organization has implemented reasonable procedures and controls in an effort to preclude investment transactions conducted between the District and the organization that are not authorized by the District's Investment Policy, except to the extent that this authorization requires an analysis of the District's entire portfolio or requires an interpretation of subjective investment standards, or relates to investment transactions of the entity that are not made through accounts or other contractual arrangements over which the business organization has accepted discretionary investment authority.

An [example form](#) of the written instrument is attached as Exhibit "A". The Investment Officers may not acquire or otherwise obtain any authorized investment described in this policy from a person who has not delivered to the District an instrument that is substantially in this form.

13. **INVESTMENT TRAINING** In order to provide qualified and capable investment management, the Investment Officers of the District shall: (1) attend training, accumulating at least 10 hours, relating to the Treasurer's or Investment Officers' responsibilities under the Government Code within 12 months after taking office or assuming duties; and (2) attend training with each two-year period aligned with the District's fiscal year and accumulating not less than ~~ten~~ 10 hours of instruction relating to investment responsibilities under the Government Code. The training must include education in investment controls, security risks, strategy risks, market risks, diversification of investment portfolios, and compliance with the Government Code.

Commented [EU1]: Per GTOT checklist

The Board approves the following independent sources of training:

- a. Government Treasurers' Organization of Texas
 - b. Government Finance Officers' Association (National and Texas)
 - c. American Institute of Certified Public Accountants
 - d. University of North Texas
 - e. Texas State University
14. **STANDARD OF CARE** Investments shall be made with judgment and care, under prevailing circumstances that a person of prudence, discretion, and intelligence would exercise in the management of his or her own affairs, not for speculation, but for investment, considering the probable safety of capital and the probable income to be derived. Investments shall be governed by the objectives specified in Government Code 2256.006, in the order of priority specified therein.

In determining whether an Investment Officer has exercised prudence with respect to an investment decision, the following shall be taken into consideration:

- a. The investment of all Funds, rather than the prudence of a single investment, over which the officer had responsibility.
 - b. Whether the investment decision was consistent with this Investment Policy.
15. **PERSONAL INTEREST** An Investment Officer who has a personal business relationship with a business organization offering to engage in an investment transaction for the District or who is related within the second degree by affinity or consanguinity, as determined by Government Code, Chapter 573, to an individual seeking to sell an investment to the District shall file a statement disclosing that relationship with the Board and with the Texas Ethics Commission, and shall abstain from participation in the District's decision whether to engage the business organization or individual with which the Investment Officer has a relationship.

An Investment Officer has a personal business relationship with a business organization if:

- a. the Investment Officer owns 10 percent or more of the voting stock or shares of the business organizations or owns \$5,000 or more of the Fair Market Value of the business organization;
 - b. Funds received by the Investment Officer from the business organization exceed 10 percent of the Investment Officer's gross income for the previous year; or
 - c. The Investment Officer has acquired from the business organization investments with a Book Value of \$2,500 or more for the personal account of the Investment Officer.
16. **QUARTERLY REPORTS** The Investment Officers shall prepare and submit to the Board a written report in compliance with the requirements of the Government Code. This report shall be presented to the Board not less than quarterly, within a reasonable time after the end of the period. The report must:

- a. Contain a detailed description of the investment position of the District on the date of the report.
- b. Contain a summary statement of each pooled funds group that states:
 - (1) Beginning Market Value for the reporting period.
 - (2) Additions and changes to the Market Value during the period.
 - (3) Ending Market Value for the period.
 - (4) Fully accrued interest for the reporting period.
- c. State the Book Value and Market Value of each separately invested asset at the beginning and end of the reporting period by the type of asset and fund type invested.
- d. State the maturity date of each separately invested asset that has a maturity date.
- e. State the account or fund or pooled group fund in the District for which each individual investment was acquired.
- f. State the compliance of the investment portfolio of the District as it relates to the District's investment strategy expressed in the District's Investment Policy and relevant provisions of law.
- g. Record the signatures of each Investment Officer attesting to its compliance as required in item.

Market values will be obtained at least quarterly from sources deemed to be reliable and not affiliated with the original transaction acquiring the investment.

- 17. **ANNUAL REVIEW** The Investment Policy, and incorporated the investment strategies, shall be reviewed not less than annually by the Board. The Board shall affirmatively, by written resolution, state that it has reviewed the Investment Policy and investment strategies, and such resolution shall record any changes made in the Investment Policy or investment strategies.
- 18. **ANNUAL AUDIT** The Board shall perform or have conducted a compliance audit of management controls on investments and adherence to the Board's established investment policies. The compliance audit shall be performed in conjunction with the annual financial audit by the District's independent auditing firm. If the District invests in other than money market mutual funds, Investment Pools or deposits offered by its depository bank, the reports prepared by the Investment Officers shall be formally reviewed at least annually by an independent auditor, and the result of the review shall be reported to the Board [by that auditor](#).
- 20. **ELECTRONIC FUNDS TRANSFER** The District may use electronic means to transfer or invest all Funds collected or controlled by the District.
- 21. **AUTHORIZATION** Unless authorized by this Policy, (including the appendices hereto) a person may not deposit, withdraw, transfer, or manage in any other manner the Funds of the District.
- 22. **COMPLIANCE** All investments made by the District must comply with the Texas Public Funds Investment Act and all federal, state and local statutes, rule or regulations.

MONTGOMERY COUNTY HOSPITAL DISTRICT

Banking and Investment Policy
(Signature Page)

The undersigned hereby acknowledge that he/she has received and reviewed the District's Investment Policy:

| _____
~~Georgette Whatley~~Chris Grice, Chairman, MCHD Board of Directors

| _____
~~Brad Spratt~~Bob Bagley, Vice-Chairman, MCHD Board of Directors

Sandra Wagner, Secretary, MCHD Board of Directors

| _____
~~Chris Grice~~Brad Spratt, Treasurer, MCHD Board of Directors

| _____
~~Justin Chance~~Bob Bagley, Member, MCHD Board of Directors

| _____
~~Brent Thor~~Justin Chance, Member, MCHD Board of Directors

| _____
~~Brent Thor~~Georgette Whatley, Member, MCHD Board of Directors

Randy Johnson, MCHD Chief Executive Officer

D. Brett Allen, MCHD Chief Financial Officer

Date

EXHIBIT A

Form-Example of Statement by Investment Provider

THE STATE OF TEXAS _____ §
_____ §
COUNTY OF MONTGOMERY _____ §

~~BEFORE ME, the undersigned authority, on this day personally appeared the person whose name is subscribed below, who, being by me first duly sworn, upon oath deposed and said:~~

My name is _____. I am a Qualified Representative of ____ (the "Business Organization"). This statement is provided to meet the requirements of the Public Funds Investment Act.

I hereby certify that

1. I have received and reviewed the District's Investment Policy;
2. The Business Organization has implemented reasonable procedures and controls in an effort to preclude investment transactions conducted between the District and the Organization that are not authorized by the District's Investment Policy, except to the extent that ~~this authorization~~ ~~Organization has not made~~ is dependent on an analysis of the make-up of the District's entire portfolio, ~~or has not engaged in~~ requires any interpretation of subjective investment standards, or relates to investment transactions of the District that are not made through accounts or other contractual arrangements over which the business organization has accepted discretionary investment authority; and
3. The statements, representations and declarations made in this document are true and correct.

Qualified Representative

~~SWORN AND SUBSCRIBED BEFORE ME, this the _____ day of _____, 20__.~~

(seal) _____

Notary Public in and for the
State of Texas

Appendix 1

List of Authorized, ~~Qualified~~ Broker/Dealers

<u>Institution</u>	<u>Representative</u>
FHN Financial	Zach Brewer Buddy Saragusa
Raymond James Financial Services	Fred Greene
Wells Fargo Securities	Chuck Landry

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MONTGOMERY COUNTY HOSPITAL DISTRICT

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- c. The agreement must be approved by the Board of Directors or designated committee of the financial institutions and a copy of the meeting minutes must be delivered to the District; and
- d. The agreement must be part of the financial institution’s “official record” continuously since its execution.

Securities pledged as collateral shall be held by an independent third party governed by a custodial agreement acceptable to the District. The agreement is to specify the acceptable investment securities as collateral, including provisions relating to possession of the collateral, the substitution or release of investment securities, ownership of securities, and the method of valuation of securities. The agreement must clearly state that the custodian is instructed to release pledged collateral to the District in the event the District has determined that the financial institution has failed to pay on any matured investments, or has determined that the funds of the District are in jeopardy for whatever reason, including involuntary closure or change of ownership. A clearly marked evidence of the pledge must be supplied to the District and retained by the Investment Officers.

- 11. **BROKER/DEALERS** Broker/dealers must submit information as requested by the District and be in good standing with the Financial Industry Regulatory Authority (“FINRA”). Representatives of brokers/dealers shall be registered with the Texas State Securities Board. The Board, at least annually, shall review, revise and adopt a list of qualified broker/dealers that are authorized to engage in investment transactions with the District. The Board of Directors acknowledges the “List of Authorized, Qualified Broker/Dealers” as set forth in the document appended hereto as Appendix 1, which has been previously approved by the Board of Directors.
- 12. **INVESTMENT PROVIDERS** A written copy of this Investment Policy shall be presented to any person offering to engage in an investment transaction with the District.

Local Government Investment Pools and Discretionary Investment Management Firms shall execute a written instrument stating:

- a. The business organization has received and reviewed the District’s Investment Policy; and
- b. Has acknowledged that the business organization has implemented reasonable procedures and controls in an effort to preclude investment transactions conducted between the District and the organization that are not authorized by the District’s Investment Policy, except to the extent that this authorization requires an analysis of the District’s entire portfolio or requires an interpretation of subjective investment standards, or relates to investment transactions of the entity that are not made through accounts or other contractual arrangements over which the business organization has accepted discretionary investment authority.

An example of the written instrument is attached as Exhibit “A”. The Investment Officers may not acquire or otherwise obtain any authorized investment described in this policy from a person who has not delivered to the District an instrument that is substantially in this form.

- 13. **INVESTMENT TRAINING** In order to provide qualified and capable investment management, the Investment Officers of the District shall: (1) attend training, accumulating at least 10 hours, relating to the Treasurer’s or Investment Officers’ responsibilities under the Government Code within 12 months after taking office or assuming duties; and (2) attend training with each two-year period aligned with the District’s fiscal year and accumulating not less than 10 hours of instruction relating

to investment responsibilities under the Government Code. The training must include education in investment controls, security risks, strategy risks, market risks, diversification of investment portfolios, and compliance with the Government Code.

The Board approves the following independent sources of training:

- a. Government Treasurers' Organization of Texas
- b. Government Finance Officers Association (National and Texas)
- c. American Institute of Certified Public Accountants
- d. University of North Texas
- e. Texas State University

14. **STANDARD OF CARE** Investments shall be made with judgment and care, under prevailing circumstances that a person of prudence, discretion, and intelligence would exercise in the management of his or her own affairs, not for speculation, but for investment, considering the probable safety of capital and the probable income to be derived. Investments shall be governed by the objectives specified in Government Code 2256.006, in the order of priority specified therein.

In determining whether an Investment Officer has exercised prudence with respect to an investment decision, the following shall be taken into consideration:

- a. The investment of all Funds, rather than the prudence of a single investment, over which the officer had responsibility.
- b. Whether the investment decision was consistent with this Investment Policy.

15. **PERSONAL INTEREST** An Investment Officer who has a personal business relationship with a business organization offering to engage in an investment transaction for the District or who is related within the second degree by affinity or consanguinity, as determined by Government Code, Chapter 573, to an individual seeking to sell an investment to the District shall file a statement disclosing that relationship with the Board and with the Texas Ethics Commission, and shall abstain from participation in the District's decision whether to engage the business organization or individual with which the Investment Officer has a relationship.

An Investment Officer has a personal business relationship with a business organization if:

- a. the Investment Officer owns 10 percent or more of the voting stock or shares of the business organizations or owns \$5,000 or more of the Fair Market Value of the business organization;
- b. Funds received by the Investment Officer from the business organization exceed 10 percent of the Investment Officer's gross income for the previous year; or
- c. The Investment Officer has acquired from the business organization investments with a Book Value of \$2,500 or more for the personal account of the Investment Officer.

16. **QUARTERLY REPORTS** The Investment Officers shall prepare and submit to the Board a written report in compliance with the requirements of the Government Code. This report shall be presented to the Board not less than quarterly, within a reasonable time after the end of the period. The report must:

- a. Contain a detailed description of the investment position of the District on the date of the report.
- b. Contain a summary statement of each pooled funds group that states:

- (1) Beginning Market Value for the reporting period.
 - (2) Additions and changes to the Market Value during the period.
 - (3) Ending Market Value for the period.
 - (4) Fully accrued interest for the reporting period.
- c. State the Book Value and Market Value of each separately invested asset at the beginning and end of the reporting period by the type of asset and fund type invested.
 - d. State the maturity date of each separately invested asset that has a maturity date.
 - e. State the account or fund or pooled group fund in the District for which each individual investment was acquired.
 - f. State the compliance of the investment portfolio of the District as it relates to the District's investment strategy expressed in the District's Investment Policy and relevant provisions of law.
 - g. Record the signatures of each Investment Officer attesting to its compliance as required in item.

Market values will be obtained at least quarterly from sources deemed to be reliable and not affiliated with the original transaction acquiring the investment.

- 17. **ANNUAL REVIEW** The Investment Policy, and incorporated the investment strategies, shall be reviewed not less than annually by the Board. The Board shall affirmatively, by written resolution, state that it has reviewed the Investment Policy and investment strategies, and such resolution shall record any changes made in the Investment Policy or investment strategies.
- 18. **ANNUAL AUDIT** The Board shall perform or have conducted a compliance audit of management controls on investments and adherence to the Board's established investment policies. The compliance audit shall be performed in conjunction with the annual financial audit by the District's independent auditing firm. If the District invests in other than money market mutual funds, Investment Pools or deposits offered by its depository bank, the reports prepared by the Investment Officers shall be formally reviewed at least annually by an independent auditor, and the result of the review shall be reported to the Board by that auditor.
- 20. **ELECTRONIC FUNDS TRANSFER** The District may use electronic means to transfer or invest all Funds collected or controlled by the District.
- 21. **AUTHORIZATION** Unless authorized by this Policy, (including the appendices hereto) a person may not deposit, withdraw, transfer, or manage in any other manner the Funds of the District.
- 22. **COMPLIANCE** All investments made by the District must comply with the Texas Public Funds Investment Act and all federal, state and local statutes, rule or regulations.

MONTGOMERY COUNTY HOSPITAL DISTRICT

Banking and Investment Policy
(Signature Page)

The undersigned hereby acknowledge that he/she has received and reviewed the District's Investment Policy:

Chris Grice, Chairman, MCHD Board of Directors

Bob Bagley, Vice-Chairman, MCHD Board of Directors

Sandra Wagner, Secretary, MCHD Board of Directors

Brad Spratt, Treasurer, MCHD Board of Directors

Justin Chance, Member, MCHD Board of Directors

Brent Thor, Member, MCHD Board of Directors

Georgette Whatley, Member, MCHD Board of Directors

Randy Johnson, MCHD Chief Executive Officer

D. Brett Allen, MCHD Chief Financial Officer

Date

EXHIBIT A

Example of Statement by Investment Provider

My name is _____. I am a Qualified Representative of ____ (the “Business Organization”). This statement is provided to meet the requirements of the Public Funds Investment Act.

I hereby certify that

1. I have received and reviewed the District’s Investment Policy;
2. The Business Organization has implemented reasonable procedures and controls in an effort to preclude investment transactions conducted between the District and the Organization that are not authorized by the District’s Investment Policy, except to the extent that this authorization is dependent on an analysis of the make-up of the District’s entire portfolio, or requires an interpretation of subjective investment standards, or relates to investment transactions of the District that are not made through accounts or other contractual arrangements over which the business organization has accepted discretionary investment authority; and
3. The statements, representations and declarations made in this document are true and correct.

Qualified Representative

Appendix 1

List of Authorized Broker/Dealers

<u>Institution</u>	<u>Representative</u>
FHN Financial	Buddy Saragusa
Raymond James Financial Services	Fred Greene
Wells Fargo Securities	Chuck Landry

Agenda Item # 24




To: Board of Directors

From: Brett Allen, CFO

Date: April 26, 2022

Re: ACC 05-102 Capital Asset Capitalization Policy

Consider and act on ACC 05-102 Capital Asset Capitalization Policy. (Mr. Spratt, Treasurer –MCHD Board)

	CAPITAL ASSET CAPITALIZATION	Page 1 of 3
Department Accounting	Policy Number ACC 05-102	CAAS Reference Number

I. PURPOSE

Capital assets have a major impact on the ability of the District to deliver services. The purpose of this policy is to provide guidelines to assist in decision making and define accounting processes that ensure effective and accurate control of capital assets.

II. DEFINITIONS

Capital assets - real or personal property that have a value equal to or greater than the capitalization threshold and have an estimated useful life of five years or more.

[Conduit debt - a means to raise capital via tax-exempt municipal bonds to fund large-scale projects \(for example, hospitals, airports, schools\) that benefit the general public.](#)

Depreciation – allocation of a capital asset’s cost to expense by decreasing the value of the asset over its useful life.

[Service concession arrangement - an arrangement between a transferor and an operator in which the transferor conveys to the operator the right to provide public services through the use of an asset \(for example, parking garages, hospitals, toll roads\).](#)

III. POLICY

Montgomery County Hospital District (MCHD) will regard assets as capitalized when:

- 1) Assets purchased, built or leased have useful lives of five years or more and the cost of the asset (including installation) is \$5,000 or more.
- 2) The cost of repairing or renovating the asset is \$10,000 or more and prolongs the life of the asset.
- 3) The cost of buildings and building improvements is \$50,000 or more.

MCHD will regard the purchase of software programs as expenditures that are not subject to the above capitalization policy. Costs associated with software maintenance and customer support are considered expenditures and will not be capitalized.

Each department manager is responsible for ensuring accountability, maintenance, and proper use of District assets assigned to their custody. Capital assets are required to be tracked at the department level and be made available for inspection at any time.

Capital Asset Definitions and Guidelines

MCHD has invested in a broad range of capital assets used in the District’s operations, including:

Title of Policy CAPITAL ASSET CAPITALIZATION	Policy Number ACC 05-102	Page 2 of 3
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- Land and improvements
- Buildings and building improvements
- Construction in progress
- Radio ~~t~~owers and ~~t~~ower ~~s~~shelters
- Personal ~~p~~roperty
 - Equipment
 - Vehicles

Reference: Government Finance Officers Association: Establishing Capitalization Thresholds for Capital Assets

Original Date	11/2009
Review/Revision Date	MM/YYYY
X Supersedes all Previous	
Approved by Board of Directors	__/__/__

Title of Policy CAPITAL ASSET CAPITALIZATION	Policy Number ACC 05-102	Page 2 of 3
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Capital Asset Acquisition Cost

Capital assets should be recorded and reported in the District's capital asset software at ~~historical~~ cost, which includes the vendor's invoice (plus the value of any trade-in), plus initial installation costs (excluding in-house labor), modifications, attachments, accessories or apparatus necessary to make the asset usable and render it into service.

For MCHD, ~~historical~~ costs also includes ancillary charges such as freight and transportation ~~charges~~, site preparation costs and professional fees. The costs of purchasing capital assets for governmental activities ~~does~~ not include capitalized interest.

Leased ~~Equipment~~ Assets

Leased assets should be capitalized UNLESS they meet these following exceptions:

- Short-term leases – defined as leases with maximum possible term of 12 months or less, including options to extend
- Leases that transfer ownership of the asset (financed purchases)
- Leases of inventory, intangible assets and biological assets, i.e., timber, living plants or animals
- Contracts that meet the definition of service concession arrangements
- Supply contracts, such as power purchase agreements
- Leases in which the underlying asset is financed with outstanding conduit debt, unless both the underlying asset and the conduit debt are reported by the lessor

~~Equipment should be capitalized if the lease agreement meets any of the following criteria.~~

~~Leases that do not meet these requirements should be recorded as operating leases.~~

- ~~The lease transfers ownership of the property to the lessee by the end of the lease term.~~
- ~~The lease contains a bargain purchase option.~~
- ~~The lease term is equal to 75 percent or more of estimated economic life of the leased property.~~
- ~~The present value of the minimum lease payments at the inception of the lease, excluding lease execution costs, equals at least 90 percent of the fair value of the leased property.~~

Depreciating Capital Assets

Capital assets should be depreciated over their estimated useful lives unless they are inexhaustible (land, works of art, historical treasures).

The straight-line depreciation method (~~historical cost, divided by useful life~~) will be used. An asset is considered placed into service on the date it ~~became~~ becomes available for use and ~~is~~ was being used for the purpose intended when purchased or constructed.

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Title of Policy CAPITAL ASSET CAPITALIZATION	Policy Number ACC 05-102	Page 3 of 3
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**Depreciation Method-Straight Line over the following useful lives: Useful Life
in Years**

Asset	Years
Land and Land Improvements	0
Site Improvements	
• Fencing and Gates	5
• Landscaping	10
• Parking Lot/Driveway/Parking Barrier	20
• Outside Sprinkler System	15
Buildings and Building Improvements	
• Building Exterior	30
• Building Exterior: Roof	10
• Building Interior: Carpet	10
Radio Tower and Tower Shelter	30
Equipment	
• Telephone Systems	10
• Document Scanners	5
• Radio, Communication Systems	5
• Medical	5
• HVAC	15
• Security	10
Vehicles	
• Passenger Cars	5
• Cargo Vans, Light Trucks	5
• Ambulances – Box and Chassis	5

Reference:
Government Finance Officers Association: Establishing Capitalization Thresholds for Capital Assets

Original Date 11/2009
Review/Revision Date MM/YYYY
X Supersedes all Previous
Approved by Board of Directors 5/23/17

	CAPITAL ASSET CAPITALIZATION	Page 1 of 3
Department	Policy Number	CAAS Reference Number
Accounting	ACC 05-102	

I. PURPOSE

Capital assets have a major impact on the ability of the District to deliver services. The purpose of this policy is to provide guidelines to assist in decision making and define accounting processes that ensure effective and accurate control of capital assets.

II. DEFINITIONS

Capital assets - real or personal property that have a value equal to or greater than the capitalization threshold and have an estimated useful life of five years or more.

Conduit debt - a means to raise capital via tax-exempt municipal bonds to fund large-scale projects (for example, hospitals, airports, schools) that benefit the general public.

Depreciation – allocation of a capital asset’s cost to expense by decreasing the value of the asset over its useful life.

Service concession arrangement - an arrangement between a transferor and an operator in which the transferor conveys to the operator the right to provide public services through the use of an asset (for example, parking garages, hospitals, toll roads).

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- 3) The cost of buildings and building improvements is \$50,000 or more.

MCHD will regard the purchase of software programs as expenditures that are not subject to the above capitalization policy. Costs associated with software maintenance and customer support are considered expenditures and will not be capitalized.

Each department manager is responsible for ensuring accountability, maintenance, and proper use of District assets assigned to their custody. Capital assets are required to be tracked at the department level and be made available for inspection at any time.

Capital Asset Definitions and Guidelines

MCHD has invested in a broad range of capital assets used in the District’s operations, including:

Title of Policy CAPITAL ASSET CAPITALIZATION	Policy Number ACC 05-102	Page 2 of 3
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- Land and improvements
- Buildings and building improvements
- Construction in progress
- Radio towers and tower shelters
- Personal property
 - Equipment
 - Vehicles

Capital Asset Acquisition Cost

Capital assets should be recorded and reported in the District's capital asset software at cost, which includes the vendor's invoice (plus the value of any trade-in), plus initial installation cost (excluding in-house labor), modifications, attachments, accessories or apparatus necessary to make the asset usable and render it into service.

For MCHD, cost also includes ancillary charges such as freight and transportation, site preparation cost and professional fees. The cost of purchasing capital assets for governmental activities does not include capitalized interest.

Leased Assets

Leased assets should be capitalized UNLESS they meet these following exceptions:

- Short-term leases – defined as leases with maximum possible term of 12 months or less, including options to extend
- Leases that transfer ownership of the asset (financed purchases)
- Leases of inventory, intangible assets and biological assets, i.e., timber, living plants or animals
- Contracts that meet the definition of service concession arrangements
- Supply contracts, such as power purchase agreements
- Leases in which the underlying asset is financed with outstanding conduit debt, unless both the underlying asset and the conduit debt are reported by the lessor

Depreciating Capital Assets

Capital assets should be depreciated over their estimated useful lives unless they are inexhaustible (land, works of art, historical treasures).

The straight-line depreciation method will be used. An asset is considered placed into service on the date it becomes available for use and is being used for the purpose intended when purchased or constructed.

Title of Policy CAPITAL ASSET CAPITALIZATION	Policy Number ACC 05-102	Page 3 of 3
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**Depreciation Method-Straight Line over the following useful lives: Useful Life
in Years**

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Land and Land Improvements	0
Site Improvements	
• Fencing and Gates	5
• Landscaping	10
• Parking Lot/Driveway/Parking Barrier	20
• Outside Sprinkler System	15
Buildings and Building Improvements	
• Building Exterior	30
• Building Exterior: Roof	10
• Building Interior: Carpet	10
Radio Tower and Tower Shelter	30
Equipment	
• Telephone Systems	10
• Document Scanners	5
• Radio, Communication Systems	5
• Medical	5
• HVAC	15
• Security	10
Vehicles	
• Passenger Cars	5
• Cargo Vans, Light Trucks	5
• Ambulances – Box and Chassis	5

Reference:
Government Finance Officers Association: Establishing Capitalization Thresholds for Capital Assets

Original Date 11/2009
Review/Revision Date 04/2022
X Supersedes all Previous
Approved by Board of Directors 04/26/2022

Agenda Item # 25

Montgomery County Hospital District
 Budget Amendment - Fiscal Year Ending September 30, 2022
 Supplement to the Amendment Presented to the Board on April 26, 2022

Account	Description	Total	Notes	Impact
Additional Ambulance Chassis				
10-007-52250	Ambulance Supplemental IGT	(175,744.00)	Reclassification of expense	Decrease expense
10-010-52754	Capital Purchase - Equipment-Fleet	175,744.00	Four General Motors 4500 chassis for remounts	Increase expense
	Total Additional Ambulance Chassis	<u>0.00</u>		
Texas Social Security Program				
10-001-54100	Dues/Subscriptions-Admin	(35.00)	Reclassification of expense	Decrease Expense
10-025-54100	Dues/Subscriptions-HR	35.00	Texas Social Security Program	Increase Expense
	Total Texas Social Security Program	<u>0.00</u>		
	Total Expense	<u>0.00</u>	Increase in Expense	
	Increase / (Decrease) Net Revenue over Expenses	0.00		
	FY 2022 Budgeted Net Revenue over Expenses	(6,724,532.38)		
	FY 2022 Amended Budgeted Net Revenue over Expenses	(6,724,532.38)		

AGENDA ITEM # 26

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

TOTAL FOR

INVOICES

\$2,602,280.89

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/26/2022 Paid Invoices

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Invoice No.</u>	<u>Payment No.</u>	<u>Payment Date</u>	<u>Invoice Description</u>	<u>Account No.</u>	<u>Account Description</u>	<u>Amount</u>
A/W MECHANICAL SERVICES, LLP	3/1/2022	202219114	7411	03/23/22	MAINTENANCE AND REPAIR	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,025.00
							Totals for A/W MECHANICAL SERVICES, LLP:	\$1,025.00
ABLE GLASS & MIRROR CO, INC.	3/1/2022	029165138	112039	03/23/22	MAINTENANCE AND REPAIR	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$14,491.00
							Totals for ABLE GLASS & MIRROR CO, INC.:	\$14,491.00
ACCONTEMPS a Robert Half Company	3/1/2022	59486582	7251	03/09/22	TEMP POSITION WK END DATE	10-005-57100	Professional Fees-Accou	\$1,381.25
	3/1/2022	58453520	7251	03/09/22	TEMP POSITION WK END DATE 09/10/2021	10-025-57100	Professional Fees-Human	\$96.80
	3/1/2022	58387937	7251	03/09/22	TEMP POSITION WK END DATE 09/03/2021	10-025-57100	Professional Fees-Human	\$653.40
	3/1/2022	58294156	7251	03/09/22	TEMP POSITION WK END DATE 08/20/2021	10-025-57100	Professional Fees-Human	\$648.86
	3/15/2022	59590135	7412	03/23/22	TEMP POSITION WK END DATE 03/11/22	10-005-57100	Professional Fees-Accou	\$1,089.12
	3/21/2022	59623816	7412	03/23/22	TEMP POSITION WK END DATE 03/18/2022	10-005-57100	Professional Fees-Accou	\$1,815.20
	3/29/2022	59680288	7552	03/30/22	TEMP POSITION WK END DATE 03/25/22	10-005-57100	Professional Fees-Accou	\$1,815.20
							Totals for ACCONTEMPS a Robert Half Company:	\$7,499.83
AEI MEDICAL EQUIPMENT SERVICES LLC	3/11/2022	4791	7553	03/30/22	ZOLL X-SERIES DEFIBRILLATOR TESTS	10-008-55650	Maintenance- Equipment-Mater	\$6,717.50
							Totals for AEI MEDICAL EQUIPMENT SERVICES LLC:	\$6,717.50
AIR HORNS OF TEXAS, LLC	3/1/2022	26270B	111878	03/09/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$686.50
							Totals for AIR HORNS OF TEXAS, LLC:	\$686.50
ALBERT INDUSTRIES, INC. dba COMMAND PC	3/17/2022	098548	112151	04/06/22	UNIFORMS	10-042-58700	Uniforms-EMS T	\$1,514.38
							Totals for ALBERT INDUSTRIES, INC. dba COMMAND POST:	\$1,514.38
ALLEN, BRETT	3/31/2022	ALL*03312022	7639	04/06/22	Per Diem - PWW Media Xi and abc360 (04/24/2022-04	10-001-53150	Conferences - Fees, Travel, & Meals-Adm	\$182.00
							Totals for ALLEN, BRETT:	\$182.00
AMAZON.COM LLC	3/4/2022	434733789833	111879	03/09/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$158.95
	3/4/2022	435674864555	111879	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$106.80
	3/4/2022	439445739974	111879	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$684.80
	3/4/2022	443648556453	111879	03/09/22	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$1,162.68
	3/4/2022	444855977576	111879	03/09/22	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$156.76
	3/4/2022	447969343673	111879	03/09/22	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$543.73
	3/4/2022	454957387856	111879	03/09/22	SMALL EQUIPMENT	10-001-57750	Small Equipment & Furniture-Admin	\$21.98
	3/4/2022	455597856568	111879	03/09/22	SMALL EQUIPMENT	10-015-57750	Small Equipment & Furniture-Infor	\$79.92
	3/4/2022	456868389694	111879	03/09/22	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$249.92
	3/4/2022	459349674775	111879	03/09/22	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$99.99
	3/4/2022	486687486476	111879	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$174.95
	3/4/2022	488554638977	111880	03/09/22	SMALL EQUIPMENT	10-016-57750	Small Equipment & Furniture-Facil	\$194.99

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/26/2022 Paid Invoices

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Invoice No.</u>	<u>Payment No.</u>	<u>Payment Date</u>	<u>Invoice Description</u>	<u>Account No.</u>	<u>Account Description</u>	<u>Amount</u>
	3/4/2022	553677547847	111880	03/09/22	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$71.87
	3/4/2022	563868464967	111880	03/09/22	SHOP TOOLS	10-016-57700	Shop Tools-Facil	\$125.97
	3/4/2022	575569983677	111880	03/09/22	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$219.58
	3/4/2022	659689693573	111880	03/09/22	MAINTENANCE & REPAIR	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$86.99
	3/4/2022	674768568487	111880	03/09/22	SMALL EQUIPMENT	10-015-57750	Small Equipment & Furniture-Infor	\$23.98
	3/4/2022	699445577748	111880	03/09/22	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$28.15
	3/4/2022	699863577347	111880	03/09/22	SMALL EQUIPMENT	10-016-57750	Small Equipment & Furniture-Facil	\$33.99
	3/4/2022	768979776333	111880	03/09/22	SMALL EQUIPMENT	10-001-57750	Small Equipment & Furniture-Admin	\$142.99
	3/4/2022	775848785748	111880	03/09/22	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$105.30
	3/4/2022	779585665773	111880	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$144.99
	3/4/2022	793775759956	111881	03/09/22	MAINTENANCE & REPAIR	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$98.42
	3/4/2022	794984699444	111881	03/09/22	UNIFORM	10-007-58700	Uniforms-EMS	\$129.99
	3/4/2022	863359898749	111881	03/09/22	MAINTENANCE & REPAIR	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$269.22
	3/4/2022	868564964355	111881	03/09/22	SMALL EQUIPMENT	10-015-57750	Small Equipment & Furniture-Infor	\$118.82
	3/4/2022	876948783353	111881	03/09/22	SMALL EQUIPMENT	10-015-57750	Small Equipment & Furniture-Infor	\$79.92
	3/4/2022	878539988559	111881	03/09/22	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$254.85
	3/4/2022	896475579638	111881	03/09/22	SHOP TOOLS	10-015-57700	Shop Tools-Infor	\$7.89
	3/4/2022	963933966753	111881	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$149.95
	3/4/2022	948839455635	111881	03/09/22	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$219.96
	3/4/2022	949983336656	111881	03/09/22	BOOKS/MATERIALS	10-009-52600	Books/Materials-Dept	\$53.15
	3/4/2022	973446845393	111881	03/09/22	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$34.95
							Totals for AMAZON.COM LLC:	\$6,036.40
AMERICAN HEART ASSOCIATION, INC. (AHA)	3/12/2022	SCPR82182	7554	03/30/22	HEARTSAVER ECARDS	10-009-52600	Books/Materials-Dept	\$3,748.50
	3/12/2022	SCPR82816	7554	03/30/22	HEARTSAVER ECARDS	10-009-52600	Books/Materials-Dept	\$3,332.00
	3/31/2022	SCPR84524	7679	04/13/22	BOOKS/MATERIAL	10-009-52600	Books/Materials-Dept	\$5,156.52
							Totals for AMERICAN HEART ASSOCIATION, INC. (AHA):	\$12,237.02
AMERICAN TIRE DISTRIBUTORS INC	3/1/2022	S164081186	7252	03/09/22	AMBULANCE ANDN ONAN GENERATOR PARTS	10-010-59150	Vehicle-Tires-Fleet	\$531.05
	3/10/2022	S164589059	7555	03/30/22	TIRES FOR RED GENERATOR	10-010-59150	Vehicle-Tires-Fleet	\$309.00
	3/25/2022	S165212834	7555	03/30/22	DODGE 3500 TIRES FOR RESTOCKING	10-010-59150	Vehicle-Tires-Fleet	\$2,431.20
							Totals for AMERICAN TIRE DISTRIBUTORS INC:	\$3,271.25
AMERITAS LIFE INSURANCE CORP	3/1/2022	010-48743 03.01.22	6706	03/01/22	ACCT 010-048743-00002 VISION PREMIUMS FEB 2	10-025-51700	Health & Dental-Human	\$4,189.46
							Totals for AMERITAS LIFE INSURANCE CORP:	\$4,189.46
AT&T (105414)	3/1/2022	7131652005 03.01.22	111882	03/09/22	HISD T1 ISSI 02/21/22-03/20/22	10-004-58310	Telephones-Service-Radio	\$239.11
	3/1/2022	150883685 03.01.22	111883	03/09/22	STATION 41 01/23/22-02/22/22	10-015-58310	Telephones-Service-Infor	\$133.04
	3/13/2022	2812599426 03.13.22	112109	03/30/22	STATION 41 FIRE PANEL 03/13/22-04/12/22	10-016-58800	Utilities-Facil	\$192.01

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	3/21/2022	7131652005 03.21.22	112148	04/06/22	HISD T1 ISSI 03/21/22-04/20/22	10-004-58310	Telephones-Service-Radio	\$239.11
							Totals for AT&T (105414):	\$803.27
AT&T (U-VERSE)	3/1/2022	145220893 03.01.22	111967	03/16/22	STATION 42 03/01/22-03/31/22	10-015-58310	Telephones-Service-Infor	\$107.00
	3/11/2022	145685137 03.11.22	112041	03/23/22	STATION 24 02/12/21-03/11/22	10-015-58310	Telephones-Service-Infor	\$123.05
							Totals for AT&T (U-VERSE):	\$230.05
AT&T MOBILITY-ROC (6463)	3/1/2022	287283884314X022722	111884	03/09/22	ACCT# 287283884314 01/20/22-02/19/22	10-015-58200	Telephones-Cellular-Infor	\$305.78
	3/1/2022	836735112X02232022	111884	03/09/22	ACCT# 836735112 01/16/22-02/15/22	10-004-58200	Telephones-Cellular-Radio	\$96.63
	3/15/2022	836735112X03232022	112153	04/06/22	ACCT# 836735112 02/16/22-03/15/22	10-004-58200	Telephones-Cellular-Radio	\$96.63
	3/19/2022	2872838841314X032722	112153	04/06/22	ACCT# 287283884314 02/20/22-03/19/22	10-004-58200	Telephones-Cellular-Radio	\$213.28
							Totals for AT&T MOBILITY-ROC (6463):	\$712.32
BARNES & NOBLE EDUCATION, INC.	3/6/2022	958350	112042	03/23/22	TRAINING/RELATED	10-009-58500	Training/Related Expenses-CE-Dept	\$643.74
							Totals for BARNES & NOBLE EDUCATION, INC.:	\$643.74
BCBS OF TEXAS (DENTAL)	3/1/2022	123611 3.1.22(COBRA)	6679	03/01/22	BILL PERIOD: 03-01-2022 TO 04-01-2022	10-025-51700	Health & Dental-Human	\$103.64
	3/1/2022	123611 03.01.22	6681	03/01/22	BILL PERIOD: 03-01-2022 TO 04-01-2022	10-025-51700	Health & Dental-Human	\$23,260.68
							Totals for BCBS OF TEXAS (DENTAL):	\$23,364.32
BCBS OF TEXAS (POB 731428)	3/6/2022	523327906556	6708	03/06/22	BCBS PPO & HSA CLAIMS 02/26/2022-03/04/2022	10-025-51710	Health Insurance Claims-Human	\$243,958.34
	3/1/2022	131644923801	6709	04/01/22	ADMINISTRIVE FEE 02/01/2022-02/28/2022	10-025-51720	Health Insurance Admin Fees-Human	\$75,085.60
	3/13/2022	523324581115	6710	03/13/22	BCBS PPO & HSA CLAIMS 03/05/2022-03/11/2022	10-025-51710	Health Insurance Claims-Human	\$151,009.12
	3/20/2022	523320462645	6738	03/20/22	BCBS PPO & HSA CLAIMS 03/12/2022-03/18/2022	10-025-51710	Health Insurance Claims-Human	\$81,702.98
	3/27/2022	523326500971	6755	03/27/22	BCBS PPO & HSA CLAIMS 03/19/2022-03/25/2022	10-025-51710	Health Insurance Claims-Human	\$63,232.27
	3/31/2022	131645607980	6770	03/31/22	ADMINISTRIVE FEE 03/01/2022-03/31/2022	10-025-51720	Health Insurance Admin Fees-Human	\$75,527.28
							Totals for BCBS OF TEXAS (POB 731428):	\$690,515.59
BHATT, MEGHNA	3/7/2022	BHA030722	7249	03/09/22	WELLNESS PROGRAM/2 MASSAGES	10-025-54350	Employee Health/Wellness-Human	\$50.00
							Totals for BHATT, MEGHNA:	\$50.00
BIDDLE CONSULTING GROUP, INC.	3/24/2022	70492	112234	04/13/22	TESTGUNIUS ONLINE CRITICALL ANNUAL SOF	10-006-53050	Computer Software-Alarm	\$3,170.00
							Totals for BIDDLE CONSULTING GROUP, INC.:	\$3,170.00
BIOQUELL INC.	3/1/2022	50-26708	112044	03/23/22	BIO-DECONTAMINATION SYSTEM PM	10-008-55650	Maintenance- Equipment-Mater	\$3,240.00
							Totals for BIOQUELL INC.:	\$3,240.00
BOON-CHAPMAN (Prime DX)	3/1/2022	S0030005698	7413	03/23/22	CASE MANAGEMENT FEES FEB 2022	10-002-55700	Management Fees-HCAP	\$8,710.96
	3/1/2022	S0030005672	7414	03/23/22	CASE MANGEMENT FEES FOR JAN 2022	10-002-55700	Management Fees-HCAP	\$9,562.31

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							Totals for BOON-CHAPMAN (Prime DX):	\$18,273.27
BORREGO, SERGIO	3/21/2022	BOR032122	7415	03/23/22	WELLNESS PROGRAM/GYM X 2	10-025-54350	Employee Health/Wellness-Human	\$50.00
							Totals for BORREGO, SERGIO:	\$50.00
BOUND TREE MEDICAL, LLC	3/1/2022	84416598	7246	03/09/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$476.00
	3/3/2022	84428270	7308	03/16/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$92.16
	3/1/2022	84420085	7246	03/09/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$61.44
	3/1/2022	84422193	7308	03/16/22	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$2,258.20
	3/8/2022	84434573	7308	03/16/22	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$355.50
	3/10/2022	84438677	7308	03/16/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$2,162.50
						10-008-53800	Disposable Linen-Mater	\$525.00
	3/9/2022	84436617	7308	03/16/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$10.00
	3/1/2022	84400080	7308	03/16/22	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$1,871.04
	3/1/2022	84401743	7308	03/16/22	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$1,871.04
	3/4/2022	84430179	7308	03/16/22	MEDICAL SUPPLIES	10-008-54200	Durable Medical Equipment-Mater	\$359.94
	3/9/2022	84436618	7416	03/23/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$16,029.84
						10-009-54000	Drug Supplies-Dept	\$815.52
						10-008-53800	Disposable Linen-Mater	\$629.10
	3/28/2022	84461381	7680	04/13/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$22,617.80
							Totals for BOUND TREE MEDICAL, LLC:	\$50,135.08
BROWN, KIMBERLY	3/28/2022	BRO*03282022	7556	03/30/22	Per Diem - Montgomery County Hospital District (04/2	10-045-53150	Conferences - Fees, Travel, & Meals-EM	\$198.50
							Totals for BROWN, KIMBERLY:	\$198.50
BUD GRIFFIN SUPPORT, INC.	3/8/2022	03-22573	7318	03/16/22	PERFORM PM INPECTION FOR 03/01/22-05/31/22	10-016-55650	Maintenance- Equipment-Facil	\$700.00
							Totals for BUD GRIFFIN SUPPORT, INC.:	\$700.00
BUTTERFLY NETWORK, INC.	3/4/2022	INV-BF-87072	7334	03/16/22	DME SUPPLIES	10-008-54200	Durable Medical Equipment-Mater	\$2,523.00
							Totals for BUTTERFLY NETWORK, INC.:	\$2,523.00
C & B CHEMICAL	3/2/2022	CBC030222	111972	03/16/22	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$500.00
							Totals for C & B CHEMICAL:	\$500.00
CAMPBELL, JAMES	3/18/2022	CAM031822	7417	03/23/22	PER DIEM/TX NAEMSP 03/23/22-03/25/22	10-007-53150	Conferences - Fees, Travel, & Meals-EM	\$106.50
							Totals for CAMPBELL, JAMES:	\$106.50
CANON FINANCIAL SERVICES, INC.	3/12/2022	28246802	7641	04/06/22	SCHEDULE # 001-0824246-001/CONTRACT NO. DI	10-015-55400	Leases/Contracts-Infor	\$4,228.70
							Totals for CANON FINANCIAL SERVICES, INC.:	\$4,228.70

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CARRIER ENTERPRISE LLC	3/9/2022	1921998-00	111973	03/16/22	MAINTENANCE AND REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$2,409.41
	3/9/2022	1921998-01	111973	03/16/22	MAINTENANCE AND REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$2,269.41
	Totals for CARRIER ENTERPRISE LLC:							\$4,678.82
CBP EMERGENCY CARE PLLC	3/2/2022	CBP030222	7312	03/16/22	ASSISTANT MEDICAL DIRECTOR/MD TERM ON	10-009-57100	Professional Fees-Dept	\$10,935.00
	Totals for CBP EMERGENCY CARE PLLC:							\$10,935.00
CDW GOVERNMENT, INC.	3/12/2022	T401981	7557	03/30/22	LVO 3YR PROTECT/ADP	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$153.61
	3/10/2022	T329391	7418	03/23/22	COMPUTER SUPPLIES	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$1,868.12
	3/1/2022	S068034	7418	03/23/22	SAMSUNG 1TB REPLACEMENTS	10-004-57750	Small Equipment & Furniture-Radio	\$692.94
	3/2/2022	S914217	7418	03/23/22	SAMSUNG 24" MONITOR	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$831.56
	3/4/2022	T067023	7557	03/30/22	VMWARE VSPHERE ESSENTIALS PLUS KIT	10-015-53050	Computer Software-Infor	\$5,349.24
	3/1/2022	S214228	7557	03/30/22	SNAGIT 2022 LICENSE + 1 YEAR MAINTENANCE	10-015-53050	Computer Software-Infor	\$21.77
	3/30/2022	V203274	7735	04/13/22	APC REPL BATT CART	10-015-57750	Small Equipment & Furniture-Infor	\$386.05
	3/24/2022	T949830	7735	04/13/22	SAMSUNG 24" VGA/DVI MONITOR	10-015-53100	Computer Supplies/Non-Cap.-Infor	\$1,247.34
	Totals for CDW GOVERNMENT, INC.:							\$10,550.63
CENTERPOINT ENERGY (REL109)	3/2/2022	92013168 03.02.22	6683	03/17/22	STATION 30 01/25/22-02/24/22	10-016-58800	Utilities-Facil	\$38.11
	3/3/2022	64015806066 03.03.22	6684	03/18/22	ROBINSTON TOWER 01/26/22-02/24/22	10-004-58800	Utilities-Radio	\$28.81
	3/10/2022	88589239 03.10.22	6711	03/25/22	ADMIN 02/02/22-03/03/22	10-016-58800	Utilities-Facil	\$2,599.50
	3/14/2022	64018941639 03.14.22	6739	03/29/22	STATION 15 02/07/22-03/08/22	10-016-58800	Utilities-Facil	\$21.05
	3/14/2022	88820089 03.14.22	6740	03/29/22	STATION 32 02/04/22-03/07/22	10-016-58800	Utilities-Facil	\$32.49
	3/21/2022	64013049610 03.21.22	6756	04/05/22	STATION 45 02/11/22-03/14/22	10-016-58800	Utilities-Facil	\$24.74
	3/21/2022	98116148 03.21.22	6757	04/05/22	STATION 14 02/11/22-03/15/22	10-016-58800	Utilities-Facil	\$55.96
	3/1/2022	64006986422 03.01.22	6771	03/07/22	STATION 43 01/13/22-02/11/22	10-016-58800	Utilities-Facil	\$91.10
	3/4/2022	88796735 03.04.22	6772	03/21/22	STATION 20 01/27/22-02/25/22	10-016-58800	Utilities-Facil	\$593.76
	3/21/2022	64006986422 03.21.22	6773	04/05/22	STATION 43 02/11/22-03/14/22	10-016-58800	Utilities-Facil	\$126.44
	3/31/2022	92013168 03.31.22	6791	04/15/22	STATION 30 02/24/22-03/24/22	10-016-58800	Utilities-Facil	\$22.05
	Totals for CENTERPOINT ENERGY (REL109):							\$3,634.01
CENTRALSQUARE COMPANY-TRITECH SOFT	3/15/2022	348621	7642	04/06/22	PSJ ENTERPRISE MOBILE BASE LICENSE FEE	10-015-53075	Computer Software - MDC First Respond	\$2,000.08
	Totals for CENTRALSQUARE COMPANY-TRITECH SOFTWARE SYSTEMS:							\$2,000.08
CERRUTI, CRISTINA	3/22/2022	CER032220	7419	03/23/22	MILEAGE REIMBURSEMENT/02/05/22-02/18/22	10-007-56200	Mileage Reimbursements-EMS	\$37.41
	Totals for CERRUTI, CRISTINA:							\$37.41
CHASE PEST CONTROL, INC.	3/11/2022	34201	7420	03/23/22	EXTERIOR SERVICE BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$155.00

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	3/11/2022	34200	7420	03/23/22	EXTERIOR SERVICE BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$175.00
	3/11/2022	34199	7420	03/23/22	EXTERIOR SERVICE BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$195.00
	3/11/2022	34197	7420	03/23/22	EXTERIOR SERVICE BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$155.00
	3/11/2022	34196	7420	03/23/22	EXTERIOR SERVICE BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$155.00
	3/17/2022	34346	7558	03/30/22	EXERIOR SERVICE BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$200.00
	3/17/2022	34347	7558	03/30/22	EXERIOR SERVICE BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$155.00
	3/16/2022	34323	7558	03/30/22	EXTERIOR SERVICE-BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$185.00
	3/25/2022	34532	7643	04/06/22	EXTERIOR SERVICE BI MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$155.00
	3/25/2022	34534	7643	04/06/22	EXTERIOR SERVICE BI MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$155.00
	3/25/2022	34533	7643	04/06/22	EXTERIOR SERVICE BI MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$145.00
	3/23/2022	34453	7643	04/06/22	EXTERIOR SERVICE BI MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$95.00
							Totals for CHASE PEST CONTROL, INC.:	\$1,925.00
CLASSIC CHEVROLET SUGAR LAND, LLC	3/3/2022	2108584	7324	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$346.83
							Totals for CLASSIC CHEVROLET SUGAR LAND, LLC:	\$346.83
COLONIAL LIFE	3/1/2022	33876100204030	6685	03/16/22	CONTROL NO. E3387610 PREMIUMS 02/01/2022-0	10-000-21590	P/R-Premium Cancer/Accident-BS	\$4,685.88
							Totals for COLONIAL LIFE:	\$4,685.88
COLORTECH DIRECT & IMPACT PRINTING	3/9/2022	36394	7422	03/23/22	BUSINESS CARDS/SIMMONDS	10-008-57000	Printing Services-Mater	\$75.00
							Totals for COLORTECH DIRECT & IMPACT PRINTING:	\$75.00
COMCAST (POB 8587)	3/15/2022	001000297114	112157	04/06/22	MAGNOLIA TOWER/IT 03/15-04/14	10-015-58310	Telephones-Service-Infor	\$2,022.46
							Totals for COMCAST (POB 8587):	\$2,022.46
COMCAST CORPORATION (POB 60533)	3/1/2022	2080546356 03.01.22	111890	03/09/22	STATION 21 03/05/22-04/04/22	10-015-58310	Telephones-Service-Infor	\$59.95
						10-016-58800	Utilities-Facil	\$107.81
	3/1/2022	1591231326 03.01.22	111976	03/16/22	STATION 23 03/30/22-03/29/22	10-015-58310	Telephones-Service-Infor	\$116.35
	3/1/2022	2080776359 03.01.22	111977	03/16/22	STATION 23 03/06/22-04/05/22	10-015-58310	Telephones-Service-Infor	\$193.85
							Totals for COMCAST CORPORATION (POB 60533):	\$477.96
CONROE NOON LIONS CLUB	3/1/2022	60123201	7320	03/16/22	MEMBERSHIP DUES/B.ALLEN - MAR 2022	10-001-54100	Dues/Subscriptions-Admin	\$55.00
	3/1/2022	60122825	7320	03/16/22	MEMBERSHIP DUES/B.ALLEN - FEB 2022	10-001-54100	Dues/Subscriptions-Admin	\$55.00
							Totals for CONROE NOON LIONS CLUB:	\$110.00
CONROE TRUCK & TRAILER INC.	3/3/2022	CM272556			CREDIT	10-010-59050	Vehicle-Parts-Fleet	(\$114.36)
	3/3/2022	291402-00	7325	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,277.60
							Totals for CONROE TRUCK & TRAILER INC.:	\$1,163.24

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CONROE WELDING SUPPLY, INC.	3/1/2022	R02221192	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$32.70
	3/1/2022	R02221193	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$3.00
	3/1/2022	R02221194	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$3.00
	3/1/2022	R02221195	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$3.00
	3/1/2022	R02221196	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$6.00
	3/1/2022	R02221197	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$6.00
	3/1/2022	R02221199	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$6.00
	3/1/2022	R02221201	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$9.00
	3/1/2022	R02221202	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$6.00
	3/1/2022	R02221203	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$9.00
	3/1/2022	R02221204	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$3.00
	3/1/2022	R02221205	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$3.00
	3/1/2022	R02221207	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$9.00
	3/1/2022	R02221212	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$6.00
	3/1/2022	R02221213	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$50.15
	3/1/2022	R02221217	7244	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$46.60
	3/1/2022	R02221793	7245	03/09/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$62.95
	3/1/2022	CT115554	7245	03/09/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$236.20
	3/1/2022	CT115593	7245	03/09/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$179.40
	3/1/2022	CT115696	7245	03/09/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$100.20
	3/1/2022	CT115643	7245	03/09/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$89.40
	3/1/2022	PS488160	7245	03/09/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$29.01
	3/1/2022	PS488161	7245	03/09/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$35.60
	3/1/2022	PS488162	7245	03/09/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$63.00
	3/1/2022	CT116336	7245	03/09/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$125.60
	3/1/2022	CT116344	7245	03/09/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$99.20
	3/1/2022	CT116376	7245	03/09/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$99.20
	3/1/2022	CT116472	7245	03/09/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$126.60
	3/1/2022	CT117374A	7245	03/09/22	NITROUS OXIDE	10-008-56600	Oxygen & Gases-Mater	\$232.68
	3/1/2022	CT117374B	7245	03/09/22	NITROUS OXIDE	10-008-56600	Oxygen & Gases-Mater	\$71.56
	3/1/2022	R11211190	7644	04/06/22	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$54.50
	3/1/2022	PS484687	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$62.00
	3/1/2022	CT106389	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$89.40
	3/1/2022	PS484688	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$98.20
	3/1/2022	CT107614	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$153.00
	3/1/2022	CT112516	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$72.80
	3/1/2022	CT116518	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$81.20
	3/1/2022	CT116740	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$98.20
	3/1/2022	CT116843	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$198.00

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	3/1/2022	CT117025	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$158.80
	3/1/2022	PS488163	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$36.60
	3/1/2022	PS488499	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$48.07
	3/1/2022	PS488501	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$54.20
	3/1/2022	PS488502	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$35.60
	3/4/2022	CT117890	7645	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$124.60
	3/4/2022	CT117150	7645	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$79.60
	3/2/2022	CT117558	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$153.00
	3/1/2022	CT117324	7644	04/06/22	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$98.20
							Totals for CONROE WELDING SUPPLY, INC.:	\$3,448.02
CONSOLIDATED COMMUNICATIONS-TXU	3/1/2022	93553911600 03.01.22	111891	03/09/22	ADMIN 03/16/22-04/15/22	10-015-58310	Telephones-Service-Infor	\$11,495.93
	3/16/2022	00096001460 03.16.22	112046	03/23/22	ADMIN 03/16/22-04/15/22	10-015-58310	Telephones-Service-Infor	\$879.02
	3/21/2022	93653911600 03.21.22	112159	04/06/22	ADMIN 03/21/22-04/22/22	10-015-58310	Telephones-Service-Infor	\$17,481.70
							Totals for CONSOLIDATED COMMUNICATIONS-TXU:	\$29,856.65
COTTRELL, RHONDA	3/28/2022	COT*03282022	7559	03/30/22	Per Diem - PWW Media Xi and abc360 (04/24/2022-04	10-011-53150	Conferences - Fees, Travel, & Meals-EM	\$182.00
							Totals for COTTRELL, RHONDA:	\$182.00
CRAWFORD ELECTRIC SUPPLY COMPANY, II	3/21/2022	S010709692.001	112161	04/06/22	SHOP SUPPLIES	10-016-57725	Shop Supplies-Facil	\$600.00
							Totals for CRAWFORD ELECTRIC SUPPLY COMPANY, INC.:	\$600.00
CROWN PAPER AND CHEMICAL	3/18/2022	147665	7646	04/06/22	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$265.00
							Totals for CROWN PAPER AND CHEMICAL:	\$265.00
CULLIGAN OF HOUSTON	3/1/2022				CREDIT	10-016-55600	Maintenance & Repairs-Buildings-Facil	(\$20.44)
	3/1/2022	1549205	7253	03/09/22	CI SVC CONT LEVEL 3 FOR SERV 02/01 TO 02/28	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$299.00
	3/1/2022	1558804	7560	03/30/22	CI SVC CONT- LEVEL 3 FOR SERV 03/01/22-03/31/	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$299.00
							Totals for CULLIGAN OF HOUSTON:	\$577.56
DAILEY WELLS COMMUNICATION INC.	3/1/2022	22CC020903	7309	03/16/22	CABLE USB PROGRAMMING	10-004-57700	Shop Tools-Radio	\$941.24
	3/1/2022	00072286	7254	03/09/22	RADIO REPAIR S/N A40204003756	10-004-57200	Radio Repairs - Outsourced (Depot)-Radi	\$100.00
	3/1/2022	00072287	7254	03/09/22	RADIO REPAIR S/N A40204006487	10-004-57200	Radio Repairs - Outsourced (Depot)-Radi	\$100.00
	3/1/2022	00072288	7254	03/09/22	RADIO REPAIR S/N A4020400309F	10-004-57200	Radio Repairs - Outsourced (Depot)-Radi	\$122.50
	3/1/2022	21MCHD14	7309	03/16/22	SYSTEM SUPPORT & MAINTENANCE FOR FEB 2	10-004-57100	Professional Fees-Radio	\$11,000.00
							Totals for DAILEY WELLS COMMUNICATION INC.:	\$12,263.74
DARDEN FOWLER & CREIGHTON	3/3/2022	21510	7327	03/16/22	PROFESSIONAL SERVICES FEB 2022	10-001-55500	Legal Fees-Admin	\$540.00
							Totals for DARDEN FOWLER & CREIGHTON:	\$540.00

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DARST, THOMAS J	3/28/2022	DAR*03282022	7561	03/30/22	Per Diem - International Public Safety Consortium 2021	10-006-53150	Conferences - Fees, Travel, & Meals-Alar	\$81.00
							Totals for DARST, THOMAS J:	\$81.00
DAVENPORT, RYAN	3/14/2022	DAV031422	7335	03/16/22	PER DIEM/ECHELON FRONT MUSTER 03/23/22-03/31/22	10-007-58500	Training/Related Expenses-CE-EMS	\$128.00
							Totals for DAVENPORT, RYAN:	\$128.00
DEARBORN NATIONAL LIFE INS CO KNOWN	3/1/2022	F021753 03.01.22	6687	03/01/22	LIFE/DISABILITY 03/01/22-03/31/22	10-025-51700	Health & Dental-Human	\$28,635.81
							Totals for DEARBORN NATIONAL LIFE INS CO KNOWN AS BCBS:	\$28,635.81
DELTA T EQUIPMENT INC.	3/9/2022	99235	111965	03/16/22	MAINTENANCE AND REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,983.00
							Totals for DELTA T EQUIPMENT INC.:	\$1,983.00
DEMONTROND	3/2/2022	44339	7302	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$2,210.40
	3/1/2022	44221	7302	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$6,900.48
	3/1/2022	43681	7302	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$4,135.94
	3/1/2022	43676	7302	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$26.46
	3/1/2022	43868	7302	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$26.46
	3/1/2022	43867	7302	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$454.08
	3/1/2022	44148	7302	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$300.96
	3/1/2022	44157	7302	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$417.60
	3/1/2022	44158	7302	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$208.80
	3/1/2022	44272	7302	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$59.57
	3/9/2022	44746	7302	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$5,913.11
						10-010-54550	Fluids & Additives - Auto-Fleet	\$103.95
	3/7/2022	43892	7302	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$245.63
	3/2/2022	474456	7423	03/23/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$28.77
	3/4/2022	44658	7423	03/23/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,671.10
	3/8/2022	42980	7423	03/23/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,300.00
	3/4/2022	44659	7423	03/23/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$3,900.00
	3/4/2022	44609	7423	03/23/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$13.86
	3/1/2022	43934	7423	03/23/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,300.00
	3/11/2022	45001	7562	03/30/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$6.93
	3/15/2022	45241	7647	04/06/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$323.40
	3/15/2022	45242	7647	04/06/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$690.55
	3/15/2022	45243	7647	04/06/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$107.80
	3/11/2022	45086	7562	03/30/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$6.45
	3/14/2022	45147	7562	03/30/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,022.73
	3/15/2022	44862	7647	04/06/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$665.50

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	3/31/2022	46278	7739	04/13/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$13.86
	3/31/2022	46146	7739	04/13/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$4,588.83
							Totals for DEMONTROND:	\$36,643.22
DISCOUNT TIRE/AMERICA'S TIRE	3/16/2022	4146699	112049	03/23/22	DODGE 4500 TIRES FOR STOCK	10-010-59150	Vehicle-Tires-Fleet	\$3,977.28
							Totals for DISCOUNT TIRE/AMERICA'S TIRE:	\$3,977.28
EMS SURVEY TEAM	3/1/2022	21449	7326	03/16/22	MCHD MAILED SURVEYS-FEB 2022	10-009-53550	Customer Relations-Dept	\$5,400.00
	3/3/2022	21496	7563	03/30/22	6-MONTH SYSTEM MONITORING & MAINTENAN	10-009-53550	Customer Relations-Dept	\$390.00
							Totals for EMS SURVEY TEAM:	\$5,790.00
EMS TECHNOLOGY SOLUTIONS, LLC	3/30/2022	43781	112244	04/13/22	NARCOTICS BARCODE LABEL KIT	10-009-53050	Computer Software-Dept	\$75.00
							Totals for EMS TECHNOLOGY SOLUTIONS, LLC:	\$75.00
ENTERGY TEXAS, LLC	3/2/2022	455004033433	6688	03/07/22	ROBINSTON TOWER 01/28/22-02/28/22	10-004-58800	Utilities-Radio	\$28.79
	3/2/2022	460002950936	6689	03/07/22	ROBINSON TOWER 01/28/22-02/28/22	10-004-58800	Utilities-Radio	\$511.70
	3/4/2022	295005481568	6712	04/05/22	STATION 32 02/01/22-03/02/22	10-016-58800	Utilities-Facil	\$676.06
	3/4/2022	120005516935	6713	04/05/22	ADMIN 02/01/22-03/02/22	10-016-58800	Utilities-Facil	\$15,992.65
	3/1/2022	80006955358	6690	03/07/22	STATION 10 01/17/22-02/10/22	10-016-58800	Utilities-Facil	\$157.19
	3/1/2022	80006955358B	6691	03/09/22	STATION 10 02/11/22-02/17/22	10-016-58800	Utilities-Facil	\$402.98
	3/1/2022	430002890895	6692	03/09/22	STATION 43 01/19/22-02/17/22	10-016-58800	Utilities-Facil	\$280.05
	3/1/2022	240005081358	6693	03/11/22	GRANGERLAND 01/21/22-02/21/22	10-004-58800	Utilities-Radio	\$786.50
	3/9/2022	405004301284	6714	04/05/22	STATION 15 02/01/22-03/02/22	10-016-58800	Utilities-Facil	\$319.79
	3/9/2022	175006487002	6715	04/05/22	STATION 14 02/04/22-03/07/22	10-016-58800	Utilities-Facil	\$186.09
	3/14/2022	45007098511	6741	03/30/22	SPLENDORA TOWER 02/09/22-03/10/22	10-004-58800	Utilities-Radio	\$677.90
	3/14/2022	155006516677	6742	04/05/22	STATION 20 02/08/22-03/09/22	10-016-58800	Utilities-Facil	\$820.86
	3/18/2022	310003631857	6743	04/04/22	STATION 31 02/15/22-03/16/22	10-016-58800	Utilities-Facil	\$568.47
	3/17/2022	195006606596	6744	04/05/22	THOMPSON TOWER 02/14/22-03/15/22	10-004-58800	Utilities-Radio	\$703.77
	3/16/2022	200004881891	6745	04/05/22	STATION 30 02/11/22-03/14/22	10-016-58800	Utilities-Facil	\$907.34
	3/22/2022	420002882236	6758	04/07/22	STATION 43 02/17/22-03/18/22	10-016-58800	Utilities-Facil	\$323.19
	3/22/2022	105006720984	6759	04/07/22	STATION 10 02/17/22-03/18/22	10-016-58800	Utilities-Facil	\$862.03
	3/24/2022	275005688823	6792	04/11/22	GRANGERLAND TOWER 02/21/22-03/22/22	10-004-58800	Utilities-Radio	\$793.95
							Totals for ENTERGY TEXAS, LLC:	\$24,999.31
ENTERPRISE FM TRUST dba ENTERPRISE FLE	3/3/2022	FBN4411597	7321	03/16/22	MONTHLY LEASE CHARGES	10-010-52725	Capital Lease Expense-Fleet	\$4,558.86
							Totals for ENTERPRISE FM TRUST dba ENTERPRISE FLEET MGMT EXCHANGE INC.:	\$4,558.86
EPCOR	3/7/2022	0884279 03.07.22	111980	03/16/22	STATION 40 01/25/22 - 02/23/22	10-016-58800	Utilities-Facil	\$447.03
	3/7/2022	0884642 03.07.22	111981	03/16/22	STATION 40 01/25/22 - 02/23/22	10-016-58800	Utilities-Facil	\$115.48

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Totals for EPCOR:								\$562.51
EVANS, JUSTIN	3/1/2022	EVA030122	7209	03/02/22	PER DIEM/IWCE 03/21/22-03/25/22	10-004-53150	Conferences - Fees, Travel, & Meals-Radi	\$310.50
Totals for EVANS, JUSTIN:								\$310.50
EZEE FIBER TEXAS, LLC dba ICTX LLC OR W/	3/1/2022	493130	7322	03/16/22	METRO ETHERNET VARIOUS LOCATIONS	10-015-58310	Telephones-Service-Infor	\$4,295.00
Totals for EZEE FIBER TEXAS, LLC dba ICTX LLC OR WAVE MEDIA:								\$4,295.00
FORD, CHRISTIAN	3/21/2022	FOR032122	7424	03/23/22	TUITION REIMBURSEMENT/SPRING 2022 MHA 7	10-025-58550	Tuition Reimbursement-Human	\$997.91
Totals for FORD, CHRISTIAN:								\$997.91
FRAZER, LTD.	3/22/2022	84307	7687	04/13/22	VEHILCE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$284.89
	3/16/2022	84236	7648	04/06/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$642.75
	3/28/2022	84353	7687	04/13/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$2,525.91
Totals for FRAZER, LTD.:								\$3,453.55
GALLS, LLC dba MILLER UNIFORMS	3/1/2022	020360395			CREDIT/020096074	10-007-58700	Uniforms-EMS	(\$156.00)
	3/2/2022	020572698	7389	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$75.92
	3/2/2022	020572728	7389	03/16/22	UNIFORMS	10-008-58700	Uniforms-Mater	\$119.16
	3/2/2022	020572699	7389	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$175.08
	3/2/2022	020572700	7389	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$262.62
	3/2/2022	020572686	7389	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$233.68
	3/2/2022	020572695	7389	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$295.43
	3/2/2022	020572697	7389	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$175.08
	3/2/2022	020572701	7389	03/16/22	UNIFORMS	10-008-58700	Uniforms-Mater	\$178.74
	3/2/2022	020572748	7389	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/2/2022	020572702	7389	03/16/22	UNIFORMS	10-008-58700	Uniforms-Mater	\$178.74
	3/2/2022	020572706	7389	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$262.62
	3/2/2022	020572703	7389	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$262.62
	3/2/2022	020572696	7389	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$87.54
	3/2/2022	020572747	7389	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/2/2022	020572705	7389	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$169.47
	3/2/2022	020572707	7389	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$175.08
	3/2/2022	020572708	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$96.60
	3/2/2022	020572710	7390	03/16/22	UNIFORMS	10-006-58700	Uniforms-Alarm	\$119.16
	3/2/2022	020572711	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$262.62
	3/2/2022	020572687	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$24.30
	3/2/2022	020572714	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$509.93
	3/2/2022	020572694	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$463.86

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	3/2/2022	020572688	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$24.30
	3/2/2022	020572684	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$159.98
	3/1/2022	020330486	7258	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$106.60
	3/1/2022	020013735	7258	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$112.48
	3/1/2022	020342902	7258	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$106.60
	3/1/2022	020096071	7258	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$106.60
	3/1/2022	020096074	7258	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$752.46
	3/1/2022	020330485	7258	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$167.44
	3/1/2022	020096067	7258	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$366.98
	3/1/2022	020096068	7258	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$679.64
	3/1/2022	020205551	7258	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$112.48
	3/1/2022	020096066	7258	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$291.19
	3/1/2022	020330474	7258	03/09/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$554.68
	3/1/2022	020330488	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$324.47
	3/1/2022	020096088	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$340.24
	3/1/2022	020330483	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$324.47
	3/3/2022	020582792	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/3/2022	020582781	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/3/2022	020582783	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/1/2022	020330477	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$471.12
	3/1/2022	020330484	7390	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$471.12
	3/1/2022	020330475	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$474.45
	3/1/2022	020330478	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$719.67
	3/1/2022	020330479	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$324.47
	3/1/2022	020330489	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$324.47
	3/8/2022	020618502	7391	03/16/22	UNIFORMS	10-008-58700	Uniforms-Mater	\$260.00
	3/8/2022	020618522	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$189.98
	3/8/2022	020618525	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$89.41
	3/9/2022	020629751	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/9/2022	020629753	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/5/2022	020602890	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$116.84
	3/9/2022	020629733	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$471.12
	3/9/2022	020629735	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$583.25
	3/9/2022	020629734	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$583.25
	3/9/2022	020629752	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/9/2022	020629731	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$554.68
	3/9/2022	020629749	7391	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/1/2022	020330495	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$119.99
	3/1/2022	020479946	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$105.58

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	3/3/2022	020582784	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/3/2022	020582788	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/3/2022	020582789	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/3/2022	020582793	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/3/2022	020582790	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/1/2022	020458274	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$159.98
	3/1/2022	020458290	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$239.97
	3/1/2022	020458293	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$239.97
	3/4/2022	020593293	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$116.84
	3/3/2022	020582804	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$105.16
	3/1/2022	020096078	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$1,216.66
	3/9/2022	020629732	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$554.68
	3/9/2022	020629750	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/10/2022	020640203	7392	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$114.06
	3/10/2022	020640205	7393	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$179.16
	3/11/2022	020650636	7564	03/30/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$157.85
	3/10/2022	020640249	7393	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$89.41
	3/10/2022	020640251	7393	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$89.41
	3/10/2022	020640247	7393	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$157.85
	3/10/2022	020640227	7393	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$157.85
	3/3/2022	020582786	7393	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/3/2022	020582787	7393	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.38
	3/11/2022	020650623	7564	03/30/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$348.37
						10-008-58700	Uniforms-Mater	\$178.74
	3/11/2022	020650619	7564	03/30/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$184.28
	3/11/2022	020650618	7564	03/30/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$239.97
	3/11/2022	020650616	7564	03/30/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$159.98
	3/11/2022	020650615	7564	03/30/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$271.82
	3/11/2022	020650614	7564	03/30/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$397.82
						10-008-58700	Uniforms-Mater	\$119.16
	3/10/2022	020640246	7425	03/23/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$75.00
	3/11/2022	020650635	7564	03/30/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$96.60
	3/11/2022	020650634	7564	03/30/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$219.98
	3/1/2022	019213944D	7425	03/23/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$5.57
	3/1/2022	020458279	7425	03/23/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$453.32
	3/15/2022	020682647	7649	04/06/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$75.00
	3/11/2022	020650617	7564	03/30/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$335.06
	3/1/2022	020330476A	7425	03/23/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$169.80
	3/1/2022	020330482A	7425	03/23/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$872.78

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	3/1/2022	020096076A	7425	03/23/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$643.25
	3/1/2022	020096079A	7425	03/23/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$168.80
	3/1/2022	020096080A	7425	03/23/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$1,175.40
	3/1/2022	020096077A	7425	03/23/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$388.28
	3/1/2022	020096081A	7425	03/23/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$789.58
	3/18/2022	020706057	7649	04/06/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$93.22
	3/18/2022	020706059	7649	04/06/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$75.00
	3/18/2022	020706060	7649	04/06/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$87.99
	3/18/2022	020706061	7649	04/06/22	UNIFORMS	10-008-58700	Uniforms-Mater	\$59.58
	3/18/2022	020706068	7649	04/06/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$24.30
	3/18/2022	020706069	7649	04/06/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$184.28
	3/18/2022	020706071	7649	04/06/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$79.99
	3/18/2022	020706058	7649	04/06/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$89.41
	3/22/2022	020737254	7740	04/13/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$24.64
	3/22/2022	020729561	7740	04/13/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$723.17
	3/22/2022	020729563	7740	04/13/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$87.99
	3/23/2022	020739700	7740	04/13/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$116.84
	3/23/2022	020739701	7740	04/13/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$116.84
	3/31/2022	020809247	7740	04/13/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$157.85
	3/31/2022	020809246	7740	04/13/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$157.85
	3/31/2022	020809236	7740	04/13/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$477.81
	3/31/2022	020809232	7740	04/13/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$122.76
	3/31/2022	020809233	7740	04/13/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$116.84
							Totals for GALLS, LLC dba MILLER UNIFORMS:	\$28,214.49
GARDNER, KRISTIN	3/28/2022	GAR032822	7565	03/30/22	TUITION REIMBURSEMENT	10-025-58550	Tuition Reimbursement-Human	\$840.00
							Totals for GARDNER, KRISTIN:	\$840.00
GILLUM, LEE	3/30/2022	GIL*03302022	7650	04/06/22	Per Diem - Texas EMS Educator Summit (04/05/2022-(	10-009-53150	Conferences - Fees, Travel, & Meals-Dep	\$352.00
							Totals for GILLUM, LEE:	\$352.00
GLASS AND MIRROR OF THE WOODLANDS, I	3/14/2022	093281	7426	03/23/22	WINDSHIELD FOR SHOP 632	10-010-59000	Vehicle-Outside Services-Fleet	\$315.00
							Totals for GLASS AND MIRROR OF THE WOODLANDS, INC.:	\$315.00
GOODYEAR TIRE & RUBBER COMPANY	3/1/2022	294-1003902	111892	03/09/22	TAHOE TIRES RESTOCKING	10-010-59150	Vehicle-Tires-Fleet	\$979.12
	3/2/2022	294-1003907	112051	03/23/22	TAHOE TIRES FOR RESTOCKING	10-010-59150	Vehicle-Tires-Fleet	\$746.52
							Totals for GOODYEAR TIRE & RUBBER COMPANY:	\$1,725.64
GRIFFINS DOOR SERVICES LLC	3/4/2022	2022-126	7323	03/16/22	MAINTENANCE AND REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$3,396.00

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	3/4/2022	2022-127	7323	03/16/22	MAINTENANCE AND REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$12,808.00
	3/28/2022	2022-130	7690	04/13/22	MAINTENANCE AND REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$380.00
							Totals for GRIFFINS DOOR SERVICES LLC:	\$16,584.00
HEAT TRANSFER SOLUTIONS, INC.	3/16/2022	193701	112165	04/06/22	BAS CONTRACT-MARCH 2022	10-016-55650	Maintenance- Equipment-Facil	\$1,739.17
							Totals for HEAT TRANSFER SOLUTIONS, INC.:	\$1,739.17
HENRY SCHEIN, INC.-MATRX MEDICAL	3/1/2022	CM21533709			CREDIT	10-009-54000	Drug Supplies-Dept	(\$471.04)
	3/1/2022	17522367	7303	03/16/22	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$500.00
	3/1/2022	17366762	7250	03/09/22	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$359.68
	3/1/2022	17383194	7250	03/09/22	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$1,353.21
						10-008-53900	Disposable Medical Supplies-Mater	\$301.76
	3/1/2022	17368449	7250	03/09/22	DME SUPPLIES	10-008-54200	Durable Medical Equipment-Mater	\$605.00
	3/7/2022	17858292	7303	03/16/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$4,526.48
						10-009-54000	Drug Supplies-Dept	\$99.60
	3/1/2022	17022362	0	03/01/22	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$471.04
	3/23/2022	18511598	7692	04/13/22	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$359.68
	3/28/2022	18714114	7692	04/13/22	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$204.08
						10-008-53900	Disposable Medical Supplies-Mater	\$3,536.16
							Totals for HENRY SCHEIN, INC.-MATRX MEDICAL:	\$11,845.65
HERNANDEZ, OCTAVIANO	3/2/2022	425503	111893	03/09/22	REWELD BSI BRACKETS FOR MEPS GENERATO	10-010-59000	Vehicle-Outside Services-Fleet	\$200.00
							Totals for HERNANDEZ, OCTAVIANO:	\$200.00
HERRING, ASHTON	3/30/2022	HER033022	7566	03/30/22	MILEAGE REIMBURSEMENT 02/22/2022	10-007-56200	Mileage Reimbursements-EMS	\$9.07
							Totals for HERRING, ASHTON:	\$9.07
HJM CONSTRUCTION, LLC	3/1/2022	1	7248	03/09/22	PATIENT PROPERTY DAMAGE	10-016-53500	Customer Property Damage-Facil	\$381.53
	3/1/2022	2155	7333	03/16/22	LANDSCAPE MAINTENANCE SERVICE	10-004-55600	Maintenance & Repairs-Buildings-Radio	\$300.00
	3/1/2022	2154	7333	03/16/22	LANDSCAPE MAINTENANCE SERVICE	10-016-53330	Contractual Obligations- Other-Facil	\$1,024.80
	3/1/2022	2156	7333	03/16/22	LANDSCAPE MAINTENANCE SERVICE	10-016-53330	Contractual Obligations- Other-Facil	\$672.26
	3/1/2022	2157	7333	03/16/22	LANDSCAPE MAINTENANCE SERVICE	10-016-53330	Contractual Obligations- Other-Facil	\$312.42
	3/1/2022	2158	7333	03/16/22	LANDSCAPE MAINTENANCE SERVICE	10-016-53330	Contractual Obligations- Other-Facil	\$1,810.04
							Totals for HJM CONSTRUCTION, LLC:	\$4,501.05
HON, CALVIN	3/28/2022	HON*03282022	7567	03/30/22	Per Diem - Montgomery County Hospital District (04/1	10-015-53150	Conferences - Fees, Travel, & Meals-Info	\$81.00
							Totals for HON, CALVIN:	\$81.00
HUMBLE TEXAS SIGNS, LLC DBA HUMBLE S	3/11/2022	27293C	7315	03/16/22	FINAL/LOGO SIGN DESIGN, FAB & INSTALL	10-016-57750	Small Equipment & Furniture-Facil	\$1,008.90

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Totals for HUMBLE TEXAS SIGNS, LLC DBA HUMBLE SIGN CO.:								\$1,008.90
HURST, ROBERT GREGORY	3/10/2022	122	112053	03/23/22	VOICE OVER MCHD PROJECT	10-001-52950	Community Education-Admin	\$250.00
Totals for HURST, ROBERT GREGORY:								\$250.00
IMPAC FLEET	3/1/2022	SQLCD-741622	6694	03/11/22	FUEL PURCHASE FOR FEB 2022	10-010-54700	Fuel - Auto-Fleet	\$66,896.94
10-010-59100 Vehicle-Registration-Fleet								\$104.50
Totals for IMPAC FLEET:								\$67,001.44
INDEPENDENCE MEDICAL/CARDINALHEALT	3/1/2022	84688614	7344	03/16/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$1,517.80
3/1/2022 84726767 7344 03/16/22 MEDICAL SUPPLIES 10-008-53900 Disposable Medical Supplies-Mater								\$8.95
Totals for INDEPENDENCE MEDICAL/CARDINALHEALTH at HOME:								\$1,526.75
INDIGENT HEALTHCARE SOLUTIONS	3/2/2022	73418	7317	03/16/22	FEBRUARY 2022 POWER SEARCH SERVICES	10-002-57100	Professional Fees-HCAP	\$155.50
Totals for INDIGENT HEALTHCARE SOLUTIONS:								\$155.50
INSPIRECOM, INC.	3/1/2022	3320007001B	7427	03/23/22	ROBINSON RD TOWER LIGHTING/REISSUE 1110	10-004-57100	Professional Fees-Radio	\$7,200.00
Totals for INSPIRECOM, INC.:								\$7,200.00
INTERNATIONAL ACADEMY OF EMERGENC	3/1/2022	SIN302948	112110	03/30/22	EMD ACE RE-ACCREDITATION MAINTENANCE	10-006-57100	Professional Fees-Alarm	\$650.00
Totals for INTERNATIONAL ACADEMY OF EMERGENCY MEDICAL DISPATCH:								\$650.00
JACKSON, RICHARD	3/28/2022	JAC*03282022	7568	03/30/22	Per Diem - Montgomery County Hospital District (04/1	10-015-53150	Conferences - Fees, Travel, & Meals-Info	\$81.00
Totals for JACKSON, RICHARD:								\$81.00
JONES & CARTER, INC.	3/8/2022	00336819	7428	03/23/22	FAA TOWER LOCATION CERTIFICATES	10-004-57100	Professional Fees-Radio	\$750.00
Totals for JONES & CARTER, INC.:								\$750.00
JONES AND BARTLETT LEARNING, LLC	3/1/2022	432888	7569	03/30/22	BOOKS/MATERIALS	10-009-52600	Books/Materials-Dept	\$42.71
Totals for JONES AND BARTLETT LEARNING, LLC:								\$42.71
JP MORGAN CHASE BANK	3/5/2022	00036741 03.05.2022	6774	03/21/22	JPM CREDIT CARD TRANSACTIONS FOR MARCH	10-001-55900	Meals - Business and Travel-Admin	\$75.59
10-000-14900 Prepaid Expenses-BS								\$6,121.00
10-001-53050 Computer Software-Admin								\$76.49
10-001-54100 Dues/Subscriptions-Admin								\$240.95
10-001-55900 Meals - Business and Travel-Admin								\$37.21
10-001-58500 Training/Related Expenses-CE-Admin								\$249.00
10-001-58500 Training/Related Expenses-CE-Admin								(\$249.00)
10-004-53150 Conferences - Fees, Travel, & Meals-Radi								\$916.14

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						10-004-54100	Dues/Subscriptions-Radio	\$9.99
						10-004-57700	Shop Tools-Radio	\$24.98
						10-004-58500	Training/Related Expenses-CE-Radio	\$433.00
						10-007-54100	Dues/Subscriptions-EMS	\$0.99
						10-007-56100	Meeting Expenses-EMS	\$313.19
						10-008-54200	Durable Medical Equipment-Mater	\$1,718.00
						10-008-56900	Postage-Mater	\$583.20
						10-008-57900	Station Supplies-Mater	\$1,104.48
						10-000-14900	Prepaid Expenses-BS	\$11,155.00
						10-009-52700	Business Licenses-Dept	\$384.00
						10-009-54100	Dues/Subscriptions-Dept	\$1,200.00
						10-009-56300	Office Supplies-Dept	\$44.09
						10-009-58500	Training/Related Expenses-CE-Dept	\$1,208.40
						10-010-54100	Dues/Subscriptions-Fleet	\$3,864.00
						10-010-58600	Travel Expenses-Fleet	\$69.36
						10-010-59050	Vehicle-Parts-Fleet	\$372.15
						10-010-59100	Vehicle-Registration-Fleet	\$68.75
						10-015-53050	Computer Software-Infor	\$2,558.02
						10-015-57650	Repair-Equipment-Infor	\$49.00
						10-015-57750	Small Equipment & Furniture-Infor	\$404.40
						10-015-58310	Telephones-Service-Infor	\$116.99
						10-016-55600	Maintenance & Repairs-Buildings-Facil	\$2,551.80
						10-016-57700	Shop Tools-Facil	\$493.84
						10-016-57725	Shop Supplies-Facil	\$71.35
						10-016-58800	Utilities-Facil	\$7,836.79
						10-025-54350	Employee Health\Wellness-Human	\$121.31
						10-000-14900	Prepaid Expenses-BS	\$1,000.00
						10-025-57300	Recruit/Investigate-Human	\$66.47
						10-026-57100	Professional Fees-Recor	\$55.00
						10-000-14900	Prepaid Expenses-BS	\$200.00
						10-027-56100	Meeting Expenses-Emerg	\$46.00
						10-008-57650	Repair-Equipment-Mater	\$267.29
							Totals for JP MORGAN CHASE BANK:	\$45,859.22
KEATING NISSAN	3/18/2022	277288	112166	04/06/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$43.20
							Totals for KEATING NISSAN:	\$43.20
KEMCO SYSTEMS CO, LLC	3/16/2022	0303249-IN	7651	04/06/22	SEMI ANNUAL WATER TREATMENT	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$208.95
							Totals for KEMCO SYSTEMS CO, LLC:	\$208.95

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KENNETH DININO dba QUALITY COLLISION	3/29/2022	455	7570	03/30/22	REPLACE RT REAR DOOR 2017 TAHOE	10-010-52000	Accident Repair-Fleet	\$1,960.60
	Totals for KENNETH DININO dba QUALITY COLLISION:							\$1,960.60
KEY PERFORMANCE PETROLEUM	3/10/2022	1129781-22	7429	03/23/22	REEL, OIL HD HOSE	10-010-57750	Small Equipment & Furniture-Fleet	\$2,148.30
	3/18/2022	1130135-22	7571	03/30/22	DEF FLUID - NOXGUARD	10-010-54550	Fluids & Additives - Auto-Fleet	\$2,175.00
Totals for KEY PERFORMANCE PETROLEUM:							\$4,323.30	
KOLOR KOATED, INC.	3/1/2022	16498	7304	03/16/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$251.53
	3/23/2022	16502	7700	04/13/22	UNIFORMS/NAME PLATE	10-007-58700	Uniforms-EMS	\$16.53
	3/23/2022	16502B	7700	04/13/22	UNIFORMS/NAME PLATE	10-007-58700	Uniforms-EMS	\$33.06
Totals for KOLOR KOATED, INC.:							\$301.12	
LAFFERTY, DESTINY	3/16/2022	LAF031622	7343	03/16/22	UNIFORMS/BLINN PROGRAM	10-007-58700	Uniforms-EMS	\$87.74
	3/18/2022	LAF031822	7430	03/23/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$120.00
Totals for LAFFERTY, DESTINY:							\$207.74	
LEDWIG, ALBERT	3/14/2022	LED031422	7336	03/16/22	PER DIEM/EVT TESTING 03/19/22-03/20/22	10-010-58500	Training/Related Expenses-CE-Fleet	\$96.00
	3/22/2022	LED03222022	7431	03/23/22	MILEAGE REIMBURSEMENT/03/20/2022	10-010-56200	Mileage Reimbursements-Fleet	\$301.86
Totals for LEDWIG, ALBERT:							\$397.86	
LEE, KEVIN	3/14/2022	LEE031422	7337	03/16/22	PER DIEM/EVT TESTING 03/24/22-03/25/22	10-010-58500	Training/Related Expenses-CE-Fleet	\$96.00
	Totals for LEE, KEVIN:							\$96.00
LEXISNEXIS RISK DATA MGMT, INC	3/1/2022	1171610-20220228	111991	03/16/22	OFFICIAL RECORDS SEARCH 02/01/22-02/28/22	10-011-57100	Professional Fees-EMS B	\$929.00
	Totals for LEXISNEXIS RISK DATA MGMT, INC:							\$929.00
LIFE-ASSIST, INC.	3/1/2022	1180300	7345	03/16/22	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$607.60
	3/1/2022	1180534	7345	03/16/22	MEDICAL SUPPLIES	10-008-54200	Durable Medical Equipment-Mater	\$124.52
	3/1/2022	1181052	7345	03/16/22	MEDICAL SUPPLIES	10-008-54200	Durable Medical Equipment-Mater	\$235.68
	3/1/2022	1181049	7345	03/16/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$1,965.16
	3/1/2022	1181227	7345	03/16/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$20.64
	3/8/2022	1184312	7572	03/30/22	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$6,033.00
						10-008-53900	Disposable Medical Supplies-Mater	\$5,200.00
						10-008-53800	Disposable Linen-Mater	\$2,124.00
	3/9/2022	1185135	7572	03/30/22	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$1,216.25
	3/29/2022	1192038	7701	04/13/22	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Dept	\$427.68
						10-008-53900	Disposable Medical Supplies-Mater	\$10,068.28
Totals for LIFE-ASSIST, INC.:							\$28,022.81	

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LINEBARGER GOGGAN BLAIR & SAMPSON, I	3/1/2022	EMMOR 01-07-22	111897	03/09/22	GROSS COLLECTIONS DEC 2021	10-011-52900	Collection Fees-EMS B	\$2,477.68
	3/1/2022	EMMOR01 02.07.22	111897	03/09/22	GROSS COLLECTIONS JAN 2022	10-011-52900	Collection Fees-EMS B	\$6,864.18
Totals for LINEBARGER GOGGAN BLAIR & SAMPSON, LLP:								\$9,341.86
LUXURY AIR COMMERCIAL SERVICES	3/10/2022	1224	7319	03/16/22	REVERSING VALVE FOR TRANE MODULAR UNI	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$142.76
	Totals for LUXURY AIR COMMERCIAL SERVICES:								$142.76
LYTX, INC.	3/1/2022	5446625	7637	04/06/22	DRIVER SAFETY PROGRAM JAN 22 - DEC 22	10-010-55650	Maintenance- Equipment-Fleet	\$27,971.99
	Totals for LYTX, INC.:								$27,971.99
MANCIA, OSCAR	3/21/2022	MAN032122	7432	03/23/22	WELLNESS PROGRAM/GYM X 1	10-025-54350	Employee Health\Wellness-Human	\$25.00
	Totals for MANCIA, OSCAR:								$25.00
MCCLOSKEY, JESSICA	3/28/2022	MCC032822	7573	03/30/22	SETRAC DEPLOYMENT COVID 19 NAVASOTA 05	10-007-55900	Meals - Business and Travel-EMS	\$70.08
	Totals for MCCLOSKEY, JESSICA:								$70.08
MCCULLY, SCOTT	3/28/2022	MCC*03282022	7574	03/30/22	Per Diem - Texas APCO/NENA Conference (04/02/202	10-006-53150	Conferences - Fees, Travel, & Meals-Alar	\$212.00
	Totals for MCCULLY, SCOTT:								$212.00
MCKESSON GENERAL MEDICAL CORP.	3/1/2022	19121287	7298	03/16/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$273.78
	3/1/2022	19121315	7298	03/16/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$132.06
	3/31/2022	19229104	7703	04/13/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$526.52
Totals for MCKESSON GENERAL MEDICAL CORP.:								\$932.36
MCM TECHNOLOGY, INC.	3/8/2022	59092	7575	03/30/22	COMPUTER MAINTENANCE	10-004-53000	Computer Maintenance-Radio	\$5,250.00
	Totals for MCM TECHNOLOGY, INC.:								$5,250.00
MCMINN, JEREMY	3/14/2022	MCM031422	7338	03/16/22	PER DIEM/EVT TESTING 03/24/22-03/25/22	10-010-58500	Training/Related Expenses-CE-Fleet	\$96.00
	Totals for MCMINN, JEREMY:								$96.00
MED ONE EQUIPMENT SERVICES LLC	3/15/2022	ES14013	7433	03/23/22	ALARIS TUBING SET	10-008-53900	Disposable Medical Supplies-Mater	\$5,330.00
	Totals for MED ONE EQUIPMENT SERVICES LLC:								$5,330.00
MEDICAL REVIEW INSTITUTE OF AMERICA,	3/1/2022	954086	111993	03/16/22	MEDICAL REVIEW	10-002-55700	Management Fees-HCAP	\$282.42
	Totals for MEDICAL REVIEW INSTITUTE OF AMERICA, LLC:								$282.42
MEDLINE INDUSTRIES, INC	3/9/2022	2201349110	7313	03/16/22	FLEECE BLANKETS/DIPOSABLE PILLOWS	10-008-53800	Disposable Linen-Mater	\$2,873.55
	3/9/2022	2201349109	7434	03/23/22	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$239.19

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	3/31/2022	2204528873	7704	04/13/22	MEDICAL SUPPLIES/PILLOWS	10-008-53900	Disposable Medical Supplies-Mater	\$1,605.18
						10-008-53800	Disposable Linen-Mater	\$365.10
							Totals for MEDLINE INDUSTRIES, INC:	\$5,083.02
MICRO INTEGRATION & PROGRAMMING SOI	3/1/2022	222052	7576	03/30/22	ID CARD PRINTER	10-016-57750	Small Equipment & Furniture-Facil	\$1,849.00
	3/29/2022	222097	7705	04/13/22	ACCESS CONTROL BOARD - EAST COUNTY TOV	10-004-55650	Maintenance- Equipment-Radio	\$1,135.00
							Totals for MICRO INTEGRATION & PROGRAMMING SOLUTIONS, INC.:	\$2,984.00
MID-SOUTH SYNERGY	3/1/2022	313046001 02/24/22	111898	03/09/22	STATION 45 01/24/22-02/24/22	10-016-58800	Utilities-Facil	\$284.00
							Totals for MID-SOUTH SYNERGY:	\$284.00
MILLER TOWING & RECOVERY, LLC	3/11/2022	22-5522	112111	03/30/22	VEHICLE TOWING	10-010-59200	Vehicle-Towing-Fleet	\$600.00
	3/26/2022	22-5650	112255	04/13/22	VEHICLE TOWING	10-010-59200	Vehicle-Towing-Fleet	\$253.00
							Totals for MILLER TOWING & RECOVERY, LLC:	\$853.00
MOBILE ELECTRIC POWER SOLUTIONS, INC	3/7/2022	17529	112063	03/23/22	GENERATOR REPAIR	10-010-59000	Vehicle-Outside Services-Fleet	\$264.00
							Totals for MOBILE ELECTRIC POWER SOLUTIONS, INC dba MOBILE POWER:	\$264.00
MONTGOMERY CENTRAL APPRAISAL DISTR	3/1/2022	HMI 03/01/22	7404	03/16/22	SALES000000003592 QUARTERLY BILLING	10-001-53310	Contractual Obligations- County Appraisa	\$73,582.62
							Totals for MONTGOMERY CENTRAL APPRAISAL DISTRICT:	\$73,582.62
MONTGOMERY COUNTY COURTHOUSE (TUF	3/28/2022	20-52178	112112	03/30/22	ESTATE FILING FEE	10-011-55500	Legal Fees-EMS B	\$10.00
	3/28/2022	21-35557	112112	03/30/22	ESTATE FILING FEE	10-011-55500	Legal Fees-EMS B	\$10.00
	3/28/2022	21-21847	112112	03/30/22	ESTATE FILING FEE	10-011-55500	Legal Fees-EMS B	\$10.00
							Totals for MONTGOMERY COUNTY COURTHOUSE (TURNBULL):	\$30.00
MONTGOMERY COUNTY ESD # 1, (STN 12)	3/14/2022	APRIL 2022-206	7328	03/16/22	STATION 12 RENT	10-000-14900	Prepaid Expenses-BS	\$1,100.00
							Totals for MONTGOMERY COUNTY ESD # 1, (STN 12):	\$1,100.00
MONTGOMERY COUNTY ESD #1 (STN 13)	3/14/2022	APRIL 2022-059	7331	03/16/22	STATION 13 RENT	10-000-14900	Prepaid Expenses-BS	\$1,100.00
							Totals for MONTGOMERY COUNTY ESD #1 (STN 13):	\$1,100.00
MONTGOMERY COUNTY ESD #10, STN 42	3/14/2022	APRIL 2022-182	111996	03/16/22	STATION 42 RENT	10-000-14900	Prepaid Expenses-BS	\$950.00
							Totals for MONTGOMERY COUNTY ESD #10, STN 42:	\$950.00
MONTGOMERY COUNTY ESD #2	3/14/2022	APRIL 2022-039	7332	03/16/22	STATION 47 RENT	10-000-14900	Prepaid Expenses-BS	\$1,000.00
	3/14/2022	APRIL 2022-005	7332	03/16/22	STATION 44 RENT	10-000-14900	Prepaid Expenses-BS	\$1,500.00
							Totals for MONTGOMERY COUNTY ESD #2:	\$2,500.00

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MONTGOMERY COUNTY ESD #6, STN 34 & 35	3/14/2022	APRIL 2022-205	111997	03/16/22	STATION 34 AND 35 RENT	10-000-14900	Prepaid Expenses-BS	\$2,400.00
Totals for MONTGOMERY COUNTY ESD #6, STN 34 & 35:								\$2,400.00
MONTGOMERY COUNTY ESD #8, STN 21/22	3/14/2022	APRIL 2022-207	111998	03/16/22	STATION 21 & 22 RENT	10-000-14900	Prepaid Expenses-BS	\$1,600.00
Totals for MONTGOMERY COUNTY ESD #8, STN 21/22:								\$1,600.00
MONTGOMERY COUNTY ESD #9, STN 33	3/14/2022	APRIL 2022-203	7329	03/16/22	STATION 33 RENT	10-000-14900	Prepaid Expenses-BS	\$850.00
Totals for MONTGOMERY COUNTY ESD #9, STN 33:								\$850.00
MONTGOMERY COUNTY ESD#3 (STNT 46)	3/14/2022	APRIL 2022-086	7330	03/16/22	RENT STATION 46	10-000-14900	Prepaid Expenses-BS	\$600.00
Totals for MONTGOMERY COUNTY ESD#3 (STNT 46):								\$600.00
MOSLEY FIRE AND SAFETY, INC	3/23/2022	11827	7711	04/13/22	FIRE EXTINGUISHER MAINTENANCE TAGS	10-008-57650	Repair-Equipment-Mater	\$65.00
Totals for MOSLEY FIRE AND SAFETY, INC:								\$65.00
MOSLEY, TYLER	3/29/2022	MOS*03292022	7577	03/30/22	Mileage - (02/23/2022 - 02/23/2022)	10-015-56200	Mileage Reimbursements-Infor	\$7.14
Totals for MOSLEY, TYLER:								\$7.14
MUD #39	3/2/2022	10000901 02/25/22	6695	03/02/22	STATION 20 01/20/22-02/21/22	10-016-58800	Utilities-Facil	\$346.32
Totals for MUD #39:								\$346.32
NAPA AUTO PARTS	3/2/2022	420511	111999	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$107.00
	3/1/2022	420285	111999	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$42.80
	3/1/2022	420313	111999	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$643.78
	3/2/2022	420557	111999	03/16/22	VEHICLE PARTS/FLUIDS	10-010-59050	Vehicle-Parts-Fleet	\$353.85
						10-010-54550	Fluids & Additives - Auto-Fleet	\$55.98
	3/16/2022	422095	112169	04/06/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,162.50
	3/15/2022	422006	112169	04/06/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$274.89
	3/25/2022	423116	112260	04/13/22	VEHICLE PARTS/SHOP SUPPLIES	10-010-59050	Vehicle-Parts-Fleet	\$509.91
						10-010-57725	Shop Supplies-Fleet	\$22.80
	3/29/2022	423613	112260	04/13/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$99.57
Totals for NAPA AUTO PARTS:								\$3,273.08
NATIONWIDE INSURANCE DVM INSURANCE	3/1/2022	DVM031522	7255	03/09/22	VETERINARY PET INSURANCE GROUP 4620/FEB	10-000-21590	P/R-Premium Cancer/Accident-BS	\$2,584.76
Totals for NATIONWIDE INSURANCE DVM INSURANCE AGENCY (PET):								\$2,584.76
NETWORK TECHNOLOGIES INC	3/9/2022	248199	112001	03/16/22	RACK MOUNTED ENVIRONMENTAL MONITORING	10-004-57750	Small Equipment & Furniture-Radio	\$999.00
Totals for NETWORK TECHNOLOGIES INC:								\$999.00

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NEW CANEY MUD	3/1/2022	1042826200 02/28/22	111901	03/09/22	STATION 30 01/20/22-02/16/22	10-016-58800	Utilities-Facil	\$53.58
	3/31/2022	1042826200 03/31/22	112261	04/13/22	STATION 30 02/17/22-03/18/22	10-016-58800	Utilities-Facil	\$44.87
							Totals for NEW CANEY MUD:	\$98.45
NEW LONDON TECHNOLOGY, INC.	3/1/2022	AI-0114	111902	03/09/22	PA REPAIR	10-004-57200	Radio Repairs - Outsourced (Depot)-Radi	\$117.83
	3/15/2022	AI-0217	112170	04/06/22	PA REPAIR	10-004-57200	Radio Repairs - Outsourced (Depot)-Radi	\$117.00
							Totals for NEW LONDON TECHNOLOGY, INC.:	\$234.83
NEWBART PRODUCTS, INC.	3/28/2022	296787	7712	04/13/22	COMPUTER SUPPLIES	10-002-53100	Computer Supplies/Non-Cap.-HCAP	\$385.00
							Totals for NEWBART PRODUCTS, INC.:	\$385.00
NORTHWEST TEMPERATURE SOLUTIONS dba	3/2/2022	0000038692	7653	04/06/22	PUBLIC HEALTH VACCINE REFRIGERATOR REP	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$168.00
							Totals for NORTHWEST TEMPERATURE SOLUTIONS dba NORTHWEST REFRIGERATION:	\$168.00
OPTIMUM COMPUTER SOLUTIONS, INC.	3/1/2022	INV0000105792	7243	03/09/22	NETWORK SWITCHES	10-004-57750	Small Equipment & Furniture-Radio	\$3,724.00
	3/1/2022	INV0000105791	7243	03/09/22	NETWORK SWITCHES	10-015-57750	Small Equipment & Furniture-Infor	\$2,978.00
	3/1/2022	INV0000105815	7259	03/09/22	SERVICE LABOR	10-015-57100	Professional Fees-Infor	\$9,918.75
	3/1/2022	INV0000105581	7578	03/30/22	PROGRAMMING/SERVICE LABOR	10-015-57100	Professional Fees-Infor	\$9,142.50
	3/6/2022	INV0000106164	7638	04/06/22	SERVICE LABOR	10-015-57100	Professional Fees-Infor	\$7,963.75
	3/13/2022	INV0000106165	7638	04/06/22	SERVICE LABOR	10-015-57100	Professional Fees-Infor	\$8,797.50
	3/20/2022	INV0000106255	7654	04/06/22	SERVICE LABOR	10-015-57100	Professional Fees-Infor	\$7,820.00
	3/1/2022	INV0000106052	7638	04/06/22	SERVICE LABOR	10-015-57100	Professional Fees-Infor	\$8,855.00
							Totals for OPTIMUM COMPUTER SOLUTIONS, INC.:	\$59,199.50
OPTIQUEST INTERNET SERVICES, INC.	3/4/2022	77816	7257	03/09/22	REMOTE APPLICATION MONTHLY FEES - PARA	10-015-53050	Computer Software-Infor	\$429.60
	3/1/2022	77721	7435	03/23/22	REGISTRATION/RENEWAL - SSL CERTIFICATE	10-015-52700	Business Licenses-Infor	\$65.00
							Totals for OPTIQUEST INTERNET SERVICES, INC.:	\$494.60
O'REILLY AUTO PARTS	3/1/2022	0408-255945	7299	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$25.99
	3/3/2022	0408-257268	7299	03/16/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$751.74
	3/9/2022	0408-259921	7436	03/23/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$130.12
	3/10/2022	0408-260299	7579	03/30/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$28.26
	3/23/2022	0408-265892	7716	04/13/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$74.95
	3/21/2022	0408-264906	7716	04/13/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$170.16
	3/22/2022	0408-265478	7716	04/13/22	VEHICLE PARTS/FLUIDS & ADDITIVES	10-010-59050	Vehicle-Parts-Fleet	\$129.00
						10-010-54550	Fluids & Additives - Auto-Fleet	\$95.96
	3/25/2022	0408-266581	7716	04/13/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$34.93
								Totals for O'REILLY AUTO PARTS:

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ORR SAFETY CORPORATION	3/1/2022	INV5676291	7339	03/16/22	PRESCRIPTION EYEWEAR - E. MILLER	10-008-58700	Uniforms-Mater	\$150.00	
	3/1/2022	INV5676289	7339	03/16/22	PRESCRIPTION EYEWEAR - L. HEATH	10-008-58700	Uniforms-Mater	\$150.00	
							Totals for ORR SAFETY CORPORATION:	\$300.00	
O-TWO MEDICAL TECHNOLOGIES INC.	3/15/2022	INV-018940	112175	04/06/22	SERVICE FOR VENTILATOR	10-008-57650	Repair-Equipment-Mater	\$201.00	
								Totals for O-TWO MEDICAL TECHNOLOGIES INC.:	\$201.00
PAGING & WIRELESS SERVICE CENTER	3/1/2022	62796	111909	03/09/22	MINITOR 5 REPAIR PLUS RESET BUTTON	10-004-57200	Radio Repairs - Outsourced (Depot)-Radio	\$294.50	
	3/1/2022	62773	111909	03/09/22	MINITOR 5 BATTERY PACK	10-004-57225	Radio - Parts-Radio	\$249.50	
							Totals for PAGING & WIRELESS SERVICE CENTER:	\$544.00	
PANORAMA, CITY OF	3/24/2022	1020159006 03/24/22	112176	04/06/22	STATION 14 02/24/22-03/24/22	10-016-58800	Utilities-Facil	\$80.56	
								Totals for PANORAMA, CITY OF:	\$80.56
PERRY, BRYAN	3/28/2022	PER*03282022	7580	03/30/22	Per Diem - Texas EMS Educator Summit (04/07/2022-(	10-009-53150	Conferences - Fees, Travel, & Meals-Depo	\$160.00
								Totals for PERRY, BRYAN:	\$160.00
PITNEY BOWES INC (POB 371874)postage	3/16/2022	04765611 03/02/22	112066	03/23/22	ACCT #8000-9090-0476-5611 03/02/22	10-008-56900	Postage-Mater	\$1,005.00	
								Totals for PITNEY BOWES INC (POB 371874)postage:	\$1,005.00
PROFESSIONAL AMBULANCE SALES & SERV	3/29/2022	5408	7719	04/13/22	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,714.20	
							10-010-59050	Vehicle-Parts-Fleet	\$25.00
								Totals for PROFESSIONAL AMBULANCE SALES & SERVICE, LLC dba SERVS:	\$1,739.20
PROMOTION CAPITAL LLC dba CORE IMAGE	3/1/2022	CIG-156692	7581	03/30/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$650.00	
								Totals for PROMOTION CAPITAL LLC dba CORE IMAGE GROUP:	\$650.00
QUEST DIAGNOSTIC	3/1/2022	9196831636	111910	03/09/22	EMPLOYEE TESTING 12/30/21-01/10/22	10-027-57300	Recruit/Investigate-Emerg	\$137.24	
	3/1/2022	9197367674	111910	03/09/22	EMPLOYEE TESTING 02/01/22-02/18/22	10-027-57300	Recruit/Investigate-Emerg	\$2,262.95	
							Totals for QUEST DIAGNOSTIC:	\$2,400.19	
RAYBURN, SHELENE	3/21/2022	RAY032122	7437	03/23/22	TUITION REIMBURSEMENT	10-025-58550	Tuition Reimbursement-Human	\$2,907.28	
								Totals for RAYBURN, SHELENE:	\$2,907.28
REED CLAYMON MEEKER & HARGETT PLLC	3/1/2022	25037	7582	03/30/22	LEGAL FEES 01/14/22	10-001-55500	Legal Fees-Admin	\$133.50	
	3/14/2022	25255	7655	04/06/22	LEGAL FEES 02/16/22	10-001-55500	Legal Fees-Admin	\$180.00	
							Totals for REED CLAYMON MEEKER & HARGETT PLLC:	\$313.50	
RELIANT ENERGY	3/8/2022	319000936468	6716	03/08/22	STATION 40 01/31/22-03/01/22	10-016-58800	Utilities-Facil	\$379.58	

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	3/8/2022	142004719912	6717	03/08/22	STATION 27 01/30/22-02/28/22	10-016-58800	Utilities-Facil	\$573.61
	3/8/2022	114009791312	6718	03/08/22	MAGNOLIA TOWER 02/01/22-02/28/22	10-004-58800	Utilities-Radio	\$545.51
	3/15/2022	111036230019	6719	03/15/22	MAGNOLIA TOWER SECURITY 01/31/22-03/01/22	10-004-58800	Utilities-Radio	\$367.02
	3/15/2022	149004532160	6720	03/15/22	STATION 41 02/02/22-03/03/22	10-016-58800	Utilities-Facil	\$723.61
	3/25/2022	365000651045	6760	03/25/22	STATION 40 OUTDOOR LIGHTING	10-016-58800	Utilities-Facil	\$59.64
							Totals for RELIANT ENERGY:	\$2,648.97
ROGUE WASTE RECOVERY & ENVIRONMEN	3/22/2022	11350A	7583	03/30/22	WASTE REMOVAL - FLEET	10-010-54800	Hazardous Waste Removal-Fleet	\$35.00
							Totals for ROGUE WASTE RECOVERY & ENVIRONMENTAL, INC:	\$35.00
ROTARY CLUB OF THE WOODLANDS	3/1/2022	ROT030122	7301	03/16/22	QUARTERLY DUES - 4TH QTR APR-JUN 2022	10-001-54100	Dues/Subscriptions-Admin	\$280.00
							Totals for ROTARY CLUB OF THE WOODLANDS:	\$280.00
S.A.F.E. DRUG TESTING	3/1/2022	1151361	7296	03/16/22	EMPLOYEE DRUG TESTING 01/30/22-02/28/22	10-025-57300	Recruit/Investigate-Human	\$1,205.00
							Totals for S.A.F.E. DRUG TESTING:	\$1,205.00
SAFETY GLASSES USA	3/1/2022	5241521	112004	03/16/22	SAFETY GLASSES - SMALL	10-008-53900	Disposable Medical Supplies-Mater	\$2,142.00
							Totals for SAFETY GLASSES USA:	\$2,142.00
SAFETY-KLEEN CORP.	3/1/2022	88439398	7340	03/16/22	PARTS CLEANER - FLEET	10-010-54500	Equipment Rental-Fleet	\$227.57
							Totals for SAFETY-KLEEN CORP.:	\$227.57
SAN JACINTO COUNTY, TEXAS	3/28/2022	21-32085	112113	03/30/22	ESTATE FILING FEE	10-011-55500	Legal Fees-EMS B	\$10.00
							Totals for SAN JACINTO COUNTY, TEXAS:	\$10.00
SCHAEFFER MANUFACTURING COMPANY	3/11/2022	CRJ3796-INV1	7584	03/30/22	OIL & LUBRICANTS	10-010-56400	Oil & Lubricants-Fleet	\$2,653.76
	3/30/2022	CRJ3814-INV1	7722	04/13/22	TRANSMISSION FLUID	10-010-56400	Oil & Lubricants-Fleet	\$2,459.92
							Totals for SCHAEFFER MANUFACTURING COMPANY:	\$5,113.68
SCROGGINS, ANDREW	3/14/2022	SCR031422	7316	03/16/22	ACLS & PALS/PHTLS REIMBURSEMENT	10-025-58550	Tuition Reimbursement-Human	\$350.26
							Totals for SCROGGINS, ANDREW:	\$350.26
SHAW, JACOB THOMAS	3/21/2022	SHA*03212022	7438	03/23/22	Per Diem - Echelon Front Muster (03/23/2022-03/25/20	10-007-58500	Training/Related Expenses-CE-EMS	\$128.00
							Totals for SHAW, JACOB THOMAS:	\$128.00
SOLARWINDS, INC	3/9/2022	IN552476	112005	03/16/22	COMPUTER SOFTWARE	10-015-53050	Computer Software-Infor	\$12,304.00
							Totals for SOLARWINDS, INC:	\$12,304.00
SPARKLETTS AND SIERRA SPRINGS	3/1/2022	3677798 022222	111912	03/09/22	ACCT #21767323677798	10-008-57900	Station Supplies-Mater	\$80.06

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						10-008-57900	Station Supplies-Mater	\$49.40
						10-008-57900	Station Supplies-Mater	\$54.51
						10-008-57900	Station Supplies-Mater	\$49.40
						10-008-57900	Station Supplies-Mater	\$3.41
						10-008-57900	Station Supplies-Mater	\$69.84
						10-008-57900	Station Supplies-Mater	\$23.85
						10-008-57900	Station Supplies-Mater	\$18.74
						10-008-57900	Station Supplies-Mater	\$39.18
						10-008-57900	Station Supplies-Mater	\$13.63
						10-008-57900	Station Supplies-Mater	\$39.18
						10-008-57900	Station Supplies-Mater	\$34.32
						10-008-57900	Station Supplies-Mater	\$6.82
						10-008-57900	Station Supplies-Mater	\$13.63
						10-008-57900	Station Supplies-Mater	\$3.41
						10-008-57900	Station Supplies-Mater	\$68.14
						10-008-57900	Station Supplies-Mater	\$18.74
						10-008-57900	Station Supplies-Mater	\$3.41
						10-008-57900	Station Supplies-Mater	\$90.56
						10-008-57900	Station Supplies-Mater	\$13.91
						10-008-57900	Station Supplies-Mater	\$18.74
						10-008-57900	Station Supplies-Mater	\$51.10
						10-008-57900	Station Supplies-Mater	\$51.10
						10-008-57900	Station Supplies-Mater	\$13.63
						10-008-57900	Station Supplies-Mater	\$44.29
						10-008-57900	Station Supplies-Mater	\$42.59
						10-008-57900	Station Supplies-Mater	\$18.75
						10-008-57900	Station Supplies-Mater	\$18.74
	3/22/2022	3677798 032222	112265	04/13/22	ACCT #21767323677798	10-008-57900	Station Supplies-Mater	\$34.07
						10-008-57900	Station Supplies-Mater	\$80.06
						10-008-57900	Station Supplies-Mater	\$28.96
						10-008-57900	Station Supplies-Mater	\$18.74
						10-008-57900	Station Supplies-Mater	\$3.41
						10-008-57900	Station Supplies-Mater	\$17.43
						10-008-57900	Station Supplies-Mater	\$100.50
						10-008-57900	Station Supplies-Mater	\$49.40
						10-008-57900	Station Supplies-Mater	\$39.18
						10-008-57900	Station Supplies-Mater	\$59.62
						10-008-57900	Station Supplies-Mater	\$18.74
						10-008-57900	Station Supplies-Mater	\$13.63

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						10-008-57900	Station Supplies-Mater	\$39.18
						10-008-57900	Station Supplies-Mater	\$34.08
						10-008-57900	Station Supplies-Mater	\$17.04
						10-008-57900	Station Supplies-Mater	\$23.85
						10-008-57900	Station Supplies-Mater	\$13.91
						10-008-57900	Station Supplies-Mater	\$80.34
						10-008-57900	Station Supplies-Mater	\$29.24
						10-008-57900	Station Supplies-Mater	\$22.15
						10-008-57900	Station Supplies-Mater	\$39.18
						10-008-57900	Station Supplies-Mater	\$20.44
						10-008-57900	Station Supplies-Mater	\$18.74
						10-008-57900	Station Supplies-Mater	\$23.85
						10-008-57900	Station Supplies-Mater	\$18.74
						10-008-57900	Station Supplies-Mater	\$13.63
						10-008-57900	Station Supplies-Mater	\$39.18
						10-008-57900	Station Supplies-Mater	\$37.48
						Totals for SPARKLETTS AND SIERRA SPRINGS:		<u>\$1,887.85</u>
SPLENDORA, CITY OF	3/10/2022	2013901000 02/24/22	6721	03/10/22	STATION 31 01/26/22-02/24/22	10-016-58800	Utilities-Facil	\$8.50
						Totals for SPLENDORA, CITY OF:		<u>\$8.50</u>
STANLEY LAKE M.U.D.	3/1/2022	00009834 02/28/22	111913	03/09/22	STATION 43 01/25/22-02/25/22 REG COMMERCIAL	10-016-58800	Utilities-Facil	\$52.72
	3/1/2022	00009836 02/28/22	111913	03/09/22	STATION 43 01/25/22-02/25/22 SPRINKLER SYSTE	10-016-58800	Utilities-Facil	\$4.31
	3/29/2022	00009834 03/29/22	112178	04/06/22	STATION 43 02/25/22-03/25/22 REG COMMERCIAL	10-016-58800	Utilities-Facil	\$246.59
	3/29/2022	00009836 03/29/22	112178	04/06/22	STATION 43 02/25/22-03/25/22 SPRINKLER SYSTE	10-016-58800	Utilities-Facil	\$3.74
						Totals for STANLEY LAKE M.U.D.:		<u>\$307.36</u>
STERICYCLE, INC	3/4/2022	4010699060	6696	03/04/22	ACCT #2055356	10-008-52500	Bio-Waste Removal-Mater	\$69.38
						10-008-52500	Bio-Waste Removal-Mater	\$1,139.22
						10-008-52500	Bio-Waste Removal-Mater	\$69.38
						10-008-52500	Bio-Waste Removal-Mater	\$69.38
						10-008-52500	Bio-Waste Removal-Mater	\$320.25
						10-008-52500	Bio-Waste Removal-Mater	\$80.06
						10-008-52500	Bio-Waste Removal-Mater	\$69.38
						10-008-52500	Bio-Waste Removal-Mater	\$80.06
						10-008-52500	Bio-Waste Removal-Mater	\$69.38
						10-008-52500	Bio-Waste Removal-Mater	\$160.13
						10-008-52500	Bio-Waste Removal-Mater	\$69.38
						10-008-52500	Bio-Waste Removal-Mater	\$69.38

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						10-008-52500	Bio-Waste Removal-Mater	\$69.38
						10-008-52500	Bio-Waste Removal-Mater	\$69.38
						10-008-52500	Bio-Waste Removal-Mater	\$69.38
						10-008-52500	Bio-Waste Removal-Mater	\$80.06
						10-008-52500	Bio-Waste Removal-Mater	\$80.06
						10-008-52500	Bio-Waste Removal-Mater	\$69.38
						10-008-52500	Bio-Waste Removal-Mater	\$69.38
						10-008-52500	Bio-Waste Removal-Mater	\$106.75
						10-008-52500	Bio-Waste Removal-Mater	\$80.06
						10-008-52500	Bio-Waste Removal-Mater	\$69.38
						10-008-52500	Bio-Waste Removal-Mater	\$69.38
						10-008-52500	Bio-Waste Removal-Mater	\$66.08
						10-008-52500	Bio-Waste Removal-Mater	\$69.38
							Totals for STERICYCLE, INC:	\$3,233.43
STRYKER SALES CORPORATION	3/1/2022	3684237M	7242	03/09/22	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$785.24
	3/15/2022	3704089M	7658	04/06/22	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$902.70
	3/18/2022	3708188M	7657	04/06/22	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$1,672.68
						10-008-54200	Durable Medical Equipment-Mater	\$93.11
							Totals for STRYKER SALES CORPORATION:	\$3,453.73
SUDDENLINK	3/10/2022	104249-01-0 03/01/22	6722	03/10/22	STATION 30 03/01/22-03/31/22	10-015-58310	Telephones-Service-Infor	\$177.68
	3/10/2022	109949-01-3 03/01/22	6723	03/10/22	STATION 13 03/01/22-03/31/22	10-016-58800	Utilities-Facil	\$64.90
						10-015-58310	Telephones-Service-Infor	\$104.95
	3/10/2022	327463-07-7 03/02/22	6724	03/10/22	STATION 15 03/02/22-04/01/22	10-016-58800	Utilities-Facil	\$76.65
	3/25/2022	133511-01-0 03/21/22	6761	03/25/22	STATION 14 03/21/22-04/20/22	10-016-58800	Utilities-Facil	\$115.25
	3/25/2022	128957-01-3 03/21/22	6762	03/25/22	ADMIN 03/21/22-04/20/22	10-016-58800	Utilities-Facil	\$212.68
							Totals for SUDDENLINK:	\$752.11
SVATEK, DARRELL	3/21/2022	SVA032122	7439	03/23/22	WELLNESS PROGRAM/MASSAGE X 2	10-025-54350	Employee Health\Wellness-Human	\$50.00
							Totals for SVATEK, DARRELL:	\$50.00
SYMBOLARTS, LLC	3/30/2022	0426691-IN	112268	04/13/22	CHALLENGE COINS	10-007-54450	Employee Recognition-EMS	\$1,731.25
							Totals for SYMBOLARTS, LLC:	\$1,731.25
TARGETSOLUTIONS LEARNING (CENTRELEA	3/28/2022	PYMT20154			CREDIT	10-009-58500	Training/Related Expenses-CE-Dept	(\$9.00)
	3/28/2022	INV44124	7726	04/13/22	RECORDS MANAGEMENT PACKAGE 04/09/22-05/	10-009-58500	Training/Related Expenses-CE-Dept	\$6,870.49
							Totals for TARGETSOLUTIONS LEARNING (CENTRELEARN SOLUTIONS, LLC):	\$6,861.49

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TAYLOR, VIVIANA	3/22/2022	TAY03222022	7440	03/23/22	UNIFORMS	10-007-58700	Uniforms-EMS	\$232.74
							Totals for TAYLOR, VIVIANA:	\$232.74
TCDRS	3/15/2022	TCD031522	6725	03/15/22	TCDRS TRANSMISSON FEBRUARY 2022	10-000-21650	TCDRS Defined Benefit Plan-BS	\$153,813.79
						10-000-21650	TCDRS Defined Benefit Plan-BS	\$208,747.45
							Totals for TCDRS:	\$362,561.24
TEXAS AIR FILTRATION INC.	3/1/2022	77126	7342	03/16/22	AIR FILTERS FOR PREVENTATIVE MAINTENAN	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$519.78
							Totals for TEXAS AIR FILTRATION INC.:	\$519.78
TEXAS DEPARTMENT OF LICENSING & REGUL	3/9/2022	TEX030922	111915	03/09/22	ADMIN & SERVICE CENTER ELEVATOR LICENS	10-016-52700	Business Licenses-Facil	\$40.00
							Totals for TEXAS DEPARTMENT OF LICENSING & REGULATION:	\$40.00
TEXAS DEPARTMENT OF STATE HEALTH SEI	3/9/2022	TEX030922	111915	03/09/22	RENEW EMS PROVIDER'S LICENSE 8030-14790	10-007-52700	Business Licenses-EMS	\$8,970.00
	3/9/2022	TEX030922B	6746	03/09/22	RENEW EMS PROVIDER'S LICENSE 8030-14790	10-007-52700	Business Licenses-EMS	\$180.00
							Totals for TEXAS DEPARTMENT OF STATE HEALTH SERVICES (5425 POLK):	\$9,150.00
TEXAS MUTUAL INSURANCE COMPANY	3/11/2022	1003455276	6727	03/11/22	PERIOD 11/01/21-02/01/22	10-025-59350	Worker's Compensation Insurance-Humar	\$87,349.00
							Totals for TEXAS MUTUAL INSURANCE COMPANY:	\$87,349.00
THE WOODLANDS TOWNSHIP (23/24/29)	3/14/2022	APRIL 2022-202	112008	03/16/22	STATION 23, 24, & 29 RENT	10-000-14900	Prepaid Expenses-BS	\$1,000.00
						10-000-14900	Prepaid Expenses-BS	\$1,000.00
						10-000-14900	Prepaid Expenses-BS	\$1,000.00
							Totals for THE WOODLANDS TOWNSHIP (23/24/29):	\$3,000.00
TK ELEVATOR CORPORATION	3/1/2022	3006473724	7341	03/16/22	ELEVATOR PREVENTATIVE MAINTENANCE 03/1	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,752.48
	3/14/2022	6000566513	7585	03/30/22	ANNUAL ELEVATOR INSPECTIONS - SC & ADMI	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$900.00
							Totals for TK ELEVATOR CORPORATION:	\$2,652.48
TOYOTA LIFT OF HOUSTON	3/15/2022	147319486	7659	04/06/22	EQUIPMENT REPAIR	10-010-57650	Repair-Equipment-Fleet	\$129.21
							Totals for TOYOTA LIFT OF HOUSTON:	\$129.21
TRANSUNION RISK & ALTERNATIVE DATASOL	3/1/2022	6130832-202202-1	112187	04/06/22	02/01/22-02/28/22	10-002-57100	Professional Fees-HCAP	\$300.00
							Totals for TRANSUNION RISK & ALTERNATIVE DATASOLUTIONS, INC.:	\$300.00
TROPHY HOUSE	3/10/2022	33938	112114	03/30/22	10 YEAR SERVICE AWARD/EMPLOYEE OF THE	10-025-54450	Employee Recognition-Human	\$73.50
	3/24/2022	33940	112114	03/30/22	NAME PLATE - L. VASQUEZ	10-008-57000	Printing Services-Mater	\$12.50
							Totals for TROPHY HOUSE:	\$86.00

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TRUGREEN	3/12/2022	153755318	112150	04/06/22	VEGETATION CONTROL - MAGNOLIA TOWER	10-004-55600	Maintenance & Repairs-Buildings-Radio	\$423.68
	3/12/2022	153755291	112150	04/06/22	VEGETATION CONTROL - ROBINSON RD TOWE	10-004-55600	Maintenance & Repairs-Buildings-Radio	\$314.72
	3/12/2022	153755303	112150	04/06/22	VEGETATION CONTROL - GRANGERLAND TOW	10-004-55600	Maintenance & Repairs-Buildings-Radio	\$314.73
	3/12/2022	153755307	112150	04/06/22	VEGETATION CONTROL - CONROE SERVICE CE	10-004-55600	Maintenance & Repairs-Buildings-Radio	\$314.72
	3/11/2022	153750306	112150	04/06/22	VEGETATION CONTORL - EAST COUNTY TOWE	10-004-55600	Maintenance & Repairs-Buildings-Radio	\$314.77
	3/12/2022	153755314	112150	04/06/22	VEGETATION CONTROL - THOMPSON RD TOWE	10-004-55600	Maintenance & Repairs-Buildings-Radio	\$314.73
	Totals for TRUGREEN:								$1,997.35
ULINE	3/23/2022	146695133	7728	04/13/22	WORKSTATION CHAIR MAT (7)	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$810.86
	Totals for ULINE:								$810.86
VALIC COLLECTIONS	3/4/2022	VAL030422	6697	03/04/22	EMPLOYEE CONTRIBUTIONS FOR 03/04/22	10-000-21600	Employee Deferred Comp.-BS	\$10,269.02
	3/21/2022	VAL032122	6779	03/21/22	EMPLOYEE CONTRIBUTIONS FOR 03/21/22	10-000-21600	Employee Deferred Comp.-BS	\$11,963.46
	Totals for VALIC COLLECTIONS:								$22,232.48
VERIZON WIRELESS (POB 660108)	3/9/2022	9901446956	112074	03/23/22	ACCOUNT # 920161350-00001 FEB 10 - MAR 09	10-001-58200	Telephones-Cellular-Admin	\$1,186.73
						10-002-58200	Telephones-Cellular-HCAP	\$120.57
						10-004-58200	Telephones-Cellular-Radio	\$238.94
						10-005-58200	Telephones-Cellular-Accou	\$40.19
						10-006-58200	Telephones-Cellular-Alarm	\$317.12
						10-007-58200	Telephones-Cellular-EMS	\$983.08
						10-008-58200	Telephones-Cellular-Mater	\$200.95
						10-009-58200	Telephones-Cellular-Dept	\$238.94
						10-010-58200	Telephones-Cellular-Fleet	\$80.38
						10-015-58200	Telephones-Cellular-Infor	\$7,616.84
						10-016-58200	Telephones-Cellular-Facil	\$312.72
						10-025-58200	Telephones-Cellular-Human	\$80.38
						10-027-58200	Telephones-Cellular-Emerg	\$116.17
						10-039-58200	Telephones-Cellular-Commu	\$348.51
						10-045-58200	Telephones-Cellular-EMS Q	\$198.75
10-011-58200	Telephones-Cellular-EMS B	\$78.18						
Totals for VERIZON WIRELESS (POB 660108):								\$12,158.45
WARD, BRADLEY	3/30/2022	WAR033022	7586	03/30/22	PER DIEM/AMERICAN COLLEGE EXPO 04/01/22-(	10-045-53150	Conferences - Fees, Travel, & Meals-EMS	\$276.50
						Totals for WARD, BRADLEY:							$276.50
WASTE MANAGEMENT OF TEXAS	3/14/2022	5756873-1792-6	6728	03/14/22	STATION 27 03/01/22-03/31/22	10-016-58800	Utilities-Facil	\$95.81
	3/14/2022	5756118-1792-6	6728	03/14/22	STATION 43 03/01/22-03/31/22	10-016-58800	Utilities-Facil	\$98.00
	3/14/2022	5756719-1792-1	6728	03/14/22	STATION 14 03/01/22-03/31/22	10-016-58800	Utilities-Facil	\$46.15

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	3/14/2022	5756120-1792-2	6728	03/14/22	STATION 41 03/01/22-03/31/22	10-016-58800	Utilities-Facil	\$97.81
	3/14/2022	5755573-1792-3	6728	03/14/22	VARIOUS STATIONS 03/01/22-03/31/22	10-016-58800	Utilities-Facil	\$91.98
						10-016-58800	Utilities-Facil	\$89.31
						10-016-58800	Utilities-Facil	\$8.50
						10-016-58800	Utilities-Facil	\$117.09
						10-016-58800	Utilities-Facil	\$639.29
						10-016-58800	Utilities-Facil	\$89.31
						10-016-58800	Utilities-Facil	\$90.24
						10-016-58800	Utilities-Facil	\$90.15
						10-016-58800	Utilities-Facil	\$89.50
						Totals for WASTE MANAGEMENT OF TEXAS:		\$1,643.14
WAYTEK, INC.	3/16/2022	3323858	112189	04/06/22	SHOP SUPPLIES	10-010-57725	Shop Supplies-Fleet	\$229.95
						10-010-57725	Shop Supplies-Fleet	\$14.88
						Totals for WAYTEK, INC.:		\$244.83
WEAVER AND TIDWELL, LLP	3/28/2022	10700921	7729	04/13/22	FINAL BILL - 2021 FINANCIAL STATEMENT AUE	10-005-52100	Accounting/Auditing Fees-Accou	\$9,200.00
						Totals for WEAVER AND TIDWELL, LLP:		\$9,200.00
WEISINGER INCORPORATED	3/1/2022	31861	111928	03/09/22	WATER WELL MAINTENANCE - STATION 32	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$315.00
						Totals for WEISINGER INCORPORATED:		\$315.00
WELLS-WHITWORTH, MICHAEL	3/28/2022	WEL*03282022	7587	03/30/22	Per Diem - International Public Safety Consortium 202(	10-045-53150	Conferences - Fees, Travel, & Meals-EMs	\$81.00
						Totals for WELLS-WHITWORTH, MICHAEL:		\$81.00
WESTWOOD N. WATER SUPPLY	3/1/2022	1520 03/02/22	111934	03/09/22	STATION 27 01/20/22-02/21/22 1' COMM METER	10-016-58800	Utilities-Facil	\$98.09
	3/1/2022	1885 03/02/22	111934	03/09/22	STATION 27 01/20/22-02/21/22 2" FIRELINE METEI	10-016-58800	Utilities-Facil	\$572.41
						Totals for WESTWOOD N. WATER SUPPLY:		\$670.50
WEX HEALTH, INC.	3/1/2022	FSA 02.28.22	6698	03/01/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$141.78
	3/1/2022	FSA 02.27.22	6699	03/01/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$308.44
	3/1/2022	FSA 02.26.22	6700	03/01/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$683.78
	3/2/2022	FSA 03.01.22	6701	03/02/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$256.50
	3/3/2022	FSA 03.02.22	6702	03/03/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$470.38
	3/7/2022	FSA 03.04.22	6703	03/07/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$645.20
	3/7/2022	HSA 03.04.22	6704	03/07/22	HSA PLAN FUNDING 03/04/22	10-000-21595	P/R-Health Savings-BS-BS	\$9,098.51
	3/8/2022	WEX 03.07.22	6729	03/08/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$68.16
	3/8/2022	WEX 03.05.22	6730	03/08/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$409.97
	3/8/2022	FSA 03.06.22	6731	03/08/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$192.33

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	3/9/2022	FSA 03.08.22	6732	03/09/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$66.01
	3/10/2022	WEX 03.09.22	6733	03/10/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$163.99
	3/14/2022	WEX 03.11.22	6734	03/14/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$226.90
	3/11/2022	FSA 03.10.22	6735	03/11/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$75.45
	3/15/2022	FSA 03.13.22	6736	03/15/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$91.46
	3/15/2022	FSA 03.12.22	6737	03/15/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$98.91
	3/17/2022	FSA 03.16.22	6747	03/17/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$338.74
	3/18/2022	FSA 03.17.22	6748	03/18/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$62.66
	3/21/2022	HSA 03.18.22	6749	03/21/22	HSA PLAN FUNDING 03/18/22	10-025-51700	Health & Dental-Human	\$12,312.50
						10-000-21595	P/R-Health Savings-BS-BS	\$9,004.66
	3/22/2022	FSA 03.20.22	6750	03/22/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$28.00
	3/22/2022	FSA 03.19.22	6751	03/22/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$110.00
	3/16/2022	FSA 03.15.22	6752	03/16/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$509.54
	3/21/2022	FSA 03.18.22	6753	03/21/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$398.46
	3/22/2022	FSA 03.21.22	6754	03/22/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$102.36
	3/23/2022	FSA 03.22.22	6763	03/23/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$190.00
	3/24/2022	FSA 03.23.22	6764	03/24/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$884.67
	3/25/2022	0001489658-IN	6765	03/25/22	FSA MONTHLY/HSA MONTHLY	10-025-57100	Professional Fees-Human	\$640.95
	3/25/2022	FSA 03.24.22	6766	03/25/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$126.19
	3/29/2022	FSA 03.26.22	6767	03/29/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$178.11
	3/28/2022	FSA 03.25.22	6768	03/28/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$755.00
	3/30/2022	FSA 03.29.22	6782	03/30/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$813.25
	3/29/2022	FSA 03.28.22	6783	03/29/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$204.30
	3/31/2022	FSA 03.30.22	6784	03/31/22	MEDICAL FSA 01/01/22-12/31/22	10-000-21595	P/R-Health Savings-BS-BS	\$1,781.02
							Totals for WEX HEALTH, INC.:	\$41,438.18
WILKINS LINEN & DUST CONTROL SERVICE	3/3/2022	304361	7310	03/16/22	LAUNDRY SERVICE - FLEET	10-010-55100	Laundry Service & Purchase-Fleet	\$84.08
	3/17/2022	305954	7660	04/06/22	LAUNDRY SERVICES - FLEET	10-010-55100	Laundry Service & Purchase-Fleet	\$83.51
	3/31/2022	307543	7731	04/13/22	LAUNDRY SERVICE - FLEET	10-010-55100	Laundry Service & Purchase-Fleet	\$82.93
							Totals for WILKINS LINEN & DUST CONTROL SERVICE:	\$250.52
WILLIAMS SCOTSMAN	3/5/2022	9013269509	112012	03/16/22	TEMPORARY TRAILER RENT - STATION 33 03/05	10-016-53600	Damages/Uninsured Portion-Facil	\$2,840.54
							Totals for WILLIAMS SCOTSMAN:	\$2,840.54
WILLIAMS, ALICIA	3/21/2022	WILL032122	7441	03/23/22	WELLNESS PROGRAM/MASSAGE X 1	10-025-54350	Employee Health/Wellness-Human	\$25.00
							Totals for WILLIAMS, ALICIA:	\$25.00
WINZER FRANCHISE COMPANY	3/24/2022	7117857	112280	04/13/22	SHOP SUPPLIES	10-010-57725	Shop Supplies-Fleet	\$132.12
							Totals for WINZER FRANCHISE COMPANY:	\$132.12

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WISE PREMIUM SEATING SOLUTIONS	3/23/2022	0658387-IN A	112281	04/13/22	SEAMLESS CHILD SAFETY SEAT	10-010-59050	Vehicle-Parts-Fleet	\$986.44
	3/23/2022	0658387-IN B	112281	04/13/22	FREIGHT CHARGES	10-010-59050	Vehicle-Parts-Fleet	\$186.81
							Totals for WISE PREMIUM SEATING SOLUTIONS:	\$1,173.25
WOLEBEN, SHANNON	3/18/2022	WOL*03182022	7442	03/23/22	Expense - Dues/Subscriptions	10-005-54100	Dues/Subscriptions-Accou	\$70.00
								Totals for WOLEBEN, SHANNON:	$70.00
WOODLAND OAKS UTILITY CO	3/3/2022	1055082501 02/24/22	6705	03/03/22	STATION 27 01/17/22-02/17/22	10-016-58800	Utilities-Facil	\$112.44
								Totals for WOODLAND OAKS UTILITY CO:	$112.44
ZEP SALES & SERVICE	3/25/2022	9007268899	7732	04/13/22	BLUE MARVEL	10-008-57900	Station Supplies-Mater	\$2,002.00
								Totals for ZEP SALES & SERVICE:	$2,002.00
ZOLL DATA SYSTEMS	3/1/2022	INV00108701	7314	03/16/22	HOSTED BILLING PRO - 3 YEAR (04/01/22-04/30/22)	10-011-57100	Professional Fees-EMS B	\$9,320.00
	3/1/2022	INV00108700	7588	03/30/22	ROAD SAFETY	10-010-55650	Maintenance- Equipment-Fleet	\$3,285.00
							Totals for ZOLL DATA SYSTEMS:	\$12,605.00
ZOLL MEDICAL CORPORATION	3/2/2022	3461304	7311	03/16/22	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$587.00
	3/9/2022	3465002	7311	03/16/22	REPAIR/LABOR	10-008-57650	Repair-Equipment-Mater	\$670.92
	3/17/2022	3470567	7661	04/06/22	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$1,256.00
	3/17/2022	3469910	7661	04/06/22	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$1,174.69
	3/24/2022	3474588	7734	04/13/22	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$1,587.32
	3/30/2022	3477942	7734	04/13/22	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$665.12
							Totals for ZOLL MEDICAL CORPORATION:	\$5,941.05

CAPITAL PURCHASES

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A/W MECHANICAL SERVICES, LLP	3/1/2022	202218353	7247	03/09/22	15HP CHILLER MATERIALS & LAB	10-016-52754	Capital Purchase - Equipment-Facil	\$21,314.32
							Totals for A/W MECHANICAL SERVICES, LLP:	\$21,314.32
ABLE GLASS & MIRROR CO, INC.	3/1/2022	029165137	112039	03/23/22	REPLACE ADMIN BACK ENTRANC	10-016-52753	Capital Purchase - Building/Improvements-Facil	\$15,909.41
	3/21/2022	029165138B	112039	03/23/22	MAINTENANCE AND REPAIR	10-016-52753	Capital Purchase - Building/Improvements-Facil	\$13,375.80
							Totals for ABLE GLASS & MIRROR CO, INC.:	\$29,285.21
CDW GOVERNMENT, INC.	3/2/2022	S940700	7307	03/16/22	HPE PROLIANT DL360 GEN10 NETV	10-015-52754	Capital Purchase - Equipment-Infor	\$129.84
	3/22/2022	T843045	7735	04/13/22	HPE PROLIANT DL360 GEN 10 NET	10-015-52754	Capital Purchase - Equipment-Infor	\$415.82
							Totals for CDW GOVERNMENT, INC.:	\$545.66
OPTIMUM COMPUTER SOLUTIONS, INC.	3/1/2022	INV000010562	7578	03/30/22	SYNOLOGY RACK STATION	10-015-52754	Capital Purchase - Equipment-Infor	\$3,599.96
	3/14/2022	INV000010545	7638	04/06/22	SYNOLOGY RACK SLIDE RAIL KIT	10-015-52754	Capital Purchase - Equipment-Infor	\$6,999.96
							Totals for OPTIMUM COMPUTER SOLUTIONS, INC.:	\$10,599.92
ZOLL MEDICAL CORPORATION	3/1/2022	2387135-2	7403	03/16/22	ZOLL X-SERIES MONITOR/DEFIBR	10-008-52754	Capital Purchase - Equipment-Mater	\$363,387.00
							Totals for ZOLL MEDICAL CORPORATION:	\$363,387.00

Account Summary

<u>Account Number</u>	<u>Description</u>	<u>Net Amount</u>
10-000-14100	Patient Refunds	\$37,161.20
10-000-14900	Prepaid Expenses-BS	\$32,576.00
10-000-21590	P/R-Premium Cancer/Accident-BS	\$7,270.64
10-000-21595	P/R-Health Savings-BS-BS	\$28,484.73
10-000-21600	Employee Deferred Comp.-BS	\$22,232.48
10-000-21650	TCDRS Defined Benefit Plan-BS	\$362,561.24
10-001-52950	Community Education-Admin	\$250.00
10-001-53050	Computer Software-Admin	\$76.49
10-001-53150	Conferences - Fees, Travel, & Meals-Admin	\$182.00
10-001-53310	Contractual Obligations- County Appraisal-Admin	\$73,582.62
10-001-54100	Dues/Subscriptions-Admin	\$630.95
10-001-55500	Legal Fees-Admin	\$853.50
10-001-55900	Meals - Business and Travel-Admin	\$112.80
10-001-57750	Small Equipment & Furniture-Admin	\$164.97
10-001-58200	Telephones-Cellular-Admin	\$1,186.73
10-001-58500	Training/Related Expenses-CE-Admin	\$0.00
10-002-53100	Computer Supplies/Non-Cap.-HCAP	\$385.00
10-002-55700	Management Fees-HCAP	\$18,555.69
10-002-57100	Professional Fees-HCAP	\$455.50
10-002-58200	Telephones-Cellular-HCAP	\$120.57
10-004-53000	Computer Maintenance-Radio	\$5,250.00
10-004-53150	Conferences - Fees, Travel, & Meals-Radio	\$1,226.64
10-004-54100	Dues/Subscriptions-Radio	\$9.99
10-004-55600	Maintenance & Repairs-Buildings-Radio	\$2,297.35
10-004-55650	Maintenance- Equipment-Radio	\$1,135.00
10-004-57100	Professional Fees-Radio	\$18,950.00
10-004-57200	Radio Repairs - Outsourced (Depot)-Radio	\$851.83
10-004-57225	Radio - Parts-Radio	\$249.50
10-004-57700	Shop Tools-Radio	\$966.22
10-004-57750	Small Equipment & Furniture-Radio	\$5,415.94
10-004-58200	Telephones-Cellular-Radio	\$645.48
10-004-58310	Telephones-Service-Radio	\$478.22
10-004-58500	Training/Related Expenses-CE-Radio	\$433.00
10-004-58800	Utilities-Radio	\$4,443.95
10-005-52100	Accounting/Auditing Fees-Accou	\$9,200.00
10-005-54100	Dues/Subscriptions-Accou	\$70.00
10-005-57100	Professional Fees-Accou	\$6,100.77
10-005-58200	Telephones-Cellular-Accou	\$40.19
10-006-53050	Computer Software-Alarm	\$3,170.00
10-006-53150	Conferences - Fees, Travel, & Meals-Alarm	\$293.00
10-006-57100	Professional Fees-Alarm	\$650.00
10-006-58200	Telephones-Cellular-Alarm	\$317.12
10-006-58700	Uniforms-Alarm	\$119.16
10-007-52700	Business Licenses-EMS	\$9,150.00
10-007-53150	Conferences - Fees, Travel, & Meals-EMS	\$106.50
10-007-54100	Dues/Subscriptions-EMS	\$0.99

Account Summary

<u>Account Number</u>	<u>Description</u>	<u>Net Amount</u>
10-007-54450	Employee Recognition-EMS	\$1,731.25
10-007-55900	Meals - Business and Travel-EMS	\$70.08
10-007-56100	Meeting Expenses-EMS	\$313.19
10-007-56200	Mileage Reimbursements-EMS	\$46.48
10-007-58200	Telephones-Cellular-EMS	\$983.08
10-007-58500	Training/Related Expenses-CE-EMS	\$256.00
10-007-58700	Uniforms-EMS	\$29,784.29
10-008-52500	Bio-Waste Removal-Mater	\$3,233.43
10-008-52754	Capital Purchase - Equipment-Mater	\$363,387.00
10-008-53800	Disposable Linen-Mater	\$6,516.75
10-008-53900	Disposable Medical Supplies-Mater	\$78,843.70
10-008-54200	Durable Medical Equipment-Mater	\$14,290.00
10-008-55650	Maintenance- Equipment-Mater	\$9,957.50
10-008-56600	Oxygen & Gases-Mater	\$3,448.02
10-008-56900	Postage-Mater	\$1,588.20
10-008-57000	Printing Services-Mater	\$87.50
10-008-57650	Repair-Equipment-Mater	\$1,204.21
10-008-57900	Station Supplies-Mater	\$6,588.98
10-008-58200	Telephones-Cellular-Mater	\$200.95
10-008-58700	Uniforms-Mater	\$1,394.12
10-009-52600	Books/Materials-Dept	\$12,332.88
10-009-52700	Business Licenses-Dept	\$384.00
10-009-53050	Computer Software-Dept	\$75.00
10-009-53150	Conferences - Fees, Travel, & Meals-Dept	\$512.00
10-009-53550	Customer Relations-Dept	\$5,790.00
10-009-54000	Drug Supplies-Dept	\$18,332.08
10-009-54100	Dues/Subscriptions-Dept	\$1,200.00
10-009-56300	Office Supplies-Dept	\$44.09
10-009-57100	Professional Fees-Dept	\$10,935.00
10-009-58200	Telephones-Cellular-Dept	\$238.94
10-009-58500	Training/Related Expenses-CE-Dept	\$8,713.63
10-010-52000	Accident Repair-Fleet	\$1,960.60
10-010-52725	Capital Lease Expense-Fleet	\$4,558.86
10-010-54100	Dues/Subscriptions-Fleet	\$3,864.00
10-010-54500	Equipment Rental-Fleet	\$227.57
10-010-54550	Fluids & Additives - Auto-Fleet	\$2,430.89
10-010-54700	Fuel - Auto-Fleet	\$66,896.94
10-010-54800	Hazardous Waste Removal-Fleet	\$35.00
10-010-55100	Laundry Service & Purchase-Fleet	\$250.52
10-010-55650	Maintenance- Equipment-Fleet	\$31,256.99
10-010-56200	Mileage Reimbursements-Fleet	\$301.86
10-010-56400	Oil & Lubricants-Fleet	\$5,113.68
10-010-57650	Repair-Equipment-Fleet	\$129.21
10-010-57725	Shop Supplies-Fleet	\$399.75
10-010-57750	Small Equipment & Furniture-Fleet	\$2,148.30
10-010-58200	Telephones-Cellular-Fleet	\$80.38

Account Summary

<u>Account Number</u>	<u>Description</u>	<u>Net Amount</u>
10-010-58500	Training/Related Expenses-CE-Fleet	\$288.00
10-010-58600	Travel Expenses-Fleet	\$69.36
10-010-59000	Vehicle-Outside Services-Fleet	\$779.00
10-010-59050	Vehicle-Parts-Fleet	\$50,215.59
10-010-59100	Vehicle-Registration-Fleet	\$173.25
10-010-59150	Vehicle-Tires-Fleet	\$8,974.17
10-010-59200	Vehicle-Towing-Fleet	\$853.00
10-011-52900	Collection Fees-EMS B	\$9,341.86
10-011-53150	Conferences - Fees, Travel, & Meals-EMS B	\$182.00
10-011-55500	Legal Fees-EMS B	\$40.00
10-011-57100	Professional Fees-EMS B	\$10,249.00
10-011-58200	Telephones-Cellular-EMS B	\$78.18
10-015-52700	Business Licenses-Infor	\$65.00
10-015-52754	Capital Purchase - Equipment-Infor	\$11,145.58
10-015-53050	Computer Software-Infor	\$20,662.63
10-015-53075	Computer Software - MDC First Responder-Infor	\$2,000.08
10-015-53100	Computer Supplies/Non-Cap.-Infor	\$6,418.72
10-015-53150	Conferences - Fees, Travel, & Meals-Infor	\$162.00
10-015-55400	Leases/Contracts-Infor	\$4,228.70
10-015-56200	Mileage Reimbursements-Infor	\$7.14
10-015-57100	Professional Fees-Infor	\$52,497.50
10-015-57650	Repair-Equipment-Infor	\$49.00
10-015-57700	Shop Tools-Infor	\$7.89
10-015-57750	Small Equipment & Furniture-Infor	\$4,071.09
10-015-58200	Telephones-Cellular-Infor	\$7,922.62
10-015-58310	Telephones-Service-Infor	\$37,306.97
10-016-52700	Business Licenses-Facil	\$40.00
10-016-52753	Capital Purchase - Building/Improvements-Facil	\$29,285.21
10-016-52754	Capital Purchase - Equipment-Facil	\$21,314.32
10-016-53330	Contractual Obligations- Other-Facil	\$3,819.52
10-016-53500	Customer Property Damage-Facil	\$381.53
10-016-53600	Damages/Uninsured Portion-Facil	\$2,840.54
10-016-55600	Maintenance & Repairs-Buildings-Facil	\$49,088.64
10-016-55650	Maintenance- Equipment-Facil	\$2,439.17
10-016-57700	Shop Tools-Facil	\$619.81
10-016-57725	Shop Supplies-Facil	\$671.35
10-016-57750	Small Equipment & Furniture-Facil	\$3,086.88
10-016-58200	Telephones-Cellular-Facil	\$312.72
10-016-58800	Utilities-Facil	\$39,558.21
10-025-51700	Health & Dental-Human	\$68,502.09
10-025-51710	Health Insurance Claims-Human	\$539,902.71
10-025-51720	Health Insurance Admin Fees-Human	\$150,612.88
10-025-54350	Employee Health/Wellness-Human	\$321.31
10-025-54450	Employee Recognition-Human	\$73.50
10-025-57100	Professional Fees-Human	\$2,040.01
10-025-57300	Recruit/Investigate-Human	\$1,271.47

Account Summary

<u>Account Number</u>	<u>Description</u>	<u>Net Amount</u>
10-025-58200	Telephones-Cellular-Human	\$80.38
10-025-58550	Tuition Reimbursement-Human	\$5,095.45
10-025-59350	Worker's Compensation Insurance-Human	\$87,349.00
10-026-57100	Professional Fees-Recor	\$55.00
10-027-56100	Meeting Expenses-Emerg	\$46.00
10-027-57300	Recruit/Investigate-Emerg	\$2,400.19
10-027-58200	Telephones-Cellular-Emerg	\$116.17
10-039-58200	Telephones-Cellular-Commu	\$348.51
10-042-58700	Uniforms-EMS T	\$1,514.38
10-045-53150	Conferences - Fees, Travel, & Meals-EMS Q	\$556.00
10-045-58200	Telephones-Cellular-EMS Q	\$198.75
	GRAND TOTAL:	<u><u>\$2,602,280.89</u></u>

JP Morgan Chase Bank
March 2022 Credit Card Transactions

VENDOR NAME	INVOICE DATE	DESCRIPTION	AMOUNT
*PERKSATWORK*FTD	02/08/2022	PO#63834 FLOWER ORDER S.SANDERS	\$ 46.31
2COCOM*EVE-NG.NET	02/28/2022	PO#64064 EVE-NG PROFESSIONAL LIEN	\$ 119.35
ACDELCO TDS	02/15/2022	GM DATABASE	\$ 3,864.00
AED SUPERSTORE	02/11/2022	PO#63880 RESTOCK OF ZOLL AED BATT	\$ 1,718.00
AMERICAN HEART SHOPCPR	02/22/2022	HEARTSAVER ECARDS PO 64014	\$ 6,208.00
AMERICAN HEART SHOPCPR	02/11/2022	HEATSAVER CPR ECARDS PO 63525	\$ 4,947.00
ANOTHER BROKEN EGG	03/07/2022	MEETING	\$ 75.59
APPLE.COM/BILL	02/15/2022	HIPAA COMPLIANCE ADDITIONAL STOR	\$ 0.99
APPLE.COM/BILL	02/07/2022	JUSTIN I CLOUD STORAGE	\$ 9.99
APPLE.COM/BILL	03/01/2022	PO#64113 MONTHLY I CLOUD STORAGE	\$ 9.99
APPLE.COM/BILL	02/11/2022	HIPAA COMPLIANCE ADDITIONAL STOR	\$ 0.99
APPLE.COM/US	03/04/2022	PO#63971 M40 REPAIR	\$ 49.00
APPLE.COM/US	03/03/2022	PO#64120 APPLE CARE FOR MISTI W'S I	\$ 285.42
ATT*BILL PAYMENT	02/22/2022	STATION 42 145220893 01/01-01/31	\$ 116.99
ATT*BUS PHONE PMT	02/18/2022	STATION 31 FIRE PANEL 281.689-6865 0	\$ 1,382.36
ATT*BUS PHONE PMT	02/17/2022	STATION 30 FIRE PANEL 281.689.3247 0	\$ 407.48
ATT*BUS PHONE PMT	02/08/2022	STATION 40 FIRE PANEL 281.259.8210 0	\$ 685.02
AUTOZONE	03/07/2022	VEHICLE PARTS	\$ 224.07
BATTERIES PLUS	03/07/2022	SHOP SUPPLIES	\$ 41.37
BELLAGIO HOTEL AND CASINO	02/28/2022	IWCE CONFERENCE HOTEL FOR JUSTII	\$ 168.94
BUTTERFLY NETWORK	02/24/2022	BUTTERFLY ANNUAL RENEWAL	\$ 1,200.00
CAROL ANN'S FLOWERS	03/03/2022	PO#64179 FLOWER ORDER FOR FAMILY	\$ 75.00
CHICK-FIL-A #03922	02/17/2022	PO#63909 EMPLOYEE BIRTHDAY GIFT C	\$ 1,000.00
CITY OF CONROE UTILITY	03/03/2022	STATION 10 02/23/22-03/25/22	\$ 103.30
CITY OF CONROE UTILITY	03/03/2022	STATION 15 01/25/22-02/23/22	\$ 112.26
CITY OF CONROE UTILITY	03/02/2022	ADMIN 01/14/22-02/16/22	\$ 2,209.18
COBURN SUPPLY COMPANY	02/16/2022	STATION 30 HEATER REPAIR	\$ 183.16
COBURN SUPPLY COMPANY		MAINTENANCE & REPAIR	\$ 108.70
CONROE WELDING	03/07/2022	MAINTENANCE & REPAIR	\$ 77.31
CONTROLBYWEB	02/25/2022	PO#64061 ITEMS FOR IT	\$ 404.40
CRAWFORD CONROE	02/18/2022	SERVICE CENTER LED LIGHT SWITCH	\$ 75.00
DSHS REGULATORY PROG	03/03/2022	S. SANDERS RENEWAL	\$ 126.00
DSHS REGULATORY PROG	03/02/2022	B. BESSIRE EMT EDUCATOR RENEWAL	\$ 34.00
DSHS REGULATORY PROG	02/22/2022	C. BILGER EMS EDUCATOR RENEWAL	\$ 34.00
DSHS REGULATORY PROG	02/18/2022	D. BAGWELL INITIAL APPLICATION	\$ 64.00
DSHS REGULATORY PROG	02/14/2022	A. ADAMS RENEWAL	\$ 126.00
DTV*DIRECTV SERVICE	03/03/2022	STATION 12 220126 01/25/22-02/24/22	\$ 186.98
DTV*DIRECTV SERVICE	02/28/2022	STATION 27 INV 220130 01/29/22-02/28/2	\$ 186.98
DTV*DIRECTV SERVICE	02/24/2022	ADMIN 02/21/22-03/20/22	\$ 58.99
DTV*DIRECTV SERVICE	02/16/2022	STATION 14 INV 220314 03/13/22-04/12/2	\$ 147.77
DTV*DIRECTV SERVICE	02/14/2022	INVOICE 220212 FEB 2022	\$ 1,526.89
EIG*CONSTANTCONTACT.CO	02/16/2022	PO#64051 CONSTANT CONTACT MONTH	\$ 66.50
EPCOR TZ/EZ-PAY PHONE	02/08/2022	STATION 40	\$ 417.45
EX TESTING	03/04/2022	PO#64213 TEXTING AUTO RENEWAL	\$ 2,153.25
FACEBK *AFF8EAK242	03/01/2022	PO#63668 JOB BOOST FOR ATTENDANT	\$ 66.47
FBS FEE	02/21/2022	STATION 45 12/15/21-01/17/22 FEE	\$ 10.50
FBS LAKE SOUTH WATER S	02/21/2022	STATION 45 12/15/21-01/17/22	\$ 350.00
FITCH AND ASSOCIATES L	03/04/2022	BEYOND THE STREETS REGISTRATION	\$ 249.00
FITCH AND ASSOCIATES L	03/04/2022	BEYOND THE STREETS REGISTRATION	\$ (249.00)
GRAINGER	02/15/2022	STATION 42 TRANSFORMER	\$ 27.83
HOO*HOOTSUITE INC	02/23/2022	PO#59831 HOOTSUITE ANNUAL RENEW	\$ 228.00
HOUSTON CHRONICLE CIRC	02/21/2022	PO#64052 MONTHLY ONLINE SUBSCRIP	\$ 11.96
KROGER #0136	03/03/2022	TEAM BUILDING EXERCISE SUPPLIES	\$ 15.44
KROGER #0136	02/25/2022	TEAM BUILDING EXERCISE SUPPLIES	\$ 20.54
KROGER #0136	02/11/2022	PO#63918 GIFT CARDS FOR SAFETY INI	\$ 200.00
LMC TRUCK	02/17/2022	TAILGATE PARTS FOR SHOP 600	\$ 52.78
LOWES #00232*	03/02/2022	STATION 41 RIDIX FOR PLUMBING	\$ 26.35
LOWES #00232*	02/17/2022	SERVICE CENTER LED LIGHTS INSTALL	\$ 104.65
LOWES #00232*	02/17/2022	SHOP TOOLS	\$ 132.96
LOWES #00232*	02/09/2022	STATION 15 ELECTRICAL SUPPLIES	\$ 159.66
LOWES #00232*	02/11/2022	STATION 14 PAINTING SUPPLIES	\$ 190.30
LOWES #00232*	02/09/2022	SHOP TOOLS	\$ 360.88
LOWES #00232*	02/24/2022	SHOP TOOLS	\$ 24.98
LOWES #00232*	02/24/2022	CASTERS FOR SHOP	\$ 95.30
MED ONE EQUIPMENT SERV	02/09/2022	PO#63450 REPAIR OF ALARIS PUMP	\$ 267.29
MONTGOMERY VEHREG	02/23/2022	REGISTRATION OF SHOPS 10, 42, 43, 67	\$ 54.75
MUNICIPAL ONLINE PAYME	03/03/2022	ADMIN 01/14/22-02/16/22 FEE	\$ 0.85

JP Morgan Chase Bank
March 2022 Credit Card Transactions

VENDOR NAME	INVOICE DATE	DESCRIPTION	AMOUNT
MUNICIPAL ONLINE PAYME	03/03/2022	STATION 10 02/23/22-03/25/22 FEE	\$ 0.85
MUNICIPAL ONLINE PAYME	03/03/2022	STATION 15 01/25/22-02/23/22	\$ 0.85
NATIONAL EMS MANAGEMEN	02/18/2022	TRAVEL EXPENSE	\$ 450.00
NATIONAL EMS MANAGEMEN	02/18/2022	TRAVEL EXPENSE	\$ 450.00
NTTA ONLINE	02/22/2022	TOLL FOR SHOP 52	\$ 48.92
OFFICE DEPOT #620	03/03/2022	TEAM BUILDING EXERCISE SUPPLIES	\$ 8.11
PINNACLE EMS	02/18/2022	TRAVEL EXPENSE	\$ 2,975.00
PITNEY BOWES PI	02/10/2022	PO#63848 INK RESTOCK FOR POSTAGE	\$ 212.78
POWERON APPL REP	03/04/2022	STATION 20 COMMERCIAL OVER REPAI	\$ 79.00
PROJECT MGMT INSTITUTE	02/16/2022	PROJECT MANAGEMENT COURSE KATE	\$ 433.00
REV.COM	02/24/2022	TRANSCRIPTION FOR FEBRUARY 22, 20	\$ 55.00
RMA TOLL	02/11/2022	SHOP 64 TOLL	\$ 20.44
SAMSCLUB.COM	02/17/2022	PO#63939 WAREHOUSE RESTOCK ORD	\$ 1,104.48
SHERWIN WILLIAMS 72701	02/15/2022	STATION 14 PAINT	\$ 115.45
SHERWIN WILLIAMS 72701	02/10/2022	STATION 14 PAINT	\$ 156.21
SLADEK CONFERENCE SERV	02/18/2022	TRAVEL EXPENSE	\$ 275.00
SLADEK CONFERENCE SERV	02/18/2022	TRAVEL EXPENSE	\$ 275.00
SQ *ALLEN'S SAFE & LOC	02/22/2022	ADMIN BACK DOOR LOCKS	\$ 32.00
SQ *ALLEN'S SAFE & LOC	02/22/2022	ADMIN FRONT DOOR LOCKS	\$ 64.00
SUNOCO 0893649400 QPS	03/04/2022	3-2 Q1 CE BREAKFAST STRIPES 7-11	\$ 114.00
SUNOCO 0893649400 QPS	03/03/2022	3-1 Q1 CE BREAKFAST STRIPES 7-11	\$ 182.40
SUNOCO 0893649400 QPS	03/02/2022	2-28 Q1 CE BREAKFAST STRIPES 7-11	\$ 228.00
SUNOCO 0893649400 QPS	02/28/2022	2-25 Q1 CE BREAKFAST STRIPES 7-11 2	\$ 228.00
SUNOCO 0893649400 QPS	02/28/2022	2-24 Q1 CE BREAKFAST STRIPES 7-11	\$ 228.00
SUNOCO 0893649400 QPS	02/25/2022	2-23 Q1 CE BREAKFAST STRIPES 7-11	\$ 228.00
THE HOME DEPOT #0508	02/28/2022	SHELF FOR SERVICE CENTER MONITOF	\$ 37.98
THE HOME DEPOT #0508	02/23/2022	STATION 43 PREVENTATIVE MAINTENAI	\$ 54.55
THE HOME DEPOT #0508	02/09/2022	SALT FOR STATION 32	\$ 75.28
THE HOME DEPOT #0508	02/28/2022	SERVICE CENTER TV MOUNT/ HANGINC	\$ 79.28
THE HOME DEPOT #0508	02/28/2022	FIRE ANT KILLER/WASP KILLER	\$ 131.78
THE HOME DEPOT #0508	02/21/2022	STATION 32 PM SUPPLIES	\$ 136.18
THE HOME DEPOT #0508	02/09/2022	ADMIN PM SUPPLIES	\$ 137.32
THE HOME DEPOT #0508	03/03/2022	STATION 35 DRAIN PAN, SHORELINE PA	\$ 439.84
THE HOME DEPOT #6819	02/23/2022	STATION 27 MECHANICAL TIMER	\$ 59.97
TIFF'S TREATS	02/25/2022	TRAVEL EXPENSE	\$ 72.00
TRACTOR-SUPPLY-CO #048	03/03/2022	SHOP SUPPLIES	\$ 29.98
TST* NOTHING BUNDT CAK	02/24/2022	CISM MEAL	\$ 46.00
TST* WHISTLE STOP CAFE	02/25/2022	BREAKFAST WITH CHIEF FLANNELY, TC	\$ 37.21
TX.GOV*SERVICEFEE-DIR	02/22/2022	REGISTRATION OF SHOPS 10, 42, 43, 67	\$ 14.00
UNITED AIRLINES	02/21/2022	TRAVEL EXPENSE	\$ 306.20
UNITED AIRLINES	02/21/2022	TRAVEL EXPENSE	\$ 306.20
UNITED AIRLINES	02/21/2022	TRAVEL EXPENSE	\$ 306.20
UNITED AIRLINES	02/21/2022	TRAVEL EXPENSE	\$ 306.20
UNITED AIRLINES	02/21/2022	TRAVEL EXPENSE	\$ 306.20
UNITED AIRLINES	03/02/2022	FLIGHT FOR JUSTIN EVANS IWCE MARC	\$ 747.20
UNIVERSAL NAT GAS PYMT	02/18/2022	STATION 27 12/29/21-01/31/22	\$ 49.08
UPS*BILLING CENTER	02/15/2022	SHIPPING CHARGES INVOICE 0000A690	\$ 370.42
WAL-MART #6579	02/11/2022		\$ 313.19
WOLTERS KLUWER HEALTH	02/16/2022	TRAVEL EXPENSE	\$ 93.00
		TOTAL	\$ 45,859.22

Montgomery County Hospital District
Bank Register - Operating Acct-WF
Patient Refunds - One Time Checks (03/01/2022 - 03/31/2022)

Payment number	Payment type	Invoice date	Invoice number	Vendor name	Invoice amount	Cleared?	Post date
111930	Computer Check	3/7/2022	19-56811	WELLCARE HEALTH PLANS, INC	\$548.38	TRUE	3/7/2022
112064	Computer Check	3/21/2022	21-13445	NOVITAS SOLUTIONS (POB 3106)	\$512.32	TRUE	3/21/2022
111907	Computer Check	3/7/2022	21-2551	OSCAR INSURANCE COMPANY	\$652.97	TRUE	3/7/2022
111989	Computer Check	3/14/2022	21-25743	PATIENT REFUND	\$212.05	TRUE	3/14/2022
112061	Computer Check	3/21/2022	21-27321	PATIENT REFUND	\$88.79	FALSE	3/21/2022
112000	Computer Check	3/14/2022	21-3053	PATIENT REFUND	\$35.00	TRUE	3/14/2022
111986	Computer Check	3/14/2022	21-31297	PATIENT REFUND	\$1,090.78	FALSE	3/14/2022
111918	Computer Check	3/7/2022	21-32416	TEXAS MEDICAID & HEALTHCARE PARTNERSHIP	\$50.00	TRUE	3/7/2022
111931	Computer Check	3/7/2022	21-3352	WELLCARE HEALTH PLANS, INC	\$238.16	TRUE	3/7/2022
111987	Computer Check	3/14/2022	21-33773	INTEGRANET HEALTH	\$83.93	TRUE	3/14/2022
111920	Computer Check	3/7/2022	21-33804	TEXAS MEDICAID & HEALTHCARE PARTNERSHIP	\$50.00	TRUE	3/7/2022
112010	Computer Check	3/14/2022	21-34961	PATIENT REFUND	\$50.00	TRUE	3/14/2022
111916	Computer Check	3/7/2022	21-35022	TEXAS MEDICAID & HEALTHCARE PARTNERSHIP	\$87.26	TRUE	3/7/2022
112047	Computer Check	3/21/2022	21-35464	DEPARTMENT OF VETERAN AFFAIRS (149975)	\$10,493.58	TRUE	3/21/2022
111919	Computer Check	3/7/2022	21-36476	TEXAS MEDICAID & HEALTHCARE PARTNERSHIP	\$198.00	TRUE	3/7/2022
112058	Computer Check	3/21/2022	21-37025	PATIENT REFUND	\$25.68	FALSE	3/21/2022
112072	Computer Check	3/21/2022	21-37676	TEXAS MEDICAID & HEALTHCARE PARTNERSHIP	\$87.26	TRUE	3/21/2022
111917	Computer Check	3/7/2022	21-38091	TEXAS MEDICAID & HEALTHCARE PARTNERSHIP	\$87.26	TRUE	3/7/2022
111968	Computer Check	3/14/2022	21-38496	BLUE CROSS AND BLUE SHIELD OF TEXAS	\$118.96	TRUE	3/14/2022
112007	Computer Check	3/14/2022	21-38919	THE DEPARTMENT OF VETERANS AFFAIRS FINANCI	\$419.70	TRUE	3/14/2022
111926	Computer Check	3/7/2022	21-3953	UNITED HEALTHCARE (POB 101760)	\$237.17	TRUE	3/7/2022
111896	Computer Check	3/7/2022	21-3953	KGS LAW PLLC	\$515.92	TRUE	3/7/2022
111894	Computer Check	3/7/2022	21-3956	KGS LAW PLLC	\$515.92	TRUE	3/7/2022
111925	Computer Check	3/7/2022	21-3956	UNITED HEALTHCARE (POB 101760)	\$237.17	TRUE	3/7/2022
111924	Computer Check	3/7/2022	21-3975	UNITED HEALTHCARE (POB 101760)	\$50.00	TRUE	3/7/2022
111895	Computer Check	3/7/2022	21-3975	KGS LAW PLLC	\$376.54	TRUE	3/7/2022
111933	Computer Check	3/7/2022	21-3975	WELLMED MEDICAL MANAGEMENT	\$326.55	TRUE	3/7/2022
111922	Computer Check	3/7/2022	21-40927	UNITED HEALTHCARE (POB 101760)	\$584.50	TRUE	3/7/2022
112048	Computer Check	3/21/2022	21-41235	DEPARTMENT OF VETERAN AFFAIRS (149975)	\$291.89	TRUE	3/21/2022
111990	Computer Check	3/14/2022	21-41881	PATIENT REFUND	\$300.00	FALSE	3/14/2022
112056	Computer Check	3/21/2022	21-41881B	PATIENT REFUND	\$400.00	TRUE	3/21/2022
112075	Computer Check	3/21/2022	21-42113	WELLMED MEDICAL MANAGEMENT	\$586.09	TRUE	3/21/2022
111995	Computer Check	3/14/2022	21-42374	MOLINA HEALTHCARE TEXAS	\$439.72	TRUE	3/14/2022
112057	Computer Check	3/21/2022	21-42419	PATIENT REFUND	\$3.67	FALSE	3/21/2022
111905	Computer Check	3/7/2022	21-43202	NOVITAS SOLUTIONS (POB 3106)	\$408.84	TRUE	3/7/2022
111994	Computer Check	3/14/2022	21-43260	PATIENT REFUND	\$200.00	TRUE	3/14/2022
111966	Computer Check	3/14/2022	21-43541	ANTHEM BCBS	\$109.84	TRUE	3/14/2022
112006	Computer Check	3/14/2022	21-43773	PATIENT REFUND	\$100.00	TRUE	3/14/2022
111979	Computer Check	3/14/2022	21-43796	PATIENT REFUND	\$113.52	TRUE	3/14/2022
112062	Computer Check	3/21/2022	21-43912	PATIENT REFUND	\$100.00	TRUE	3/21/2022
111904	Computer Check	3/7/2022	21-43947	NOVITAS SOLUTIONS (POB 3106)	\$413.12	TRUE	3/7/2022
111992	Computer Check	3/14/2022	21-44605	PATIENT REFUND	\$100.00	TRUE	3/14/2022
112076	Computer Check	3/21/2022	21-44618	PATIENT REFUND	\$290.00	TRUE	3/21/2022
112045	Computer Check	3/21/2022	21-45655	PATIENT REFUND	\$92.30	TRUE	3/21/2022
112071	Computer Check	3/21/2022	21-46006	TEXAS MEDICAID & HEALTHCARE PARTNERSHIP	\$87.26	TRUE	3/21/2022
111984	Computer Check	3/14/2022	21-46167	PATIENT REFUND	\$100.00	TRUE	3/14/2022
111988	Computer Check	3/14/2022	21-46758	PATIENT REFUND	\$60.18	TRUE	3/14/2022
111982	Computer Check	3/14/2022	21-46938	PATIENT REFUND	\$90.27	FALSE	3/14/2022
111889	Computer Check	3/7/2022	21-46975	CIGNA HEALTHSPRING	\$208.41	FALSE	3/7/2022
111885	Computer Check	3/7/2022	21-46975	BCBS OF TEXAS	\$687.61	TRUE	3/7/2022
111903	Computer Check	3/7/2022	21-47328	NOVITAS SOLUTIONS (POB 3106)	\$439.36	TRUE	3/7/2022
112069	Computer Check	3/21/2022	21-47554	PATIENT REFUND	\$102.52	FALSE	3/21/2022
111886	Computer Check	3/7/2022	21-47707	BCBS OF TEXAS	\$698.87	TRUE	3/7/2022
112011	Computer Check	3/14/2022	21-47831	PATIENT REFUND	\$149.79	TRUE	3/14/2022
111932	Computer Check	3/7/2022	21-47836	WELLMED MEDICAL MANAGEMENT	\$308.36	TRUE	3/7/2022
112068	Computer Check	3/21/2022	21-48302B	PATIENT REFUND	\$75.01	FALSE	3/21/2022
112009	Computer Check	3/14/2022	21-48598	PATIENT REFUND	\$1,646.24	TRUE	3/14/2022
111929	Computer Check	3/7/2022	21-48821	WELLCARE HEALTH PLANS, INC	\$274.79	TRUE	3/7/2022
111927	Computer Check	3/7/2022	21-49436A	USAA	\$524.09	TRUE	3/7/2022
111914	Computer Check	3/7/2022	21-49436B	TEXAS CHILDREN'S HEALTH (POB 841976)	\$253.42	TRUE	3/7/2022

Montgomery County Hospital District
Bank Register - Operating Acct-WF
Patient Refunds - One Time Checks (03/01/2022 - 03/31/2022)

Payment number	Payment type	Invoice date	Invoice number	Vendor name	Invoice amount	Cleared?	Post date
112054	Computer Check	3/21/2022	21-49452	PATIENT REFUND	\$163.94	FALSE	3/21/2022
111975	Computer Check	3/14/2022	21-49688	PATIENT REFUND	\$88.79	FALSE	3/14/2022
112040	Computer Check	3/21/2022	21-49809	PATIENT REFUND	\$275.00	TRUE	3/21/2022
112050	Computer Check	3/21/2022	21-50471	PATIENT REFUND	\$102.52	FALSE	3/21/2022
111923	Computer Check	3/7/2022	21-50833	UNITED HEALTHCARE (POB 101760)	\$578.20	TRUE	3/7/2022
112070	Computer Check	3/21/2022	21-51099	PATIENT REFUND	\$290.00	TRUE	3/21/2022
111906	Computer Check	3/7/2022	21-51821	NOVITAS SOLUTIONS (POB 3106)	\$188.48	TRUE	3/7/2022
111974	Computer Check	3/14/2022	21-52040	CIGNA HEALTHSPRING	\$144.21	FALSE	3/14/2022
111877	Computer Check	3/7/2022	21-52389	AETNA MEDICARE	\$499.32	TRUE	3/7/2022
111888	Computer Check	3/7/2022	21-52532	BLUE CROSS AND BLUE SHIELD OF TEXAS	\$825.97	TRUE	3/7/2022
112059	Computer Check	3/21/2022	21-52747	PATIENT REFUND	\$265.00	TRUE	3/21/2022
111971	Computer Check	3/14/2022	21-53420	PATIENT REFUND	\$358.94	FALSE	3/14/2022
112043	Computer Check	3/21/2022	21-54119	PATIENT REFUND	\$19.02	FALSE	3/21/2022
112052	Computer Check	3/21/2022	21-54753	PATIENT REFUND	\$20.00	TRUE	3/21/2022
111969	Computer Check	3/14/2022	21-55102	PATIENT REFUND	\$340.41	TRUE	3/14/2022
111908	Computer Check	3/7/2022	21-5872	OSCAR INSURANCE COMPANY	\$721.64	TRUE	3/7/2022
111985	Computer Check	3/14/2022	21-7663	PATIENT REFUND	\$25.00	FALSE	3/14/2022
112065	Computer Check	3/21/2022	21-9594	NOVITAS SOLUTIONS (POB 3106)	\$401.52	TRUE	3/21/2022
112002	Computer Check	3/14/2022	22-1110	NOVITAS SOLUTIONS (POB 3106)	\$164.10	TRUE	3/14/2022
111970	Computer Check	3/14/2022	22-1111	PATIENT REFUND	\$531.71	TRUE	3/14/2022
112055	Computer Check	3/21/2022	22-2180	PATIENT REFUND	\$561.18	TRUE	3/21/2022
111983	Computer Check	3/14/2022	22-2594	PATIENT REFUND	\$593.26	TRUE	3/14/2022
112060	Computer Check	3/21/2022	22-3752	MERKABAH INC	\$919.76	TRUE	3/21/2022
111887	Computer Check	3/7/2022	22-4137	BCBS OF TEXAS	\$349.50	TRUE	3/7/2022
111983	Computer Check	3/14/2022	22-690	PATIENT REFUND	\$607.69	TRUE	3/14/2022
112067	Computer Check	3/21/2022	22-740	PATIENT REFUND	\$497.02	FALSE	3/21/2022
TOTAL					<u>\$37,161.20</u>		

**MINUTES OF A SPECIAL MEETING
OF THE BOARD OF DIRECTORS
MONTGOMERY COUNTY HOSPITAL DISTRICT**

The special meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 3:00 p.m., March 22, 2022, 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 3:00 p.m.

2. Roll Call

Present

Georgette Whatley
Brent Thor
Sandy Wagner
Chris Grice
Brad Spratt
Bob Bagley

Not Present

Justin Chance

3. 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 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. (Mr. Grice, Chairperson – MCHD Board)**

Mr. Grice made a motion to convene into executive session at 3:00 p.m. pursuant to the Texas Open Meetings Act to deliberate in closed session on the following matters authorized under the Texas Open Meetings Act:

- 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

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

The board reconvened from executive session at 3:53 p.m. and no action is needed.

5. Adjourn

Meeting adjourned at 3:53 p.m.

Sandy Wagner, Secretary

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

The regular meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 4:00 p.m., March 22, 2022 in the Administrative offices of the Montgomery County Hospital District, 1400 South Loop 336 West, Conroe, Montgomery County, Texas.

1. Call to Order

Meeting called to order at 4:00 p.m.

2. Invocation

Led by Mr. Grice

3. Pledge of Allegiance

Led by Mr. Spratt

4. Roll Call

Present:

Brent Thor
Sandy Wagner
Chris Grice
Brad Spratt
Bob Bagley

Not Present:

Justin Chance
Georgette Whatley

5. Public Comment

No one made a comment from the public.

6. Special Recognition

Field - Brooke Hiller, Richard Serra and Anthony Mayorga

7. Consider and act on ratification of the Weaver engagement letter to include the single audit of the discretely presented component unit, Montgomery County Public Health District. (Mr. Spratt, Treasurer – MCHD Board)

Mr. Spratt made a motion to consider and act on ratification of the Weaver engagement letter to include the single audit of the discretely presented component unit, Montgomery County Public Health District. Mr. Brent Thor offered a second. After discussion motion passed unanimously.

8. Present, consider and act on the Weaver and Tidwell, L.L.P. Audit of Fiscal Year Ended September 30, 2021. (Mr. Spratt, Treasurer – MCHD Board)

Mr. Greg Peterson with Weaver and Tidwell, L.L.P. presented the Audit of Fiscal Year Ended September 30, 2021 to the board.

Mr. Spratt made a motion to consider and act on the Weaver and Tidwell, L.L.P. Audit of Fiscal Year Ended September 30, 2021. Mr. Thor offered a second. After discussion motion passed unanimously.

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

Mr. Robert Waggoner and Mr. Tom Keel with McGriff made presentations to the board on the renewal of the District insurance portfolio.

Mr. Spratt made a motion to consider and act on the renewal of the District insurance portfolio that are available, Workers Comp, Crime and Directors & Officers Liability. Mr. Thor offered a second. After board discussion motion passed unanimously.

A special board meeting will need to be called prior to the regular monthly April meeting for board approval on the balance of District insurance portfolio, Property & Equipment, General Liability, Automobile and Cyber.

10. 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.

11. Presentation of MCHD's 3 year plan. (Mr. Grice, Chairperson – MCHD Board)

Mr. Brett Allen CFO presented the MCHD 3 year plan to the board.

12. Chief of EMS Report to include updates on EMS staffing, performance measures, staff activities, patient concerns, transport destinations, emergency preparedness and fleet.

Mr. James Campbell, EMS Chief presented the EMS report to the board.

13. EMS Advisory Committee update. (Mr. Thor, Chair – EMS Committee)

Mr. James Campbell, EMS Chief gave a brief update on the EMS Advisory Committee to the board.

14. Consider and act on Proclamation in support of Public Safety Telecommunications Week, April 10-16, 2022. (Mr. Thor, Chair – EMS Committee)

Mr. Thor made a motion to consider and act on Proclamation in support of Public Safety Telecommunications Week, April 10-16, 2022. Mr. Spratt offered a second and motion passed unanimously.

15. 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.

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

Mrs. Ade Moronkeji, HCAP Manager presented the HCAP report to the board.

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

Mrs. Wagner made a motion to consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers. Mr. Thor offered a second and motion passed unanimously.

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

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. Thor offered a second and motion passed unanimously.

19. 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.

Mr. Brett Allen, CFO presented the financial report to the board.

20. Consider and act on ratification payment of District invoices. (Mr. Spratt, Treasurer – MCHD Board)

Mr. Spratt made a motion to consider and act on ratification of payment of District invoices. Mr. Thor offered a second and motion passed unanimously.

21. Consider and act on Salvage and Surplus. (Mr. Spratt, Treasurer – MCHD Board) (attached)

Mr. Spratt made a motion to consider and act on Salvage and Surplus. Mrs. Wagner offered a second and motion passed unanimously.

22. Secretary's Report – January 25, 2022 MCHD Regular BOD meeting. (Mrs. Wagner, Secretary – MCHD Board)

Mrs. Wagner made a motion to consider and act on the minutes for February 22, 2022 MCHD Regular BOD meeting. Mr. Thor offered a second and motion passed unanimously.

23. 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 and take action if needed on real estate under Section 551.072 of the Texas Government Code. (Mr. Grice, 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. (Mr. Grice, Chairperson – MCHD Board)**
- **To discuss and take action if needed on personnel issues involving the chief executive officer under Section 551.074 of the Texas Government Code. (Mr. Grice, Chairperson – MCHD Board)**

Mr. Grice advised that no executive session would be needed.

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

Not applicable.

25. Adjourn.

The board adjourned at 5:25 p.m.

Sandy Wagner, Secretary

**MINUTES OF A SPECIAL MEETING
OF THE BOARD OF DIRECTORS
MONTGOMERY COUNTY HOSPITAL DISTRICT**

The special meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 4:00 p.m., April 12, 2022, in the Administrative offices of the Montgomery County Hospital District, 1400 South Loop 336 West, Conroe, Montgomery County, Texas.

1. Call to Order

Meeting called to order at 4:00 p.m.

2. Roll Call

Present

Georgette Whatley
Brent Thor
Sandy Wagner
Chris Grice
Brad Spratt
Justin Chance
Bob Bagley

3. Present, consider and act on the renewal of the District insurance portfolio; Property & Equipment, General Liability, Automobile and Cyber. (Mr. Spratt, Treasurer – MCHD Board)

Ms. Susan Golla with McGriff gave District Insurance portfolio presentation to the board.

Mr. Grice made a motion to act on the renewal of the District insurance portfolio; Property & Equipment, General Liability, Automobile and Cyber. Mr. Thor offered a second. After board discussion motion passed unanimously.

4. Consider and act on purchase of four additional GM 4500 cab chassis for remount purposes. (Mr. Thor, Chair – EMS Committee)

Mr. Wayde Sullivan, Fleet Manager gave a presentation to the board.

Mr. Thor made a motion to consider and act on purchase of four additional GM 4500 cab chassis for remount purposes as requested by staff. Mr. Chance offered a second. After board discussion motion passed unanimously.

5. Adjourn

Meeting adjourned at 4:13 p.m.

Sandy Wagner, Secretary

Agenda Item # 28



To: Board of Directors

From: Randy Johnson, CEO

Date: April 26, 2022

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 and take action if needed on real estate under Section 551.072 of the Texas Government Code. (Mr. Grice, 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. (Mr. Grice, Chairperson – MCHD Board)
- To discuss and take action if needed on personnel issues involving the chief executive officer under Section 551.074 of the Texas Government Code. (Mr. Grice, Chairperson – MCHD Board)

Agenda Item # 29



To: Board of Directors

From: Randy Johnson, CEO

Date: April 26, 2022

Re: **Reconvene from Executive Session**

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