

**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 23, 2024
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

Items Involving Visitors

7. Presentation of Investment Report for the quarter ended March 31, 2024. (Mr. Shirley, Treasurer – MCHD Board)

District

8. Consider and act on election of MCHD Board Secretary Position. (Mr. Thor, Chairman – MCHD Board)
9. Consider and act on the MCHD board representative appointed to the Public Health District Board. (Mr. Thor, Chairman – MCHD Board)
10. Monthly Reports:
 - a. CEO Report to include executive summary, update on District operations, strategic plan, capital purchases, employee issues and benefits, transition plans and other healthcare matters, and any other related district matters. Attached reports include:
 - b. Chief of EMS Report to include updates on EMS staffing, performance measures, staff activities, patient concerns, transport destinations, emergency preparedness and fleet.
 - c. COO Report to include updates on facilities, radio system, supply chain, staff activities, community paramedicine, and IT.
 - d. Health Care Services Report to include regulatory update, outreach, eligibility, service, utilization, community education and clinical services.
 - e. Update on Accounting and Billing departments.

11. Presentation of the HR Quarterly Employee Turnover Report. (Ms. Whatley, Chair – Personnel Committee)
12. Consider and act on District Policies: (Ms. Whatley, Chair – Personnel Committee)
 - a. HR 25-412 Corrective Action.
 - b. HR 25-420 Complaint and Conflict Resolution Policy.
13. Consider and act on Proclamation in support of National EMS Week, May 19-25th, 2024. (Mr. Hudson, Chair – EMS Committee)
14. Consider and act on annual Lytx invoice. (Mr. Hudson, Chair – EMS Committee)
15. Consider and act on approval of (4) remounts through SERVS (Fleet Plus). (Mr. Hudson, Chair – EMS Committee)
16. Consider and act on the purchase of (4) Frazer Onan generators and (4) Dometic Air Conditions. (Mr. Hudson, Chair – EMS Committee)
17. Consider and act on the purchase of a perimeter fence at Lake Conroe Tower. (Mr. Grice, Chair – PADCOM Committee)
18. Consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers. (Mr. Thor, Chairman – MCHD Board)
19. Consider and act on ratification of voluntary contributions for uncompensated care to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims. (Mr. Thor, Chairman – MCHD Board)
20. Consider and act on ratification of contracts with additional network provider for indigent care. (Mr. Thor, Chairman – MCHD Board)
21. 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. (Mr. Thor, Chairman – MCHD Board)
22. CFO report of preliminary financials for six months ended March 31, 2024, and report updates on financial statements and investment.
23. Consider and act upon Valley View Consulting contract extension. (Mr. Shirley, Treasurer – MCHD Board)
24. Consider and act on engagement of auditor Weaver and Tidwell, LLP for audit to include if necessary a single audit. (Mr. Shirley, Treasurer – MCHD Board)
25. Consider and act on annual review of ACC 05-005 Banking and Investment Policy. (Mr. Shirley, Treasurer – MCHD Board)
26. Consider and act upon recommendation for amendment(s) to the budget for fiscal year ending September 30, 2024. (Mr. Shirley, Treasurer – MCHD Board)
27. Consider and act on ratification of payment of District invoices. (Mr. Shirley, Treasurer – MCHD Board)
28. Consider and act on salvage and surplus. (Mr. Shirley, Treasurer – MCHD Board)
29. Secretary's Report – Minutes from the March 26, 2024 MCHD Regular BOD meeting. (Mr. Thor, Chairman – MCHD Board)

Executive Session

30. 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:
 - a. To confer with legal counsel for the District concerning present and potential litigation Andrews, Joshua vs MCHD Case No. 4:23-cv-04434 and other confidential legal matters under Section 551.071 of the Texas Government Code. (Mr. Thor, Chairman– MCHD Board)
 - b. To discuss personnel issues under Section 551.074 of the Texas Government Code. (Mr. Thor, Chairman– MCHD Board)
 - c. To discuss real estate under 551.072 of the Texas Government Code. (Mr. Thor, Chairman– MCHD Board)

31. Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Mr. Thor, Chairman– MCHD Board)
32. Adjourn.

Brent Thor, Chairman

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).



QUARTERLY INVESTMENT REPORT

For the Quarter Ended

March 31, 2024

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, 2023 | | March 31, 2024 | | |
|---------------|----------------------|----------------------|----------------------|----------------------|--------------|
| | Book Value | Market Value | Book Value | Market Value | Ave. Yield |
| DDA | \$ 1,153,284 | \$ 1,153,284 | \$ 3,255,936 | \$ 3,255,936 | 0.41% |
| MMA | 19,397,043 | 19,397,043 | 35,813,939 | 35,813,939 | 5.61% |
| MMF/LGIP | 1,979,493 | 1,979,493 | 19,229,789 | 19,229,789 | 5.31% |
| CD/Security | 23,541,328 | 23,541,328 | 13,443,913 | 13,443,913 | 5.52% |
| Totals | \$ 46,071,149 | \$ 46,071,149 | \$ 71,743,576 | \$ 71,743,576 | 5.27% |

Current Quarter Portfolio Performance: (1)

| | |
|------------------------------|-------|
| Average Quarterly Yield | 5.27% |
| Rolling Three Month Treasury | 5.46% |
| Rolling Six Month Treasury | 5.37% |
| TexPool | 5.32% |

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

| | |
|------------------------------|-------|
| Average Quarter End Yield | 5.32% |
| Rolling Three Month Treasury | 5.49% |
| Rolling Six Month Treasury | 5.43% |
| TexPool | 5.34% |

Interest Earnings (Approximate)

| | |
|------------------------------|--------------|
| Quarterly Interest Earnings | \$ 926,364 |
| Fiscal YTD Interest Earnings | \$ 1,515,515 |

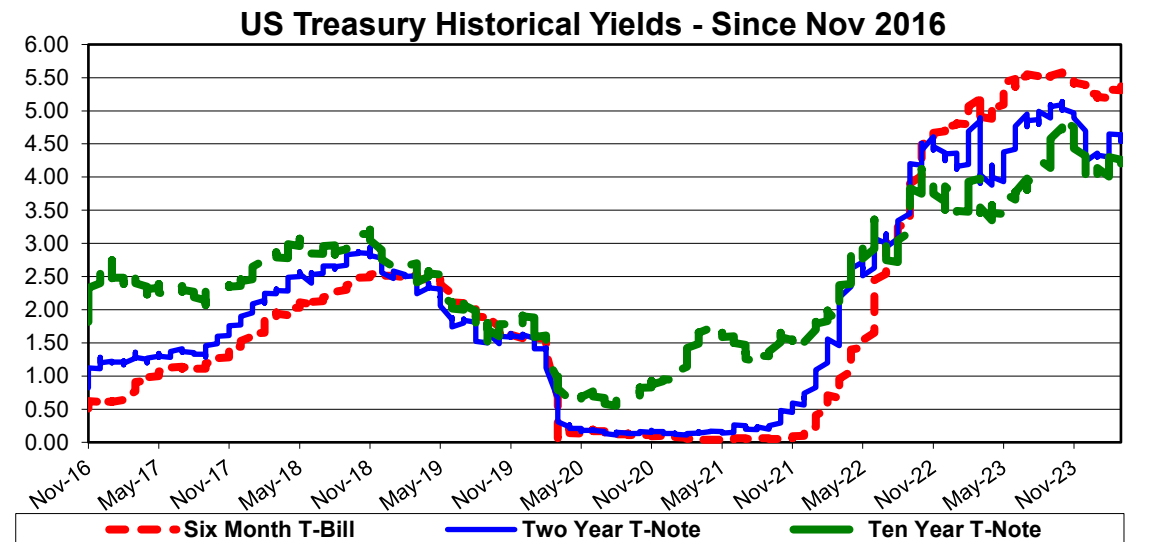
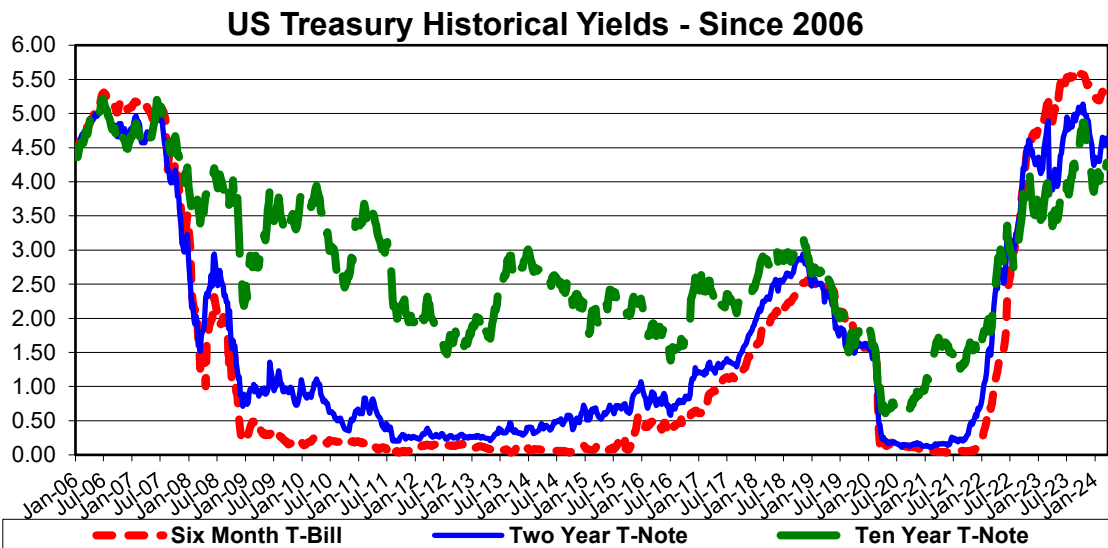
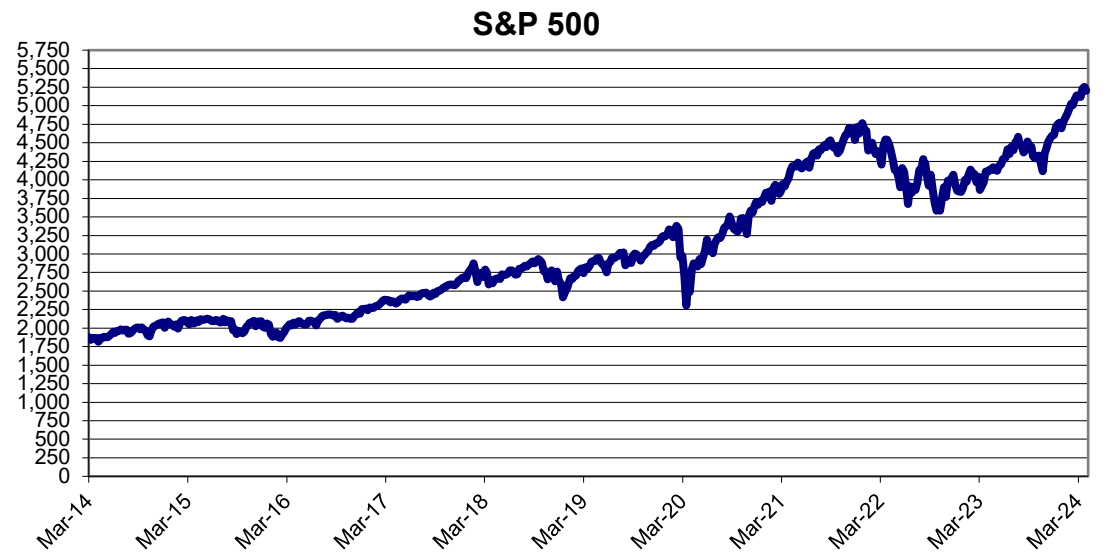
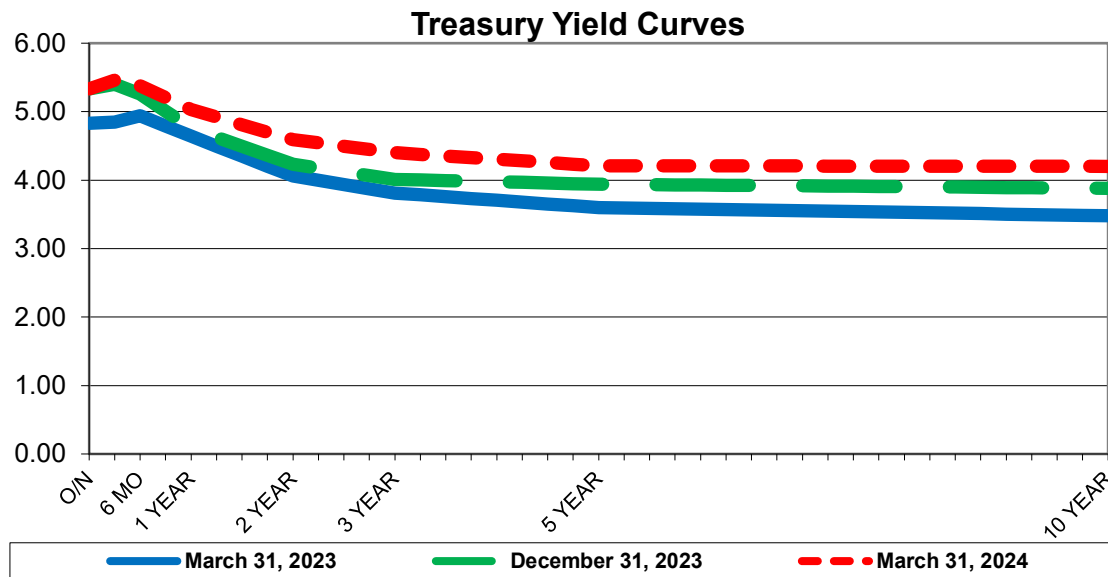
(1) **Current Quarter Average Yield** - based on adjusted book value, realized and unrealized gains/losses and investment advisory fees are not considered. The yield for the reporting month is used for bank, pool, and money market balances.

(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

3/31/2024

The Federal Open Market Committee (FOMC) maintained the Fed Funds target range 5.25% - 5.50% (Effective Fed Funds are trading +/-5.33%). All expectations are for reduced future rates, but any actions will be meeting-by-meeting and "data-dependent." Fourth Quarter 2023 GDP recorded a stronger than expected 3.4%. The S&P 500 Stock Index reached another new high closing over 5,200. The yield curve remains inverted but longer yields rose slightly. Crude Oil traded over \$87 per barrel. Inflation stubbornly remained above the FOMC 2% target (Core PCE +/-2.8% and Core CPI +/-3.8%). Reduced global economic outlooks and ongoing/expanding military conflicts continue increasing uncertainty.



Investment Holdings
March 31, 2024

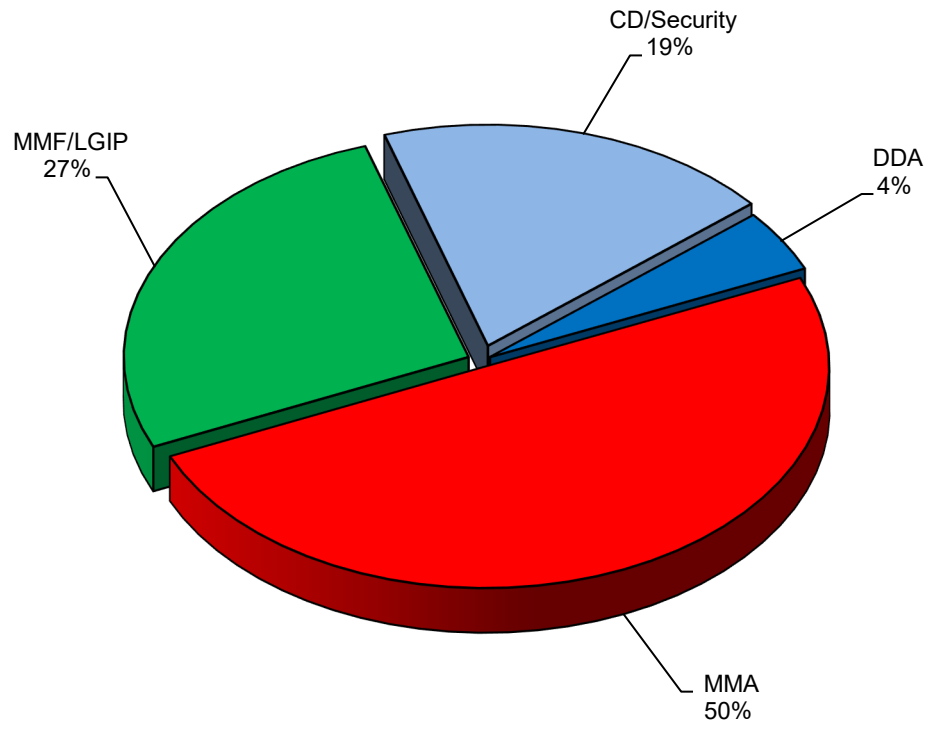
| Description | Rating | Coupon/ Discount | Maturity Date | Settlement Date | Original Face\ Par Value | Book Value | Market Price | Market Value | Life (Days) | Yield |
|-----------------------|--------|---------------------|------------------|--------------------|-----------------------------|----------------------|-----------------|----------------------|----------------|--------------|
| Woodforest Bank - DDA | | 0.41% | 04/01/24 | 03/31/24 | \$ 3,255,936 | \$ 3,255,936 | 1.00 | \$ 3,255,936 | 1 | 0.41% |
| Woodforest Bank - MMA | | 5.67% | 04/01/24 | 03/31/24 | 16,749,931 | 16,749,931 | 1.00 | 16,749,931 | 1 | 5.67% |
| NexBank IntraFi MMA | | 5.55% | 04/01/24 | 03/31/24 | 19,064,008 | 19,064,008 | 1.00 | 19,064,008 | 1 | 5.55% |
| TexPool | AAAm | 5.32% | 04/01/24 | 03/31/24 | 9,622,048 | 9,622,048 | 1.00 | 9,622,048 | 1 | 5.32% |
| TexSTAR | AAAm | 5.30% | 04/01/24 | 03/31/24 | 9,607,741 | 9,607,741 | 1.00 | 9,607,741 | 1 | 5.30% |
| Texas Capital Bank CD | | 4.87% | 04/23/24 | 01/25/23 | 2,116,680 | 2,116,680 | 100.00 | 2,116,680 | 23 | 4.87% |
| Bank OZK CD | | 4.92% | 05/19/24 | 05/19/23 | 2,083,932 | 2,083,932 | 100.00 | 2,083,932 | 49 | 5.04% |
| Bank OZK CD | | 5.41% | 08/02/24 | 08/02/23 | 2,064,144 | 2,064,144 | 100.00 | 2,064,144 | 124 | 5.56% |
| Bank OZK CDARS | | 5.50% | 09/19/24 | 09/21/23 | 2,059,014 | 2,059,014 | 100.00 | 2,059,014 | 172 | 5.65% |
| Wallis Bank CDARS | | 5.74% | 10/31/24 | 11/02/23 | 5,120,142 | 5,120,142 | 100.00 | 5,120,142 | 214 | 5.91% |
| | | | | | \$ 71,743,576 | \$ 71,743,576 | | \$ 71,743,576 | 27 | 5.27% |
| | | | | | | | | | (1) | (2) |

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

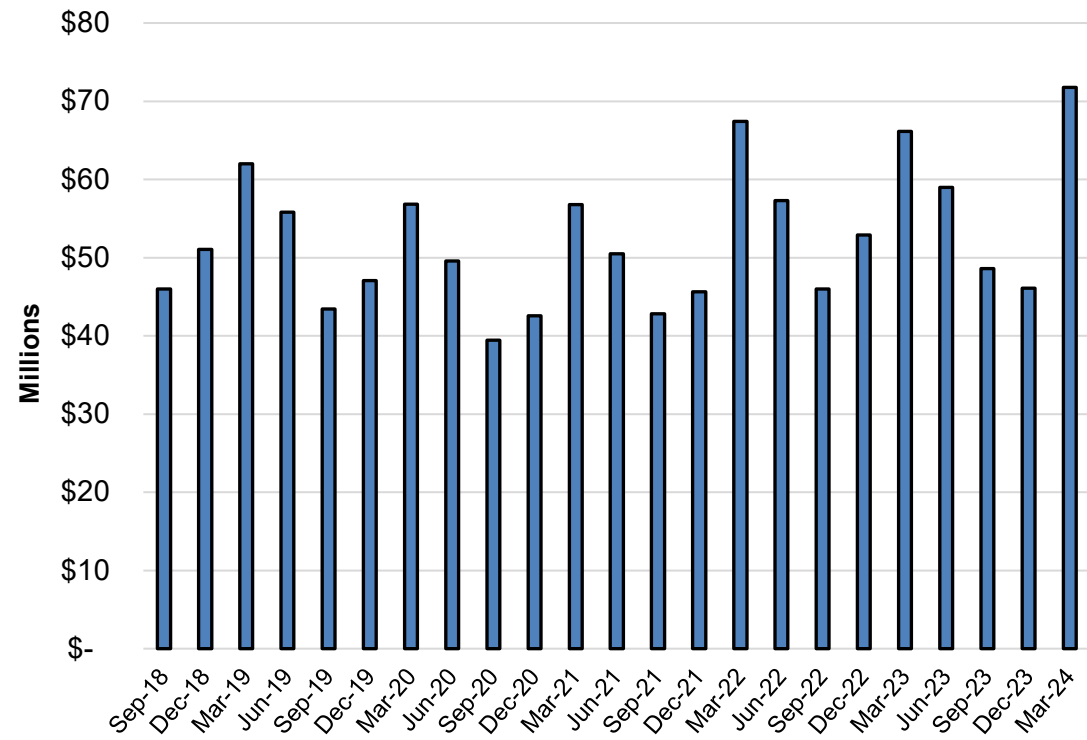
(2) **Weighted average yield to maturity** - The weighted average yield to maturity is based on Book Value, adviser fees and realized and unrealized gains/losses are not considered. The pool and mutual fund yields are the average for the last month of the quarter. Bank deposit yields are estimated from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

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

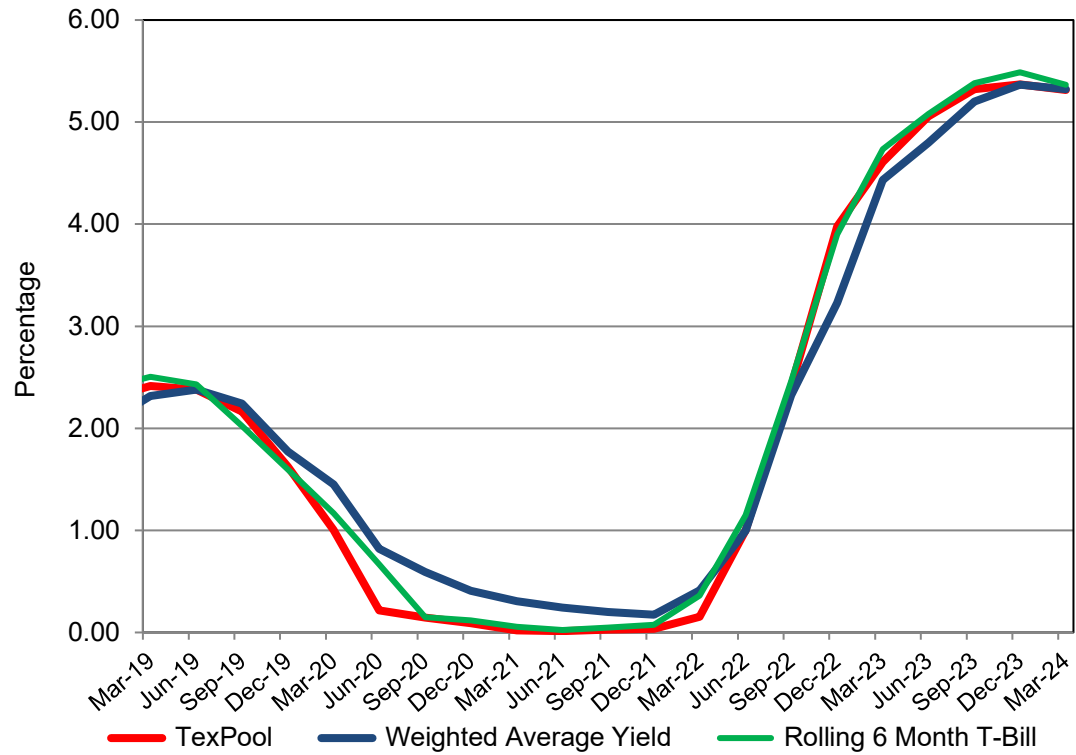
Portfolio Composition



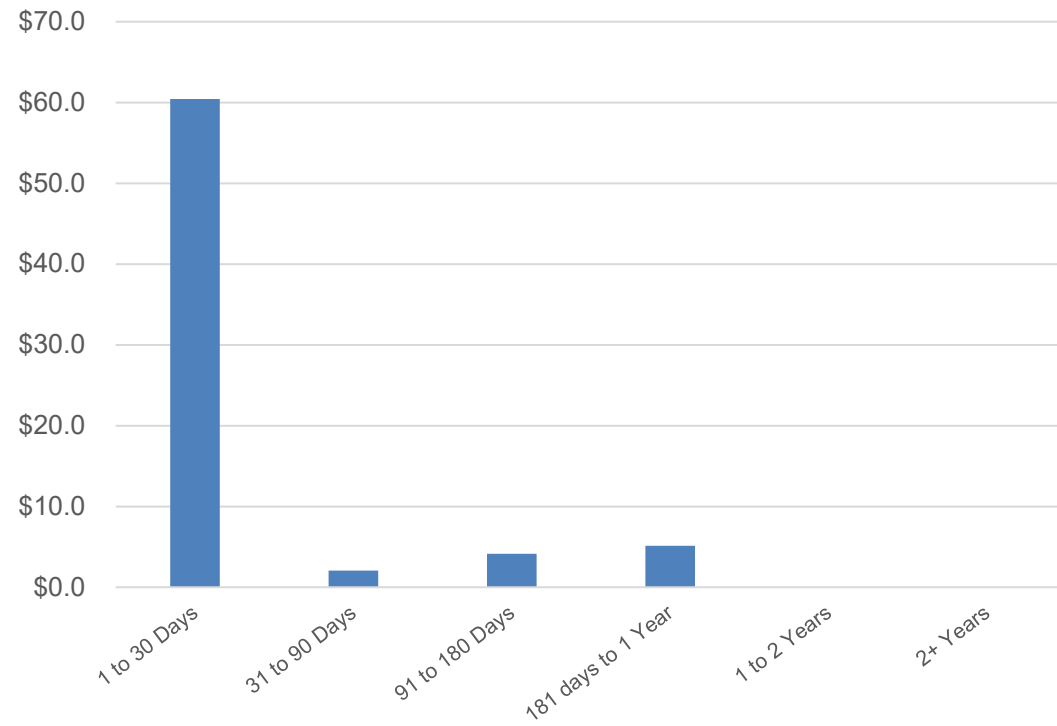
Quarter End Book Value



Total Portfolio Performance



Distribution by Maturity (Millions)



Book & Market Value Comparison

| Issuer/Description | Yield | Maturity Date | Book Value 12/31/23 | Increases | Decreases | Book Value 03/31/24 | Market Value 12/31/23 | Change in Market Value | Market Value 03/31/24 |
|-----------------------|--------------|---------------|------------------------|----------------------|------------------------|------------------------|--------------------------|---------------------------|--------------------------|
| Woodforest Bank - DDA | 0.41% | 04/01/24 | \$ 1,153,284 | \$ 2,102,652 | \$ - | \$ 3,255,936 | \$ 1,153,284 | \$ 2,102,652 | \$ 3,255,936 |
| Woodforest Bank - MMA | 5.67% | 04/01/24 | 8,551,549 | 8,198,382 | - | 16,749,931 | 8,551,549 | 8,198,382 | 16,749,931 |
| NexBank IntraFi MMA | 5.55% | 04/01/24 | 10,845,494 | 8,218,514 | - | 19,064,008 | 10,845,494 | 8,218,514 | 19,064,008 |
| TexPool | 5.32% | 04/01/24 | 996,558 | 8,625,489 | - | 9,622,048 | 996,558 | 8,625,489 | 9,622,048 |
| TexSTAR | 5.30% | 04/01/24 | 982,935 | 8,624,806 | - | 9,607,741 | 982,935 | 8,624,806 | 9,607,741 |
| Texas Capital Bank CD | 4.91% | 01/23/24 | 4,183,615 | - | (4,183,615) | - | 4,183,615 | (4,183,615) | - |
| Bank OZK CD | 5.71% | 02/17/24 | 4,018,287 | - | (4,018,287) | - | 4,018,287 | (4,018,287) | - |
| Bank OZK CD | 5.00% | 03/29/24 | 2,074,898 | - | (2,074,898) | - | 2,074,898 | (2,074,898) | - |
| Texas Capital Bank CD | 4.87% | 04/23/24 | 2,091,137 | 25,543 | - | 2,116,680 | 2,091,137 | 25,543 | 2,116,680 |
| Bank OZK CD | 5.04% | 05/19/24 | 2,058,528 | 25,404 | - | 2,083,932 | 2,058,528 | 25,404 | 2,083,932 |
| Bank OZK CD | 5.56% | 08/02/24 | 2,036,492 | 27,652 | - | 2,064,144 | 2,036,492 | 27,652 | 2,064,144 |
| Bank OZK CDARS | 5.65% | 09/19/24 | 2,030,975 | 28,039 | - | 2,059,014 | 2,030,975 | 28,039 | 2,059,014 |
| Wallis Bank CDARS | 5.91% | 10/31/24 | 5,047,397 | 72,745 | - | 5,120,142 | 5,047,397 | 72,745 | 5,120,142 |
| TOTAL /AVERAGE | 5.27% | | \$ 46,071,149 | \$ 35,949,227 | \$ (10,276,799) | \$ 71,743,576 | \$ 46,071,149 | \$ 25,672,428 | \$ 71,743,576 |

Agenda Item # 8



We Make a Difference!

To: Board of Directors

From: Randy Johnson, CEO

Date: April 23, 2024

Re: Board Secretary Position

Consider and act on election of MCHD Board Secretary Position. (Mr. Thor, Chairman – MCHD Board)

Agenda Item # 9



We Make a Difference!

To: Board of Directors
From: Randy Johnson, CEO
Date: April 23, 2024
Re: **MCHD – MCPHD Representative**

Consider and act on the MCHD board representative appointed to the Public Health District Board. (Mr. Thor, Chairman – MCHD Board)

Agenda Item # 10a



We Make a Difference!

To: Board of Directors
From: Randy Johnson, CEO
Date: April 23, 2024
Re: **CEO Report**

CEO REPORT

KEY NOTES:

- 1) Ms. Sandy Wagner, Twenty year MCHD and Twelve year MCPHD Board Member, has retired and has moved to Houston to be closer to her family. Ms. Wagner won her first board election to the Montgomery County Hospital District in 2004 with a 60.5% vote margin, despite having two opponents running against her in that Precinct 1 race! Ms. Wagner took her position on the Hospital District and Public Health District Boards very seriously, missing no more than a half-dozen meetings during her twenty-year tenure on the Board. She was relatively quiet, but extremely strong in her convictions as a Board Member.

She served as Board Treasurer for a brief time early in her tenure on the Board, but really enjoyed her role as Board Secretary – a position she held a vast majority of the twenty years she served on the Board. Ms. Wagner was very proud of MCHD. She complimented the EMS crews on the excellent job they did, caring for her and her husband whenever she needed to call for services. Even though she was very proud of the services that MCHD EMS provides, her real focus during her time on the Board was the Healthcare Assistance Program (HCAP) and providing governance to the Public Health District. We will miss her presence on both Boards tremendously.

As a small token of our admiration, appreciation, and respect for Ms. Wagner, we presented her a beautiful crystal vase with flowers. Etched into the vase was the following inscription:

“In sincere gratitude for the compassion, guidance, and outstanding leadership you’ve provided to all of us over the past 20 years.”

Sandy Wagner
MCHD Board Director
MCPHD Board Member

We will send her a bouquet of flowers the fourth Tuesday of each month for the next year, symbolizing our continued appreciation to her for her service to MCHD and her electorate.

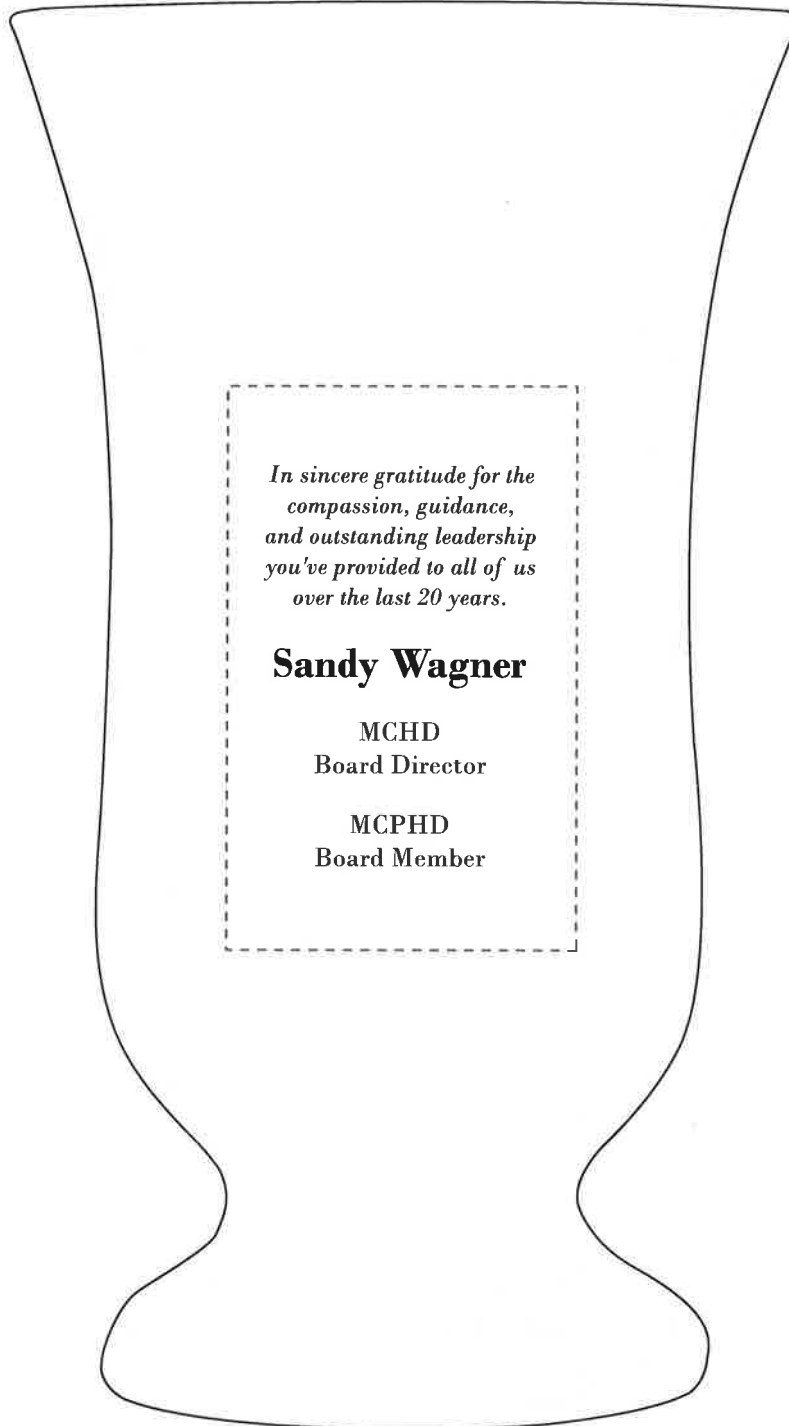
- 2) Each department at MCHD has begun initial capital budget planning for the 2025 Fiscal year.
- 3) The FM 105 Tower was erected this month. Justin Evans plans to have the FM 105 tower project completed within the next six weeks.
- 4) We now have a bid to remount four Dodge 4500, twelve-foot Frazer boxes during the next eight months. We received four new Dodge 5500, fourteen-foot ambulances earlier this fiscal year. Frazer plans to build two more Dodge 5500, fourteen-foot ambulances by end of calendar year. Frazer is planning to have twelve new trucks built for MCHD during the 2025 calendar year.
- 5) The station MCHD purchased from Lake Conroe Fire Department on FM 2854 should be ready for temporary occupancy in the Mobile Home adjacent to the building within the next sixty days. We are hoping to have the station structure ready for occupancy by end of calendar year 2024. Currently, we are waiting on the Montgomery County to approve our remodel plans.
- 6) We are hosting a 17 EMT NEOP to begin the first week of May. The new employees should be ready to deploy on ambulances in July.
- 7) Attached to my report is a very kind note received from Mr. Eric Yollick, a former Board member.

Plans for the Coming Quarter:

- 1) Begin a 20 paramedic NEOP
- 2) Complete the FM 105 tower
- 3) Begin remodeling the 2854 Station
- 4) Complete the Station 47 remodel.
- 5) Plan for three employee retirements.

Thank you,

Randy



1 Inch FRONT ETCH
Scale: 100%

Please make sure that everything is spelled correctly as engraving is permanent. Everything shown in black will be etched with a final grayish, frosted texture.

| | |
|---------|--------|
| QTY | 1 |
| SKU No. | 110702 |
| Size | L |



3.27.24

MCHD,

I LOVE YOU
PEOPLE!

-ERIC YOLICH

832.687.7980

"HI"

P.S. PLEASE SAY ^{IT} TO
GEORGETTE & BRAD
FROM ME



Agenda Item #10b



We Make a Difference!

To: Board of Directors

From: James Campbell

Date: April 23, 2024

RE: EMS Division Report

Executive Summary

- Customer service scores for Q1- 2024 rank MCHD 3rd compared to similar sized EMS systems. There were 1, 183 patient surveys returned between 1/1/2024 and 3/31/2024. Our overall survey score was 94.95 and 85.79% of responses gave MCHD the highest rating of “very good.” In addition, our rolling 12-month score of 94.38 is 0.71 points higher than the national database score of 93.67.
- In Q1 – 2024 we responded to 21, 504 calls and transported 12, 941 patients to the hospital. Below is break down of six years of Q1 data:

| First Quarter Data from 2019 - 2024 | | | | | |
|-------------------------------------|-----------|------------|---------|-----------|------------|
| 2019 | Responses | Transports | 2020 | Responses | Transports |
| January | 5465 | 3264 | January | 6309 | 3669 |
| Feb | 5359 | 3185 | Feb | 5896 | 3404 |
| March | 6324 | 3634 | March | 6183 | 3407 |
| 2021 | Responses | Transports | 2022 | Responses | Transports |
| January | 6218 | 3306 | January | 6881 | 3736 |
| Feb | 6352 | 3140 | Feb | 5915 | 3236 |
| March | 6523 | 3398 | March | 6555 | 3673 |
| 2023 | Responses | Transports | 2024 | Responses | Transports |
| January | 6909 | 4103 | January | 7633 | 4546 |
| Feb | 6511 | 3834 | Feb | 6706 | 4053 |
| March | 7253 | 4186 | March | 7165 | 4342 |

As you can see, that is an approximate 4% increase in responses and an approximate 6% increase in transports thus far, compared to last year.

- All the Divisions within EMS have diligently worked to prepare their FY 25 budgets. The first draft budget documents were due last week, and we will start having regular reoccurring meetings to finalize our budgets for the Board.
- We had a meeting with Frazer at their office in late March. The focus of this meeting was to discuss our remounting plans and timelines, review our 14’ ambulance spec and make any necessary adjustments, and discuss their future operational plans as the move to a new building in 2025. We plan to build (6) new 12’ ambulances with Frazer on our 4500 Dodge chassis, and we are preparing for 11 new 5500 Dodge chassis to arrive this summer.
- We also had a meeting with SERVS to finalizing our remounting plans with Fleet Plus. SERVS was able to provide us with a quote, and our plan is start with remounting (4) units starting in May/June 2024. This will add some newer units to our fleet before the end of the calendar year.
- Chief Campbell completed six 180 day interviews this month, formally releasing people from their probationary period. The meetings went well as everyone provided some good feedback. This is a paramedic group, with a mix of experiences prior to joining MCHD. One theme they expressed is that they were nervous coming to

MCHD because of the size of the organization. Now 6+ months in, they have been pleased with how people are willing to help, answer questions, and genuinely care about their success and development. That's a great indicator of our culture and we develop new people into our system,

- Over the next couple of weeks, we are planning to take a deeper dive into our turnover rate. As we prepare for FY 25, future deployment, and staffing needs, we want to have a really good understanding of staffing trends. For example, we want to review turnover by position: EMT vs Att. Paramedic/Paramedic promotions to IC/IC turnover etc. This data will help us plan future cohorts, potential BLS deployment expansion, and long-term staffing plans.

Assistant Chief Seek's Report

Hiring, Recruitment, and Onboarding

- Seventeen EMTs have accepted positions with MCHD and will begin the New Employee Orientation Program (NEOP) on May 1st. During the initial three days, they will receive information from various MCHD departments, followed by two weeks of EMS-specific training. Subsequently, they will undergo driver-training shifts followed by phase 1 training with assigned preceptors before moving to phase 2 evaluation. These new employees are expected to be deployed into the float pool to cover attendant paramedic openings by early July.
- MCHD is actively seeking to fill 20 attendant paramedic vacancies, with 52 promising applicants engaged since the opening of applications on April 1st.

Professional Development Updates

- Captains have completed ride-up training to qualify for filling District Chief vacancies. This training covered ultrasound techniques, managing high-risk refusals, and other relevant topics to prepare them for the clinical responsibilities of a District Chief.
- Seven EMT Cohort employees are concluding their paramedic internships, soon to be eligible for testing. Additionally, 12 Cohort employees will enter their internship and final semester of school this summer, all under the supervision of MCHD preceptors.

Operations

- Staffing remained stable in March, with an average of 32 units per day during peak times. Improved deployment resulted in a slight decrease in both unit hour utilization and low-level occurrences. The EMS system's time at low-levels dropped to 2.55% during March.
- April is marked by several significant events, including the Montgomery County Rodeo, the Ladies Professional Golf Association Chevron Championship, and Ironman Texas.
- Materials Management has deployed 49 new Stryker Stretchers and Power Load systems into the fleet, offering enhanced durability and functionality for improved patient and EMS provider experience. Comprehensive training was provided to all employees prior to deployment to reduce the probability of employee and patient injury.
- Chief Goodrich and his team have redesigned multiple employee evaluation tools to ensure a more consistent delivery of feedback, aiming to foster a culture of development and equity for annual evaluations.

Clinical

- Dr. Patrick continues to demonstrate proactive leadership, implementing a protocol change following recent events surrounding Ketamine sedation. Collaborating with DCS, this change aims to safeguard both patients and EMS providers.
- New Zoll Z Vents were deployed into the EMS system in March, with collaborative efforts ensuring a seamless and safe rollout. Provider feedback regarding the new ventilators has been positive.
- DCS and Education have initiated planning for 2nd Quarter Continuing Education (CE) sessions scheduled for late May, focusing on recent clinical changes and Mass Casualty Incident (MCI) drills.

Quality, Emergency Management and Safety

- Kingwood Pines was able to meet with our team to discuss adding this facility as a potential transport destination in the future
- Went to Wake County EMS in North Carolina for a best practice information sharing visit. This was an extremely beneficial meeting with an agency who is very similar to MCHD. This meeting reinforced some of the work and

plans that we have in place at MCHD. It also gave us a few things that we will be evaluating to see if they would be feasible and beneficial for MCHD.

- MCHD worked with county fire departments and the Office of Emergency Management to enact a county-wide MCI guideline. The document gives guidance for levels of incidents how many resources should be requested. The document is attached. It will be made available to all responders over the coming months.
- We are in the height of event season. The Woodlands Waterway Arts Festival, Montgomery County Fair and Rodeo, and LPGA Chevron Championship are behind us. Ironman Texas and Big as Texas are coming up quickly. It's our goal to make sure that events are planned in a way that limits the impact on the 911 system and allows patrons can congregate safely.
- MCHD is working with The Office of Emergency Management, The Montgomery County Sherriff's Office, Montgomery County Fire Departments, and Fire Marshal's Office to rewrite the county's mass gathering application.
- We held day 1 of in-person defensive driving for our non-field employees. The class was engaged and lively. The successful completion brings us to compliance for another 3 years.
- Safety, Professional Development, and EMS Ops met to begin revising the EMS Field Emergency Vehicle Driver Training program. Specifically, we will be reviewing who can be a driver coach and what their prerequisite training includes.
- MCHD completed multiple large CPR classes for volunteers and mass gathering participants.
- MCHD participated in a tabletop exercise that focused on HAZMAT train incidents and their impact on local school systems. The drill was an evolution of a year-long series that will end with a full scale exercise in October.
- We attended the Local Emergency Planning Committee. This month, the Chevron Philips Chemical – Conroe presented their HAZMAT transportation plan and prevention methods.
- MCHD coordinated a HAZMAT Decon discussion with Memorial Hermann The Woodlands, HCA Conroe, the Woodlands Fire Department, Conroe Fire Department, and Porter Fire Department. The group discussed decon procedures and allowed for open discussion across disciplines.
- Safety worked with Misti Willingham to complete a video shoot for an upcoming driving awareness video. The project is another evolution in attempting to capture new adult education methods for the new workforce.
- MCHD was invited to attend the Emergence Seminar for new and upcoming threats. The class was taught by the US Secret Service.
- Safety and EMS Ops met to review and revise the operating guidelines for working in special events. The new documents should be ready for publication in the coming weeks.

Alarm

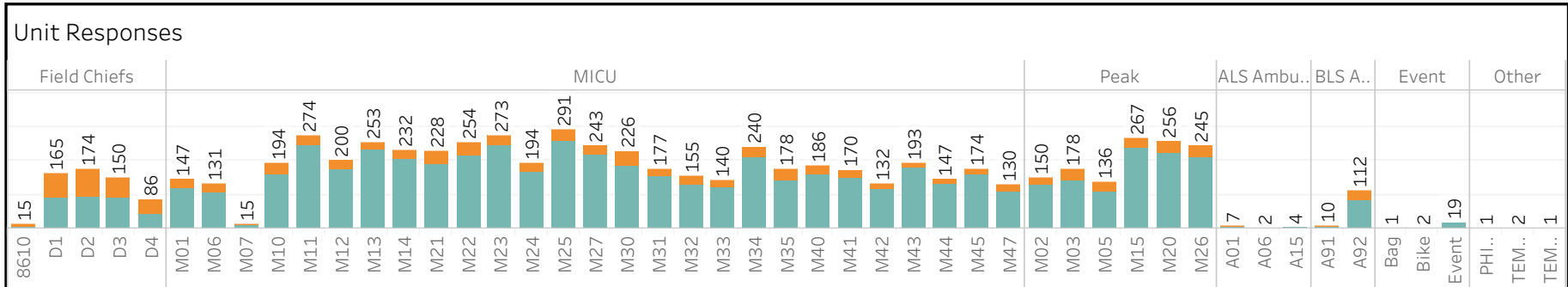
- Alarm has completed a hiring process and made offers to two candidates who will start with MCHD May 1.
- The I-Wall update project is near completion. This project was collaboration between multiple internal and external stakeholders and the team is excited for the new update. Alarm staff worked from CPD while the monitors were installed.
- MCHD celebrated National Telecommunicators Week from April 14-20, and we sincerely appreciate the show of support we have received.
- With the addition of Scott McCully to the Alarm Quality Division, we terminated our contract with QPR, and have transitioned our case review process fully in house.
- Chief Darst and Dispatcher of the Year Jami Dillard traveled to Washington D.C. for the annual IAED Navigator conference with the Alarm Quality team.



Dispatched Incident Review

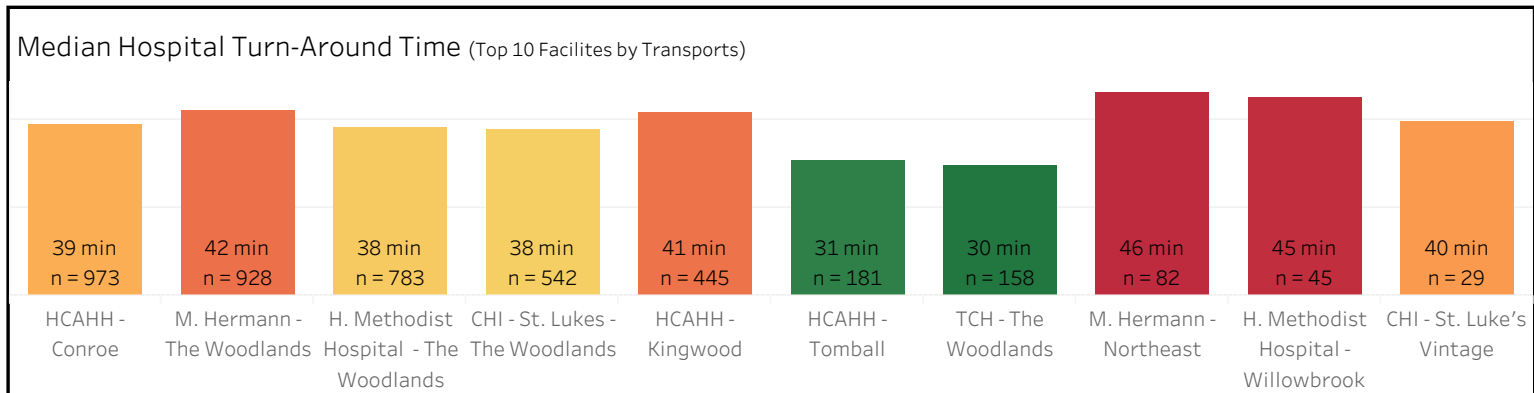
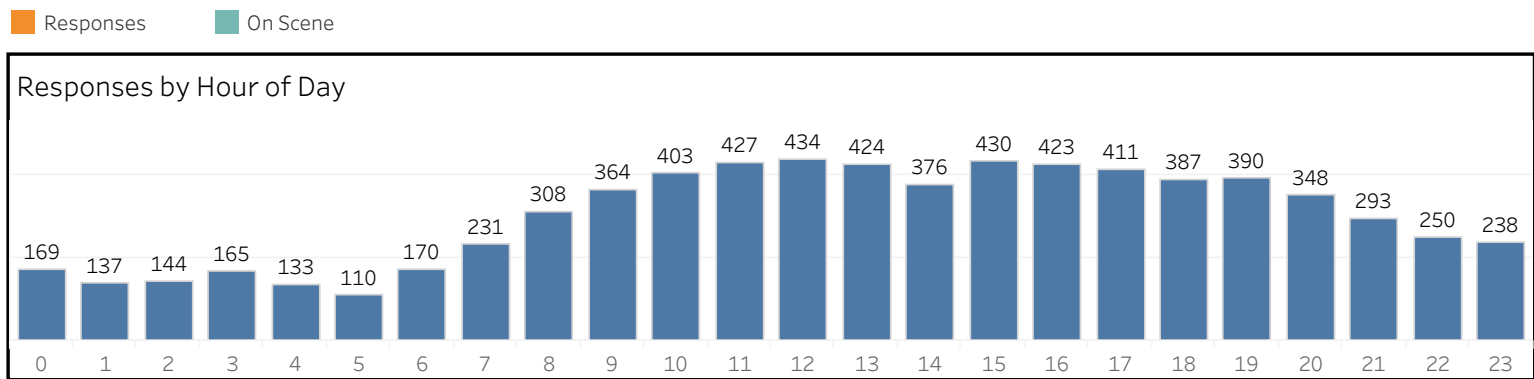
March 1, 2024 to March 31, 2024

| Dispatched | | On Scene | | Transports | | Response Times | | | |
|------------|-------|-----------|-------|------------|-------|----------------|------------|------------|---------|
| Incidents | 5,886 | Incidents | 5,582 | Incidents | 4,268 | Priority 1 | Priority 2 | Priority 3 | Overall |
| Responses | 7,165 | Responses | 6,111 | Transports | 4,342 | 80.86% | 84.32% | 84.83% | 84.23% |



Incident Types (Top 20)

| Problem Category | Count |
|----------------------|-------|
| Fall | 710 |
| MVC | 548 |
| Sick Person | 546 |
| Breathing Problems | 499 |
| Unconscious/Fainting | 414 |
| Transfer/Evaluation | 411 |
| Chest Pain | 386 |
| SEND | 281 |
| Stroke | 263 |
| Seizures | 190 |
| Emotional Crisis | 166 |
| Abdominal Pain | 161 |
| Hemorrhage | 157 |
| Assault | 120 |
| Traumatic Injury | 100 |
| Overdose Ingestion | 97 |
| Diabetic | 87 |
| Medical Alarm | 73 |
| Unknown Problem | 72 |
| Heart Problems | 70 |



Hospital Patient Transports

03/01/24 - 3/31/2024

Total Transports
to All Facilities

4,377

| | Sepsis | STEMI | Stroke | Trauma | Grand Total |
|------------------------------------|-----------|-----------|------------|-----------|-------------|
| M.Hermann - The Woodlands | 16 | 6 | 19 | 12 | 53 |
| HCAHH - Conroe | 10 | 6 | 30 | 7 | 52 |
| H. Methodist - The Woodlands | 20 | 4 | 15 | | 39 |
| HCAHH - Kingwood | 7 | 1 | 20 | 8 | 36 |
| CHI - St. Lukes - The Woodlands | 10 | 5 | 13 | | 28 |
| H.Methodist Hospital - Willowbrook | 3 | 1 | 3 | | 7 |
| HCAHH - Tomball | 3 | 1 | | | 4 |
| M.Hermann - Northeast | | 1 | 2 | | 3 |
| CHI - St. Luke's Vintage | 1 | 1 | | | 2 |
| M. Hermann - Cypress | 1 | | | | 1 |
| Grand Total | 71 | 26 | 102 | 27 | 225 |

Avg. Turnaround Time Main Facilities (Minutes)

Patients Per Facility Main Facilities (Count)

| | | | |
|--------------------------------------|-------|--------------------------------------|-----|
| Ben Taub General | 52.00 | HCAHH - Conroe | 981 |
| CHI - St. Luke's - TMC | 50.60 | M.Hermann - The Woodlands | 941 |
| M.Hermann - TMC | 49.62 | H. Methodist - The Woodlands | 786 |
| H. Methodist Hospital - TMC | 48.29 | CHI - St. Lukes - The Woodlands | 544 |
| M.Hermann - Northeast | 47.92 | HCAHH - Kingwood | 459 |
| HCAHH - Kingwood | 47.78 | HCAHH - Tomball | 182 |
| H.Methodist Hospital - Willowbrook | 47.38 | TCH - The Woodlands | 157 |
| CHI - St. Luke's Vintage | 45.62 | M.Hermann - Northeast | 84 |
| M.Hermann - The Woodlands | 45.25 | H.Methodist Hospital - Willowbrook | 45 |
| TIRR Memorial Hermann - TMC | 45.00 | CHI - St. Luke's Vintage | 29 |
| MD Anderson Cancer Center - TMC | 43.10 | M.Hermann - TMC | 13 |
| M. Hermann - Children's TMC | 42.50 | MD Anderson Cancer Center - TMC | 10 |
| HCAHH - Conroe | 41.92 | HCAHH - Northwest | 9 |
| M. Hermann - Cypress | 41.89 | M. Hermann - Cypress | 9 |
| H. Methodist - The Woodlands | 39.94 | H. Methodist Hospital - TMC | 7 |
| CHI - St. Lukes - The Woodlands | 39.36 | CHI - St. Luke's - TMC | 5 |
| Michael E. DeBakey VA Medical Center | 35.00 | TCH - TMC | 5 |
| HCAHH - Northwest | 34.78 | Baylor Scott & White College Station | 2 |
| TCH - TMC | 33.20 | M. Hermann - Children's TMC | 2 |
| HCAHH - Tomball | 33.18 | Michael E. DeBakey VA Medical Center | 2 |
| Huntsville Memorial | 33.00 | Ben Taub General | 1 |
| TCH - The Woodlands | 31.52 | HCAHH - North Cypress | 1 |
| HCAHH - North Cypress | 31.00 | Huntsville Memorial | 1 |
| Baylor Scott & White College Station | 24.00 | TIRR Memorial Hermann - TMC | 1 |

For more information, visit <https://hosp.mchd-tx.org/>

Avg. Turnaround Time Support Facilities (Minutes)

| | |
|--|-------|
| Elite Hospital Kingwood | 26.20 |
| CHI - St. Luke's - Springwoods Village | 26.06 |
| H. Methodist ECC - Magnolia | 25.22 |
| H. Methodist ECC - The Woodlands | 23.80 |
| HCAHH - Cleveland ER | 23.45 |
| America's ER Magnolia | 22.50 |
| M.Hermann - Woodlands West | 21.90 |
| M. Hermann CCC - Kingwood | 21.50 |
| HCAHH - Spring Freestanding | 17.80 |
| Behavioral - Tri-County | 17.67 |
| Behavioral - Woodland Springs | 17.00 |
| M.Hermann CCC - Spring | 17.00 |
| CHI - St. Luke's - Lakeside | 12.00 |

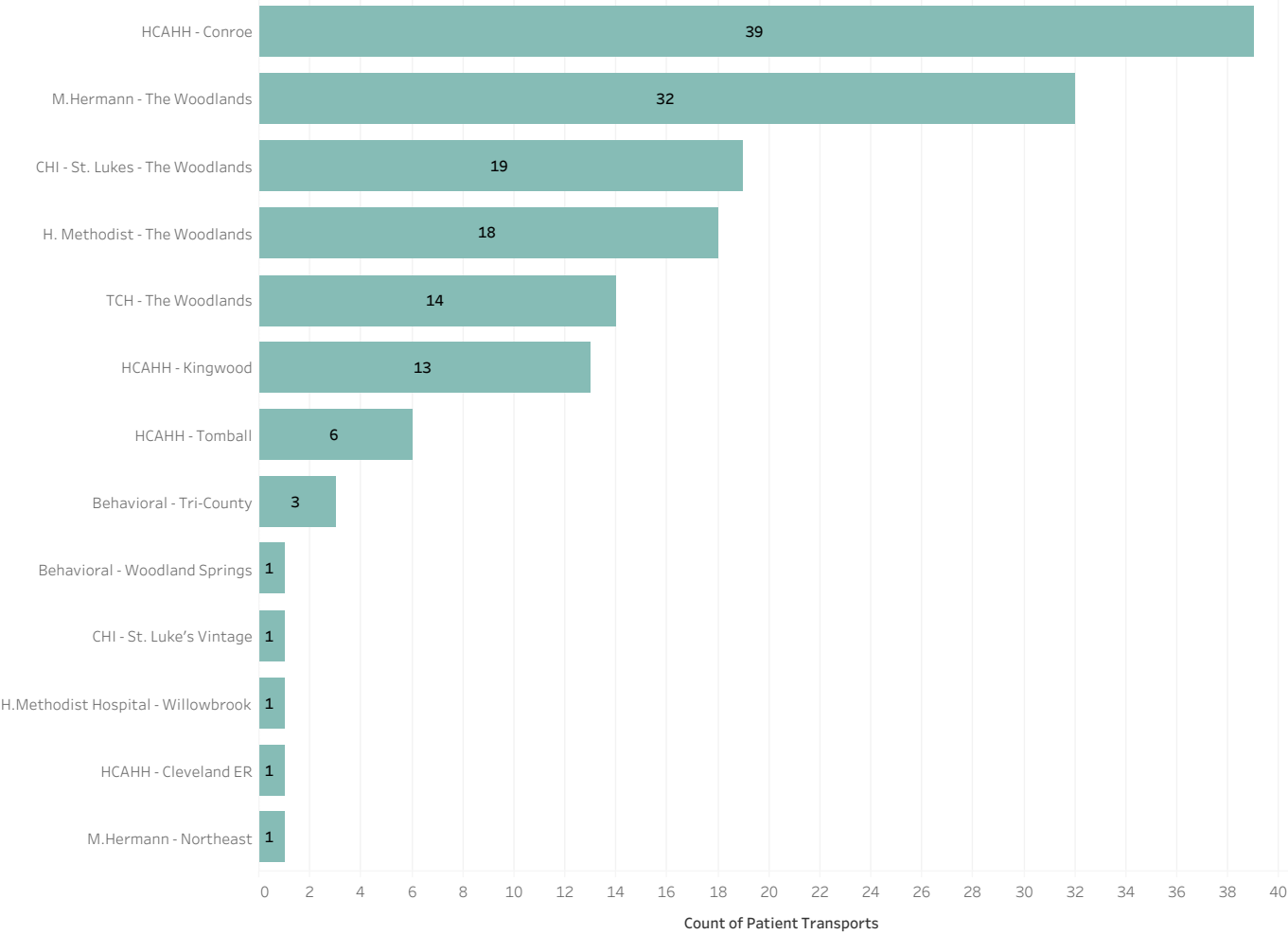
Patients Per Facility Support Facilities (Count)

| | |
|--|----|
| Elite Hospital Kingwood | 30 |
| CHI - St. Luke's - Springwoods Village | 16 |
| HCAHH - Cleveland ER | 11 |
| M.Hermann - Woodlands West | 10 |
| H. Methodist ECC - Magnolia | 9 |
| H. Methodist ECC - The Woodlands | 5 |
| HCAHH - Spring Freestanding | 5 |
| M. Hermann CCC - Kingwood | 4 |
| Behavioral - Tri-County | 3 |
| America's ER Magnolia | 2 |
| M.Hermann CCC - Spring | 2 |
| Behavioral - Woodland Springs | 1 |
| CHI - St. Luke's - Lakeside | 1 |

For more information, visit <https://hosp.mchd-tx.org/>

Psychiatric / Behavioral Patients per Facility

03/01/24 - 3/31/2024



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, 2024 to March 31, 2024

Your Score

94.95

Your Patients in this Report

1,183

Total Patients in this Report

18,315

Total EMS Organizations

229





Executive Summary

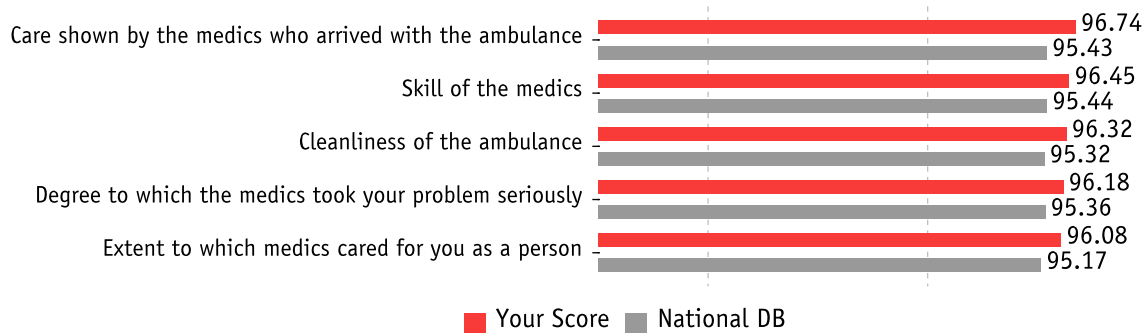
Your overall score for the time period selected is **94.95**. This is a difference of **0.06** from your previous period's score of **94.89**.

Your overall Top Box score, which represents the percentage of the highest possible rating Very Good, is **85.79%**.

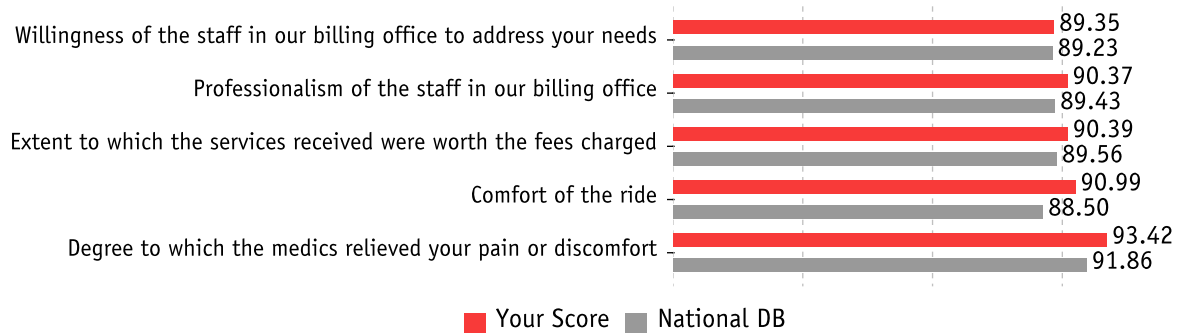
In addition, your rolling 12- month score of **94.38** is a difference of **0.71** from the national database score of **93.67**.

When compared to all organizations in the national database, your score of **94.38** is ranked **24th** and **3rd** for comparably sized organizations.

5 Highest Scores



5 Lowest Scores





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 | 95.96 | 96.17 | -0.21 | 94.27 |
| Concern shown by the person you called for ambulance service | 95.30 | 95.85 | -0.55 | 94.11 |
| Extent to which you were told what to do until the ambulance arrived | 94.76 | 94.76 | -0.00 | 92.99 |

Ambulance Composite

| | Current | Previous | (+/-) | National DB |
|--|---------|----------|-------|-------------|
| Extent to which the ambulance arrived in a timely manner | 94.80 | 94.41 | 0.39 | 93.33 |
| Cleanliness of the ambulance | 96.32 | 96.71 | -0.39 | 95.32 |
| Comfort of the ride | 90.99 | 91.75 | -0.76 | 88.50 |
| Skill of the person driving the ambulance | 95.70 | 95.28 | 0.42 | 94.71 |

Medic Composite

| | Current | Previous | (+/-) | National DB |
|--|---------|----------|-------|-------------|
| Care shown by the medics who arrived with the ambulance | 96.74 | 96.27 | 0.47 | 95.43 |
| Degree to which the medics took your problem seriously | 96.18 | 95.91 | 0.27 | 95.36 |
| Degree to which the medics listened to you and/or your family | 95.90 | 95.77 | 0.13 | 95.04 |
| Skill of the medics | 96.45 | 96.07 | 0.38 | 95.44 |
| Extent to which the medics kept you informed about your treatment | 95.12 | 94.92 | 0.20 | 93.76 |
| Extent to which medics included you in the treatment decisions (if applicable) | 94.66 | 94.75 | -0.09 | 93.46 |
| Degree to which the medics relieved your pain or discomfort | 93.42 | 93.00 | 0.42 | 91.86 |
| Medics' concern for your privacy | 95.35 | 95.59 | -0.24 | 94.37 |
| Extent to which medics cared for you as a person | 96.08 | 96.10 | -0.02 | 95.17 |

Billing Office Staff Composite

| | Current | Previous | (+/-) | National DB |
|--|---------|----------|-------|-------------|
| Professionalism of the staff in our billing office | 90.37 | 91.27 | -0.90 | 89.43 |
| Willingness of the staff in our billing office to address your needs | 89.35 | 90.96 | -1.61 | 89.23 |



Question Analysis (Continued)

| Overall Experience Composite | Current | Previous | (+/-) | National DB |
|---|---------|----------|-------|-------------|
| How well did our staff work together to care for you | 95.68 | 95.52 | 0.16 | 94.55 |
| Extent to which our staff eased your entry into the medical facility | 95.82 | 95.27 | 0.55 | 94.78 |
| Appropriateness of Emergency Medical Transportation treatment | 95.81 | 95.39 | 0.42 | 94.63 |
| Extent to which the services received were worth the fees charged | 90.39 | 90.47 | -0.08 | 89.56 |
| Overall rating of the care provided by our Emergency Medical Transportation | 95.57 | 95.36 | 0.21 | 94.63 |
| Likelihood of recommending this ambulance service to others | 95.58 | 94.81 | 0.77 | 94.19 |



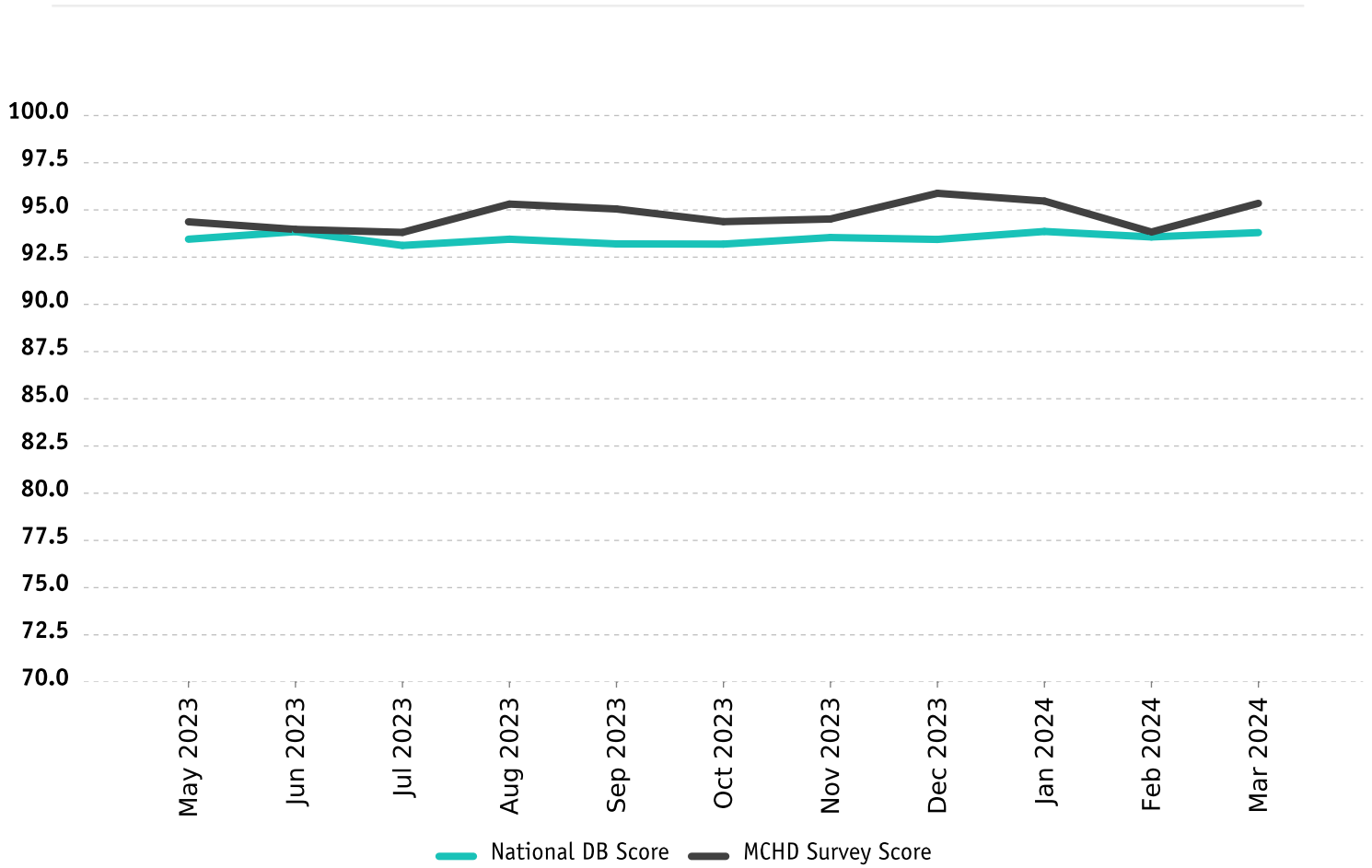
Monthly Breakdown

This report provides individual item scores by month, your overall organization monthly score, and the number of survey respondents.

| | Apr 2023 | May 2023 | Jun 2023 | Jul 2023 | Aug 2023 | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Helpfulness of the person you called for ambulance service | 95.53 | 95.78 | 94.39 | 94.78 | 95.39 | 94.94 | 95.98 | 95.04 | 97.76 | 95.85 | 95.43 | 96.48 |
| Concern shown by the person you called for ambulance service | 94.77 | 95.13 | 94.07 | 95.30 | 95.14 | 94.50 | 95.39 | 95.43 | 96.86 | 95.88 | 94.53 | 95.36 |
| Extent to which you were told what to do until the ambulance arrived | 94.75 | 93.58 | 93.21 | 94.04 | 94.70 | 94.54 | 94.29 | 94.38 | 95.71 | 95.24 | 94.05 | 94.89 |
| Extent to which the ambulance arrived in a timely manner | 94.78 | 94.39 | 93.64 | 93.98 | 95.15 | 94.93 | 93.84 | 94.64 | 94.78 | 95.68 | 93.81 | 94.75 |
| Cleanliness of the ambulance | 96.02 | 96.49 | 95.87 | 96.31 | 96.99 | 97.01 | 96.10 | 96.50 | 97.64 | 96.77 | 95.69 | 96.39 |
| Comfort of the ride | 89.94 | 90.27 | 89.41 | 90.18 | 91.70 | 91.29 | 91.21 | 92.08 | 91.95 | 91.59 | 89.84 | 91.34 |
| Skill of the person driving the ambulance | 94.46 | 95.74 | 95.21 | 94.40 | 96.14 | 95.81 | 94.74 | 95.12 | 96.08 | 96.09 | 95.21 | 95.72 |
| Care shown by the medics who arrived with the ambulance | 96.89 | 96.30 | 96.04 | 95.08 | 96.57 | 96.58 | 96.01 | 95.62 | 97.35 | 97.21 | 95.78 | 97.07 |
| Degree to which the medics took your problem seriously | 97.05 | 96.01 | 95.52 | 94.76 | 96.58 | 96.30 | 95.50 | 95.07 | 97.40 | 96.17 | 95.64 | 96.60 |
| Degree to which the medics listened to you and/or your family | 96.18 | 96.11 | 95.30 | 94.74 | 95.96 | 96.57 | 95.08 | 95.07 | 97.39 | 96.30 | 94.66 | 96.50 |
| Skill of the medics | 96.62 | 96.56 | 95.36 | 95.40 | 96.59 | 96.51 | 94.99 | 95.91 | 97.48 | 96.54 | 95.64 | 96.99 |
| Extent to which the medics kept you informed about your treatment | 94.38 | 94.94 | 93.91 | 93.97 | 96.16 | 95.65 | 94.24 | 94.36 | 96.36 | 96.16 | 93.84 | 95.15 |
| Extent to which medics included you in the treatment decisions (if | 94.24 | 94.81 | 94.02 | 93.71 | 95.39 | 95.28 | 94.56 | 93.87 | 95.99 | 95.40 | 93.43 | 94.95 |
| Degree to which the medics relieved your pain or discomfort | 91.94 | 92.03 | 92.20 | 92.13 | 93.46 | 92.42 | 91.68 | 93.22 | 94.23 | 94.51 | 91.99 | 93.54 |
| Medics' concern for your privacy | 95.50 | 94.82 | 94.87 | 93.32 | 96.08 | 95.02 | 95.19 | 95.50 | 96.15 | 96.03 | 94.35 | 95.51 |
| Extent to which medics cared for you as a person | 96.57 | 96.19 | 95.03 | 94.32 | 96.56 | 96.12 | 96.19 | 95.15 | 97.15 | 96.49 | 94.49 | 96.92 |
| Professionalism of the staff in our billing office | 89.76 | 89.30 | 90.40 | 89.25 | 91.06 | 91.52 | 91.12 | 91.25 | 91.45 | 90.69 | 89.65 | 90.69 |
| Willingness of the staff in our billing office to address your needs | 89.27 | 88.87 | 89.82 | 89.82 | 90.91 | 91.52 | 90.55 | 91.16 | 91.15 | 90.02 | 88.28 | 89.70 |
| How well did our staff work together to care for you | 95.41 | 94.60 | 95.10 | 94.39 | 96.13 | 96.07 | 95.06 | 94.92 | 96.70 | 96.14 | 94.26 | 96.40 |
| Extent to which our staff eased your entry into the medical facility | 95.22 | 94.15 | 95.08 | 94.12 | 96.02 | 95.86 | 94.76 | 95.14 | 95.95 | 96.45 | 94.74 | 96.10 |
| Appropriateness of Emergency Medical Transportation treatment | 94.82 | 94.50 | 93.83 | 94.99 | 96.36 | 95.95 | 95.05 | 94.69 | 96.58 | 95.87 | 94.75 | 96.61 |
| Extent to which the services received were worth the fees charged | 90.31 | 88.68 | 88.18 | 88.05 | 90.83 | 90.71 | 89.82 | 90.84 | 90.75 | 91.56 | 87.02 | 91.92 |
| Overall rating of the care provided by our Emergency Medical Transportation | 95.53 | 94.61 | 95.36 | 94.76 | 96.35 | 95.97 | 94.81 | 95.08 | 96.26 | 96.22 | 93.97 | 96.21 |
| Likelihood of recommending this ambulance service to others | 95.78 | 94.34 | 94.49 | 94.18 | 95.92 | 96.18 | 94.12 | 94.36 | 96.06 | 95.85 | 94.45 | 96.21 |
| Overall Score | 94.69 | 94.37 | 93.97 | 93.81 | 95.31 | 95.05 | 94.38 | 94.52 | 95.88 | 95.47 | 93.83 | 95.35 |
| Respondents | 339 | 475 | 330 | 414 | 447 | 365 | 396 | 429 | 349 | 411 | 342 | 430 |



Monthly Overall Survey Score





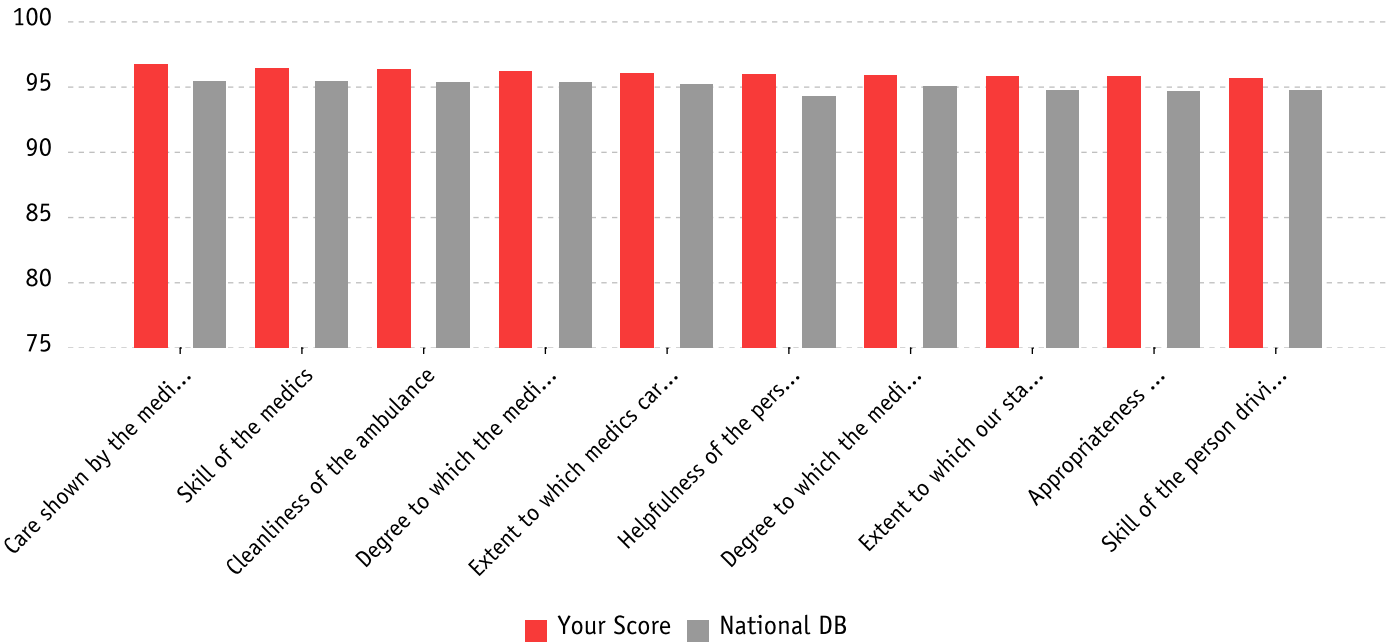
Greatest Increase and Decrease in Scores by Question

| Increases | Current | Previous | (+/-) | National DB |
|---|----------------|-----------------|--------------|--------------------|
| Likelihood of recommending this ambulance service to others | 95.58 | 94.81 | 0.77 | 94.19 |
| Extent to which our staff eased your entry into the medical facility | 95.82 | 95.27 | 0.55 | 94.78 |
| Care shown by the medics who arrived with the ambulance | 96.74 | 96.27 | 0.47 | 95.43 |
| Degree to which the medics relieved your pain or discomfort | 93.42 | 93.00 | 0.42 | 91.86 |
| Appropriateness of Emergency Medical Transportation treatment | 95.81 | 95.39 | 0.42 | 94.63 |
| Skill of the person driving the ambulance | 95.70 | 95.28 | 0.41 | 94.71 |
| Extent to which the ambulance arrived in a timely manner | 94.80 | 94.41 | 0.39 | 93.33 |
| Skill of the medics | 96.45 | 96.07 | 0.37 | 95.44 |
| Degree to which the medics took your problem seriously | 96.18 | 95.91 | 0.26 | 95.36 |
| Overall rating of the care provided by our Emergency Medical Transportation service | 95.57 | 95.36 | 0.21 | 94.63 |
| Decreases | Current | Previous | (+/-) | National DB |
| Willingness of the staff in our billing office to address your needs | 89.35 | 90.96 | -1.61 | 89.23 |
| Professionalism of the staff in our billing office | 90.37 | 91.27 | -0.90 | 89.43 |
| Comfort of the ride | 90.99 | 91.75 | -0.76 | 88.50 |
| Concern shown by the person you called for ambulance service | 95.30 | 95.85 | -0.56 | 94.11 |
| Cleanliness of the ambulance | 96.32 | 96.71 | -0.40 | 95.32 |
| Medics' concern for your privacy | 95.35 | 95.59 | -0.24 | 94.37 |
| Helpfulness of the person you called for ambulance service | 95.96 | 96.17 | -0.22 | 94.27 |
| Extent to which the services received were worth the fees charged | 90.39 | 90.47 | -0.09 | 89.56 |
| Extent to which medics included you in the treatment decisions (if applicable) | 94.66 | 94.75 | -0.09 | 93.46 |
| Extent to which medics cared for you as a person | 96.08 | 96.10 | -0.02 | 95.17 |



Greatest Scores Above Benchmarks by Question

| Highest Above Benchmark | Current | (+/-) | National DB |
|--|---------|-------|-------------|
| Care shown by the medics who arrived with the ambulance | 96.74 | 1.31 | 95.43 |
| Skill of the medics | 96.45 | 1.01 | 95.44 |
| Cleanliness of the ambulance | 96.32 | 1.00 | 95.32 |
| Degree to which the medics took your problem seriously | 96.18 | 0.81 | 95.36 |
| Extent to which medics cared for you as a person | 96.08 | 0.90 | 95.17 |
| Helpfulness of the person you called for ambulance service | 95.96 | 1.69 | 94.27 |
| Degree to which the medics listened to you and/or your family | 95.90 | 0.86 | 95.04 |
| Extent to which our staff eased your entry into the medical facility | 95.82 | 1.04 | 94.78 |
| Appropriateness of Emergency Medical Transportation treatment | 95.81 | 1.18 | 94.63 |
| Skill of the person driving the ambulance | 95.70 | 0.99 | 94.71 |





Key Drivers — This section shows the relative importance of each question to the respondents' overall satisfaction. The greater the coefficient number, the more important the issue is to your patients' overall satisfaction. The questions are arranged based on their weighted importance value.

| Question | Your Score | Correlation Coefficient |
|--|------------|-------------------------|
| Extent to which the medics kept you informed about your treatment | 95.12 | .906609191 |
| Appropriateness of Emergency Medical Transportation treatment | 95.81 | .898738056 |
| Care shown by the medics who arrived with the ambulance | 96.74 | .897836112 |
| Extent to which medics included you in the treatment decisions (if applicable) | 94.66 | .882703945 |
| Skill of the medics | 96.45 | .880279478 |
| Extent to which medics cared for you as a person | 96.08 | .879501886 |
| How well did our staff work together to care for you | 95.68 | .879253843 |
| Extent to which our staff eased your entry into the medical facility | 95.82 | .872039119 |
| Degree to which the medics listened to you and/or your family | 95.90 | .86997048 |
| Degree to which the medics took your problem seriously | 96.18 | .866538358 |
| Medics' concern for your privacy | 95.35 | .844676375 |
| Degree to which the medics relieved your pain or discomfort | 93.42 | .819593817 |
| Skill of the person driving the ambulance | 95.70 | .810228159 |
| Cleanliness of the ambulance | 96.32 | .797704286 |
| Extent to which the services received were worth the fees charged | 90.39 | .779346013 |
| Professionalism of the staff in our billing office | 90.37 | .777293021 |
| Concern shown by the person you called for ambulance service | 95.30 | .754314908 |
| Willingness of the staff in our billing office to address your needs | 89.35 | .746267575 |
| Comfort of the ride | 90.99 | .708337482 |
| Extent to which the ambulance arrived in a timely manner | 94.80 | .704135932 |
| Helpfulness of the person you called for ambulance service | 95.96 | .690020913 |
| Extent to which you were told what to do until the ambulance arrived | 94.76 | .665271489 |

Fleet Summary 2023-2024

| Mileage | Ambulance | Supervisor/Squad | Command Staff | Support | Monthly Total | Weekly Total |
|--------------------|------------------|------------------|---------------|----------------|------------------|---------------|
| March 2024 | 136,509 | 13,582 | 3,615 | 14,698 | 168,404 | 42,101 |
| February 2024 | 141,254 | 13,273 | 3,514 | 15,292 | 173,333 | 43,333 |
| January 2024 | 176,464 | 17,121 | 6,225 | 17,850 | 217,660 | 54,415 |
| December 2023 | 146,210 | 13,962 | 3,723 | 12,306 | 176,201 | 44,050 |
| November 2023 | 138,184 | 12,624 | 3,140 | 14,184 | 168,132 | 42,033 |
| October 2023 | 170,267 | 16,005 | 3,728 | 18,824 | 208,824 | 52,206 |
| September 2023 | 135,289 | 13,376 | 4,744 | 13,883 | 167,292 | 41,823 |
| August 2023 | 147,887 | 14,168 | 3,253 | 15,319 | 180,627 | 45,157 |
| July 2023 | 174,271 | 16,832 | 3,207 | 18,178 | 212,488 | 53,122 |
| June 2023 | 139,006 | 15,581 | 3,180 | 14,094 | 171,861 | 42,965 |
| May 2023 | 183,315 | 15,741 | 1,942 | 18,743 | 219,741 | 54,935 |
| April 2023 | 138,943 | 13,138 | 2,067 | 17,285 | 171,433 | 42,858 |
| Total | 1,827,599 | 175,403 | 42,338 | 190,656 | 2,235,996 | |
| Average | 152,300 | 14,617 | 3,528 | 15,888 | 186,333 | 46,583 |
| Annualized Amounts | | | | | 2,235,996 | |

| Accidents | MCHD-Fault | | MCHD Non-Fault | | GRAND TOTAL |
|-------------------|------------|--------|----------------|--------|-------------|
| | Non-injury | Injury | Non-injury | Injury | |
| March 2024 | 3 | | 3 | | 6 |
| February 2024 | 3 | | 1 | | 4 |
| January 2024 | 5 | 1 | 1 | | 7 |
| December 2023 | 3 | | 2 | | 5 |
| November 2023 | 2 | | | | 2 |
| October 2023 | 3 | | 1 | | 4 |
| September 2023 | 6 | | 3 | | 9 |
| August 2023 | 4 | | 2 | | 6 |
| July 2023 | 5 | | | | 5 |
| June 2023 | 3 | | 1 | | 4 |
| May 2023 | 4 | | | | 4 |
| April 2023 | 2 | | 2 | | 4 |
| Total | 43 | | 16 | | 60 |
| Per 100,000 Miles | 1.92 | - | 0.72 | - | 2.68 |

| Service Interruptions | Count | Per 100K miles |
|-----------------------|-------|----------------|
| March 2024 | 7 | 4.16 |
| February 2024 | 9 | 5.19 |
| January 2024 | 9 | 4.13 |
| December 2023 | 7 | 3.97 |
| November 2023 | 6 | 3.57 |
| October 2023 | 6 | 2.87 |
| September 2023 | 7 | 4.18 |
| August 2023 | 6 | 3.32 |
| July 2023 | 9 | 4.24 |
| June 2023 | 8 | 4.65 |
| May 2023 | 5 | 2.28 |
| April 2023 | 11 | 6.42 |
| Total | 90 | 4.03 |

Agenda Item # 10c



We Make a Difference!

To: Board of Directors
From: Melissa Miller, COO
Date: April 23, 2024
Re: **COO Report**

FACILITIES:

- Station 46 (NEW) 13984 FM 2854: Permits are pending for the needed repairs and refurbishment of the existing station. We have secured a plumber to connect water/ sewer services to the trailer and Mid-South is scheduled to connect temporary power. We are working with concrete vendors to obtain bids for driveway repair. Crews will be moved to the trailer when driveway repairs are complete and utilities connected to the trailer which is anticipated by year end.
- Station 47 (Keenan Cutoff): Work continues on the remodel and barring further delays, crews should occupy the new quarters by June 1.
- The Covered Ambulance Parking project is underway all supplies have been ordered (14 day lag time), City of Conroe permits are pending approval (unknown timeline) however the contractor is prepared to start as soon as the approved permits are in hand.

RADIO:

- Montgomery/Lake Conroe Tower Project: On 4/17/2024, the final 2 pieces were stacked which completed the building stage of the project. The next project phase includes installing perimeter fencing, antennae, microwave & shelter equipment. The project remains on schedule and will complete by September 30th.

INFORMATION TECHNOLOGY and LASERFICHE:

- IT is evaluating a feature of our next generation firewall to replace virtual private network and web filters with Zero Trust Access technology with improved securities.
- The team has been working with Facilities with the new Alarm wall display project and Materials Management with Stryker stretcher deployment.
- The CAD and IT teams are assisting EMS and Alarm Operations for the Ironman marathon. This month, we went live with two new Laserfiche Forms processes. We worked with Accounting and Records to design a process to request, approve, document, and communicate internal budget amendments (between GL codes, for example) that do not require board approval. We also worked with ALARM and the EMS Quality team to streamline the process used to provide feedback to ALARM call-takers after quality case reviews.
- We have also continued to test the travel authorization process, making sure that we are meeting the needs of all stakeholders and helping everyone adhere to the approved policy and procedures.
- We have been focusing on enhanced user training for several of our recent processes, to make sure that end users are comfortable with the new processes and how they can use Laserfiche most effectively in their jobs. Specifically, we have been working with Billing staff and Jay Roberts (the new Education Supervisor training with Lee Gillum).
- The week of the board meeting, Carlos and Shawn will be at Empower, the annual Laserfiche conference. We are looking forward to learning about new ways we can leverage Laserfiche to meet the needs of MCHD.

MATERIALS MANAGEMENT (MM):

- Ashley Peachee, MM Manager, successfully managed the yearlong Stretcher Project that required a great deal of pre-planning and coordination with EMS Ops, EMS Clinical, IT, Fleet, Radio, Alarm, and Purchasing. During the week of April 8th, the project was completed with the installation of the new Power Load system into the

MCHD fleet of ambulances. She will continue to monitor the implementation to quickly address any issues encountered with the system.

PUBLIC HEALTH AGREED UPON PROCEDURES (AUP) UPDATES:

- March –April 2024:
 - On March 28, Mr. Chris Garner of Pattillo, Brown and Hill, the firm hired by MCPHD to review Agreed Upon Procedures (AUP) of transactions between MCPHD and MCHD, presented their AUP conclusions at a Special MCPHD Board Meeting. For those interested, the audio can be found at: <https://www.mchd-tx.org/board-books/> March 28, 2004 - Audio.
 - Mr. Garner ended his presentation by stating findings were “inconsequential to overall operations”. Judge Keough then stated “it is time to put all of this to rest.”
 - The Board voted to “accept the audit as it stands”.
 - As of 4/17, the final report nor bill has been received by MCPHD or MCHD.
 - 3/19 PB&H sent MCHD their third update of the AUP report.
 - 3/07 MCHD hosted a HIPAA compliant video conference with PB&H to answer any lingering questions and review response documentation to the second update of the AUP report
 - 3/04 MCHD sent response with supporting documentation to PB&H and requested a conference clarify any lingering questions to expediting the conclusion of this AUP engagement and the completion of the final report
- February 2024:
 - 2/6 Jason Millsaps provided the Pattillo, Brown & Hill (PB&H) draft “Agreed Upon Procedures Report”.
 - 2/7 Brett Allen sent a response to the auditor with questions and clarifications based on the Draft Agreed-Upon Procedures Report for Montgomery County Public Health District.
 - 2/8 PB&H partially responded to the MCHD 2/7 email and requested the Community Paramedic Interlocal Agreement
 - 2/8 Jason Millsaps briefed the MCPHD Board on Audit progress
 - As directed by the MCPHD Board, Donna Daniel emailed the Board the Draft Agreed Upon Procedures Report and the MCHD Response
 - 2/12 Brett Allen provided the following information and requested additional information from PB&H
 - The minutes of the July 24, 2014 MCPHD Board meeting, specifically agenda item #10: Consider and take action on subcontract between Montgomery County Public Health District and Montgomery County Hospital District for Community Paramedicine services rendered as 1115 Medicaid Waiver project.
 - The Community Paramedicine Services Interlocal Contract effective July 24, 2014
 - The minutes of the November 9, 2017 MCPHD Board meeting, specifically agenda item #9: Consider and act on amended Interlocal Agreement for Community Paramedicine.
 - The Community Paramedicine Services Interlocal Agreement effective November 9, 2017
 - The minutes of the June 11, 2020 MCPHD Board meeting, specifically:
 - Agenda item # 11: Consider and act on Amendment three (3) to the Interlocal between MCHD and MCPHD.
 - Agenda item #12: Consider and act on revisions to Exhibit A of the Community Paramedicine Interlocal Agreement.
 - The MCHD – MCPHD Interlocal Agreement Amendment 3
 - The Community Paramedicine Services Interlocal Contract Exhibit A
 - 2/20 Brett Allen sent an email to confirm receipt of the 2/12 information since there had been no communication from PB&H
 - 2/21 Call with Jason Millsaps to notify him that PB&H had not been in communications
 - Melissa Miller resent Mr. Allen’s email and attachments to PB&H
 - 2/22 Chris Garner, Partner with PB&H confirmed receipt of the information
 - 2/27 Update AUP report 2 received
- January 8- 11, 2024:

- Pattillo, Brown and Hill (PBH) completed their onsite review. A goal of February 8th was set for PB&H to update the MCPHD Board.
- January 2, 2024:
 - HIPAA Business Associates Agreement signed by PBH to review documents on site.
 - The PBH portal not HIPAA compliant, therefore HIPAA information contained in patient care documents will not be uploaded.
- December 6, 2023:
 - Jason Millsaps spoke to Pattillo, Brown and Hill (PBH) and confirmed they received all uploads from October 25.
 - PBH stated that due to other clients, vacations and holidays they will re-engage with the MCPHD audit December 18, 2023.
- November 3, 2023:
 - Emailed and spoke to Jason Millsaps regarding PBH failure to communicate.
- October 31, 2023:
 - Again reached out to PBH to confirm receipt of documents with no response.
- October 25, 2023:
 - Emailed PBH to confirm they received the documents, no response.
- October 22, 2023:
 - MCHD uploaded additional files requested by PBH into the audit portal.
- October 6, 2023:
 - MCHD uploaded requested PBC (provided by client) documents to the PBH portal.
 - The audit team now plans to conduct interviews via phone instead of making an onsite visit.
- October 5, 2023:
 - PBH granted access to the portal for document uploads
- October 3, 2023:
 - J. Millsaps signed the Engagement Letter for the MCPHD audit
 - The audit firm of Pattillo, Brown and Hill (PBH) sent the “provided by client” (PBC) document listing to MCHD.
- September 14, 2023:
 - Pattillo, Brown and Hill (PBH) provided a planned timeline for the MCPHD Audit
 - October 11-13, 2023 auditors will be onsite
 - Weeks of Oct. 23 and 30 auditors will be testing
 - Findings presented on November 15.

Agenda Item # 10d



We Make a Difference!

To: Board of Directors
From: Ade Moronkeji, HCAP Manager
Date: April 23, 2024
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 (FPIL) 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

- I am pleased to announce the addition of a new member to the HCAP team. Lovely Alexis joined the department on March 11th, and serves within the Eligibility team as an Eligibility Specialist.
- On March 6th, I.H.S. implemented a two-factor authentication process into their software in order to enhance security and minimize the risk of data breach. HCAP is serving as the beta testers to uncover issues prior to the general release.

A program component that we monitor is client utilization of medical services. This information helps our team identify areas that need to be bolstered either through process improvement or

the gaining of community partnerships. The team is working on gathering this data to provide a different perspective into HCAP. Once available, the information will be included in subsequent reports.

- The eligibility team made visits to Salvation Army, Under Over and Conroe House of Prayer on the 6th, 13th, 20th and 27th of March. They assisted 10 individuals with the HCAP application and six received coverage.

Eligibility Updates

Applications

- The total number of applications received and processed in March was 174, bringing the fiscal year total to 1,094. This represents a decrease of 5% from FY23 numbers. Figure 1 depicts a monthly comparison between FY23 and FY24 application numbers.

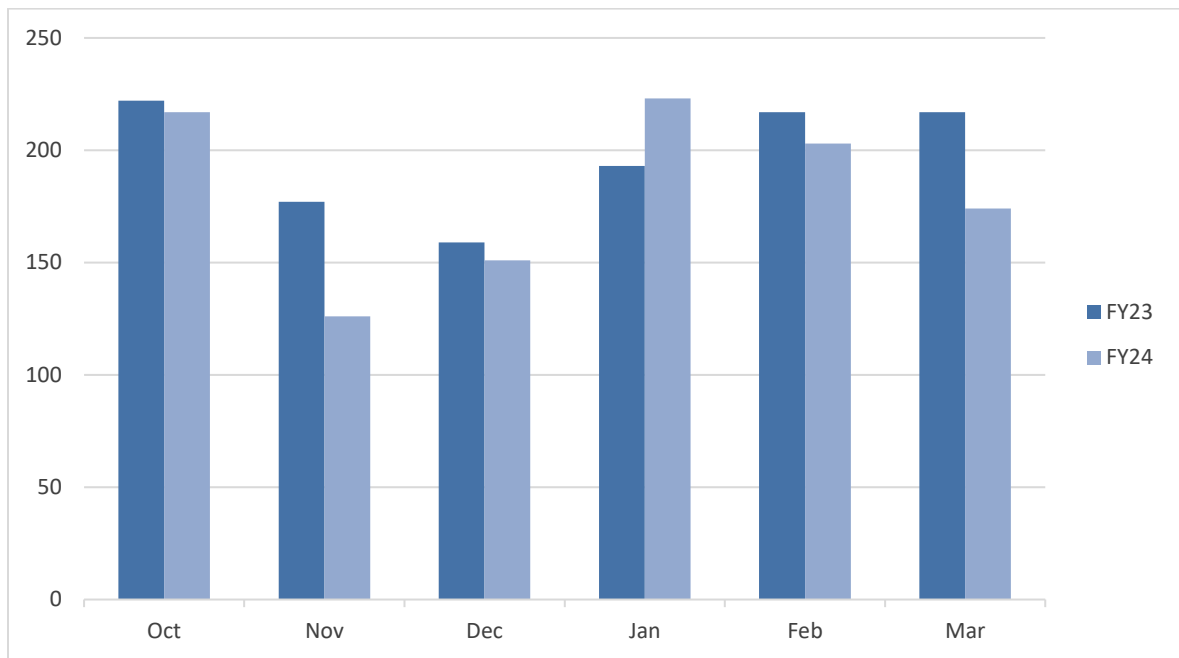


Figure 1 – Monthly Application Volume FY23 V. FY24

- Our office received 59 online applications in March. The corresponding graph is a comparison between FY23 and FY24.

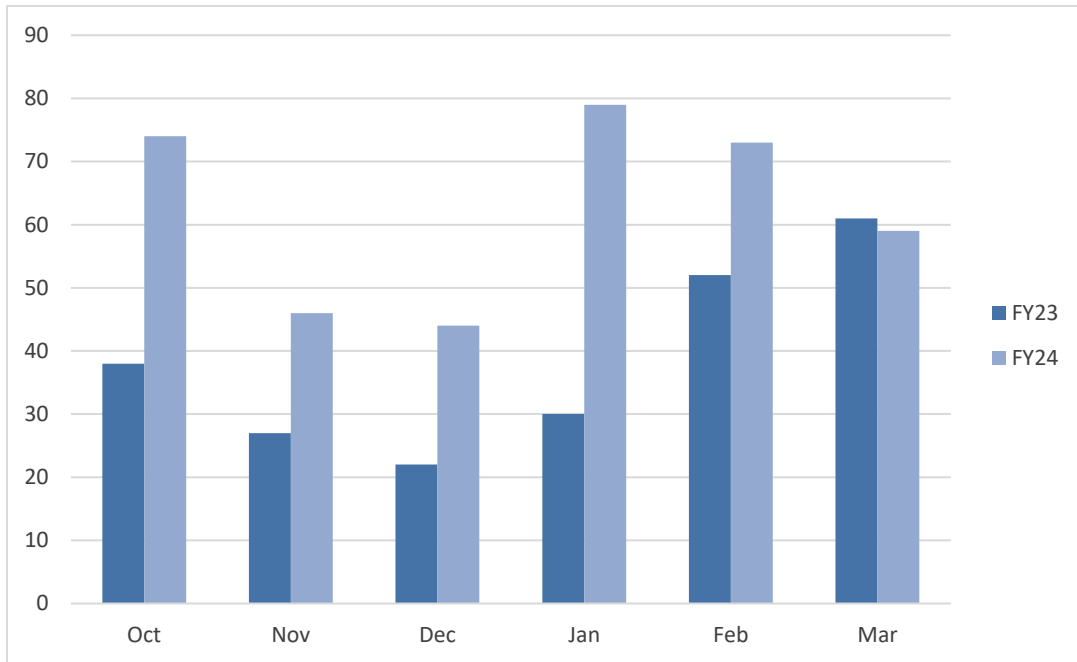


Figure 2 – Monthly Online Application Volume FY23 V. FY24

Enrollment

- We are maintaining a steady but minimal growth rate with 347 clients enrolled in March. This represents a 2% increase from last month.
- Figure 3 compares FY23 and FY24 enrollment numbers while figure 4 compares the number of clients enrolled in the three HCAP program classification for FY23 and FY24. MCICP clients who represent the lower income bracket of 0-21% of the FPIL are the largest group on the program.

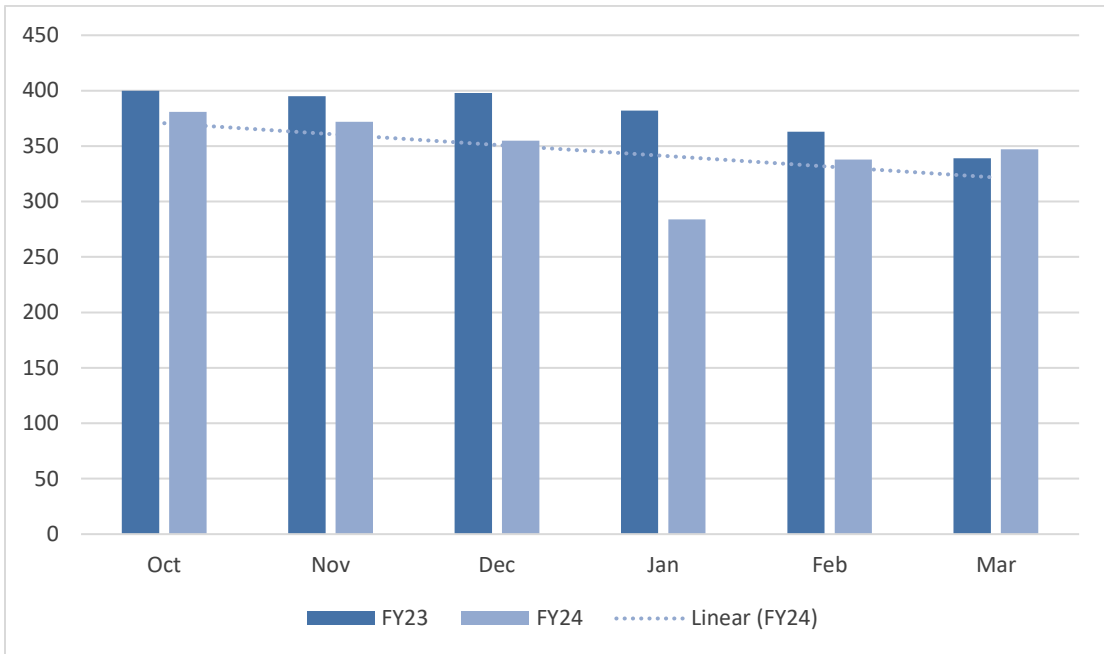


Figure 3 - Active Clients FY23 V. FY24

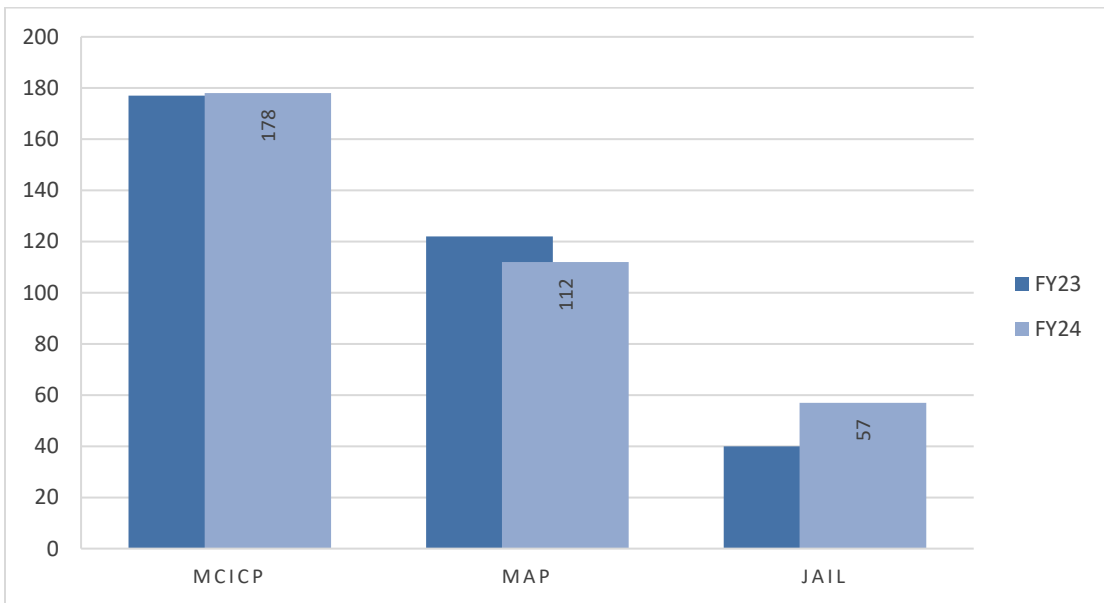


Figure 4 – March HCAP Program Breakdown FY23 V. FY24

New Clients

The graph below shows the number of new clients added to the program on a monthly basis. 23 new clients were enrolled in March which is consistent with February numbers.

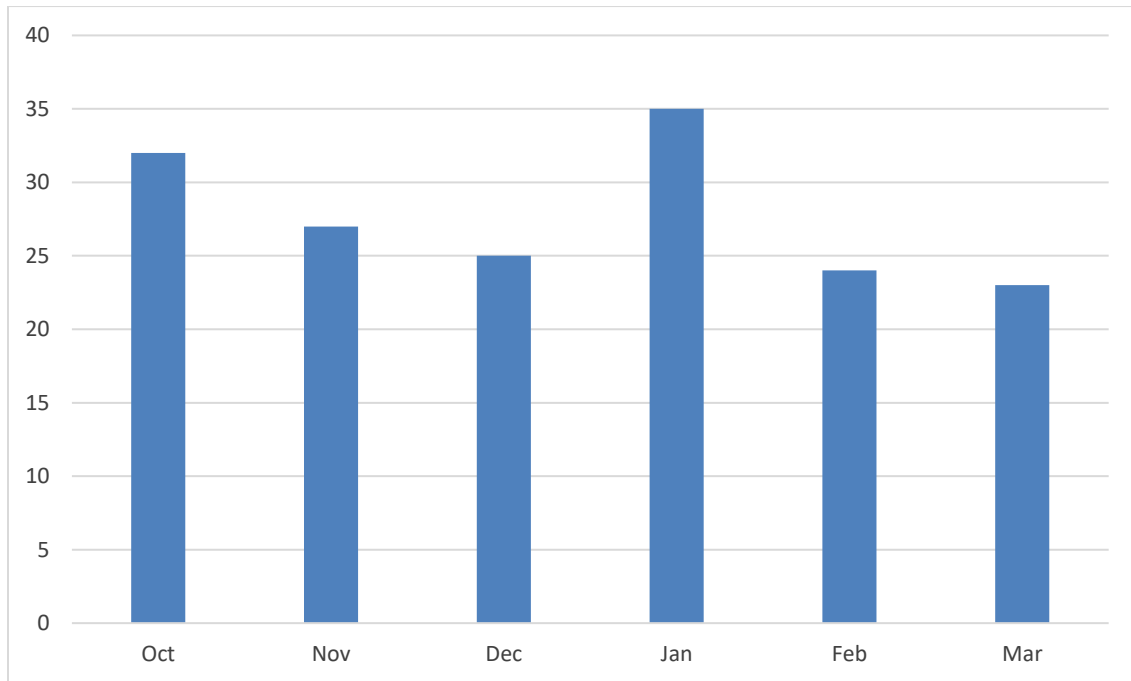


Figure 5 – Monthly New Clients

Bill Pay Updates

Claims Administration

- The team received 666 medical claims in March which is lower than February's total but correlates with the decrease we are seeing in enrollment. Figure 6 shows a monthly comparison between the volumes of medical claims received FY23 over FY24.

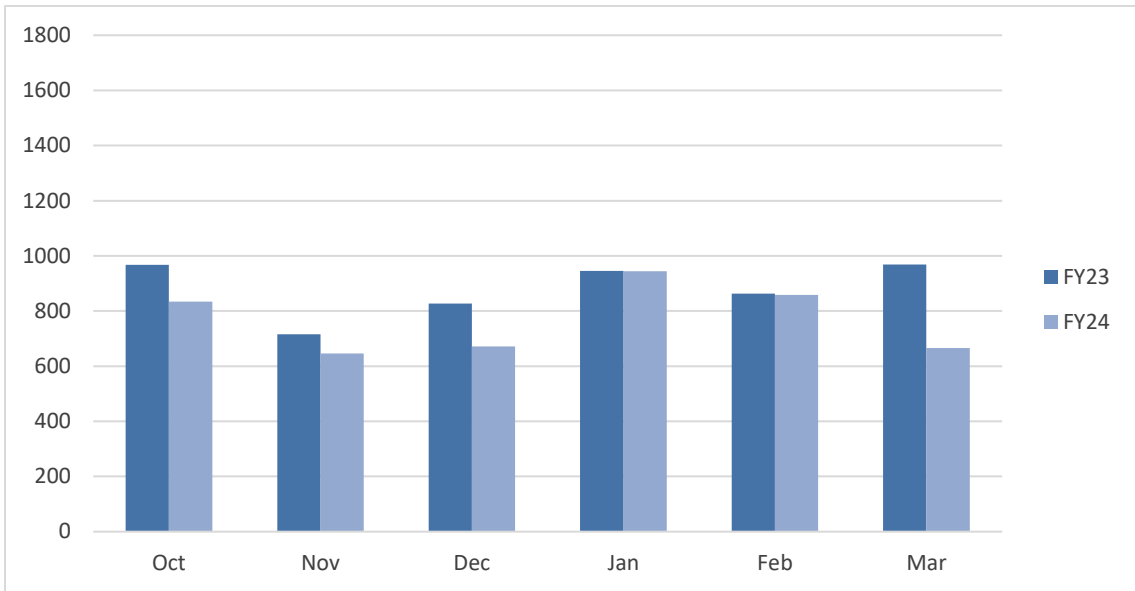


Figure 6 – Volume of Medical Claims FY23 V. FY24

- Total number of claims denied in March was 173. 23% of these constitute the top reasons for denial as depicted in Figure 7. This information guides relevant conversations with providers.

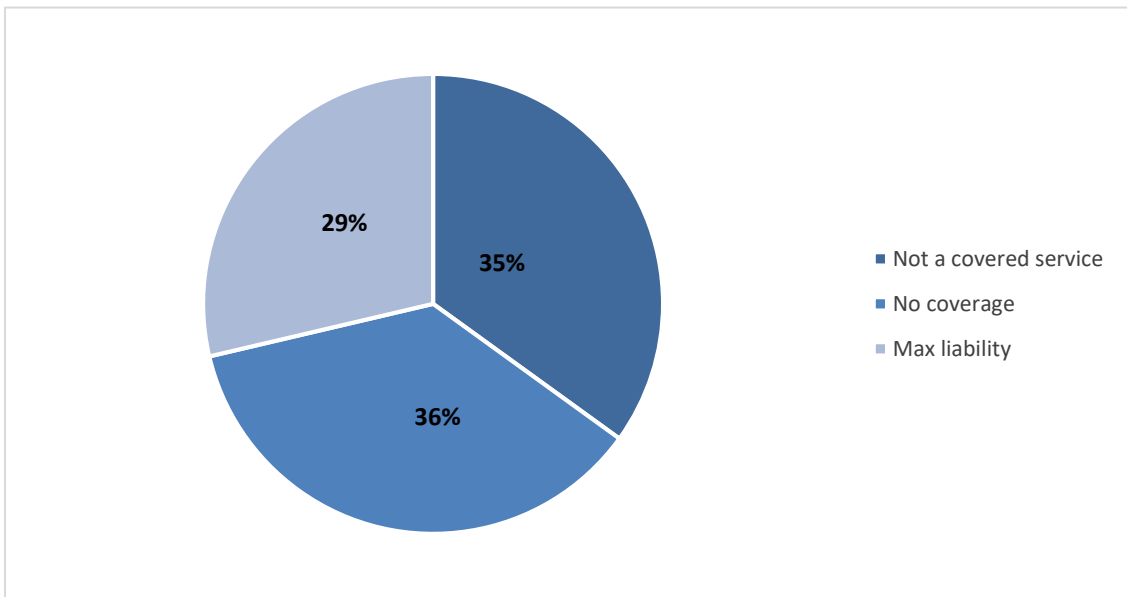


Figure 7 – Main Reasons for Denied Claims

Provider Utilization

- Figure 8 represents the percentage breakdown of claims by provider groups and depicts the main providers that HCAP clients are using for their health care needs while figure 9 shows the amount spent on each of the most utilized provider types/group.
 - UC hospital inpatient and outpatient refers to HCA Houston Healthcare Conroe, Tomball, and Kingwood hospitals
 - Inpatient/outpatient hospital with the IHC designation refers to CHI St. Luke's The Woodlands and other non HCA local hospitals
- UC hospital inpatient and IHC physician services represent our highest expenditures for claims processed in March.

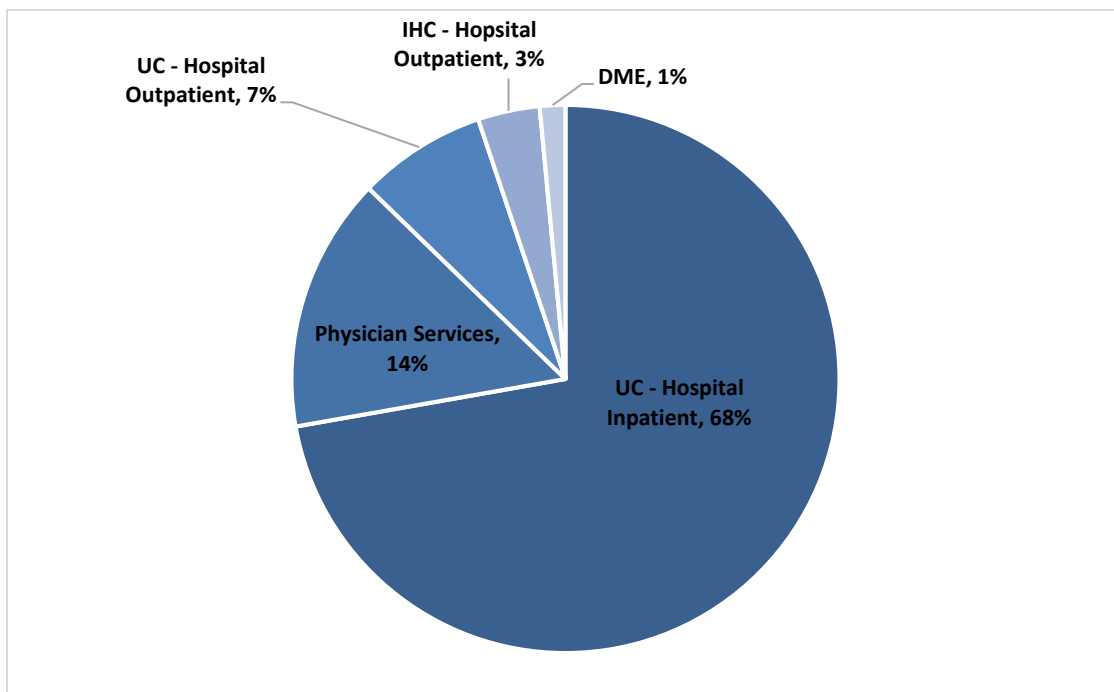


Figure 8 - Source of Care Identified by the Top 5 Providers Utilized by HCAP Clients in March

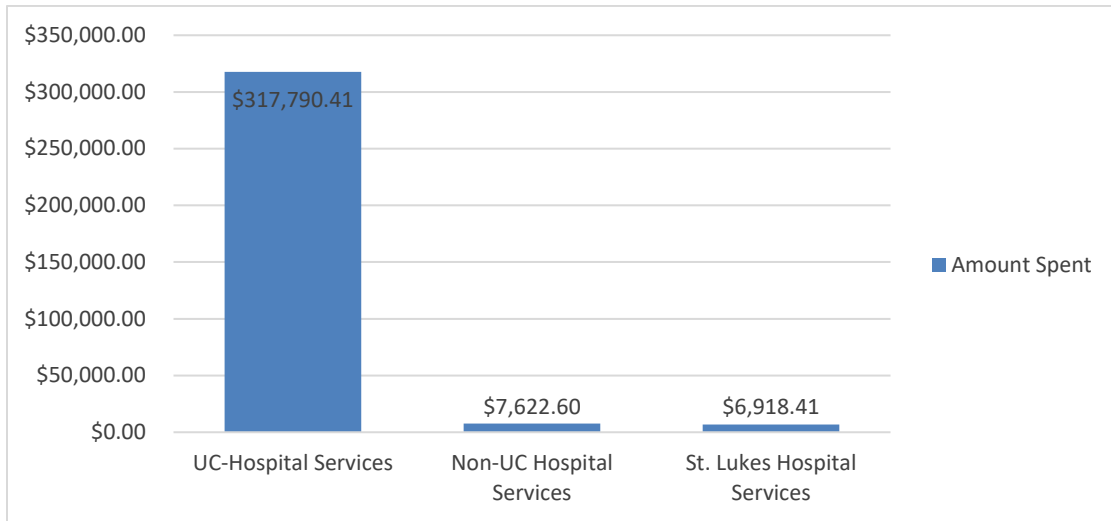


Figure 9 – Reimbursement Amount for Top Providers

Case Management Updates

Education

This is a tool the case managers use to assist clients with chronic disease management. The goal is to encourage the adoption and maintenance of healthy behaviors needed for health stabilization. Our team emphasizes care plans implemented by primary care providers, and also conduct well checks with clients to foster compliance. Well checks are critical as they alert our case manager to cases needing immediate medical attention. Below is a graph summary.

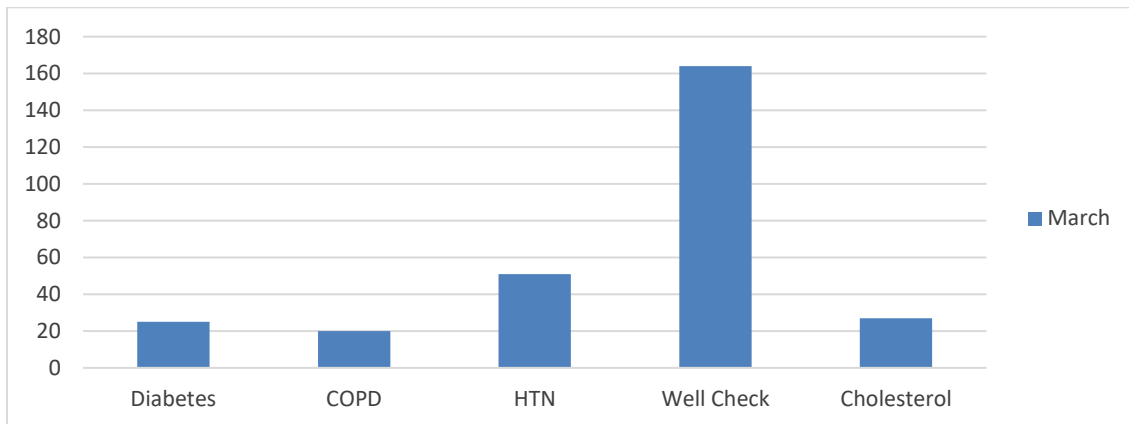


Figure 10 - Client Education

Top Five Diagnoses

The diagnoses below were extracted from claims processed in March. The following graphs provide a visual of the average cost of each claim for the top 5 diagnoses and the corresponding reimbursement amount for provider services.

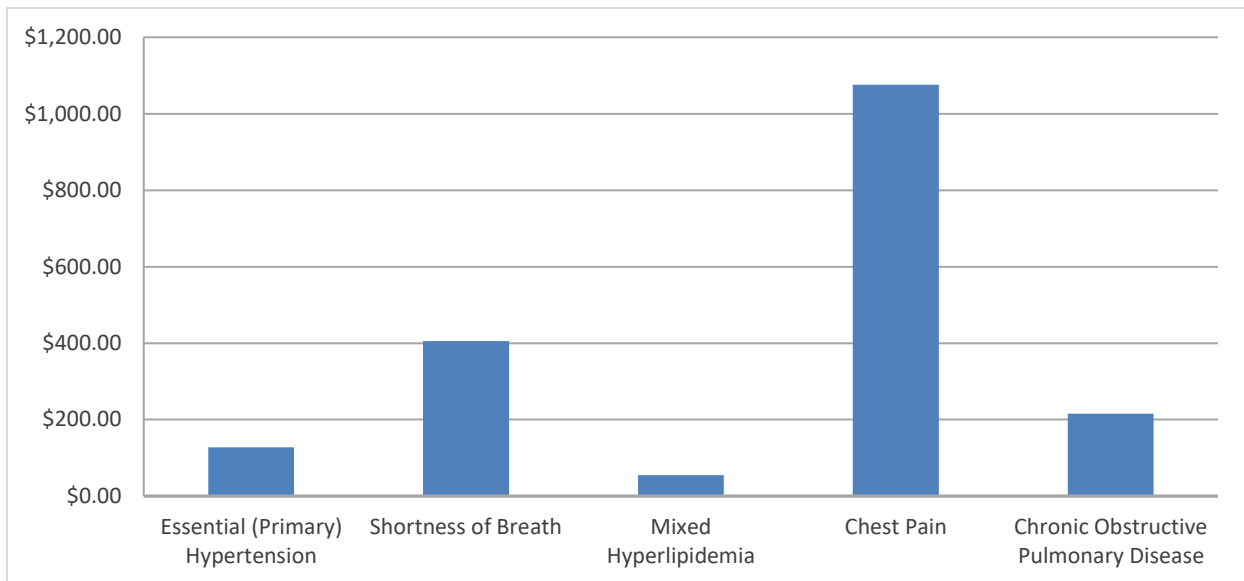


Figure 11 – Average Cost per Claim for Top 5 Diagnoses

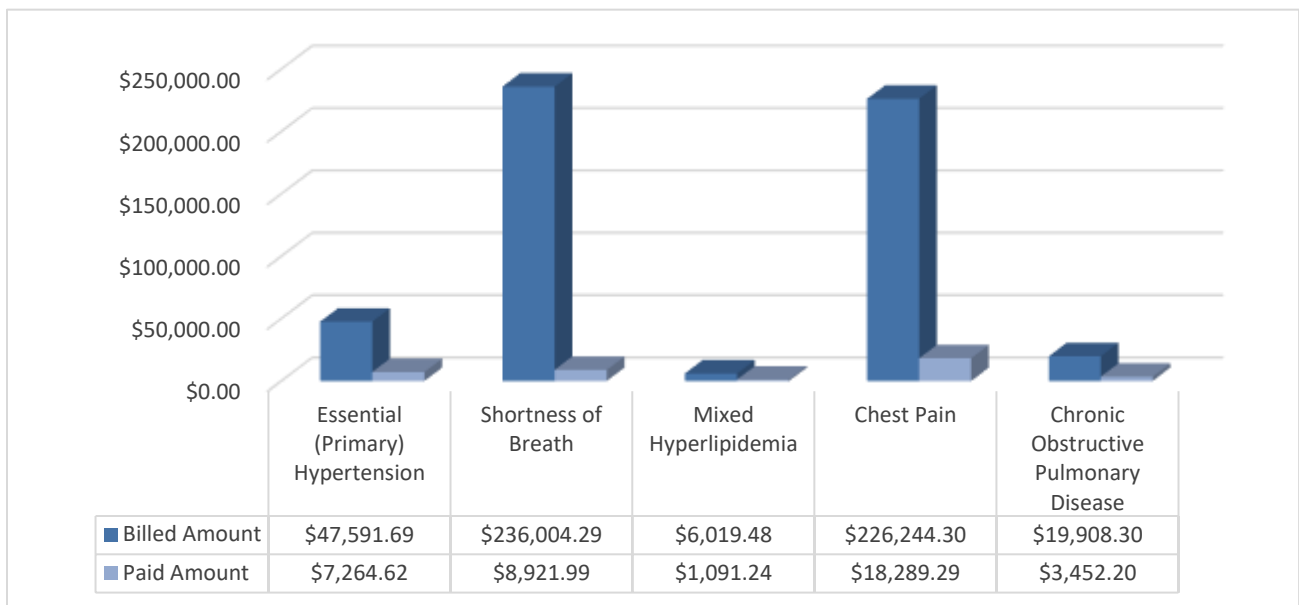


Figure 12 – Amount Billed V. Amount Paid for Top 5 diagnoses

Maximum Liability

Figure 13 shows the number of clients who have reached the maximum annual benefits of \$60,000 or 30 inpatient days each fiscal year and figure 14 depicts the number of clients who reached their maximum liability due to a cancer diagnosis for FY23. Number of clients who have exhausted their benefits for the fiscal year remains at six.

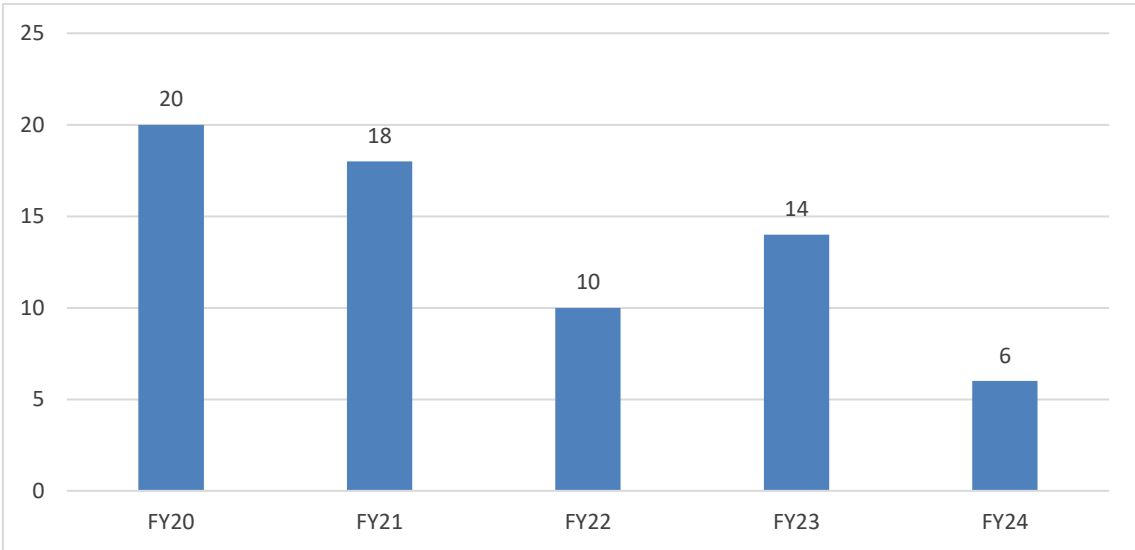


Figure 13 – Maximum Liability Exhausted FY20-24

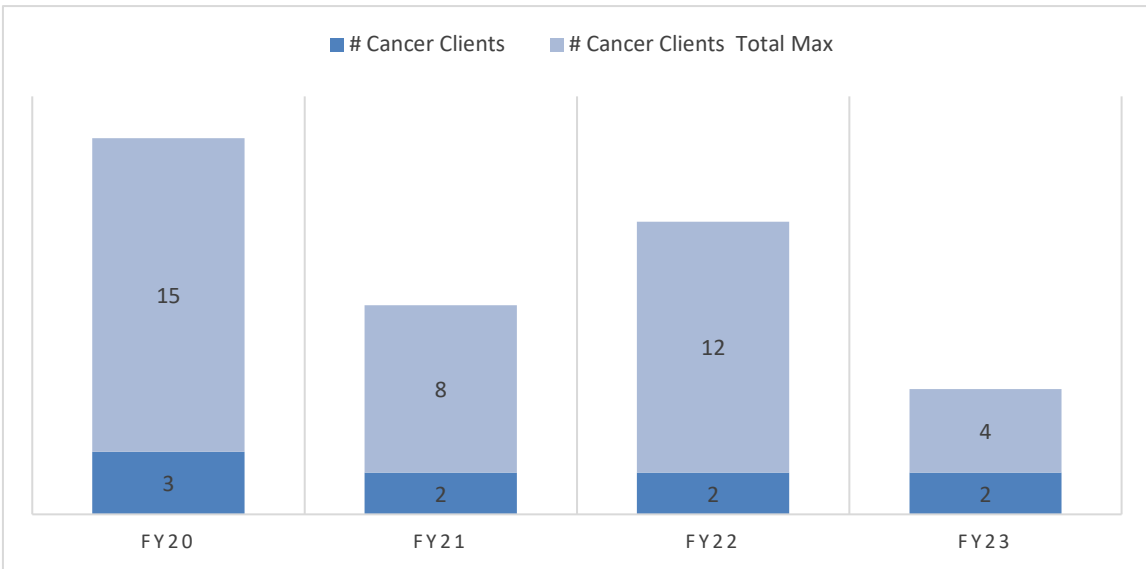


Figure 14 – Number of Clients at Maximum Liability V. Portion of Max with Cancer Diagnosis

Prescription Benefit Updates:

Table 1

| Month | Applying Clients | Total Applications | Monthly Savings= (ACQ + Dispensing Fee + 2%) |
|--------|------------------|--------------------|---|
| Mar-24 | 11 | 12 | \$73,583.49 |
| Feb-24 | 15 | 18 | \$71,685.10 |
| Jan-24 | 13 | 18 | \$15,346.96 |
| Dec-23 | 11 | 11 | \$16,110.03 |
| Nov-23 | 11 | 13 | 13,853.10 |
| Oct-23 | 9 | 12 | \$9,714.36 |
| Sep-23 | 10 | 11 | \$15,943.17 |
| Aug-23 | 14 | 17 | \$24,977.64 |
| Jul-23 | 19 | 24 | \$65,526.13 |
| Jun-23 | 13 | 13 | \$26,834.11 |
| May-23 | 13 | 19 | \$13,000.87 |
| Apr-23 | 16 | 19 | \$28,613.03 |
| Mar-23 | 26 | 35 | \$13,882.58 |

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

Figure 15 indicates the total number of RX's dispensed in a month. 652 claims were filled in March which is 14% increase from February totals. 639 of the claims filled were generic and 13 brand. This high percentage of generic claims helps produce a lower cost for clients as well as MCHD. The HCAP Pharmacy Representatives triage prescriptions daily to obtain this outcome.

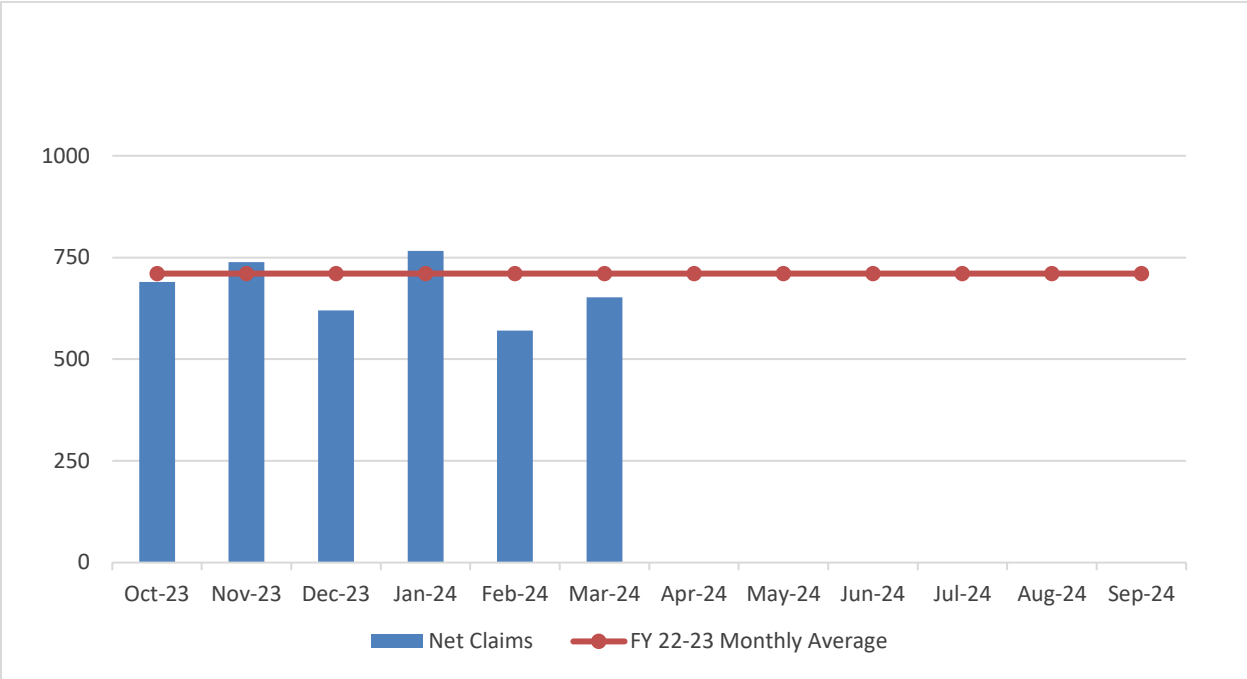


Figure 15 – Monthly Volume of Claims



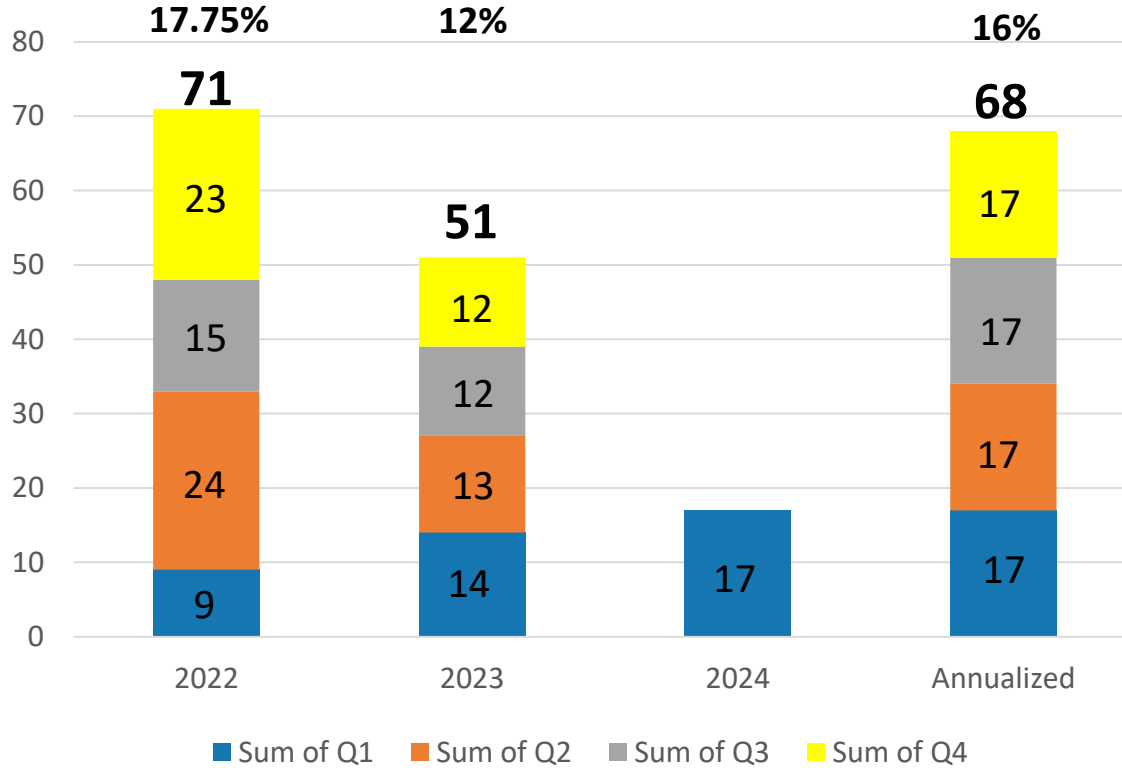
Turnover Report

1/1/2024 – 3/31/2024

Human Resources
April 2024

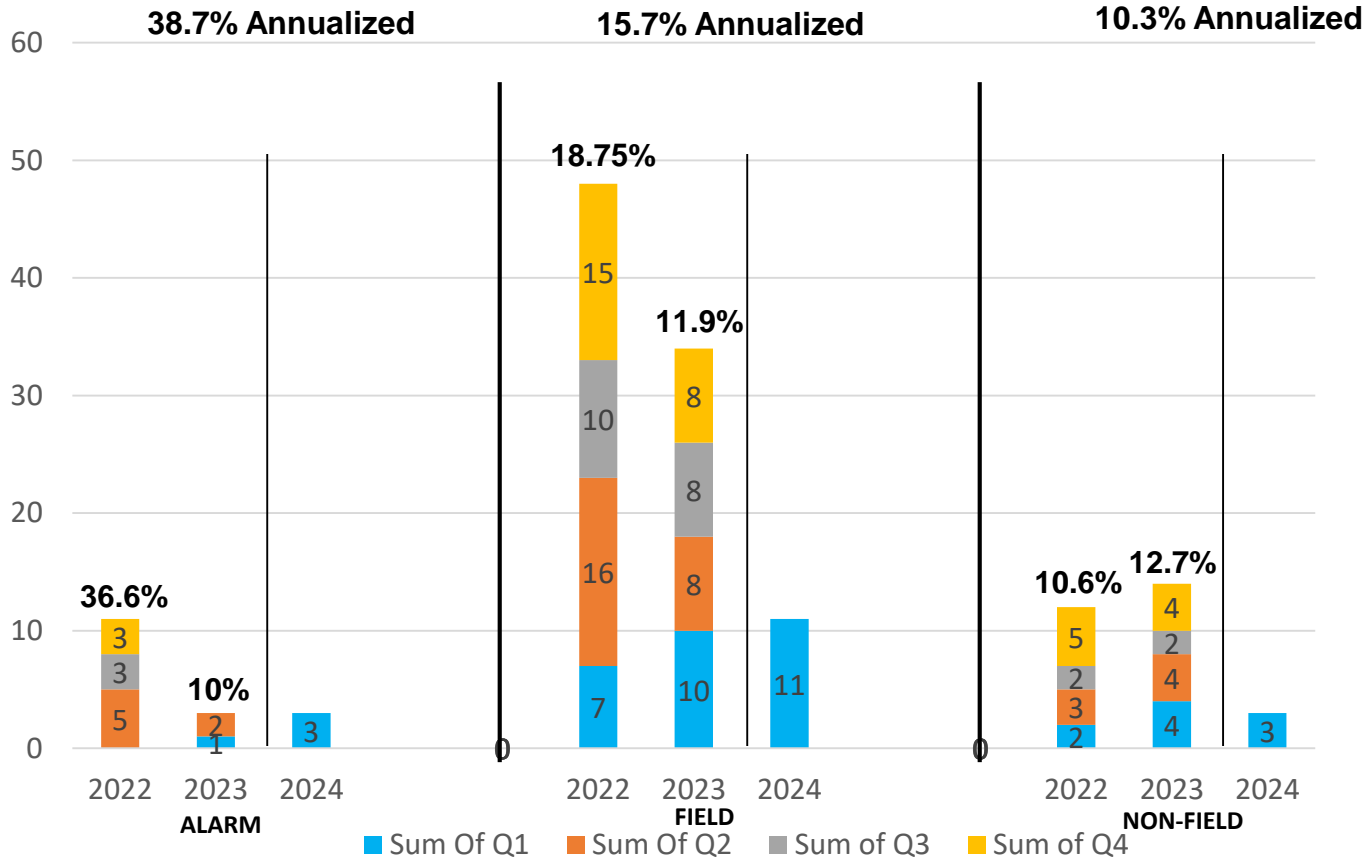


1/1 – 3/31 TURNOVER REPORT

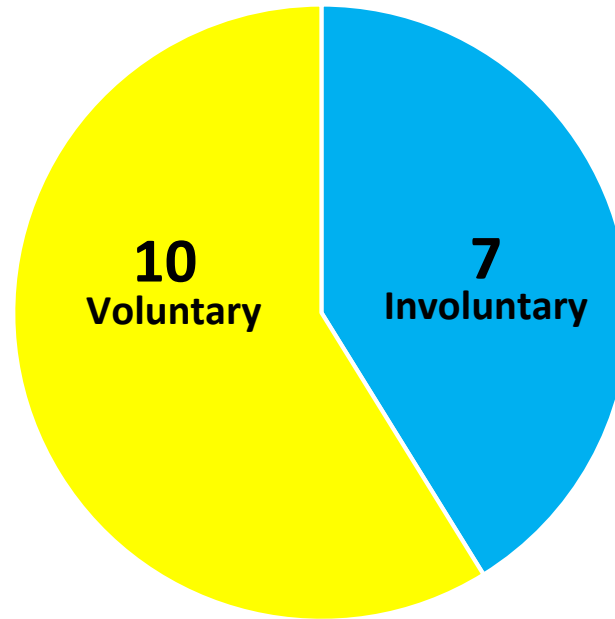




1/1 – 3/31 TURNOVER BY DEPARTMENT



1/1 – 3/31 Voluntary VS Involuntary Turnover





Voluntary Reasons

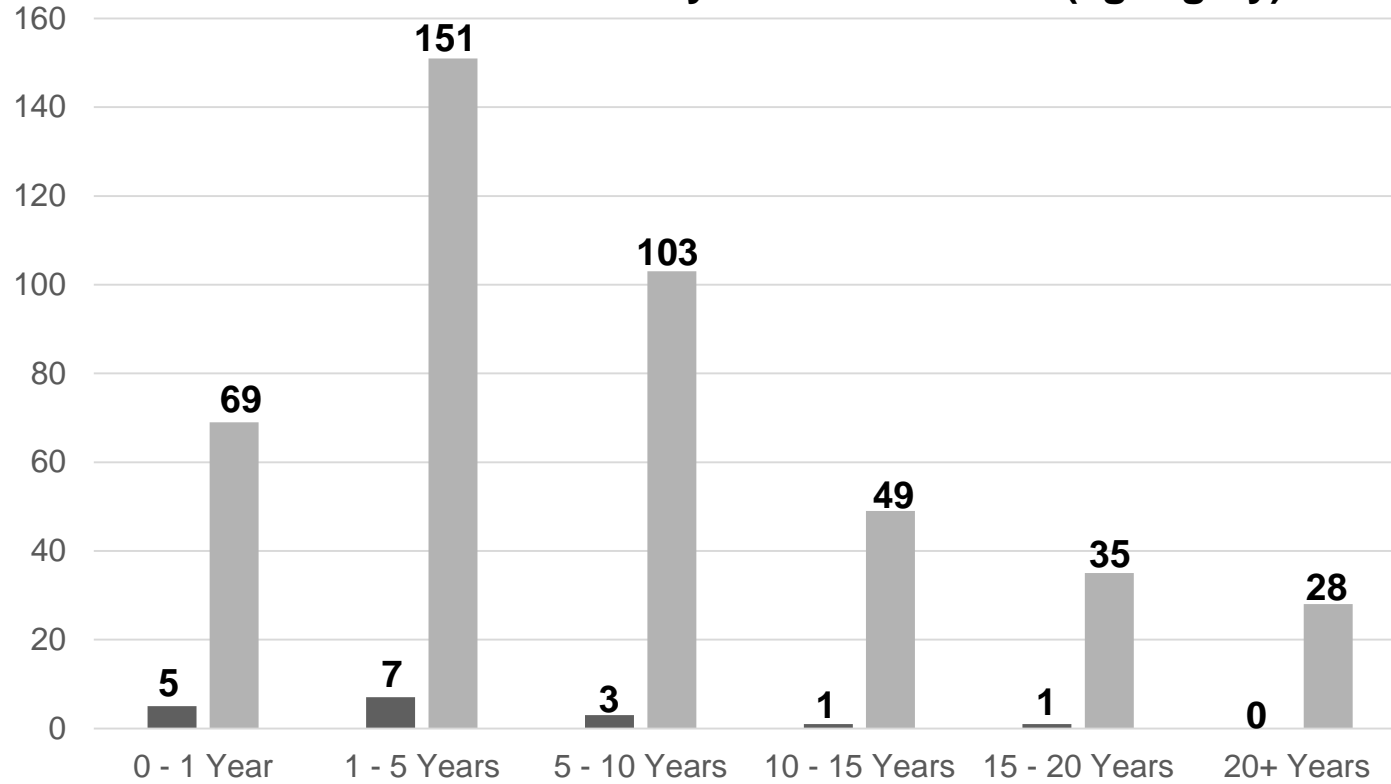
January 1 – March 31, 2024

10 Voluntarily left

- 3 Alarm & 1 Non Field – Took another job opportunity
- 1 Field – Could not meet part time requirements
- 1 Field – Part time employee, choosing a different career path
- 2 Field – Going back to school full time
- 2 Field – Personal Reasons



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



Agenda Item # 12




We Make a Difference!

To: Board of Directors
From: Randy Johnson, CEO
Date: April 23, 2024
Re: **District Policies**

Consider and act on District Policies: (Ms. Whatley, Chair – Personnel Committee)

- a. HR 25-412 Corrective Action.
- b. HR 25-420 Complaint and Conflict Resolution Policy.

| | | |
|---|--------------------------|------------------------------|
|  | CORRECTIVE ACTION | Page 1 of 2 |
| Department | Policy Number | CAAS Reference Number |
| Human Resources | HR 25-412 | |

I. POLICY

MCHD seeks to establish and maintain standards of employee conduct and supervisory practices which will, in the interest of the District and its employees, support and promote effective business operations. Employee performance and behavior will be reviewed based on Collaborative Just Culture (CJC) Methodology as outlined in the MCHD Collaborative Just Culture (CJC) Policy. Such supervisory practices include administering corrective action when employee conduct or performance problems arise. Major elements of this policy generally include:

1. Managers and supervisors will work closely with the Human Resources Manager during any disciplinary action to ensure compliance.
2. Constructive effort by the supervisor to help employees achieve fully satisfactory standards of conduct and job performance.
3. Correcting employee ~~shortcomings- performance~~ or negative behavior to the extent required.
4. Notice to employees through communicating this policy that discharge will result from continued or gross violation of employee standards of conduct or unsatisfactory job performance.
5. Written documentation of disciplinary warnings given and corrective measures taken.
6. Depending on the facts and circumstances involved in each situation, corrective action may begin at any of the following levels, up to and including immediate discharge:

a) **Verbal Warning**

For behavioral infractions the company deems to be minor or unsuccessful performance remediation, the employee should at a minimum be issued a verbal warning. If the situation does not improve within a reasonable time, the supervisor may repeat the measure, or implement a more ~~severe option~~ progressive discipline. Verbal Warnings do require the completion of an Employee Action Notice (EAN), which is placed in the employee's personnel file.

b) **Written Warning Notice**

For repeated minor behavioral infractions, ~~or unsuccessful performance remediation~~, or a more substantial infraction, the employee should at a minimum be issued a written warning notice. The supervisor's immediate supervisor and Human Resources must approve the written warning prior to it being given to the employee. If the situation does not improve within a reasonable time, the supervisor may repeat the written warning or take steps to suspend or ~~terminate-discharge~~ the employee. The written warning notice will be prepared following a corrective action discussion with the employee. The employee will be given an opportunity to comment in writing and will be asked to sign the notice, acknowledging receipt.

Title of Policy

Policy Number

| | | |
|-------------------|-----------|-------------|
| CORRECTIVE ACTION | HR 25-412 | Page 2 of 2 |
|-------------------|-----------|-------------|

c) Suspension

If events compel a supervisor to take immediate action when discharge appears possible, the supervisor will immediately suspend the employee, with or without pay as deemed appropriate by the Human Resources Manager, pending ~~an investigation~~ review. The employee will be required to leave the premises immediately. The immediate supervisor will be notified immediately. Suspension for a specific period of time may also be utilized as corrective action as deemed necessary by the ~~investigating~~ manager.

d) ~~Probation~~ Remedial Plan

An employee may be placed on ~~probation~~ a remedial plan where the standards of performance are not being met. The assigned remediation tasks will be and/or expectations are clearly defined and documented with a specific timeframe established for follow-up and completion. During the remedial plan probation timeframe, the employee may be discharged if the employee's performance or behavior by the employee does not meet the agreed upon standard or poses a continued risk. ~~Probation~~ A remedial plan does not preclude MCHD from discharging the employee, with or without cause, nor does a remedial remedial plan probation create an employment contract with MCHD. ~~Probation~~ Remedial plans may be used in conjunction with a Written Warning or Suspension.

e) Last Chance Plan

An employee may be placed on a last chance plan when the standards of performance and behavioral expectations are not being met. A specific timeframe will be established for follow-up and completion. During the last chance plan timeframe the employee may be discharged if performance or behavior by the employee does not meet the minimum standards. A last chance plan does not preclude MCHD from discharging the employee, with or without cause, nor does the last chance plan create an employment contract with MCHD.

Formatted: Font: Not Expanded by / Condensed by
Formatted: Indent: Left: 1.25"

f) Discharge

~~For infractions management deems to be sufficiently serious or continued failure to respond appropriately to prior corrective action, discharge is appropriate. An employee may be discharged for behavior or performance issues, identified and reviewed using Collaborative Just Culture Methodology, found to present risk beyond organizational tolerance.~~ The approval of an Executive supervisor and the Human Resources Manager must be obtained prior to the discharge of an employee under any circumstances.

Formatted: Font: (Default) Times New Roman, 12 pt


References: Previously Policy # 10-412

Original Date 10/2008
Review/Revision Date 02/2014, 04/2024
Compliance Review 04/2024
X Supersedes all Previous

Date Approved by the Board of Directors
~~02/25/2014~~ 04/23/2024

Formatted: Indent: Left: 0.05", Right: -0.01", Space
Before: 0 pt, Line spacing: Exactly 9.7 pt



| | | |
|---|--------------------------|------------------------------|
|  | CORRECTIVE ACTION | Page 1 of 2 |
| Department | Policy Number | CAAS Reference Number |
| Human Resources | HR 25-412 | |

I. POLICY

MCHD seeks to establish and maintain standards of employee conduct and supervisory practices which will, in the interest of the District and its employees, support and promote effective business operations. Employee performance and behavior will be reviewed based on Collaborative Just Culture (CJC) Methodology as outlined in the MCHD Collaborative Just Culture (CJC) Policy. Such supervisory practices include administering corrective action when employee conduct or performance problems arise. Major elements of this policy generally include:


1. Managers and supervisors will work closely with the Human Resources Manager during any disciplinary action to ensure compliance.
2. Constructive effort by the supervisor to help employees achieve fully satisfactory standards of conduct and job performance.
3. Correcting employee performance or negative behavior to the extent required.
4. Notice to employees through communicating this policy that discharge will result from continued or gross violation of employee standards of conduct or unsatisfactory job performance.
5. Written documentation of disciplinary warnings given and corrective measures taken.
6. Depending on the facts and circumstances involved in each situation, corrective action may begin at any of the following levels, up to and including immediate discharge:

a) **Verbal Warning**

For behavioral infractions the company deems to be minor or unsuccessful performance remediation, the employee should at a minimum be issued a verbal warning. If the situation does not improve within a reasonable time, the supervisor may repeat the measure, or implement a more progressive discipline. Verbal Warnings do require the completion of an Employee Action Notice (EAN), which is placed in the employee’s personnel file.

b) **Written Warning Notice**

For repeated minor behavioral infractions, unsuccessful performance remediation, or a more substantial infraction, the employee should at a minimum be issued a written warning notice. The supervisor’s immediate supervisor and Human Resources must approve the written warning prior to it being given to the employee. If the situation does not improve within a reasonable time, the supervisor may repeat the written warning or take steps to suspend or discharge the employee. The written warning notice will be prepared following a corrective action discussion with the employee. The employee will be given an opportunity to comment in writing and will be asked to sign the notice, acknowledging receipt.

| | | |
|---|--------------------------|------------------------------|
|  | CORRECTIVE ACTION | Page 2 of 2 |
| Department | Policy Number | CAAS Reference Number |
| Human Resources | HR 25-412 | |

c) Suspension

If events compel a supervisor to take immediate action when discharge appears possible, the supervisor will immediately suspend the employee, with or without pay as deemed appropriate by the Human Resources Manager, pending review. The employee will be required to leave the premises immediately. The immediate supervisor will be notified immediately. Suspension for a specific period of time may also be utilized as corrective action as deemed necessary by the manager.

d) Remedial Plan

An employee may be placed on a remedial plan where the standards of performance are not being met. The assigned remediation tasks will be clearly defined and documented with a specific timeframe established for follow-up and completion. During the remedial plan timeframe, the employee may be discharged if the employee’s performance or behavior by the employee does not meet the agreed upon standard or poses a continued risk. A remedial plan does not preclude MCHD from discharging the employee, with or without cause, nor does a remedial plan create an employment contract with MCHD. Remedial plans may be used in conjunction with a Written Warning or Suspension.


e) Last Chance Plan

An employee may be placed on a last chance plan when the standards of performance and behavioral expectations are not being met. A specific timeframe will be established for follow-up and completion. During the last chance plan timeframe the employee may be discharged if performance or behavior by the employee does not meet the minimum standards. A last chance plan does not preclude MCHD from discharging the employee, with or without cause, nor does the last chance plan create an employment contract with MCHD.

f) Discharge

An employee may be discharged for behavior or performance issues, identified and reviewed using Collaborative Just Culture Methodology, found to present risk beyond organizational tolerance. The approval of an Executive and the Human Resources Manager must be obtained prior to the discharge of an employee under any circumstances.

Reference Previous Policy - #10-412
Original Date - 10/2008
Review/Revision Date - 02/2014, 04/2024
 Supersedes all Previous
Date Approved by Compliance 04/09/2024
Date Approved by the Board of Directors 04/23/2024

| | | |
|--|---|------------------------------|
|  Montgomery County Hospital District | COMPLAINT/CONFLICT RESOLUTION EXTERNAL | Page 1 of 1 |
| Department | Policy Number | CAAS Reference Number |
| Human Resources | HR 25-420 | 102.03.01, 105.02.02 |

I. PURPOSE

The purpose of this policy is to describe the process for handling and resolving external complaints from our customers. MCHD is committed to responding to and resolving complaints about any aspect of care and services provided by MCHD employees.

Specifically, this policy will:

1. Provide a process
 - a. to review, investigate, and resolve complaints and/or service inquiries from our customers within a reasonable time frame. The goal is to resolve complaints and service inquiries within (14) business days. The customer should be contacted a minimum of every (3) business days while the inquiry remains open. This is to keep the line of communication open and to provide any pertinent updates during the investigative-resolution process.
 - b. to help identify, investigate-analyze and resolve systemic-problems-risks through identification and analysis of trends
 - c. to foster positive Inter-Agency relationships that allow for the provision of high quality care
2. Provide a quality improvement approach to evaluate the effectiveness of the complaint / conflict resolution process and to identify and implement improvement as indicated.

II. DEFINITIONS

1. Service Inquiry: A customer question, concern, or complaint that is not able to be immediately answered and resolved that results in further investigation.
2. Resolution: A complaint is considered resolved after due diligence is done to address the concern and it is signed off by the department head or designee
3. Customers: Customers of MCHD include any individual who does business or receives services from MCHD.

III. POLICY

1. All complaints about MCHD from patients, patients' representatives, other agencies, professional individuals, or any member of the community are managed using the complaint conflict resolution procedure: (using the service inquiry process), which is guided by HR 25-424 Collaborative Just Culture Policy and utilizes Collaborative Just Culture tools and methodology.
2. Complaints regarding another agency will be forwarded to the appropriate representative of that agency and logged.

Replaces : Policy ADM 01-101

| | |
|---|-----------------|
| Original Date | 09/2014 |
| Review/Revision Date | 10/2014, 2/2019 |
| X Supersedes all Previous | |
| Date Approved by Compliance | 2/6/2019 |
| Date Approved by the Board of Directors | 3/26/19 |


| | | |
|--|---|--------------------|
| Title of Policy Complaint / Conflict Resolution | Policy Number ADM 01-101 | Page 2 of 2 |
|--|---|--------------------|

3. Complaints are tracked for the purpose of trending, improving the process, and ensuring customer satisfaction with follow-through.

3.4. Risks identified as part of this process will be added to MCHD's Risk Register and managed according to HR 25-424 Collaborative Just Culture Policy.

References: Policy HR 25-503

| |
|--|
| Original Date MM/YYYY Review/Revision Date MM/YYYY X Supersedes all Previous Date Approved by the Board of Directors _/_/___ |
|--|

| | | |
|--|---|------------------------------|
|  Montgomery County Hospital District | COMPLAINT/CONFLICT RESOLUTION EXTERNAL | Page 1 of 1 |
| Department | Policy Number | CAAS Reference Number |
| Human Resources | HR 25-420 | 102.03.01, 105.02.02 |

I. PURPOSE

The purpose of this policy is to describe the process for handling and resolving external complaints from our customers. MCHD is committed to responding to and resolving complaints about any aspect of care and services provided by MCHD employees.

Specifically, this policy will:

1. Provide a process
 - a) to review, investigate, and resolve complaints and/or service inquiries from our customers within a reasonable time frame. The goal is to resolve complaints and service inquiries within (14) business days. The customer should be contacted a minimum of every (3) business days while the inquiry remains open. This is to keep the line of communication open and to provide any pertinent updates during the resolution process.
 - b) to help identify, analyze and resolve risks through identification and analysis of trends
 - c) to foster positive Inter-Agency relationships that allow for the provision of high quality care
2. Provide a quality improvement approach to evaluate the effectiveness of the complaint / conflict resolution process and to identify and implement improvement as indicated.

II. DEFINITIONS

1. **Service Inquiry:** A customer question, concern, or complaint that is not able to be immediately answered and resolved that results in further investigation.
2. **Resolution:** A complaint is considered resolved after due diligence is done to address the concern and it is signed off by the department head or designee
3. **Customers:** Customers of MCHD include any individual who does business or receives services from MCHD.

III. POLICY

1. All complaints about MCHD from patients, patients’ representatives, other agencies, professional individuals, or any member of the community are managed using the complaint/conflict resolution procedure (using the service inquiry process), which is guided by HR 25-424 Collaborative Just Culture Policy and utilizes Collaborative Just Culture tools and methodology.
2. Complaints regarding another agency will be forwarded to the appropriate representative of that agency and logged.
3. Complaints are tracked for the purpose of trending, improving the process, and ensuring customer satisfaction with follow-through. Risks identified as part of this process will be added to MCHD’s Risk Register and managed according to HR 25-424 Collaborative Just Culture Policy.

References: Policy HR 25-503
 Original Date 09/2014
 Review/Revision Date 10/2014, 02/2019, 04/2024
 Supersedes all Previous
 Date Approved by the Compliance 04/10/2024
 Date Approved by the Board of Directors 04/23/2024

Agenda Item # 13



We Make a Difference!

To: Board of Directors

From: James Campbell, EMS Chief

Date: April 23, 2024

Re: Proclamation – National EMS Week, May 19-25th, 2024

Consider and act on Proclamation in support of National EMS Week, May 19-25th, 2024.
(Mr. Hudson, Chair – EMS Committee)

PROCLAMATION

To designate the Week of May 19-25th, 2024, 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 Hospital District Board 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 Montgomery County Hospital District Board of Montgomery County, Texas does hereby proclaim the week of May 19-25, 2024 as:

“EMERGENCY MEDICAL SERVICES WEEK”

Agenda Item # 14



To: Board of Directors

From: Wayde Sullivan

Date: April 23, 2024

Re: **Lytx Invoice**

Consider and act on the Lytx Invoice (Mr. Hudson, Chair-EMS Committee)

This is the annual subscription for the Lytx cameras. It has been known in the past as DriveCam. These are in the cab of every vehicle in the fleet. Please see attached invoice.

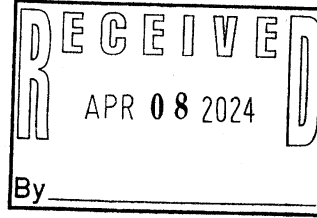
Fiscal Impact:

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



Lytx, Inc.
9785 Towne Centre Drive
San Diego, CA 92121

TIN: 33-0794096
DUNS: 026499454



Invoice

INV-147680

04/01/2024

BEWARE OF PHISHING ATTEMPTS. If you receive an email purporting to originate from Lytx and requesting a change in bank/wire/ACH or other payment instructions, do not interact with the email or its sender. Please contact Lytx's Accounts Receivable Team at (858) 380-3558 and ar@lytx.com.

Bill To:
Howard Tutt / Wayde Sullivan
Montgomery County Hospital
1300 South Loop 336 West
CONROE, TX 77304

Ship To:
Howard Tutt / Wayde Sullivan
Montgomery County Hospital
1300 South Loop 336 West
CONROE, TX 77304

AMOUNT DUE

\$ 37,296.00

Currency: USD

| Customer | Account # | PO # | Terms | Due Date |
|-------------------------------------|-----------|------|--------|------------|
| Montgomery County Hospital District | 100799 | | Net 30 | 05/01/2024 |

| Lytx Subscriptions | | Charge Type: Recurring | Period: Apr 2024 - Mar 2025 | |
|--------------------------------------|-------|------------------------|-----------------------------|--|
| Item | Qty | Unit Price | Amount | |
| Lytx License | | | \$ 26,364.24 | |
| Lytx DriveCam (VER) Alliance License | 84.00 | \$ 313.86 | \$ 26,364.24 | |
| Driver Safety Program | | | \$ 10,931.76 | |
| | 84.00 | \$ 130.14 | \$ 10,931.76 | |

Subtotal \$ 37,296.00
Tax Total \$ 0.00
Total \$ 37,296.00
Amount Applied \$ 0.00

Amount Due \$ 37,296.00

Remit Payment To:
Lytx, Inc.
PO BOX 849972
Los Angeles, CA 90084-9972

For questions, please contact Lytx at:
Email: ar@lytx.com
Phone: (858) 380-3558

Station No.: _____ PO#: _____
Vendor ID No.: _____

Invoice No.: _____
Date Entered in FE: ____/____/____

GL Code: _____ - _____ - _____
Processed by: _____

Agenda Item # 15



To: Board of Directors
From: Chief James Campbell
Date: April, 23 2024
Re: Fleet Remount of (4) ambulances.

Consider and act on approval of (4) remounts through SERVS (Fleet Plus). (Mr. Hudson, Chair –EMS Committee)

As you may know, the ambulance manufacturing industry has been turbulent for the past 2-3 years. The unstable industry has created a national backlog in ambulance manufacturing. MCHD has been diligently evaluating the industry to review all of our options when it comes to remounting ambulances. Our aging ambulance fleet is an organizational concern, and replacing older ambulances is a high priority.

We are asking the Board of Directors to consider and approve (4) ambulances remounts using SERVS (Fleet Plus) as the remounting company. Fleet Plus will begin working on our ambulances in late May 2024 and anticipate a 120-day build timeline. The total quoted price for (4) ambulances remounts is \$868,361.80 or \$217,090.45 per ambulance.

This quote does not include approximately \$10,000.00 per truck for the generator and air conditioners. That purchase is in a separate line item.

This is within the budget for remounts for FY24, however the single unit price of \$217,090.45 is higher than the single unit budget price that we used to build the budget of \$180,000. However, we budgeted to remount (10) ambulances, and we are currently only remounting (4) units, therefore we remain within the overall budget for remounting this fiscal year.

Fiscal Impact: High

| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Renewal contract? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Special request? |



by **SERVS**

REMOUNT QUOTE

| DATE | QUOTE | DEPOSIT |
|-----------|--------------|--------------|
| 4/18/2024 | \$878,361.80 | \$204,892.00 |

** Quote valid 30 days from date noted above*

** Deposit required with confirmation of remount production/scheduling*

SERVS to offer \$2500 discount per unit. Discounted total \$217,090.45

| SERVS CONTACT INFORMATION | CUSTOMER INFORMATION |
|--|---|
| SERVS 309 FM 3381 Comanche, Texas 76442 Ronnie Zientek 281-910-8429 ronnie.z@servsllc.com | Montgomery County Hospital District - Unit 41 1400 South Loop 336 West Conroe, Texas 77304 Contact: Remount Type I / Frazer Module |

| SERVICE DESCRIPTION | SERVICE DETAIL |
|---|--|
| NEW CHASSIS: | <i>Customer to provide new chassis</i> |
| TECHNICIAN LABOR | |
| Prep New Chassis for Remount (General) | Dismount and prep new chassis for remount |
| Exterior Trim (Cab and/or Module) | Combination new trim and inspect/clean existing trim |
| Build Console | Refurbish existing console / add air horn button (DS) |
| Wiring / Electrical (Cab to Module) | Wire cab to module |
| Emergency Lighting (Cab and/or Module) | Replace all cab and module lighting |
| AC & Heat Systems (Dometics) | Replace Dometics System (110 HVAC) and relocate thermostat |
| Flooring (Material and Color) | Replace floor covering |
| Interior Trim (Module) | Replace all lexan (clear) in module |
| Cabinetry Modification | Add cabinet rear side CPR seat and double doors front left cabinet |
| Final Inspection/Testing | Final inspection of all systems |
| | Base Remount |
| | \$69,233.75 |
| SPECIAL LABOR REQUESTS | |
| Liquid Spring (rear suspension) | Install Liquid Spring (rear suspension) |
| Liquid Spring (front suspension) | Install Liquid Spring (front suspension) |
| Brush Guard | Install Ranch Hand brush guard (black) |
| 4 Point Seat Belt System | Remove walls / install support / install seat belt system |
| Module Entry and Compartment Doors | Install Onan 5.5K Generator |
| Onan 5.5K Generator | Install CenCom system |
| CenCom | Remove walls / install support / install seat belt system |
| Replace all doors, door handles, latches and hardware on module | |
| | Custom Labor |
| | \$33,689.00 |
| PARTS REQUESTED AND/OR STANDARD REPLACEMENT | Install mounting hardware |
| Mounting Hardware | \$890.72 Install pass thru panel |
| Pass Through / Talk Through Panel | \$296.92 Replace grip tape |
| Aluminum Door Sill(s) and Threshold(s) | \$88.92 Replace bellows |
| Bellows (cab to box) | \$148.46 Replace |
| Wheel Simulators | \$712.61 Install new NERF bars (from Dodge to Chevy) |
| Running Boards and Brackets | N/C - Chassis St Replace rear FRAZER bumper |
| Bumper (rear) | \$1,811.21 Replace kick plate |
| Kick Plate | \$445.80 |
| | Parts Subtotal |
| | \$4,394.64 |

| SERVICE DESCRIPTION (page 2 of 3) | SERVICE DETAIL | |
|--|----------------|--|
| Corner Plate(s) | \$0.00 | Not applicable |
| Rock Guards / Front Plates | \$103.92 | Replace rock guards and front plates |
| Mud Flaps | \$59.38 | Replace mud flaps |
| Exterior Diamond Plate | \$593.84 | Inspect: polish or replace as needed |
| Rub Rails | \$0 | Not applicable |
| Drip Rails | \$237.53 | Replace drip rails |
| Fender Covers | \$549.30 | Replace fender covers |
| Rear Threshold | \$89.08 | Install rear threshold |
| Tow Hooks | \$0 | Not applicable |
| Shoreline (2) | \$1,678.60 | Install (2) 63-38075 shorelines w/61-3A226 covers. |
| Green Light Shoreline Indicators (2) | 103.92 | Install (2) |
| Door / Compartment Gaskets | \$445.38 | Replace new |
| Door / Compartment Handles and Latches | \$0 | Refer to special requests |
| Door / Compartment Shocks | \$356.30 | Replace compartment door shocks |
| Dri-Dek | \$445.38 | Replace dri-dek as needed in module compartments |
| Inverter Charger (Vanner if not specified) | \$0 | Reuse existing |
| Siren(s) (Buell if not specified) | \$816.53 | Replace siren (control head in console) |
| Siren Speakers | \$697.76 | Replace speakers (through the bumper) |
| Howler and Mounting Bracket | \$0 | Not applicable |
| Air Horns (dual system) | \$1,929.87 | Install Buell air horn / install ball valve on air tank active emergency only. |
| Back-Up Camera OEM | \$341.46 | Install 360 camera patient area to rear when in reverse - Cust. Supplied |
| Console | \$222.69 | Reskin/paint existing console |
| Console Top | \$267.23 | Replace console top |
| Console Switches | \$623.53 | Replace console switches |
| Rear Switch Panel | \$0 | Clean and Reuse |
| Electrical Outlet(s) GFI | \$126.19 | Test system / inspect for breakers |
| USB Port(s) | \$311.77 | Install (3) Kussmaul USB ports |
| Check-Out Timer (Digital) | \$0 | Clean and Reuse (if applicable) |
| Emergency Lighting (Chassis) | \$1,558.83 | Install (6) Whelen M4 series lights |
| Emergency Lighting (Front) | \$2,271.44 | Install (6) Whelen M9 series lights |
| Emergency Lighting (Street Side) | \$1,135.72 | Install (3) Whelen M9 series lights |
| Emergency Lighting (Curb Side) | \$1,135.72 | Install (3) Whelen M9 series lights |
| Emergency Lighting (Rear) and Flanges | \$2,271.44 | Install (6) Whelen M9 series lights |
| Emergency Lighting (Scene) | \$5,968.09 | Install (3) Pioneer Plus dual scene lights |
| Emergency Lighting (Scene) | \$638.38 | Install (1) Whelen M9 series light |
| Emergency Lighting (Brake/Tail/Turn) | \$237.54 | Install (2) brake/tail/turn and (2) reverse lights and grommets |
| Emergency Lighting (Tail) | \$757.15 | Install (2) M9 lights |
| Clearance Lights | \$519.61 | Install (14) clearance lights |
| Exterior Light Flanges | \$849.19 | Install light flanges |
| Under Carriage Ground Lights | \$890.76 | Install ground lights under module (standard installation) |
| Map Lights | \$0 | Reuse existing |
| Spot Light (hand held) | \$0 | Reuse existing (if applicable) |
| Rub Rail Lights | \$0 | Not applicable |
| 12V Rear HVAC | \$0 | No requests regarding 12V HVAC |
| Condenser and Lines | \$0 | No requests regarding auxiliary condenser |
| 110V HVAC System | | Refer to special requests (Dometic's system) |
| 110V HVAC AC Hose and Fittings | | Included with Dometic's system |

Parts Subtotal

\$28,233.53

SERVICE DESCRIPTION (page 3 of 3)**SERVICE DETAIL**

| | | |
|---|------------|---|
| Oxygen System (Hose, Outlet, Regulator, etc | \$0 | Test, clean and reuse |
| Dome Lights (LED) | \$2,182.36 | Replace dome lights (LED / rectangle) |
| Attendant Scene Light | \$92.05 | Replace attendant light (LED) |
| Floor Covering | \$964.99 | Replace Loncoin flooring (blue) |
| Trim | \$222.30 | Inspect / clean / reuse existing |
| Floor Plates | \$0 | Clean and Reuse |
| Cot Mount / Rails | \$0 | Clean and Reuse |
| Action Area Tray | \$0 | Install stainless steel AA tray |
| Formica (Wall/Ceiling) | \$0 | Clean and reuse |
| Cabinetry Modification | \$519.61 | Fabricate/install cabinet at rear side of CPR seat |
| Cabinet Lexan/Plexi Replacement | \$1,995.30 | Replace all Lexan (3/15" clear) |
| Cabinet Doors | \$742.30 | Fabricate/install double doors to module front left cabinet |
| Cabinet Handles | \$59.38 | Install on new double doors (as needed) |
| Grabbers | \$133.61 | Install door grabbers (stainless steel) |
| Bench Seat Cushions, Back Rests, Head Rest | \$0 | Reuse existing |
| Fire Extinguisher | \$327 | Add 2 fire extinguishers (ship loose) (remount standard) |
| Safety Net and Brackets | \$0 | Reuse existing |

Parts Subtotal

\$7,239.00

SPECIAL REQUESTS PARTS

| | | |
|------------------------------------|-------------|---|
| Liquid Spring (rear suspension) | \$14,549.08 | Install Liquid Spring (rear suspension) 8 week lead post order |
| Liquid Spring (front suspension) | \$7,809.00 | Install Liquid Spring (front suspension) 8 week lead post order |
| Brush Guard | \$1,484.60 | Install Ranch Hand brush guard (black) |
| Module Entry and Compartment Doors | \$19,299.80 | Replace all doors, door handles, latches and hardware on module |
| Dometic's System (110 HVAC) | \$0.00 | Install Dometic's System <i>Customer to supply</i> |
| Onan 5.5K Generator | \$0.00 | Install Onan 5.5K Genera <i>Customer to supply</i> |
| 4 Point Seat Belt Wall System | \$5,121.87 | Install 4-point harness seat belt system |
| CenCom Core | \$3,414.58 | Install CenCom system |

Parts Subtotal

\$51,678.93

OUTSIDE SERVICES

| | | |
|---------------------------------------|-------------|--|
| Paint & Body (Cab and Module) | \$11,357.19 | Repair body and rust damage, fill 4 bolt holes, remove decals, paint |
| Graphics (Cab and Module) | \$9,208.17 | Vinyl graphcis chassis and module |
| Graphics Installation | \$2,672.28 | Install graphcis chassis and module |
| Upholstery | \$1,202.53 | Relupholster jump seat (reinstall all other existing seats and pads) |
| Tail Pipe Extension | \$213.78 | Extend tail pipe (Type 1) |
| Final Detail | \$467.65 | Detail interior of module and cab |
| Transport Unit to Remount Shop | | Customer to transport |
| Transport New Chassis to Remount Shop | | Customer to transport |
| Transport Remounted Unit to Customer | | Customer to transport |
| Old Chassis Disposition | | Customer to retail used chassis |

Subtotal

\$25,121.60

Delivery of remounted unit will be calculated after receipt of chassis and module to remount facility in Tyler, TX. Unforeseen issues will be brought to customer's attention for direction prior to additional cost incurred. Additional items including parts, labor and/or outside services that may arise, or customer add-ons, will require a change order process to proceed with remount. Call your SERVS representative with any questions. To accept this quote, sign below, date and if applicable, provide purchase order number and return via email to your SERVS representative.

SIGNATURE

DATE

PO #

Agenda Item # 16



To: Board of Directors

From: Wayde Sullivan

Date: April 23, 2024

Re: Purchase of generators and air conditioners for four remounts

Consider and act on the purchase of four Onan generators and four Dometic air conditioners for the remounts. (Mr. Hudson, Chair – EMS Committee)

Due to the fact that these particular models of generators and air conditioners are proprietary to Frazer, we will save \$5039.82 per remount if we provide them to SERVS (Remount Company). Because we are Frazer customers, we can buy them significantly cheaper than SERVS can, as they are a competitor with Frazer.

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 checked="" type="checkbox"/> | <input type="checkbox"/> | Renewal contract? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special request? |

Customer Quote



4/12/2024 10:52:39 AM

Estimate No: S000006152
Quote Date: 4/12/2024
Expiration Date: 5/27/2024
Salesperson:
Payment Terms: Net 30

Invoice To: 10635
 Howard Tutt
 Montgomery County Hospital District
 Attn: Accounts Payable/Liz Bedair
 P.O. Box 478
 Conroe TX 77305-0478
 US

Deliver To:
 Howard Tutt
 Shipping & Receiving
 Montgomery County Hospital District
 1300 S Loop 336 West
 Attn: Fleet
 Conroe TX 77304
 US
 Phone:936-521-5615

| No. | Item | Qty | U/M: | | Unit Price | | Net Amount |
|-----|---|------|------|----|------------|----|------------|
| 1 | 51090 Air Conditioner-Self Contained, ASCQ15HO | 4.00 | EA | \$ | 4,300.00 | \$ | 17,200.00 |
| 2 | 53393 Cable-CAT5E, STP, RJ12, 30 ft | 4.00 | EA | \$ | 21.44 | \$ | 85.76 |
| 3 | 53560 Thermostat-Display, Dometic, QHT-2 | 4.00 | EA | \$ | 202.24 | \$ | 808.96 |
| 4 | 53562 Bezel-Thermostat, Display, QHT-2, Gray | 4.00 | EA | \$ | 67.20 | \$ | 268.80 |
| 5 | 24422 Generator-Commercial QG EFI 5.5, Prepped | 4.00 | EA | \$ | 5,500.00 | \$ | 22,000.00 |

Frazer will accept returns on parts up to 180 days after shipment. No restocking fee will be charged if the item is returned within 90 days of the original invoice date. All parts returns should be shipped back freight prepaid and require prior approval with a "Returns Material Authorization" (RMA) clearly displayed on the exterior of the shipping package. A credit will be issued towards the customer's account within approximately 7 business days of receipt of the item. If a part is returned after 90 days of the original invoice date a 15% restocking fee will be applied. Frazer Ltd reserves the right to accept returned items at its sole discretion based upon the condition of the item to be placed back into stock. :

Customer Quote



4/12/2024 10:52:39 AM

Estimate No: S000006152
Quote Date: 4/12/2024
Expiration Date: 5/27/2024
Salesperson:
Payment Terms: Net 30

| No. | Item | Qty | U/M: | | Unit Price | | Net Amount |
|-----|------|-----|------|--|------------|--|------------|
|-----|------|-----|------|--|------------|--|------------|

Remit To:

Frazer, Ltd.
7219 Rampart Street
Houston TX 77081

Sale Amount: 40,363.52
Order Disc(0.0000%): 0.00
Surcharge: N/A
Sales Tax: 0.00
Misc Charges: 0.00
Total Amount: 40,363.52

Frazer will accept returns on parts up to 180 days after shipment. No restocking fee will be charged if the item is returned within 90 days of the original invoice date. All parts returns should be shipped back freight prepaid and require prior approval with a "Returns Material Authorization" (RMA) clearly displayed on the exterior of the shipping package. A credit will be issued towards the customer's account within approximately 7 business days of receipt of the item. If a part is returned after 90 days of the original invoice date a 15% restocking fee will be applied. Frazer Ltd reserves the right to accept returned items at its sole discretion based upon the condition of the item to be placed back into stock. :

Agenda Item # 17



To: Board of Directors

From: Justin Evans

Date: April 23, 2024

Re: **Perimeter fence at Lake Conroe Tower.**

Consider and act on the purchase of a perimeter fence at Lake Conroe Tower. This quote is utilizing the purchasing cooperative BuyBoard Contract # 657-21.

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 checked="" type="checkbox"/> | <input type="checkbox"/> | Renewal contract? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Special request? |



Quote: 1TAG11MAR24

To: Montgomery County Hospital District

Attention: Justin Evans

Project: SH105 Tower Site

Date: 04/5/2024

Buy Board 657-21

Foster Fence will provide the following:

Install 524' of 9'OA galvanized chain link fence. 2 3/8" sch40 line post, 1 5/8" Sch40 top rail and brace rail.

Install 4 - 3"x 16' Terminal post and can be for Camera Pole.

Install 1 - 9'OA high galvanized coated chain link access controlled panic gate. Gate will include Von Duprin panic bar, door closer and outdoor rate door strike.

Install 540' of 18" coil stainless / galvanized razor wire.

Install 1 – 12' wide galvanized chain link double swing gate with 4" gate post.

Excludes: Demo, Access Controls, Power, Conduits.

Total - \$42,647.00* - Tax not included

Estimated Taxes (if applicable) - \$0.00

***Quotes are good for 30 days**

Estimator: Thomas Graham - 832-977-0285 - tgraham@fosterfence.com

Members of: Avetta, ISNetworld, Houston Area Safety Council and C3 Accredited

(281) 456-7273
(281) 456-0221 Fax

FOSTER FENCE LTD
P.O. BOX 96116
Houston, TX 77213

www.fosterfence.com
info@fosterfence.com



Exclusions - unless specifically included in quote:

- * Demolition, clearing & grubbing, spoil removal
- * Electrical work, access controls, and conduits
- * Fence and controls grounding.
- * Engineered drawings.
- * Property surveying and site layout. The final location of the fence installation is to be verified with the customer/agent and Foster Fence staff before starting the installation.
- * Tree protection, silt fence, temporary fence.
- * Hand digging, hydro-excavation, core drilling, rock drilling, probing.
- * Concrete & asphalt breaks.
- * Signage, bollards, concrete mow strip.
- * Painting, staining, galvanizing after fabrication.
- * Utility locates beyond 811 One call, location of water lines. Private utility lines are not covered by 811. Locating private lines is the responsibility of the property owner.
- * OQ training, OSHA 30 Training, site or hazard specific training greater than 30 minutes
- * Remobilizations, down time, standby time.
- * OCIP, CCIP, Builders Risk, Payment and Performance Bonds

Commerical Conditions

- * All projects requiring special fabrication as well as contracts with a value greater than \$75,000 will require signed and approved submittals before Foster Fence, Ltd. proceeds with construction.
- * Terms - Net 30, unless otherwise expressly negotiated
- * All standy/down time in excess of 30 minutes will be billed at a rate of \$400 per hour.
- * Restocking fee for standard stock materials 25%, non-stock materials 100%
- * Foster Fence Ltd. agrees to guarantee all materials to be free from defects in materials and workmanship for a period of one year from installation. This guarantee does not cover abuse, Acts of God, Nature, or other external source.

CUSTOMER SIGNATURE

DATE

(281) 456-7273
(281) 456-0221 Fax

FOSTER FENCE LTD
P.O. BOX 96116
Houston, TX 77213

www.fosterfence.com
info@fosterfence.com

AGENDA ITEM # 18

Board Mtg: 04/23/24

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 02/07/24 to 03/27/2024

| Disbursement Date | Board Reviewed | Payments Made to All Other Vendors (Non-UPL) | |
|---------------------------------------|-----------------------|---|-------------------|
| <u>February</u> | | | |
| February 7, 2024 | Yes | \$ | 21,072.59 |
| February 14, 2024 | Yes | \$ | 68,239.34 |
| February 21, 2024 | Yes | \$ | 22,078.98 |
| February 29, 2024 | Yes | \$ | 23,495.00 |
| Total February Payments - MTD | | \$ | 134,885.91 |
| Monthly Budget - February 2024 | | \$ | 218,996.00 |
| <u>March</u> | | | |
| March 6, 2024 | No | \$ | 25,919.39 |
| March 13, 2024 | No | \$ | 21,623.30 |
| March 20, 2024 | No | \$ | 55,511.19 |
| March 27, 2024 | No | \$ | 23,900.62 |
| Total March Payments - MTD | | \$ | 126,954.50 |
| Monthly Budget - March 2024 | | \$ | 218,996.00 |

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: 04/23/24

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 04/01/24 through 04/30/24

| <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 | \$ 229,893.00 |
| Budgeted Amount April 2024 | \$ 225,522.00 |
| Over / (Under) Budget | \$ 4,371.00 |

New Provider Contract to Present to BOD

| |
|--|
| New Agreements |
| OTA's |
| Renewals |
| New Provider-Existing Facility Agreement |
| Existing Provider-New Facility Agreement |

| <u>BOD Meeting</u> | <u>Provider</u> | <u>Date Signed</u> | | <u>Specialty</u> | <u>Primary Location</u> | <u>Affiliations</u> |
|--------------------|--|--------------------|----|------------------------|--|-----------------------|
| April 2023 | Texas Heart and Peripheral Arterial Center | 3/13/2024 | RJ | Cardiovascular Disease | 100 Medical Center Blvd, Ste 214, Conroe, TX 77304 | HCA Healthcare Conroe |

Agenda Item # 21



To: Board of Directors

From: Ade Moronkeji

Date: April 23, 2024

Re: Revisions and modifications to Healthcare Assistance Program (HCAP) which is

Revisions are based on the 2024 Federal Poverty monthly income standard

MCICP Current Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

**MONTGOMERY COUNTY HOSPITAL DISTRICT
MONTGOMERY COUNTY INDIGENT CARE PLAN
INCOME GUIDELINES (21% FPG) EFFECTIVE 04/01/23**

| # of Individuals in the MCICP Household | 21% FPG Minimum Income Standard |
|--|--|
| 1 | \$255 |
| 2 | \$345 |
| 3 | \$435 |
| 4 | \$525 |
| 5 | \$615 |
| 6 | \$705 |
| 7 | \$795 |
| 8 | \$885 |
| 9 | \$975 |
| 10 | \$1,065 |
| 11 | \$1,155 |
| 12 | \$1,245 |

New Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

CIHCP Monthly Income Standards Effective April 15, 2024
Based on the 2024 Federal Poverty Guideline (FPG)

| # of Individuals in the MCICP Household | 21% FPG Minimum Income Standard |
|--|--|
| 1 | \$264 |
| 2 | \$358 |
| 3 | \$452 |
| 4 | \$546 |
| 5 | \$640 |
| 6 | \$734 |
| 7 | \$828 |
| 8 | \$923 |
| 9 | \$1,017 |
| 10 | \$1,111 |
| 11 | \$1,205 |
| 12 | \$1,299 |

- **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 04/01/23**

| # of Individuals in the MAP Household | 150% FPG Minimum Income Standard |
|--|---|
| 1 | \$1,823 |
| 2 | \$2,465 |
| 3 | \$3,108 |
| 4 | \$3,750 |
| 5 | \$4,393 |
| 6 | \$5,035 |
| 7 | \$5,678 |
| 8 | \$6,320 |
| 9 | \$6,963 |
| 10 | \$7,605 |
| 11 | \$8,248 |
| 12 | \$8,890 |

New Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

CIHCP Monthly Income Standards Effective April 15, 2024

Based on the **2024** Federal Poverty Guideline (FPG)

| # of Individuals in the MAP Household | 150% FPG Minimum Income Standard |
|--|---|
| 1 | \$1,883 |
| 2 | \$2,555 |
| 3 | \$3,228 |
| 4 | \$3,900 |
| 5 | \$4,573 |
| 6 | \$5,245 |
| 7 | \$5,918 |
| 8 | \$6,590 |
| 9 | \$7,263 |
| 10 | \$7,935 |
| 11 | \$8,608 |
| 12 | \$9,280 |

- **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? |

2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Dollars Per Year

| Household/ Family Size | 50% | 75% | 100% | 125% | 130% | 133% | 135% | 138% | 150% | 175% | 180% | 185% |
|---------------------------|-----------|-----------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 1 | 7,530.00 | 11,295.00 | 15,060.00 | 18,825.00 | 19,578.00 | 20,029.80 | 20,331.00 | 20,782.80 | 22,590.00 | 26,355.00 | 27,108.00 | 27,861.00 |
| 2 | 10,220.00 | 15,330.00 | 20,440.00 | 25,550.00 | 26,572.00 | 27,185.20 | 27,594.00 | 28,207.20 | 30,660.00 | 35,770.00 | 36,792.00 | 37,814.00 |
| 3 | 12,910.00 | 19,365.00 | 25,820.00 | 32,275.00 | 33,566.00 | 34,340.60 | 34,857.00 | 35,631.60 | 38,730.00 | 45,185.00 | 46,476.00 | 47,767.00 |
| 4 | 15,600.00 | 23,400.00 | 31,200.00 | 39,000.00 | 40,560.00 | 41,496.00 | 42,120.00 | 43,056.00 | 46,800.00 | 54,600.00 | 56,160.00 | 57,720.00 |
| 5 | 18,290.00 | 27,435.00 | 36,580.00 | 45,725.00 | 47,554.00 | 48,651.40 | 49,383.00 | 50,480.40 | 54,870.00 | 64,015.00 | 65,844.00 | 67,673.00 |
| 6 | 20,980.00 | 31,470.00 | 41,960.00 | 52,450.00 | 54,548.00 | 55,806.80 | 56,646.00 | 57,904.80 | 62,940.00 | 73,430.00 | 75,528.00 | 77,626.00 |
| 7 | 23,670.00 | 35,505.00 | 47,340.00 | 59,175.00 | 61,542.00 | 62,962.20 | 63,909.00 | 65,329.20 | 71,010.00 | 82,845.00 | 85,212.00 | 87,579.00 |
| 8 | 26,360.00 | 39,540.00 | 52,720.00 | 65,900.00 | 68,536.00 | 70,117.60 | 71,172.00 | 72,753.60 | 79,080.00 | 92,260.00 | 94,896.00 | 97,532.00 |
| 9 | 29,050.00 | 43,575.00 | 58,100.00 | 72,625.00 | 75,530.00 | 77,273.00 | 78,435.00 | 80,178.00 | 87,150.00 | 101,675.00 | 104,580.00 | 107,485.00 |
| 10 | 31,740.00 | 47,610.00 | 63,480.00 | 79,350.00 | 82,524.00 | 84,428.40 | 85,698.00 | 87,602.40 | 95,220.00 | 111,090.00 | 114,264.00 | 117,438.00 |
| 11 | 34,430.00 | 51,645.00 | 68,860.00 | 86,075.00 | 89,518.00 | 91,583.80 | 92,961.00 | 95,026.80 | 103,290.00 | 120,505.00 | 123,948.00 | 127,391.00 |
| 12 | 37,120.00 | 55,680.00 | 74,240.00 | 92,800.00 | 96,512.00 | 98,739.20 | 100,224.00 | 102,451.20 | 111,360.00 | 129,920.00 | 133,632.00 | 137,344.00 |
| 13 | 39,810.00 | 59,715.00 | 79,620.00 | 99,525.00 | 103,506.00 | 105,894.60 | 107,487.00 | 109,875.60 | 119,430.00 | 139,335.00 | 143,316.00 | 147,297.00 |
| 14 | 42,500.00 | 63,750.00 | 85,000.00 | 106,250.00 | 110,500.00 | 113,050.00 | 114,750.00 | 117,300.00 | 127,500.00 | 148,750.00 | 153,000.00 | 157,250.00 |

| Household/ Family Size | 200% | 225% | 250% | 275% | 300% | 325% | 350% | 375% | 400% | 500% | 600% | 700% |
|---------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 1 | 30,120.00 | 33,885.00 | 37,650.00 | 41,415.00 | 45,180.00 | 48,945.00 | 52,710.00 | 56,475.00 | 60,240.00 | 75,300.00 | 90,360.00 | 105,420.00 |
| 2 | 40,880.00 | 45,990.00 | 51,100.00 | 56,210.00 | 61,320.00 | 66,430.00 | 71,540.00 | 76,650.00 | 81,760.00 | 102,200.00 | 122,640.00 | 143,080.00 |
| 3 | 51,640.00 | 58,095.00 | 64,550.00 | 71,005.00 | 77,460.00 | 83,915.00 | 90,370.00 | 96,825.00 | 103,280.00 | 129,100.00 | 154,920.00 | 180,740.00 |
| 4 | 62,400.00 | 70,200.00 | 78,000.00 | 85,800.00 | 93,600.00 | 101,400.00 | 109,200.00 | 117,000.00 | 124,800.00 | 156,000.00 | 187,200.00 | 218,400.00 |
| 5 | 73,160.00 | 82,305.00 | 91,450.00 | 100,595.00 | 109,740.00 | 118,885.00 | 128,030.00 | 137,175.00 | 146,320.00 | 182,900.00 | 219,480.00 | 256,060.00 |
| 6 | 83,920.00 | 94,410.00 | 104,900.00 | 115,390.00 | 125,880.00 | 136,370.00 | 146,860.00 | 157,350.00 | 167,840.00 | 209,800.00 | 251,760.00 | 293,720.00 |
| 7 | 94,680.00 | 106,515.00 | 118,350.00 | 130,185.00 | 142,020.00 | 153,855.00 | 165,690.00 | 177,525.00 | 189,360.00 | 236,700.00 | 284,040.00 | 331,380.00 |
| 8 | 105,440.00 | 118,620.00 | 131,800.00 | 144,980.00 | 158,160.00 | 171,340.00 | 184,520.00 | 197,700.00 | 210,880.00 | 263,600.00 | 316,320.00 | 369,040.00 |
| 9 | 116,200.00 | 130,725.00 | 145,250.00 | 159,775.00 | 174,300.00 | 188,825.00 | 203,350.00 | 217,875.00 | 232,400.00 | 290,500.00 | 348,600.00 | 406,700.00 |
| 10 | 126,960.00 | 142,830.00 | 158,700.00 | 174,570.00 | 190,440.00 | 206,310.00 | 222,180.00 | 238,050.00 | 253,920.00 | 317,400.00 | 380,880.00 | 444,360.00 |
| 11 | 137,720.00 | 154,935.00 | 172,150.00 | 189,365.00 | 206,580.00 | 223,795.00 | 241,010.00 | 258,225.00 | 275,440.00 | 344,300.00 | 413,160.00 | 482,020.00 |
| 12 | 148,480.00 | 167,040.00 | 185,600.00 | 204,160.00 | 222,720.00 | 241,280.00 | 259,840.00 | 278,400.00 | 296,960.00 | 371,200.00 | 445,440.00 | 519,680.00 |
| 13 | 159,240.00 | 179,145.00 | 199,050.00 | 218,955.00 | 238,860.00 | 258,765.00 | 278,670.00 | 298,575.00 | 318,480.00 | 398,100.00 | 477,720.00 | 557,340.00 |
| 14 | 170,000.00 | 191,250.00 | 212,500.00 | 233,750.00 | 255,000.00 | 276,250.00 | 297,500.00 | 318,750.00 | 340,000.00 | 425,000.00 | 510,000.00 | 595,000.00 |

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.



Dollars Per Month

| Household/ Family Size | 50% | 75% | 100% | 125% | 130% | 133% | 135% | 138% | 150% | 175% | 180% | 185% |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| 1 | 627.50 | 941.25 | 1,255.00 | 1,568.75 | 1,631.50 | 1,669.15 | 1,694.25 | 1,731.90 | 1,882.50 | 2,196.25 | 2,259.00 | 2,321.75 |
| 2 | 851.67 | 1,277.50 | 1,703.33 | 2,129.17 | 2,214.33 | 2,265.43 | 2,299.50 | 2,350.60 | 2,555.00 | 2,980.83 | 3,066.00 | 3,151.17 |
| 3 | 1,075.83 | 1,613.75 | 2,151.67 | 2,689.58 | 2,797.17 | 2,861.72 | 2,904.75 | 2,969.30 | 3,227.50 | 3,765.42 | 3,873.00 | 3,980.58 |
| 4 | 1,300.00 | 1,950.00 | 2,600.00 | 3,250.00 | 3,380.00 | 3,458.00 | 3,510.00 | 3,588.00 | 3,900.00 | 4,550.00 | 4,680.00 | 4,810.00 |
| 5 | 1,524.17 | 2,286.25 | 3,048.33 | 3,810.42 | 3,962.83 | 4,054.28 | 4,115.25 | 4,206.70 | 4,572.50 | 5,334.58 | 5,487.00 | 5,639.42 |
| 6 | 1,748.33 | 2,622.50 | 3,496.67 | 4,370.83 | 4,545.67 | 4,650.57 | 4,720.50 | 4,825.40 | 5,245.00 | 6,119.17 | 6,294.00 | 6,468.83 |
| 7 | 1,972.50 | 2,958.75 | 3,945.00 | 4,931.25 | 5,128.50 | 5,246.85 | 5,325.75 | 5,444.10 | 5,917.50 | 6,903.75 | 7,101.00 | 7,298.25 |
| 8 | 2,196.67 | 3,295.00 | 4,393.33 | 5,491.67 | 5,711.33 | 5,843.13 | 5,931.00 | 6,062.80 | 6,590.00 | 7,688.33 | 7,908.00 | 8,127.67 |
| 9 | 2,420.83 | 3,631.25 | 4,841.67 | 6,052.08 | 6,294.17 | 6,439.42 | 6,536.25 | 6,681.50 | 7,262.50 | 8,472.92 | 8,715.00 | 8,957.08 |
| 10 | 2,645.00 | 3,967.50 | 5,290.00 | 6,612.50 | 6,877.00 | 7,035.70 | 7,141.50 | 7,300.20 | 7,935.00 | 9,257.50 | 9,522.00 | 9,786.50 |
| 11 | 2,869.17 | 4,303.75 | 5,738.33 | 7,172.92 | 7,459.83 | 7,631.98 | 7,746.75 | 7,918.90 | 8,607.50 | 10,042.08 | 10,329.00 | 10,615.92 |
| 12 | 3,093.33 | 4,640.00 | 6,186.67 | 7,733.33 | 8,042.67 | 8,228.27 | 8,352.00 | 8,537.60 | 9,280.00 | 10,826.67 | 11,136.00 | 11,445.33 |
| 13 | 3,317.50 | 4,976.25 | 6,635.00 | 8,293.75 | 8,625.50 | 8,824.55 | 8,957.25 | 9,156.30 | 9,952.50 | 11,611.25 | 11,943.00 | 12,274.75 |
| 14 | 3,541.67 | 5,312.50 | 7,083.33 | 8,854.17 | 9,208.33 | 9,420.83 | 9,562.50 | 9,775.00 | 10,625.00 | 12,395.83 | 12,750.00 | 13,104.17 |

| Household/ Family Size | 200% | 225% | 250% | 275% | 300% | 325% | 350% | 375% | 400% | 500% | 600% | 700% |
|---------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 | 2,510.00 | 2,823.75 | 3,137.50 | 3,451.25 | 3,765.00 | 4,078.75 | 4,392.50 | 4,706.25 | 5,020.00 | 6,275.00 | 7,530.00 | 8,785.00 |
| 2 | 3,406.67 | 3,832.50 | 4,258.33 | 4,684.17 | 5,110.00 | 5,535.83 | 5,961.67 | 6,387.50 | 6,813.33 | 8,516.67 | 10,220.00 | 11,923.33 |
| 3 | 4,303.33 | 4,841.25 | 5,379.17 | 5,917.08 | 6,455.00 | 6,992.92 | 7,530.83 | 8,068.75 | 8,606.67 | 10,758.33 | 12,910.00 | 15,061.67 |
| 4 | 5,200.00 | 5,850.00 | 6,500.00 | 7,150.00 | 7,800.00 | 8,450.00 | 9,100.00 | 9,750.00 | 10,400.00 | 13,000.00 | 15,600.00 | 18,200.00 |
| 5 | 6,096.67 | 6,858.75 | 7,620.83 | 8,382.92 | 9,145.00 | 9,907.08 | 10,669.17 | 11,431.25 | 12,193.33 | 15,241.67 | 18,290.00 | 21,338.33 |
| 6 | 6,993.33 | 7,867.50 | 8,741.67 | 9,615.83 | 10,490.00 | 11,364.17 | 12,238.33 | 13,112.50 | 13,986.67 | 17,483.33 | 20,980.00 | 24,476.67 |
| 7 | 7,890.00 | 8,876.25 | 9,862.50 | 10,848.75 | 11,835.00 | 12,821.25 | 13,807.50 | 14,793.75 | 15,780.00 | 19,725.00 | 23,670.00 | 27,615.00 |
| 8 | 8,786.67 | 9,885.00 | 10,983.33 | 12,081.67 | 13,180.00 | 14,278.33 | 15,376.67 | 16,475.00 | 17,573.33 | 21,966.67 | 26,360.00 | 30,753.33 |
| 9 | 9,683.33 | 10,893.75 | 12,104.17 | 13,314.58 | 14,525.00 | 15,735.42 | 16,945.83 | 18,156.25 | 19,366.67 | 24,208.33 | 29,050.00 | 33,891.67 |
| 10 | 10,580.00 | 11,902.50 | 13,225.00 | 14,547.50 | 15,870.00 | 17,192.50 | 18,515.00 | 19,837.50 | 21,160.00 | 26,450.00 | 31,740.00 | 37,030.00 |
| 11 | 11,476.67 | 12,911.25 | 14,345.83 | 15,780.42 | 17,215.00 | 18,649.58 | 20,084.17 | 21,518.75 | 22,953.33 | 28,691.67 | 34,430.00 | 40,168.33 |
| 12 | 12,373.33 | 13,920.00 | 15,466.67 | 17,013.33 | 18,560.00 | 20,106.67 | 21,653.33 | 23,200.00 | 24,746.67 | 30,933.33 | 37,120.00 | 43,306.67 |
| 13 | 13,270.00 | 14,928.75 | 16,587.50 | 18,246.25 | 19,905.00 | 21,563.75 | 23,222.50 | 24,881.25 | 26,540.00 | 33,175.00 | 39,810.00 | 46,445.00 |
| 14 | 14,166.67 | 15,937.50 | 17,708.33 | 19,479.17 | 21,250.00 | 23,020.83 | 24,791.67 | 26,562.50 | 28,333.33 | 35,416.67 | 42,500.00 | 49,583.33 |

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.



CIHCP Monthly Income Standards

Based on the [2024](#) Federal Poverty Guideline (FPG)

| # of Individuals in the CIHCP Household | 21% FPG | 50% FPG | 100% FPG | 150% FPG |
|---|---------|---------|----------|----------|
| 1 | \$264 | \$628 | \$1,255 | \$1,883 |
| 2 | \$358 | \$852 | \$1,703 | \$2,555 |
| 3 | \$452 | \$1,076 | \$2,152 | \$3,228 |
| 4 | \$546 | \$1,300 | \$2,600 | \$3,900 |
| 5 | \$640 | \$1,524 | \$3,048 | \$4,573 |
| 6 | \$734 | \$1,748 | \$3,497 | \$5,245 |
| 7 | \$828 | \$1,973 | \$3,945 | \$5,918 |
| 8 | \$923 | \$2,197 | \$4,393 | \$6,590 |
| 9 | \$1,017 | \$2,421 | \$4,842 | \$7,263 |
| 10 | \$1,111 | \$2,645 | \$5,290 | \$7,935 |
| 11 | \$1,205 | \$2,869 | \$5,738 | \$8,608 |
| 12 | \$1,299 | \$3,093 | \$6,187 | \$9,280 |

Montgomery County Hospital District

Medical Assistance Plan

Handbook Procedures and Guidelines

Revised April 1, ~~2023~~ 2024

Board Reviewed/Approved

MONTGOMERY COUNTY HOSPITAL DISTRICT

MEDICAL ASSISTANCE PLAN HANDBOOK

TABLE OF CONTENTS

TABLE OF CONTENTS 2
TECHNICAL ASSISTANCE 4
SECTION ONE. PLAN ADMINISTRATION 5
INTRODUCTION 6
GENERAL ADMINISTRATION 9
SECTION TWO. ELIGIBILITY CRITERIA 12
RESIDENCE 13
 General Principles 13
 Verifying Residence 14
 Documenting Residence 14
CITIZENSHIP 15
 General Principles 15
HOUSEHOLD 17
 General Principles 17
 MCHD MAP Household 18
 Verifying Household 19
 Documenting Household 19
RESOURCES 21
 General Principles 21
INCOME 32
 General Principles 32
 Verifying Income 42
 Documenting Income 43
BUDGETING INCOME 44
 General Principles 44
 Steps for Budgeting Income 46
SECTION THREE. CASE PROCESSING 52
CASE PROCESSING 53
 General Principles 53
PROCESSING AN APPLICATION 57
 Steps for Processing an Application 57
 Termination of Coverage 60
DENIAL DECISION DISPUTES 62
 Responses Regarding a Denial Decision 62
 The Household/Client Appeal Process 62
 MAP Appeal Process Flowchart 64
SECTION FOUR. SERVICE DELIVERY 65
SERVICE DELIVERY 66
 General Principles 66
BASIC HEALTH CARE SERVICES 71
 Annual Physical Examinations 71

| | |
|---|------------|
| Family Planning Services | 71 |
| Immunizations | 72 |
| Inpatient Hospital Services..... | 72 |
| Laboratory and X-Ray Services..... | 72 |
| Medical Screening Services..... | 72 |
| Outpatient Hospital Services..... | 73 |
| Physician Services..... | 73 |
| Prescription Drugs..... | 74 |
| Rural Health Clinic (RHC) Services..... | 74 |
| Skilled Nursing Facility Services..... | 75 |
| EXTENDED HEALTH CARE SERVICES..... | 76 |
| Advanced Practice Nurse (APN) Services..... | 76 |
| Ambulatory Surgical Center (ASC) Services..... | 76 |
| Catastrophic Oncology Services..... | 77 |
| Colostomy Medical Supplies and Equipment:..... | 77 |
| Mental Health - Counseling Services:..... | 78 |
| Diabetic Medical Supplies and Equipment:..... | 79 |
| Durable Medical Equipment:..... | 80 |
| Emergency Medical Services:..... | 82 |
| Federally Qualified Health Center (FQHC) Services:..... | 83 |
| Health and Wellness Services..... | 83 |
| Home Health Care Services..... | 83 |
| Occupational Therapy Services:..... | 84 |
| Physician Assistant (PA) Services:..... | 84 |
| Physical Therapy Services:..... | 84 |
| EXCLUSIONS AND LIMITATIONS..... | 85 |
| SERVICE DELIVERY DISPUTES..... | 91 |
| Appeals of Adverse Benefits Determinations..... | 91 |
| First Appeal Level..... | 93 |
| Second Appeal Level..... | 95 |
| MANDATED PROVIDER INFORMATION..... | 97 |
| SECTION FIVE. FORMS..... | 100 |
| APPENDIX I. GLOSSARY OF TERMS..... | 102 |
| APPENDIX II. MCHD'S ENABLING LEGISLATION..... | 110 |
| APPENDIX III. CHAPTER 61..... | 138 |
| APPENDIX IV. TEXAS ADMINISTRATIVE CODE SUBCHAPTERS..... | 140 |
| APPENDIX V. FEDERAL POVERTY GUIDELINES..... | 142 |
| APPENDIX VI. AGREEMENT FOR ENROLLMENT OF COUNTY INMATES INTO MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE PROGRAM | 144 |
| APPENDIX VII. MCHD HCAP FORMULARY..... | 152 |

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

TECHNICAL ASSISTANCE

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

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

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

Friday:
7:30am - 11:30am

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

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

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

Melissa Miller
Chief Operating Officer
Ext. 1191
E-mail: mmiller@mchd-tx.org

Adeolu Moronkeji
HCAP Manager
Ext. 1103
Email: amoronkeji@MCHD-tx.org

Ida Chapa
Eligibility Supervisor
Ext. 5114
E-mail: ichapa@MCHD-tx.org

Luis Vasquez
Bill Pay Supervisor
Ext. 5126
E-mail: lvasquez@MCHD-tx.org

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

SECTION ONE PLAN ADMINISTRATION

INTRODUCTION

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

The Board of Directors of the Montgomery County Hospital District is committed to ensure that the needy inhabitants of the County receive quality health care services in an equitable and non-discriminatory manner through the District's Medical Assistance Plan. The Board of Directors believes quality medical care services can be provided to the County's needy inhabitants in a manner that is fair and equitable, efficient and without undue expense of local taxpayer dollars, which fund such care. The Board of Directors has adopted Plan rules for the provision of health services to those persons qualifying as "indigents" per chapter 61 of the Texas Health & Safety Code, and such indigent Plan rules strictly comply with the requirements of chapter 61 and the rules promulgated by the Texas Department of State Health Services thereunder.

In addition to the services provided to indigents, the Board of Directors have approved Plan rules for the provision of certain health care services to persons who are determined not to be indigent per the definitions contained in chapter 61 and the rules adopted by the Department, but whose income and resources fall between indigent (21% of federal poverty income limit, such limit known as "FPIL") and 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

SECTION ONE
PLAN ADMINISTRATION
INTRODUCTION

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

SECTION ONE
PLAN ADMINISTRATION
INTRODUCTION

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

MCHD MAP Handbook

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

The purpose of the MCHD MAP Handbook is to:

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

GENERAL ADMINISTRATION

MCHD Responsibility

The District will:

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

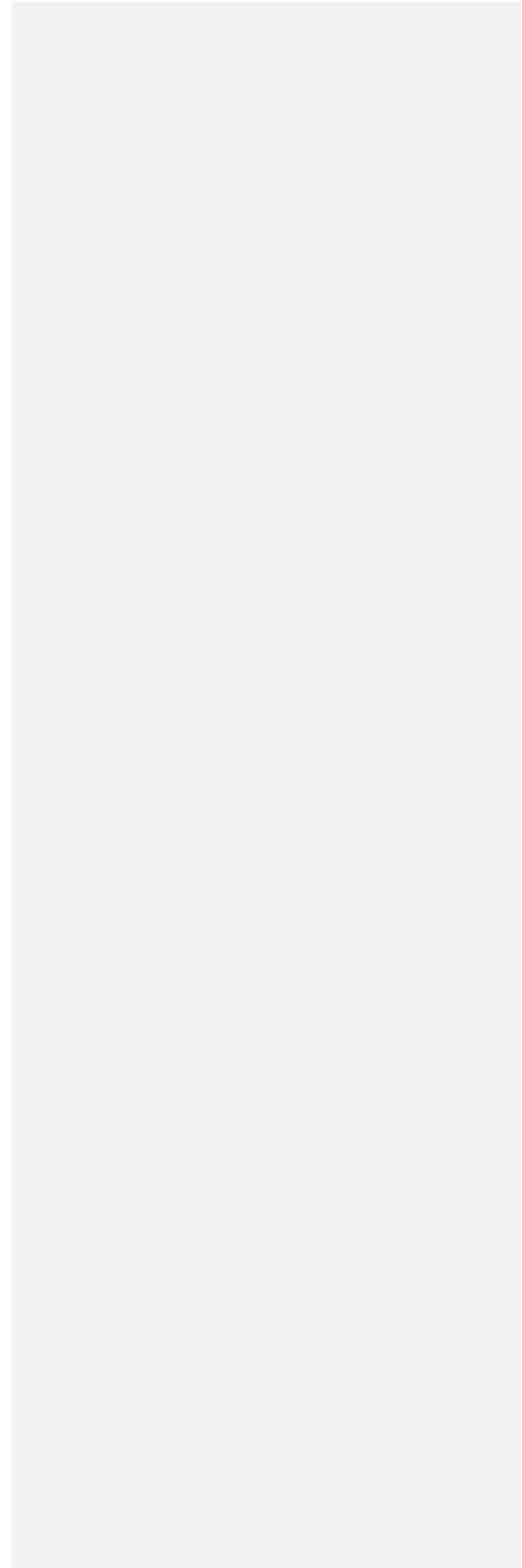
If there is ever a question as to whether or not an applicant should be exempt from work registration, contact the local Texas Workforce Commission (TW C) office when in doubt.

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.

SECTION TWO
ELIGIBILITY CRITERIA
CITIZENSHIP

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

HOUSEHOLD

General Principles

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

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

MCHD MAP Household

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

Disqualified Persons

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

SECTION TWO
ELIGIBILITY CRITERIA
HOUSEHOLD

- Income Medicare Beneficiary (SLMB), Qualified Individual-1 (QI-1); or Qualified Disabled and Working Individuals (QDWI), and
- A Medicaid recipient who partially exhausts some component of his Medicaid benefits,

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

MCHD MAP One-Person Household

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

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

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

Verifying Household

All households are verified.

Proof may include but is not limited to:

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

Documenting Household

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

RESOURCES

General Principles

- A household must pursue all resources to which the household is legally entitled unless it is unreasonable to pursue the resource. Reasonable time (at least three months) must be allowed for the household to pursue the resource, which is not considered accessible during this time.
 - The applicant must not be eligible or potentially eligible for any other resource. Example: Medicaid, Medicare, Insurance, group health insurance, VA Veteran medical benefits, or any other source. MCHD's Medical Assistance Plan is payor of last resort!
- The resources of all MCHD MAP household members are considered.
- Resources are either countable or exempt.
- Resources from disqualified and non-household members are excluded, but may be included if processing an application for a sponsored alien.
- A household is not eligible if the total countable household resources exceed:
 - \$3,000.00 when a person who is aged or has disabilities and who meets relationship requirements lives in the home or
 - \$2,000.00 for all other households.
- A household is not eligible if their total countable resources exceed the limit on or after:
 - A household is not eligible if their total countable resources exceed the limit on or after the first interview date or the process date for cases processed without an interview.
- In determining eligibility for a prior month, the household is not eligible if their total countable resources exceed the limit anytime during the prior month.
- Consider a joint bank account with a nonmember as inaccessible if the money in the account is used solely for the nonmember's benefit. The

SECTION TWO
ELIGIBILITY CRITERIA
RESOURCES

CIHCP household must provide verification that the bank account is used solely for the nonmember's benefit and that no CIHCP household member uses the money in the account for their benefit. If a household member uses any of the money for their benefit or if any household member's money is also in the account, consider the bank account accessible to the household.

Alien Sponsor's Resources

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

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

Sec.61.012. REIMBURSEMENT FOR SERVICES.

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

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

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

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

Bank Accounts

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

Burial Insurance (Prepaid)

SECTION TWO
ELIGIBILITY CRITERIA
RESOURCES

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

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

Burial Plots

Exempt all burial plots.

Crime Victim's Compensation Payments

Exempt.

Energy Assistance Payments

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

Exemption: Resources/Income Payments

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

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

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

Homestead

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

SECTION TWO
ELIGIBILITY CRITERIA
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.

Law suit Settlement

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

Life Insurance

Exempt the cash value of life insurance policies.

Liquid Resources

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

Loans (Non-Educational)

Exempt these loans from resources.

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

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

Lump-Sum Payments

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

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

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

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

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

Personal Possessions

Exempt.

Real Property

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

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.

SECTION TWO
ELIGIBILITY CRITERIA
RESOURCES

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
ELIGIBILITY CRITERIA
RESOURCES

- 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:**

| | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------|-------|---------|---------------------|---------|----------------|--------|--|-----|----------------------|---|---------|-------|-----|---------------------|---------|----------------|--------|--|---------|----------------------|
| <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">\$15,000</td><td>(FMV)</td></tr> <tr><td style="border-top: 1px solid black;">-12,450</td><td>(Amount still owed)</td></tr> <tr><td style="border-top: 1px solid black;">\$2,550</td><td>(Equity Value)</td></tr> <tr><td style="border-top: 1px solid black; border-bottom: 1px solid black;">-4,650</td><td></td></tr> <tr><td style="border-bottom: 1px solid black;">\$0</td><td>(Countable resource)</td></tr> </table> | \$15,000 | (FMV) | -12,450 | (Amount still owed) | \$2,550 | (Equity Value) | -4,650 | | \$0 | (Countable resource) | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">\$9,000</td><td>(FMV)</td></tr> <tr><td style="border-top: 1px solid black;">- 0</td><td>(Amount still owed)</td></tr> <tr><td style="border-top: 1px solid black;">\$9,000</td><td>(Equity Value)</td></tr> <tr><td style="border-top: 1px solid black; border-bottom: 1px solid black;">-4,650</td><td></td></tr> <tr><td style="border-bottom: 1px solid black;">\$4,350</td><td>(Countable resource)</td></tr> </table> | \$9,000 | (FMV) | - 0 | (Amount still owed) | \$9,000 | (Equity Value) | -4,650 | | \$4,350 | (Countable resource) |
| \$15,000 | (FMV) | | | | | | | | | | | | | | | | | | | | |
| -12,450 | (Amount still owed) | | | | | | | | | | | | | | | | | | | | |
| \$2,550 | (Equity Value) | | | | | | | | | | | | | | | | | | | | |
| -4,650 | | | | | | | | | | | | | | | | | | | | | |
| \$0 | (Countable resource) | | | | | | | | | | | | | | | | | | | | |
| \$9,000 | (FMV) | | | | | | | | | | | | | | | | | | | | |
| - 0 | (Amount still owed) | | | | | | | | | | | | | | | | | | | | |
| \$9,000 | (Equity Value) | | | | | | | | | | | | | | | | | | | | |
| -4,650 | | | | | | | | | | | | | | | | | | | | | |
| \$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 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
ELIGIBILITY CRITERIA
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
ELIGIBILITY CRITERIA
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.

SECTION TWO
ELIGIBILITY CRITERIA
INCOME

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

SECTION TWO
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/~~2023~~ 2024
 21- 150% FPIL**

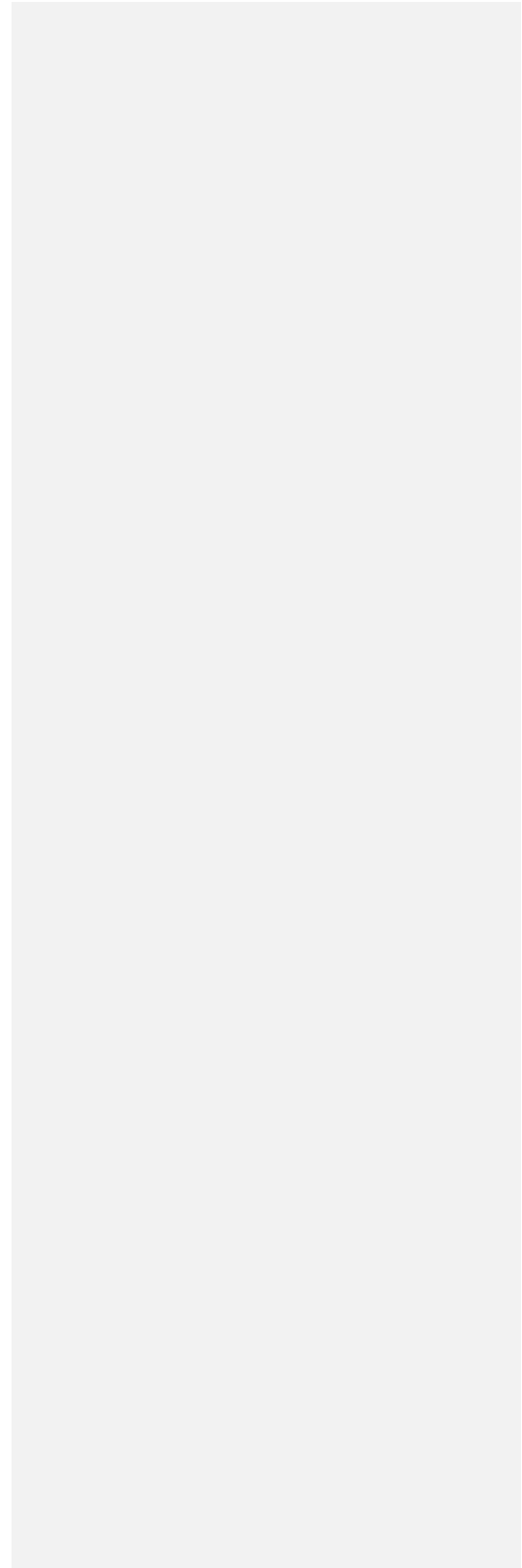
| # of Individuals in the MAP Household | Income Standard | Income Standard |
|--|-----------------------------------|-----------------------------------|
| | 21% FPIL | 150% FPIL |
| 1 | \$255 <u>\$264</u> | \$1,823 <u>\$1,883</u> |
| 2 | \$345 <u>\$358</u> | \$2,465 <u>\$2,555</u> |
| 3 | \$435 <u>\$452</u> | \$3,108 <u>\$3,228</u> |
| 4 | \$525 <u>\$546</u> | \$3,750 <u>\$3,900</u> |
| 5 | \$615 <u>\$640</u> | \$4,393 <u>\$4,573</u> |
| 6 | \$705 <u>\$734</u> | \$5,035 <u>\$5,245</u> |
| 7 | \$795 <u>\$828</u> | \$5,678 <u>\$5,918</u> |
| 8 | \$885 <u>\$923</u> | \$6,320 <u>\$6,590</u> |
| 9 | \$975 <u>\$1,017</u> | \$6,963 <u>\$7,263</u> |
| 10 | \$1,065 <u>\$1,111</u> | \$7,605 <u>\$7,935</u> |
| 11 | \$1,155 <u>\$1,205</u> | \$8,248 <u>\$8,608</u> |
| 12 | \$1,245 <u>\$1,299</u> | \$8,890 <u>\$9,280</u> |

Formatted Table

Note: Based on the ~~2023~~ 2024 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.

SECTION THREE
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.

SECTION THREE
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

SECTION THREE
CASE PROCESSING
PROCESSING AN APPLICATION

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,

SECTION THREE
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

SECTION THREE
CASE PROCESSING
PROCESSING AN APPLICATION

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

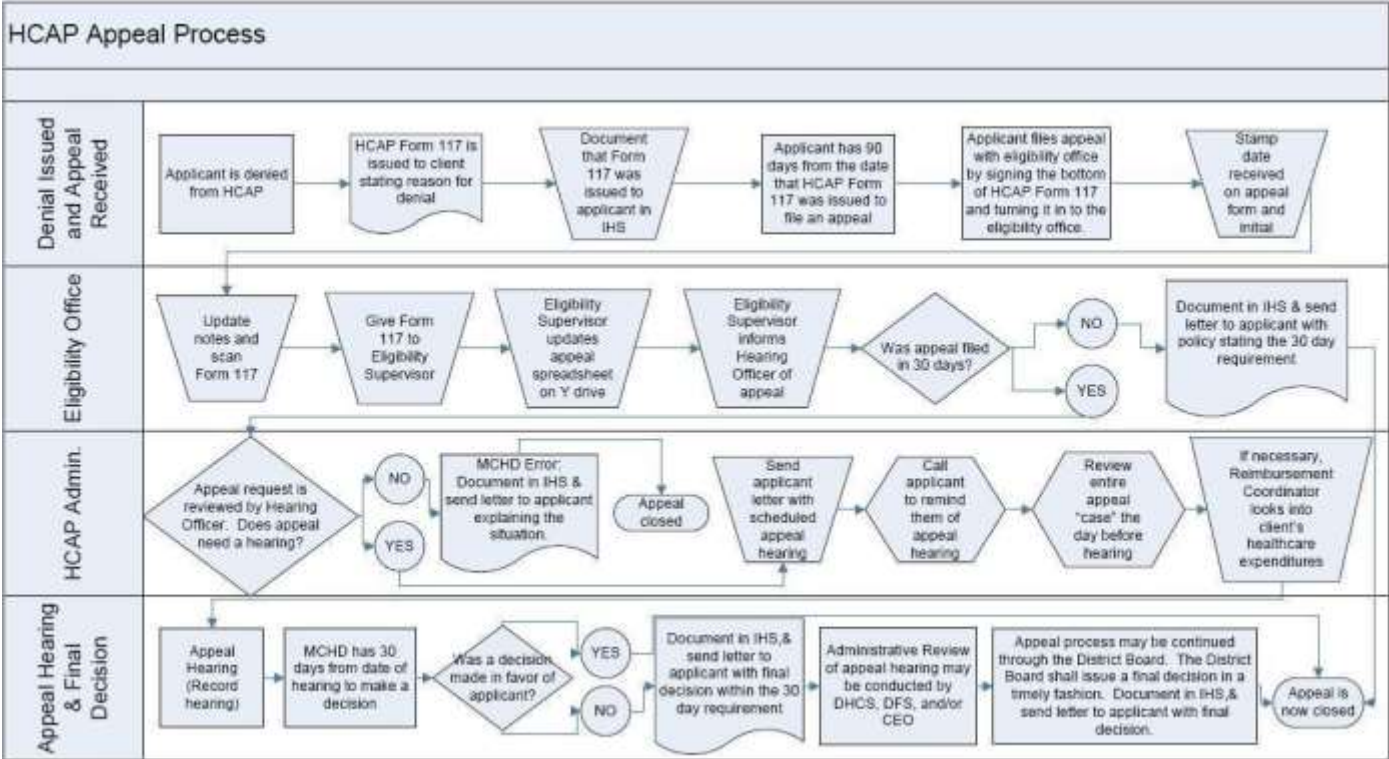
The decision as to whether or not an appeal is necessary is decided upon by the Hearing Officer after reviewing the case.

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.

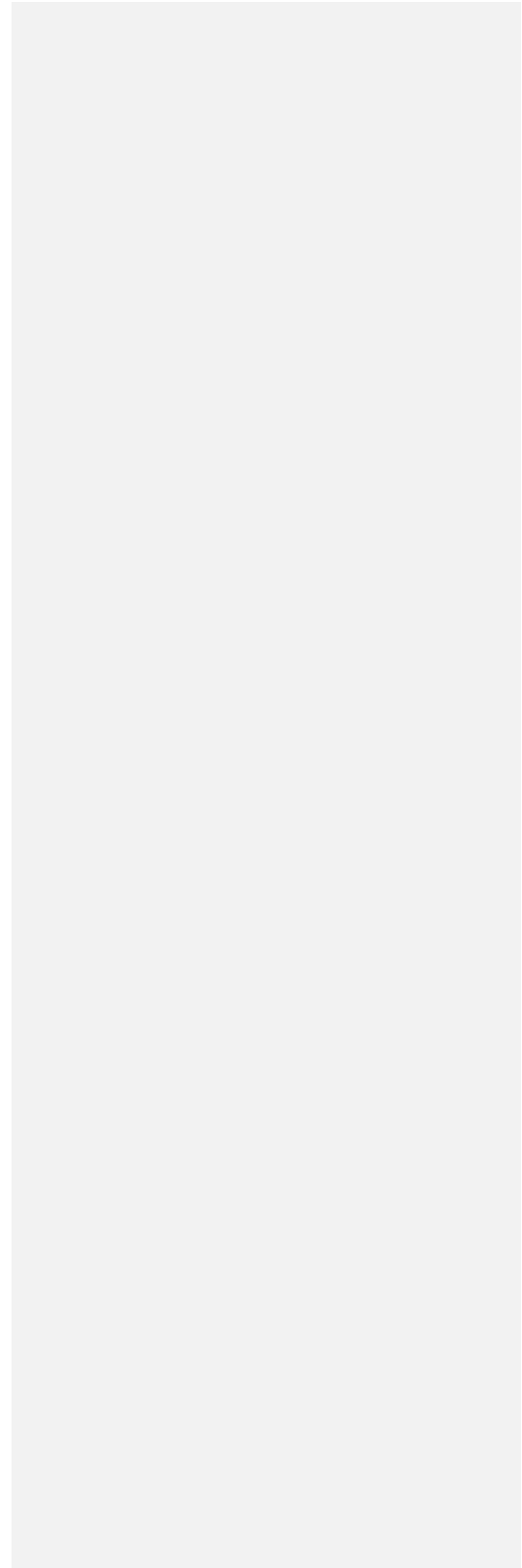
SECTION THREE
CASE PROCESSING
DENIAL DECISION DISPUTES

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.

SECTION FOUR
SERVICE DELIVERY

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

Advanced Practice Nurse (APN) Services

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

Ambulatory Surgical Center (ASC) Services

These services must be provided in a freestanding ASC, and are limited to items and services provided in reference to an ambulatory surgical procedure. A freestanding ASC service should be billed as one inclusive charge on a HCFA-1500, using the TOS "F."

Bi-level Positive Airway Pressure (BIPAP)

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

Catastrophic Oncology Services

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

Colostomy Medical Supplies and Equipment:

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

The hospital district requires the supplier to receive prior authorization.

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

Items covered are:

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

Colostomy Medical Supplies and Equipment:

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

Mental Health - Counseling Services:

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

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

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

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

The hospital district requires prior authorization for all mental health (inpatient and outpatient) counseling services.

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

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

Diabetic Medical Supplies and Equipment:

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

The hospital district requires the supplier to receive prior authorization.

Items covered are:

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

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

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 Prescribed Flow Rate [Monthly Rental] |
| Standard wheelchair |
| Lightweight wheelchair |
| Ultra lightweight wheelchair |
| Elevating leg rests, pair |
| Continuous positive airway pressure (CPAP) device [monthly rental up to purchase] |
| Orthopedic braces [monthly rental up to purchase] |
| Wound care supplies |

Emergency Medical Services:

Emergency Medical Services (EMS) services are ground ambulance 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.

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

SECTION FOUR
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;

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.

SECTION FOUR
SERVICE DELIVERY
EXCLUSIONS AND LIMITATIONS

- 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;

SECTION FOUR
SERVICE DELIVERY
EXCLUSIONS AND LIMITATIONS

- 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;

SECTION FOUR
SERVICE DELIVERY
EXCLUSIONS AND LIMITATIONS

- 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:

SECTION FOUR
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 emailed or faxed as follows:

Claims Appeal

HCAPbillpay@mchd-tx.org

Fax Number: 936-523-5137

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

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

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

Timing of Notification of Benefit Determination on First Appeal

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

Pre-service Non-urgent Care Claims

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

Concurrent Care Claims

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

Post-service Claims

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

Calculating Time Periods

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

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

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

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

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

Second Appeal Level

Adverse Decision on First Appeal; Requirements for Second Appeal

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

Timing of Notification of Benefit Determination on Second Appeal

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

Pre-service Non-urgent Care Claims

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

Concurrent Care Claims

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

Post-service Claims

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

Calculating Time Periods

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

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

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

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

Decision on Second Appeal to be Final

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

Appointment of Authorized Representative

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

MANDATED PROVIDER INFORMATION

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

Continuity of Care:

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

Prior Approval:

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

Mandatory Notification Requirements:

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

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 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.

SECTION FOUR
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.

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.

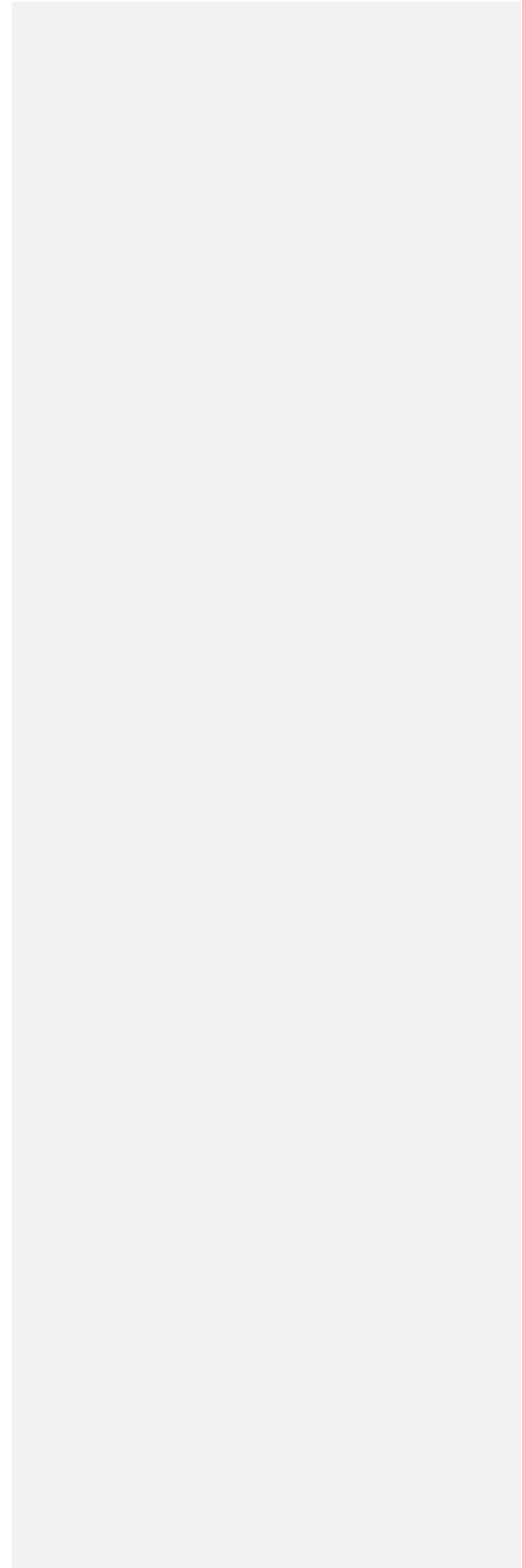
The County Indigent Health Care Program (CIHCP) rules are in: TAC, Title 25 (Health Services), Part 1 (TDSHS), Chapter 14 (CIHCP), and the following Subchapters:

- 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/~~2023~~2024
21- 150% FPIL**

| # of Individuals in the M AP Household | Income Standard | Income Standard |
|---|-----------------------------------|-----------------------------------|
| | 21% FPIL | 150% FPIL |
| 1 | \$255 <u>\$264</u> | \$1,823 <u>\$1,883</u> |
| 2 | \$345 <u>\$358</u> | \$2,465 <u>\$2,555</u> |
| 3 | \$435 <u>\$452</u> | \$3,108 <u>\$3,228</u> |
| 4 | \$525 <u>\$546</u> | \$3,750 <u>\$3,900</u> |
| 5 | \$615 <u>\$640</u> | \$4,393 <u>\$4,573</u> |
| 6 | \$705 <u>\$734</u> | \$5,035 <u>\$5,245</u> |
| 7 | \$795 <u>\$828</u> | \$5,678 <u>\$5,918</u> |
| 8 | \$885 <u>\$923</u> | \$6,320 <u>\$6,590</u> |
| 9 | \$975 <u>\$1,017</u> | \$6,963 <u>\$7,263</u> |
| 10 | \$1,065 <u>\$1,205</u> | \$7,605 <u>\$7,935</u> |
| 11 | \$1,155 <u>\$1,205</u> | \$8,248 <u>\$8,608</u> |
| 12 | \$1,245 <u>\$1,299</u> | \$8,890 <u>\$9,280</u> |

Formatted: Indent: Left: 0.5", Hanging: 0.44"

* Effective April 1, ~~2023~~ 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

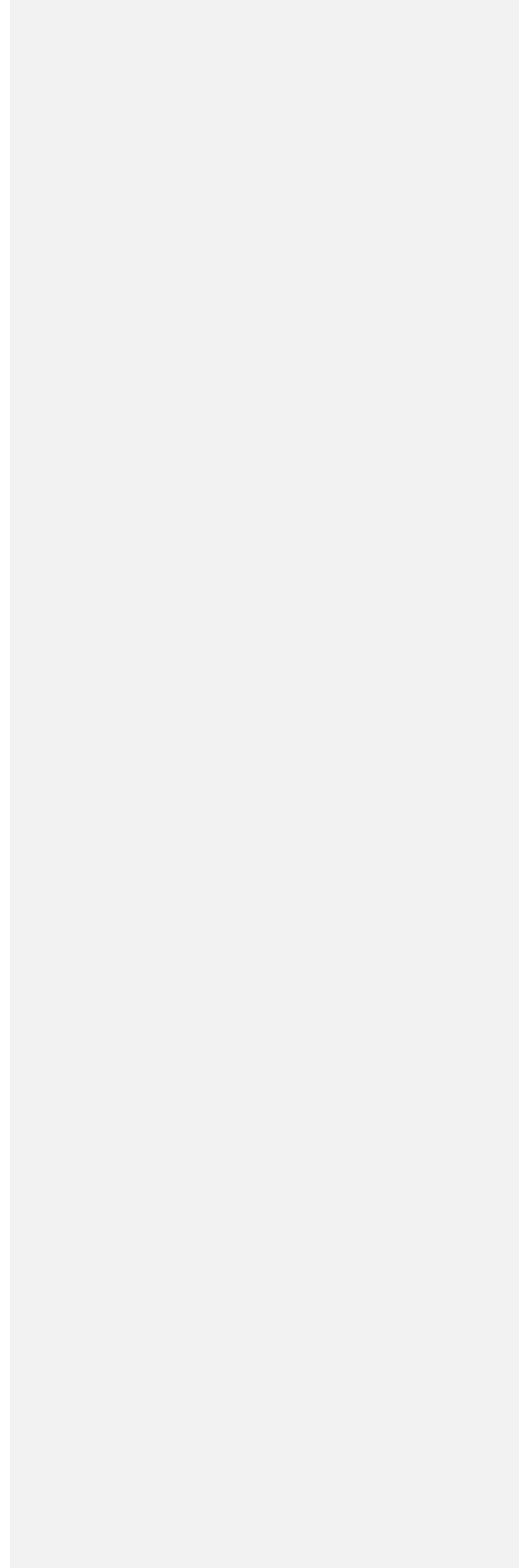
WHEREAS, County jail inmates and detainees have the need for occasional medical treatment beyond that which jail personnel are qualified to administer; and

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



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.

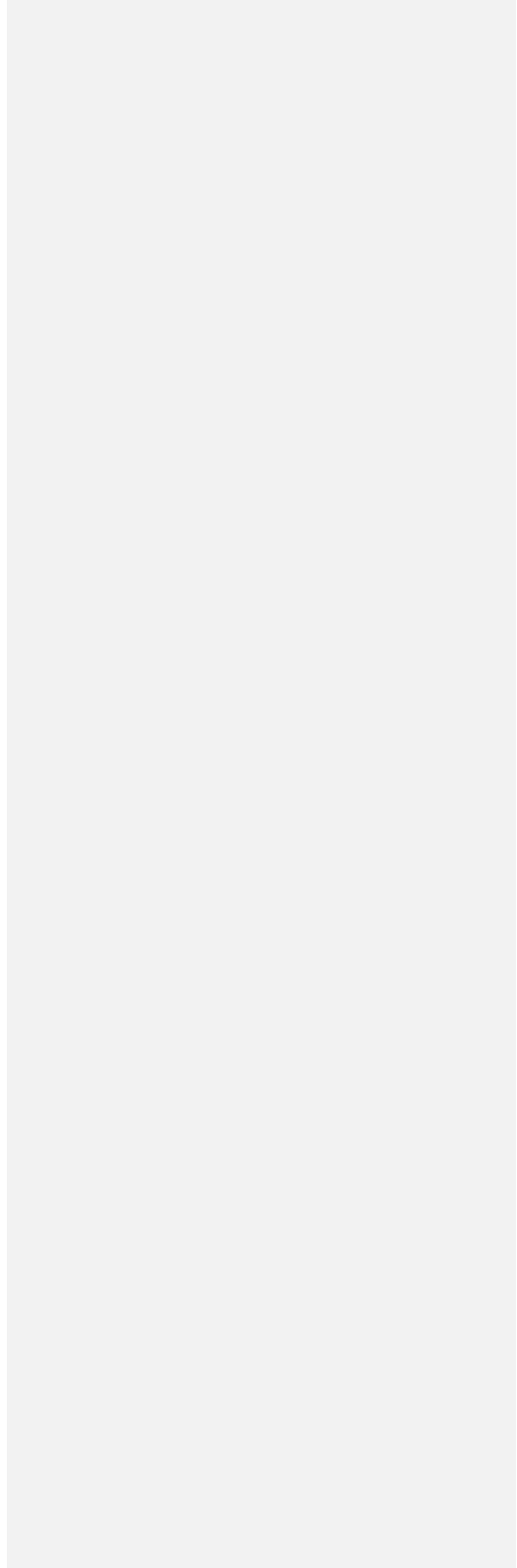
NOW, THEREFORE, for and in consideration of the mutual covenants, considerations and undertakings herein set forth, it is agreed as follows:

1.

ENROLLMENT INTO HOSPITAL DISTRICT PUBLIC ASSISTANCE PROGRAM

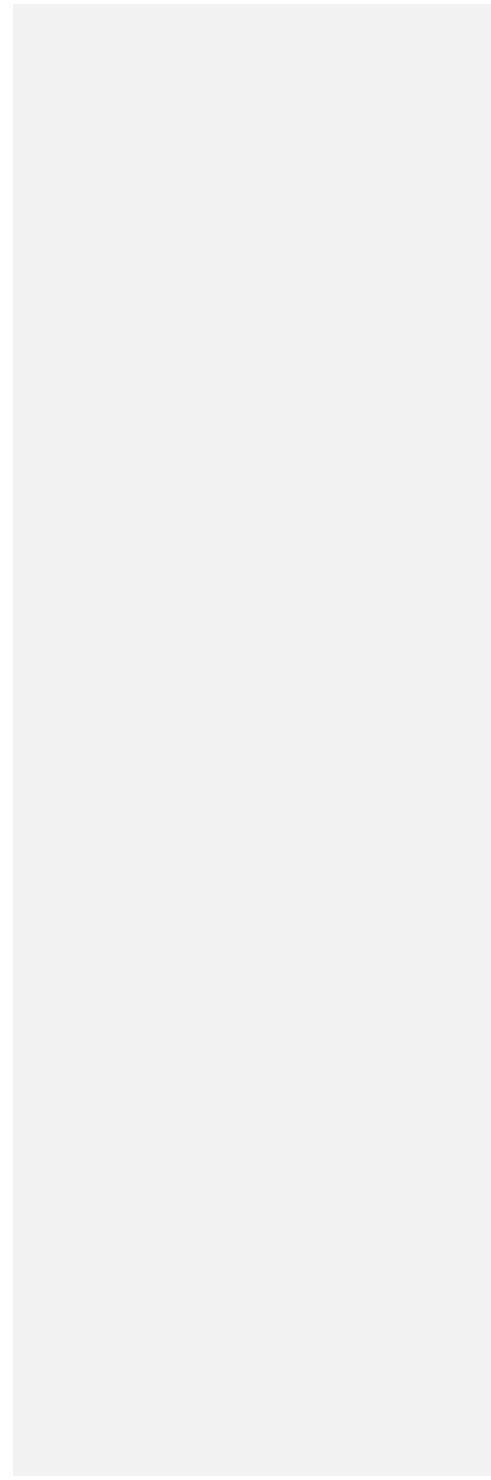
A. *The* County will assist inmates in seeking coverage under the Hospital District Public Assistance Program. County staff shall make available to County inmates such application forms and instructions necessary to seek enrollment in *the* Hospital District Public Assistance Program. Upon completion 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.

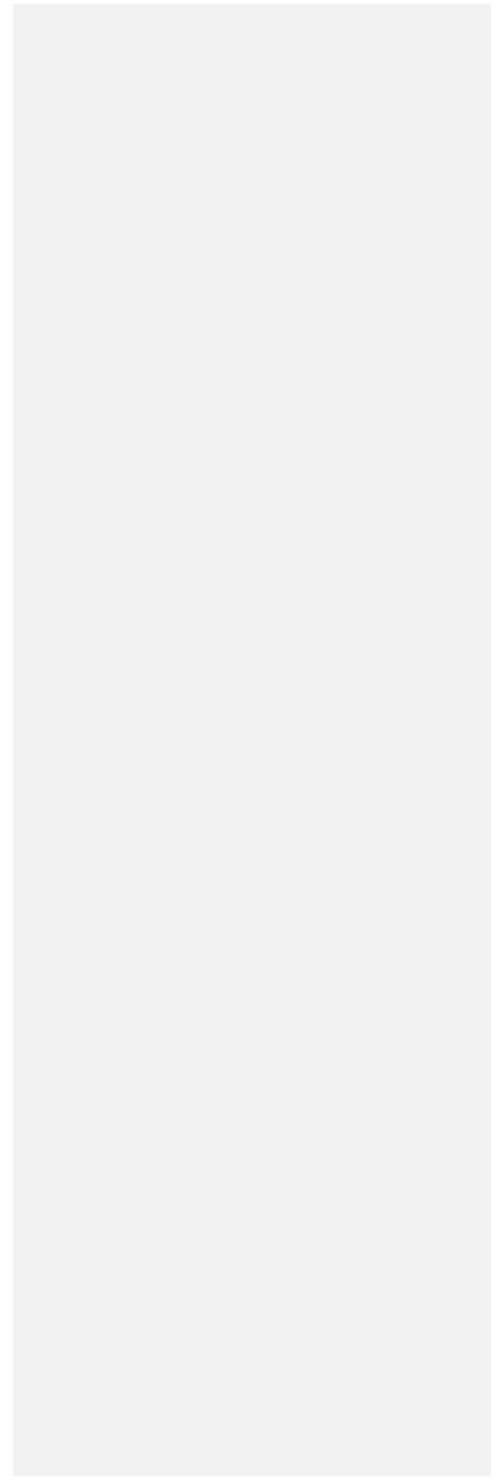
C. MCHD agrees to provide for the health care and medical treatment of Montgomery County jail inmates that are enrolled in the Hospital District's Public Assistance Program, subject to the terms and conditions of such Program except as noted herein. The parties agree that the effective date of coverage 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.

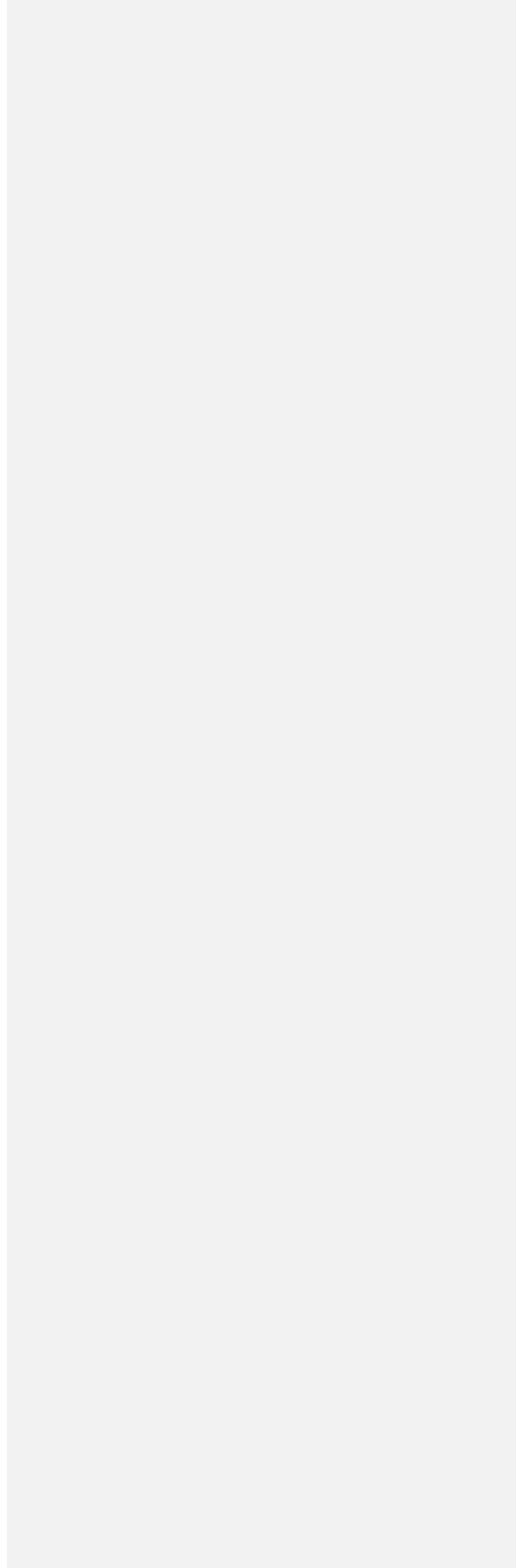
E. If treatment at an out of network provider is medically necessary, the County shall notify MCHD of such need as soon as reasonably possible, not later than the close of business the first day following the incident giving rise to the medical necessity. If treatment is sought at a local healthcare 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.

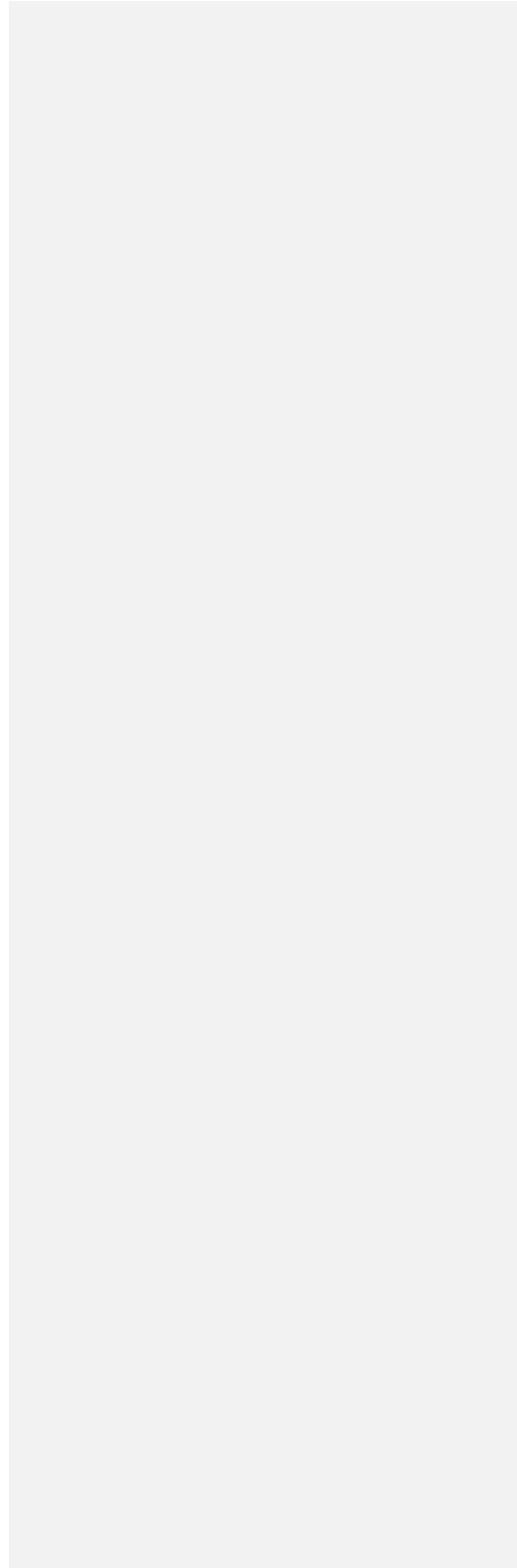
J. In the event any portion of this agreement conflicts with the Texas Health and Safety Code, or the Montgomery County Hospital District enabling legislation, or any other applicable statutory provision, then said statutory provisions shall prevail to the extent of such conflict.

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

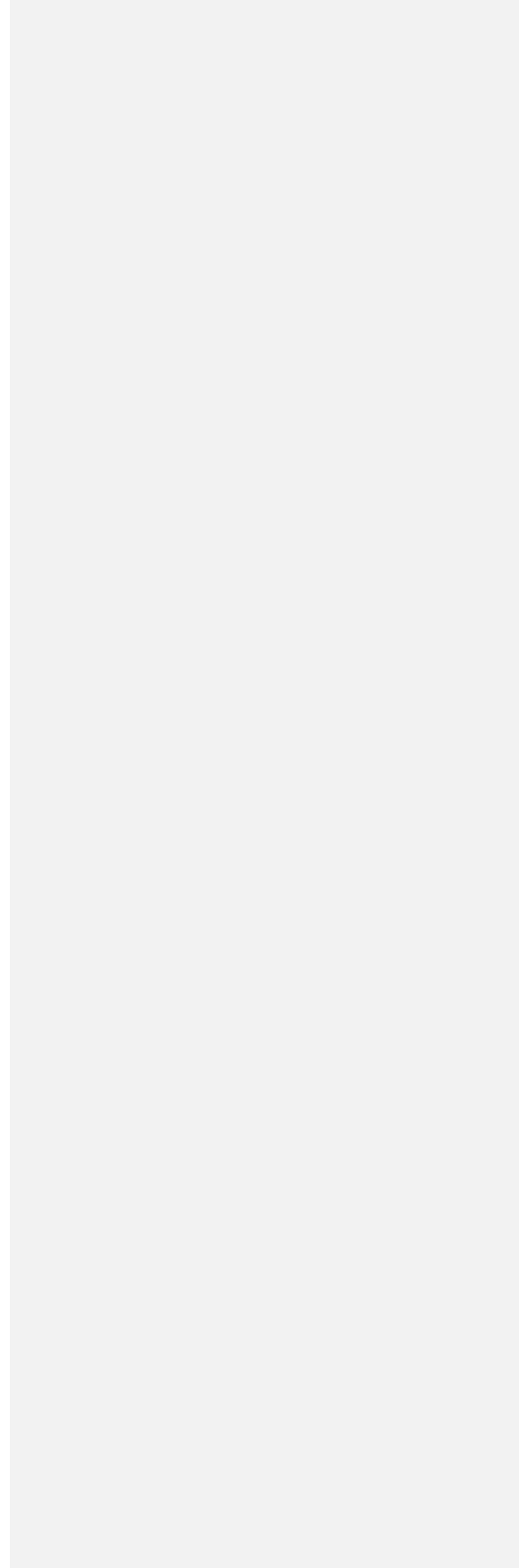
The parties designate the following persons as contact persons for all notices contemplated by this Agreement:

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

COUNTY: Tommy Gage, Sheriff
#1 Criminal Justice Drive
Conroe, Texas 77301
(936) 760-5871
(936) 5387721 (fax)

IV.
TERM

This Agreement shall take effect on the 11th day of March 2014 ("Effective Date") regardless of when executed by the Parties, and shall continue through the 10th day of March, 2015. Thereafter, contingent on the Parties' budgeting and appropriating funds for the continuation of their obligations hereunder, this Agreement shall automatically renew for successive terms of one-year unless terminated by either party in the manner set forth herein. Notwithstanding the foregoing, this Agreement shall be renewed automatically for not more than ten (10) successive terms.



V.
TERMINATION

This Agreement may be terminated at any time by either party upon thirty (30) days written notice delivered by hand, facsimile or U.S. Certified Mail to the other party of its intention to withdraw. In addition, this Agreement shall automatically terminate should either party fail to appropriate revenues sufficient to perform its obligations hereunder, such termination effective on the first date of the fiscal year of such non-appropriation.

VI.
APPROPRIATIONS AND CURRENT REVENUES

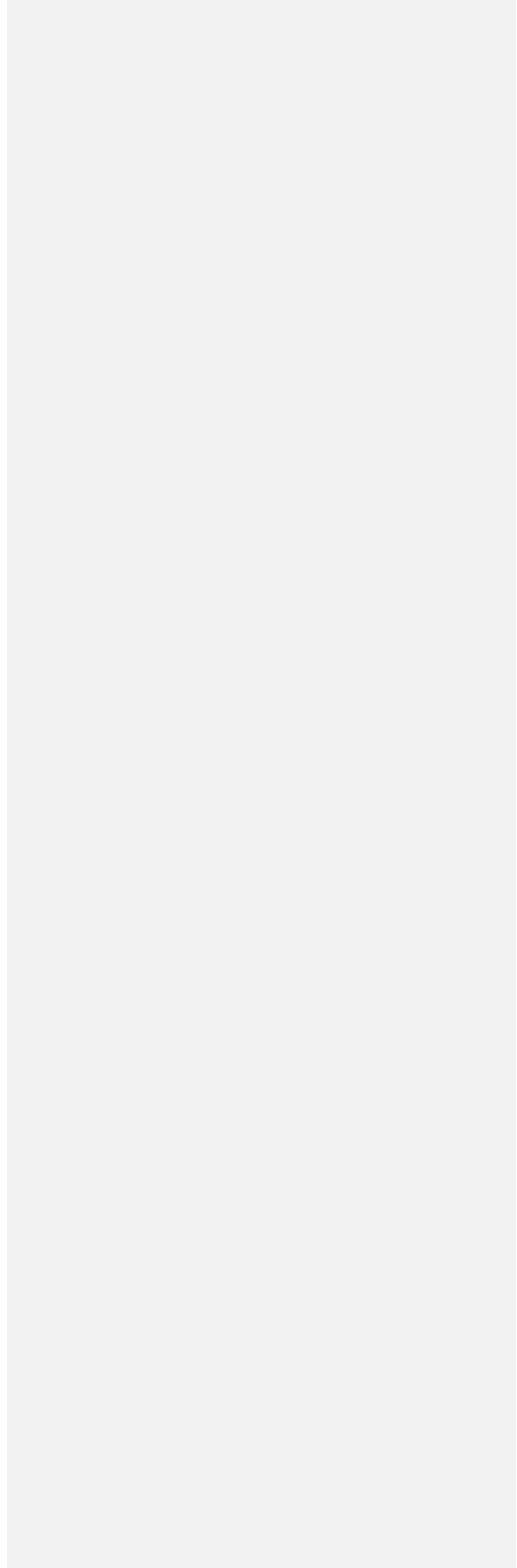
The Parties represent that they have each budgeted and appropriated funds necessary to carry out their respective duties and obligations hereunder for the current fiscal year. For any renewal terms of this Agreement, the Parties shall seek to budget and allocate appropriations in amounts sufficient to continue to carry out their respective obligations as set forth herein.

VII.
AMENDMENT


This Agreement may be amended only in writing approved by the Parties' respective governing boards.

IN WITNESS WHEREOF, Montgomery County, Texas and the Montgomery County Hospital District have hereunto caused their respective corporate names and seals to be subscribed and affixed by their respective officers, duly authorized.

PASSED AND APPROVED to become effective on the Effective Date.



MONTGOMERY COUNTY HOSPITAL
DISTRICT


By: Randy Johnson, Chief Executive
Officer

Date: March 25, 2014

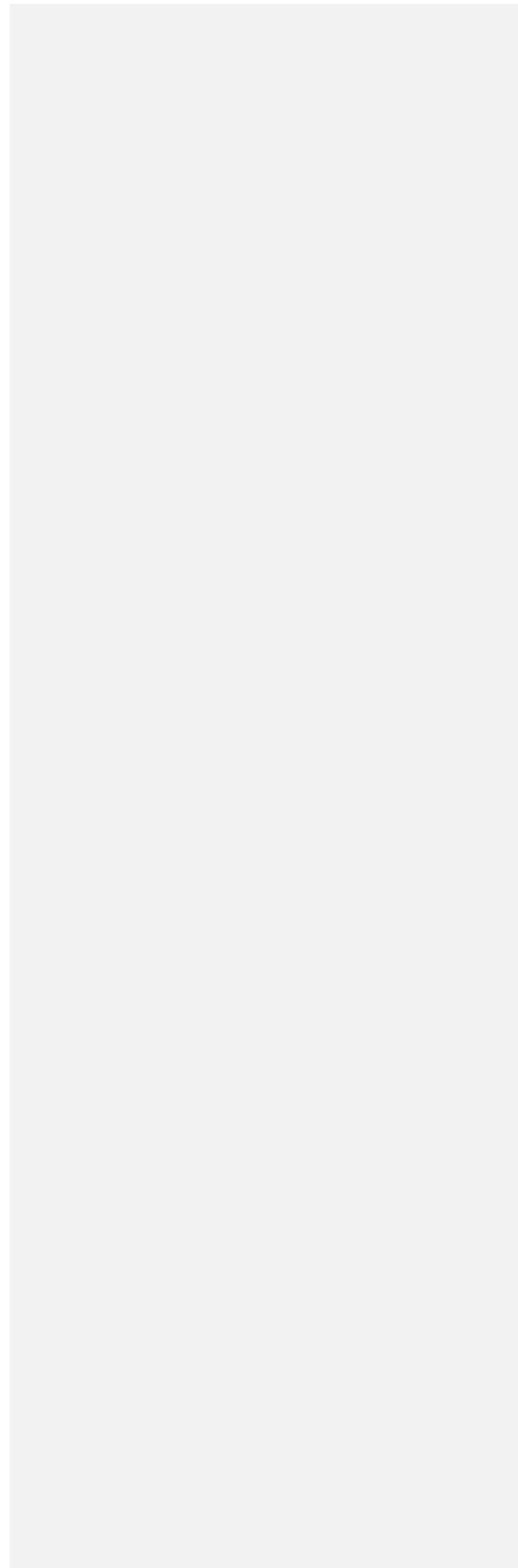
MONTGOMERY COUNTY, TEXAS

By: Alan B. Sadler, County Judge

Date: _____

Attest:

Mark Turnbull, County Clerk



MONTGOMERY COUNTY HOSPITAL
DISTRICT

By: Randy Johnson, Chief Executive
Officer

Date: _____

MONTGOMERY COUNTY, TEXAS



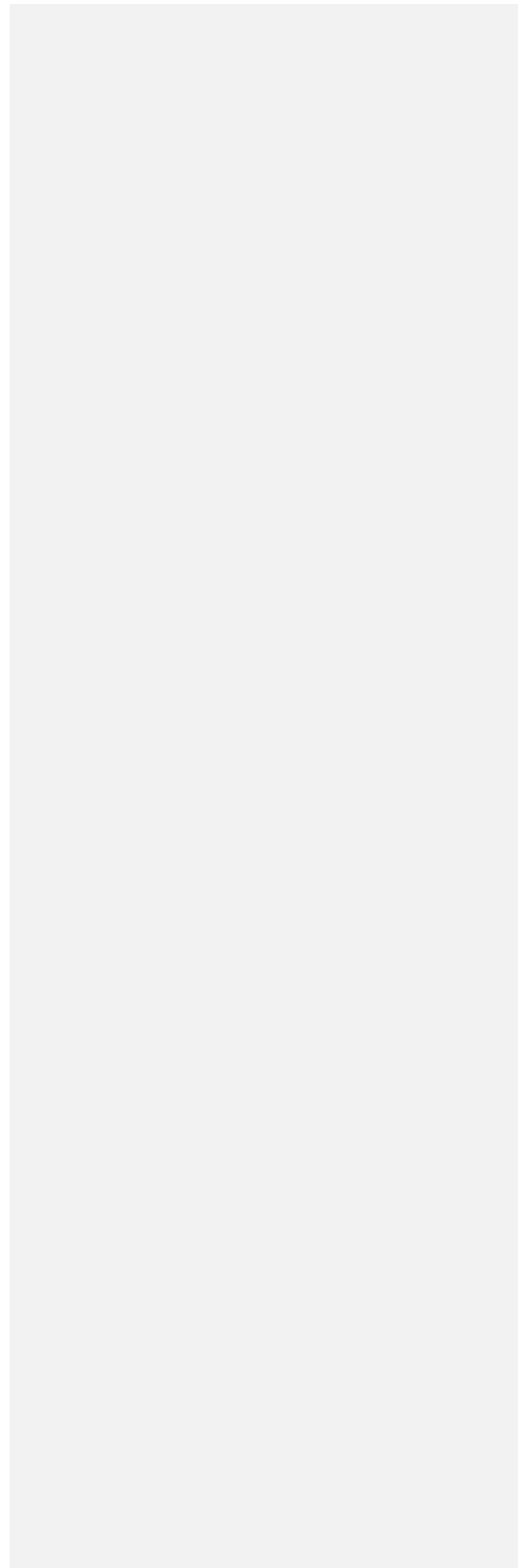
By: Alan B. Sadler, County Judge

Date: ---11 MAR 24--20:---:14:---

Attest:



Mark Turnbull, County Clerk



**APPENDIX VII
MCHD
HCAP FORMULARY**

APPENDIX VII
MCHD HCAP FORMULARY
MCHD 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 | ANTHYPERTENSIVE 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 | trimetere/ HCTZ | MIDRIN® (generic) |
| cefadroxil | benazepril | | |
| cefdinir | captopril | BETABLOCKERS | <u>ENDOCRINE & METABOLIC AGENTS</u> |
| cefepodoxime | enalapril | atenolol | ANTIDIABETICS |
| cefprozil | fosinopril | carvedilol | glimepiride |
| cefuroxime | lisinopril | labetalol | glipizide/ extended-release |
| cephalexin | moexipril | metoprolol | glipizide/ metformin |
| | quinapril | nadolol | glyburide |
| FLUOROQUINOLONES | ramipril capsules | propranolol | glyburide/ metformin |
| ciprofloxacin | | | metformin/ extended-release |
| ofloxacin | ANGIOTENSIN II BLOCKERS | CALCIUM CHANNEL BLOCKERS | |
| levofloxacin | losartan | amlodipine | ESTROGENS M |
| | | diltiazem/ extended-release | estradiol |
| ACROLIDE ANTIBIOTICS | ANTIADRENERGICS | felodipine | estradiol cypionate |
| azithromycin | clonidine | nifedipine/ extended-release | estradiol/ norethindrone |
| clarithromycin | doxazosin | verapamil/ extended-release | estradiol transdermal system |
| erythromycin | terazosin | | ESTRATEST® (generic) |
| | | <u>CENTRAL NERVOUS SYSTEM AGENTS</u> | ESTRATEST HS® (generic) |
| PENICILLINS | ANTHYPERLIPIDEMICS | ANTIDEPRESSANTS | |
| amoxicillin | cholestyramine | amitriptyline | estropiate |
| amoxicillin/ clavulanate | fenofibrate | citalopram | |
| 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***

F
O
R
A
D
I
L
®
*
*
P
U
L
M
I
C
O
R
T
®
*
*
S
P
I
R
I
V
A
®
*
*
S
Y
M
B
I
C
O
R
T

*** VENTOLIN® HFA

UROLOGICAL MEDICATIONS

ANTICHOLINERGICS/

ANTISPASMODICS

flavoxate

hyoscyamine sublingual

oxybutynin

BENIGN PROSTATIC

HYPERTROPHY DRUGS

doxazosin

finasteride

tamsulosin

terazosin

APPENDIX VII
MCHD HCAP FORMULARY

Montgomery County Hospital District

Montgomery County Indigent Care Plan

Handbook Procedures and Guidelines

Revised April 1, ~~2023~~ 2024

Board Reviewed/Approved

MONTGOMERY COUNTY HOSPITAL DISTRICT
MONTGOMERY COUNTY INDIGENT CARE PLAN HANDBOOK

TABLE OF CONTENTS

| | |
|--|-----------|
| TABLE OF CONTENTS | .. 2 |
| TECHNICAL ASSISTANCE | .. 4 |
| SECTION ONE. PLAN ADMINISTRATION | 5 |
| INTRODUCTION | 6 |
| GENERAL ADMINISTRATION | .. 9 |
| SECTION TWO. ELIGIBILITY CRITERIA | 12 |
| RESIDENCE | 13 |
| <i>General Principles</i> | .. 13 |
| <i>Verifying Residence</i> | 14 |
| <i>Documenting Residence</i> | 14 |
| CITIZENSHIP | 15 |
| <i>General Principles</i> | .. 15 |
| HOUSEHOLD | 16 |
| <i>General Principles</i> | .. 16 |
| <i>MCHD MCICP Household</i> | .. 16 |
| <i>Verifying Household</i> | .. 17 |
| <i>Documenting Household</i> | .. 17 |
| RESOURCES | 18 |
| <i>General Principles</i> | .. 18 |
| INCOME | 29 |
| <i>General Principles</i> | .. 29 |
| <i>Verifying Income</i> | .. 39 |
| <i>Documenting Income</i> | .. 40 |
| BUDGETING INCOME | .. 41 |
| <i>General Principles</i> | .. 41 |
| <i>Steps for Budgeting Income</i> | .. 42 |
| SECTION THREE. CASE PROCESSING | 48 |
| CASE PROCESSING | 49 |
| <i>General Principles</i> | .. 49 |
| PROCESSING AN APPLICATION | .. 53 |
| <i>Steps for Processing an Application</i> | .. 53 |
| <i>Termination of Coverage</i> | .. 56 |
| DENIAL DECISION DISPUTES | .. 58 |
| <i>Responses Regarding a Denial Decision</i> | .. 58 |
| <i>The Household/Client Appeal Process</i> | .. 58 |
| <i>MCICP Appeal Process Flowchart</i> | .. 60 |
| SECTION FOUR. SERVICE DELIVERY | 61 |
| SERVICE DELIVERY | .. 62 |
| <i>General Principles</i> | .. 62 |
| BASIC HEALTH CARE SERVICES | .. 67 |
| <i>Annual Physical Examinations</i> | .. 67 |
| <i>Family Planning Services</i> | .. 67 |
| <i>Immunizations</i> | .. 68 |
| <i>Inpatient Hospital Services</i> | .. 68 |

| | |
|--|-----|
| <i>Laboratory and X-Ray Services</i> | 68 |
| <i>Medical Screening Services</i> | 68 |
| <i>Outpatient Hospital Services</i> | 69 |
| <i>Physician Services</i> | 69 |
| <i>Prescription Drugs</i> | 70 |
| <i>Rural Health Clinic (RHC) Services</i> | 70 |
| <i>Skilled Nursing Facility Services</i> | 71 |
| EXTENDED HEALTH CARE SERVICES | 72 |
| <i>Advanced Practice Nurse (APN) Services</i> | 72 |
| <i>Ambulatory Surgical Center (ASC) Services</i> | 72 |
| <i>Catastrophic Oncology Services</i> | 73 |
| <i>Colostomy Medical Supplies and Equipment:</i> | 73 |
| <i>Mental Health - Counseling Services:</i> | 74 |
| <i>Diabetic Medical Supplies and Equipment:</i> | 75 |
| <i>Durable Medical Equipment:</i> | 76 |
| <i>Emergency Medical Services:</i> | 78 |
| <i>Federally Qualified Health Center (FQHC) Services:</i> | 79 |
| <i>Health and Wellness Services</i> | 79 |
| <i>Home Health Care Services</i> | 79 |
| <i>Occupational Therapy Services:</i> | 79 |
| <i>Physician Assistant (PA) Services:</i> | 80 |
| <i>Physical Therapy Services:</i> | 80 |
| EXCLUSIONS AND LIMITATIONS | 81 |
| SERVICE DELIVERY DISPUTES | 87 |
| <i>Appeals of Adverse Benefits Determinations</i> | 87 |
| <i>First Appeal Level</i> | 89 |
| <i>Second Appeal Level</i> | 91 |
| MANDATED PROVIDER INFORMATION | 93 |
| SECTION FIVE. FORMS | 96 |
| APPENDIX I. GLOSSARY OF TERMS | 98 |
| APPENDIX II. MCHD'S ENABLING LEGISLATION | 105 |
| APPENDIX III. CHAPTER 61 | 133 |
| APPENDIX IV. TEXAS ADMINISTRATIVE CODE SUBCHAPTERS | 135 |
| APPENDIX V. FEDERAL POVERTY GUIDELINES | 137 |
| APPENDIX VI. AGREEMENT FOR ENROLLMENT OF COUNTY INMATES INTO MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE PROGRAM | 139 |
| APPENDIX VII. MCHD HCAP FORMULARY | 147 |

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.

Melissa Miller
Chief Operating Officer
Ext. 1191

E-mail: mmiller@mchd-tx.org

Adeolu Moronkeji
HCAP Manager
Ext. 1103

Email: amoronkeji@mchd-tx.org

Ida Chapa
Eligibility Supervisor
Ext. 5114

E-mail: ichapa@mchd-tx.org

Luis Vasquez
Bill Pay Supervisor
Ext. 5126

E-mail: lvasquez@mchd-tx.org

As not all situations are covered in this manual and thereby the Chief Operating Officer, Chief Financial Officer, and/or Chief Executive Officer for Montgomery County Hospital District have administrative control over the 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

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:

- ✓ 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

- ✓ 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:

- 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:

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

Verifying Residence

Verify residence for all clients.

Proof may include but is not limited to:

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

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

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

Documenting Residence

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

CITIZENSHIP

General Principles

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

HOUSEHOLD

General Principles

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

MCHD MCICP Household

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

Disqualified Persons

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

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

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.

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

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

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

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

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

Income- Producing Property

Exempt property that:

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

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

Insurance Settlement

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

Lawsuit Settlement

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

Life Insurance

Exempt the cash value of life insurance policies.

Liquid Resources

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

Loans (Non-Educational)

Exempt these loans from resources.

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

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

Lump-Sum Payments

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

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

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

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

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

Personal Possessions

Exempt.

Real Property

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

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

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

Reimbursement

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

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

Retirement Accounts

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

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

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

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

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

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

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

Exclude all retirement accounts or plans established under:

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

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

Trust Fund

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

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

- Court-appointed individual who has court-imposed limitations placed on the use of the funds; and
- ✓ 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) |

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.

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.

(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.

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

In-Kind Income

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

Interest

Count as unearned income.

Job Training

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

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

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

Loans (Non-educational)

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

Lump-Sum Payments

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

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

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

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

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

Military Pay

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

Mineral Rights

Count payments for mineral rights as unearned income.

Pensions

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

Reimbursement

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

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

RSDI Payments

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

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

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

Self-Employment Income

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

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

Types of self-employment include:

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

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

SSI Payments

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

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

TANF

Exempt Temporary Assistance to Needy Families (TANF) benefits.

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

Terminated Income

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

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

Income is not terminated if:

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

Third-Party Payments

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

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

Tip Income

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

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

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

- 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

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/~~2023~~ 2024
 21 % FPIL**

| # of Individuals in the MCICP Household | Income Standard 21% FPIL |
|--|--------------------------------------|
| 1 | <u>\$255</u> <u>\$264</u> |
| 2 | <u>\$345</u> <u>\$358</u> |
| 3 | <u>\$435</u> <u>\$452</u> |
| 4 | <u>\$525</u> <u>\$546</u> |
| 5 | <u>\$615</u> <u>\$640</u> |
| 6 | <u>\$705</u> <u>\$734</u> |
| 7 | <u>\$795</u> <u>\$828</u> |
| 8 | <u>\$885</u> <u>\$923</u> |
| 9 | <u>\$975</u> <u>\$1,017</u> |
| 10 | <u>\$1,065</u> <u>\$1,111</u> |
| 11 | <u>\$1,155</u> <u>\$1,205</u> |
| 12 | <u>\$1,245</u> <u>\$1,299</u> |

Note: Based on the ~~2023~~ 2024 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.

- ✓ Issue written notice, namely, HCAP Form 109, Notice of Eligibility and HCAP Form 110, the MCICP Identification Card, HCAP Form 120, Notice of Incomplete Application, or HCAP Form 117, Notice of Ineligibility, of the District's decision. If the District denies health care assistance, the written notice shall include the reason for the denial and an explanation of the procedure for appealing the denial.
- ✓ Review each eligible case record at least once every six months.
 - Approved applications are valid for a period not to exceed six (6) months but no less than 1 month.
 - Before the expiration date, all clients will receive a notice by mail that benefits will expire in the next two weeks.
 - All clients must start the eligibility process all over again at the time or re-application.
- ✓ Use the "Prudent Person Principle" in situations where there are unusual circumstances in which an applicant's statement must be accepted as proof if there is a reasonable explanation why documentary evidence or a collateral contact is not available and the applicant's statement does not contradict other client statements or other information received by staff.
- ✓ Current eligibility continues until a change resulting in ineligibility occurs and a HCAP Form 117 is issued to the household.
- ✓ Consult the hospital district's legal counsel to develop procedures regarding disclosure of information.
- ✓ The applicant has the right to:
 - Have his application considered without regard to race, color, religion, creed, national origin, age, sex, disability, or political belief;
 - Request a review of the decision made on his application or 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 the Montgomery County Indigent Care Plan (MCICP) are available at the Montgomery County Indigent Care Plan Office located at 1400 South Loop 336 West, Conroe, TX 77304. Applications may be picked up, Monday through Thursday, except holidays, from 7:30 am to 11:30 am and 1:00 pm to 4:30 pm and on Fridays from 7:30 am to 11:30 am. The MCICP phone number is 936-523-5100 and the fax number is 936-539-3450. Applications are also available at <http://www.mchd-tx.org/>.

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

- Attending the scheduled interview appointment.

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

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

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

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

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

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

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

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,

- ✓ 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

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

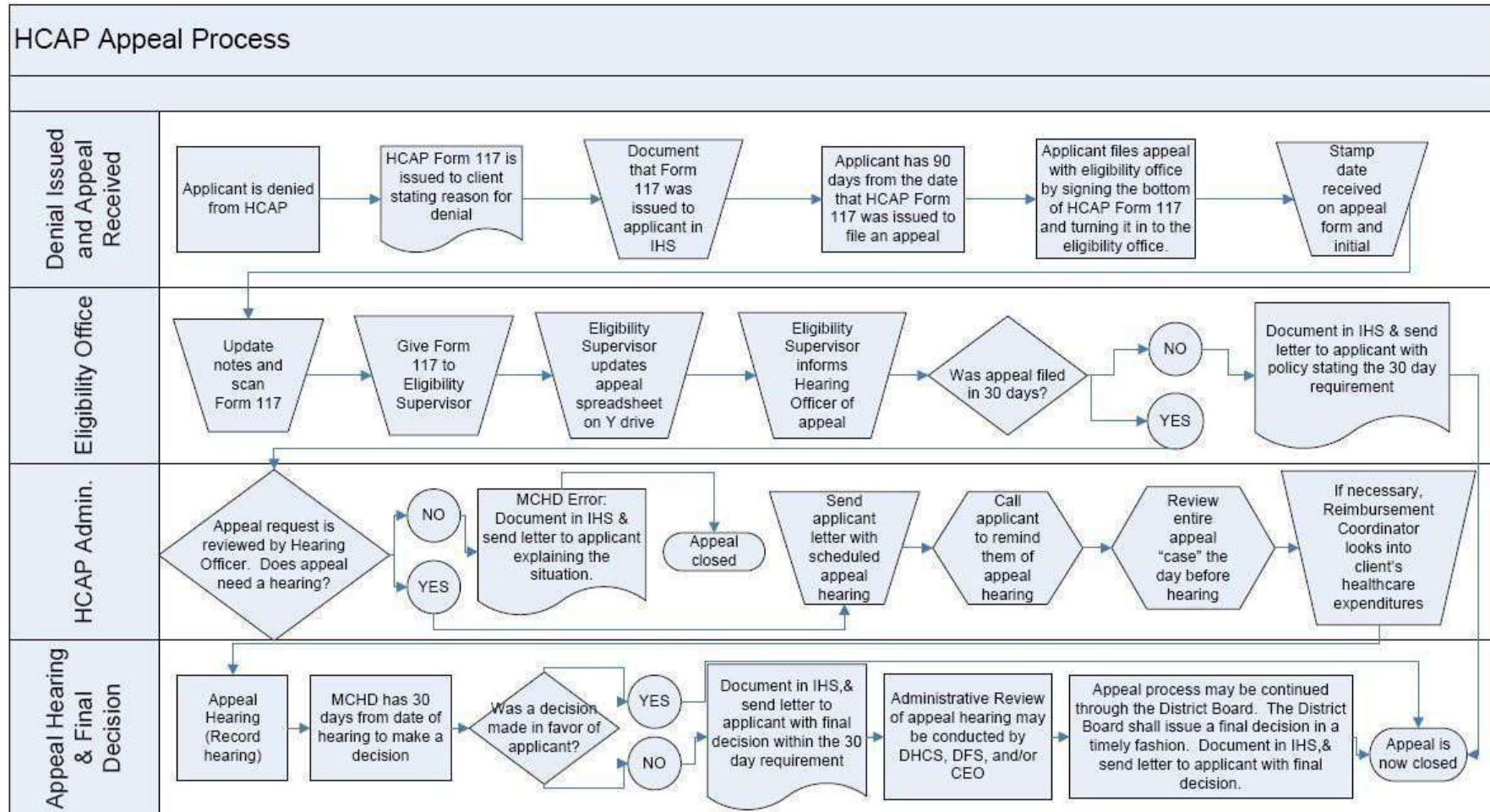
- ✓ The Household/Client may appeal any eligibility decision by signing the bottom of HCAP Form 117, Notice of Ineligibility within 30 days from the date of denial.
- ✓ District will have 14 days from the date HCAP Form 117 was received in the MCICP eligibility office with the appropriate signature to 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.

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

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

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

MCICP Appeal Process Flowchart



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

SECTION FOUR SERVICE DELIVERY

SERVICE DELIVERY

General Principles

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

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

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

- a. 30 days of hospitalization refers to inpatient hospitalization.
- ✓ The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospital, to each MCICP client is:
 1. \$20,000;
 - ✓ The Montgomery County Hospital District is the payor of last resort and shall provide assistance only if other adequate public or private sources of payment are not available. In addition, MCHD is not secondary to any insurance benefits or exhausted benefits.
 - ✓ For claim payment to be considered, a claim should be received:
 1. 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.

- 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**
- ✓ **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**
- ✓ **Home Health Care Services**
- ✓ **Occupational Therapy Services**
- ✓ **Physician Assistant Services**
- ✓ **Physical Therapy Services**
- ✓ **Other medically necessary services or supplies**

Advanced Practice Nurse (APN) Services

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

Ambulatory Surgical Center (ASC) Services

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

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

Bi-level Positive Airway Pressure (BIPAP)

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

Catastrophic Oncology Services

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

Colostomy Medical Supplies and Equipment:

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

The hospital district requires the supplier to receive prior authorization.

Items covered are:

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

Colostomy Medical Supplies and Equipment:

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

Mental Health - Counseling Services:

Mental health counseling and inpatient services will be available for the current version of the International Classification of Diseases, for mental illnesses such as psychoses, neurotic disorders, personality disorders, and other nonpsychotic mental disorders.

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

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

The hospital district requires prior authorization for all mental health (Inpatient and outpatient) counseling services.

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

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

Diabetic Medical Supplies and Equipment:

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

Eligible clients may obtain the following items at the HCAP office:

- ✓ Test strips, alcohol prep pads, lancets, glucometers, insulin syringes and pen needles.
- ✓ These items do not count toward the three prescription drugs per month limitation.

Durable Medical Equipment:

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

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

efficient.

Items covered with MCHD authorization are:

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

Durable Medical Equipment:

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

| |
|---|
| Crutch, underarm, wood, each with pad, tip, handgrip [Monthly Report] |
| Walker, folding (pickup) adjustable or fixed height [New] |
| Walker, folding (pickup) adjustable or fixed height [Monthly Rental] |
| Walker, folding with wheels |
| Portable oxygen [Rental] Includes: regulator, cart and (2) tanks per month |
| Nebulizer, with compressor [New] |
| Nebulizer, durable, glass or autoclavable plastic, bottle [New] |
| Nebulizer, durable, glass or autoclavable plastic, bottle [Monthly Rental] |
| Wheelchair, standard [New] |
| Wheelchair, standard [Monthly Rental] |
| Oxygen Concentrator, Capable of delivering 85% or > Oxygen Concen at 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 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.

Home Health Care Services

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

The hospital district requires the provider to receive prior authorization.

Occupational Therapy Services:

These services must be medically necessary and may be covered if provided in a physician's office, a therapist's office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 454.

The hospital district requires the provider to receive prior authorization.

Physician Assistant (PA) Services:

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

Physical Therapy Services:

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

The hospital district requires the provider to receive prior authorization.

EXCLUSIONS AND LIMITATIONS

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

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

- ✓ Cosmetic (plastic) surgery to improve appearance, rather than to correct a functional disorder; here, functional disorders do not include mental or emotional distress related to a physical condition. All cosmetic surgeries require MCHD authorization;
- ✓ Cryotherapy machine for home use;
- ✓ Custodial care;
- ✓ Dental care; except for reduction of a jaw fracture or treatment of an oral infection when a physician determines that a life-threatening situation exists and refers the patient to a dentist;
- ✓ Dentures;
- ✓ Drugs, which are:
 - 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:

- 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.

- ✓ 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;

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

- ✓ Transplants, including Bone Marrow;
- ✓ Treatment of flat foot (flexible pes planus) conditions and the prescription of supportive devices (including special shoes), the treatment of subluxations of the foot and 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 HCAP Bill Pay team. 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.

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:

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 emailed or faxed as follows:

Claims Appeal

HCAPbillpay@mchd-tx.org

Fax Number: 936-523-5137

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 claim 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.

For late submission appeals, proof of timely filing must be included for payment reconsideration. Proof of timely filing must indicate original "Bill Date" to HCAP Bill Pay, as well as claim(s) information for cross-reference. Examples of proof of timely filing include: fax confirmations, billing reports, billing records, system screenshots. Please note, the "Signature Date" on paper claim forms will not be considered as proof of timely filing.

Timing of Notification of Benefit Determination on First Appeal

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

Pre-service Non-urgent Care Claims

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

Concurrent Care Claims

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

Post-service Claims

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

Calculating Time Periods

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

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

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

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

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

Second Appeal Level

Adverse Decision on First Appeal; Requirements for Second Appeal

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

Timing of Notification of Benefit Determination on Second Appeal

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

Pre-service Non-urgent Care Claims

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

Concurrent Care Claims

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

Post-service Claims

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

Calculating Time Periods

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

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

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

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

Decision on Second Appeal to be Final

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

Appointment of Authorized Representative

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

MANDATED PROVIDER INFORMATION

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

Continuity of Care:

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

Prior Approval:

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

Mandatory Notification Requirements:

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

- ✓ 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.

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.

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

Net income - Gross income minus allowable deductions.

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

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

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

Real Property - Land and any improvements on it.

Reimbursement - Repayment for a specific item or service.

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

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

Relationship also extends to:

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

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

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 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**

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**

FEDERAL POVERTY GUIDELINES

| FAMILY SIZE | 21% FPIL |
|------------------------|--|
| 1 | \$255 <u>\$264</u> |
| 2 | \$345 <u>\$358</u> |
| 3 | \$435 <u>\$452</u> |
| 4 | \$525 <u>\$546</u> |
| 5 | \$615 <u>\$640</u> |
| 6 | \$705 <u>\$734</u> |
| 7 | \$795 <u>\$828</u> |
| 8 | \$885 <u>\$923</u> |
| 9 | \$975 <u>\$1,017</u> |
| 10 | \$1,065 <u>\$1,111</u> |
| 11 | \$1,155 <u>\$1,205</u> |
| 12 | \$1,245 <u>\$1,299</u> |

* Effective April 1, ~~2023~~ 2024

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

State of Texas §
 §
County of Montgomery §

**AGREEMENTFORENROLLMENTOFCOUNTYINMATESINTO
MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE
PROGRAM**

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

WITNESSETH:

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

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

WHEREAS, many County inmates and detainees at the County jail qualify under the financial and other criteria of the Montgomery County Hospital District Public Assistance Program (hereinafter "Hospital District Public Assistance Program"¹¹ or sometimes "Program") as indigent persons; and

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

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

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

WHEREAS, the County is authorized to provide minor medical treatment for inmates and the MCHD is authorized to provide the indigent healthcare services for certain inmates as is contemplated by this Agreement; and

WHEREAS, both the County and the MCHD have budgeted and appropriated sufficient funds which are currently available to carry out their respective obligations contemplated herein.

NOW, THEREFORE, for and in consideration of the mutual covenants, considerations and undertakings herein set forth, it is agreed as follows:

I.
ENROLLMENT INTO HOSPITAL DISTRICT PUBLIC ASSISTANCE PROGRAM

A. *The* County will assist inmates in seeking coverage under the Hospital District Public Assistance Program. County staff shall make available to County inmates such application forms and instructions necessary to seek enrollment in *the* Hospital District Public Assistance Program. Upon completion of such enrollment materials the County will promptly forward such enrollment materials to MCHD for evaluation. Alternatively, County staff may assist potentially eligible inmates with MCHD's online application process for determining eligibility into the Program.

B. Upon receipt of an inmate's enrollment materials from the County, MCHD shall promptly review such materials for purposes of qualifying the inmate for the Hospital District Public Assistance Program. In this regard, MCHD agrees to deem Montgomery County, Texas as the place of residence for any County inmate housed in the Montgomery County jail, regardless of whether the inmate has declared or maintained a residence outside the boundaries of MCHD. Upon obtaining satisfactory proof that the inmate qualifies under the Hospital District Public Assistance Program, MCHD shall enroll such inmate into such

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

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

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

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

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

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

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

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

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

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

L. No provision herein nor any obligation created hereunder should be construed to impose any obligation or confer any liability on either party for claims of any non-signatory party. Further, it is expressly agreed by the parties hereto that other than those covenants contained in section 1(F), no provision herein is intended to affect any waiver of liability or immunity from liability to which either party may be entitled by laws affecting governmental entities.

II. LIABILITY

To the extent allowed by law, it is agreed that the MCHD agrees to indemnify and hold harmless the County for any acts or omissions associated with any medical treatment that the MCHD provides to eligible inmates through its Health Care Assistance Program in accordance with the terms and conditions of this Agreement. The foregoing indemnity

obligation is limited and does not extend to negligent, grossly negligent, reckless or intentional conduct of an enrolled inmate that result in injuries or property damages to the County or to third-parties.

III. NOTICES

The parties designate the following persons as contact persons for all notices contemplated by this Agreement:

MCHD: Donna Daniel, Records Manager
P.O. Box 478
Conroe, Texas 77305
(936) 523-5241
(936) 539-3450

COUNTY: Tommy Gage, Sheriff
#1 Criminal Justice Drive
Conroe, Texas 77301
(936) 760-5871
(936) 5387721 (fax)

IV. TERM

This Agreement shall take effect on the 11th day of March 2014 ("Effective Date") regardless of when executed by the Parties, and shall continue through the 10th day of March, 2015. Thereafter, contingent on the Parties' budgeting and appropriating funds for the continuation of their obligations hereunder, this Agreement shall automatically renew for successive terms of one-year unless terminated by either party in the manner set forth herein. Notwithstanding the foregoing, this Agreement shall be renewed automatically for not more than ten (10) successive terms.

V.
TERMINATION

This Agreement may be terminated at any time by either party upon thirty (30) days written notice delivered by hand, facsimile or U.S. Certified Mail to the other party of its intention to withdraw. In addition, this Agreement shall automatically terminate should either party fail to appropriate revenues sufficient to perform its obligations hereunder, such termination effective on the first date of the fiscal year of such non-appropriation.

VI.
APPROPRIATIONS AND CURRENT REVENUES

The Parties represent that they have each budgeted and appropriated funds necessary to carry out their respective duties and obligations hereunder for the current fiscal year. For any renewal terms of this Agreement, the Parties shall seek to budget and allocate appropriations in amounts sufficient to continue to carry out their respective obligations as set forth herein.


VII.
AMENDMENT

This Agreement may be amended only in writing approved by the Parties' respective governing boards.

IN WITNESS WHEREOF, Montgomery County, Texas and the Montgomery County Hospital District have hereunto caused their respective corporate names and seals to be subscribed and affixed by their respective officers, duly authorized.

PASSED AND APPROVED to become effective on the Effective Date.

MONTGOMERY COUNTY HOSPITAL
DISTRICT


By: Randy Johnson, Chief Executive
Officer

Date: MARCH 25, 2014

MONTGOMERY COUNTY, TEXAS

By: Alan B. Sadler, County Judge

Date: _____

Attest:

Mark Turnbull, County Clerk

MONTGOMERY COUNTY HOSPITAL
DISTRICT

By: Randy Johnson, Chief Executive
Officer

Date: _____

MONTGOMERY COUNTY, TEXAS



By: Al B. Sadler, County Judge

Date: ---11M 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 | 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) |
| | | methyl dopa/ HCTZ | FIORINAL/CODEINE® (generic) |
| | | metoprolol/ HCTZ | IMITREX® (generic)*** |
| | | trimaterene/ HCTZ | MIDRIN® (generic) |
| CEPHALOSPORINS | <u>CARDIOVASCULAR AGENTS</u> | | |
| cefaclor | ACE INHIBITORS | BETABLOCKERS | <u>ENDOCRINE & METABOLIC AGENTS</u> |
| cefadroxil | benazepril | atenolol | ANTI-DIABETICS |
| cefdinir | captopril | carvedilol | glimepiride |
| cefepime | enalapril | labetalol | glipizide/ extended-release |
| cefprozil | fosinopril | metoprolol | glipizide/ metformin |
| cefuroxime | lisinopril | nadolol | glyburide |
| cephalexin | moexipril | propranolol | |
| | quinapril | | glyburide/ metformin |
| FLUOROQUINOLONES | ramipril capsules | | metformin/ extended-release |
| ciprofloxacin | | CALCIUM CHANNEL BLOCKERS | |
| ofloxacin | ANGIOTENSIN II BLOCKERS | amlodipine | |
| levofloxacin | losartan | diltiazem/ extended-release | ESTROGENS M |
| | | felodipine | estradiol |
| ACROLIDE ANTIBIOTICS | ANTI ADRENERGICS | nifedipine/ extended-release | estradiol cypionate |
| azithromycin | clonidine | verapamil/ extended-release | estradiol/ norethindrone |
| clarithromycin | doxazosin | | estradiol transdermal system |
| erythromycin | terazosin | | ESTRATEST® (generic) |
| | | <u>CENTRAL NERVOUS SYSTEM AGENTS</u> | |
| PENICILLINS | ANTIHYPERLIPIDEMICS | ANTIDEPRESSANTS | ESTRATEST HS® (generic) |
| amoxicillin | cholestyramine | amitriptyline | |
| amoxicillin/ clavulanate | fenofibrate | citalopram | estropipate |

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 sublingual
oxybutynin

BENIGN PROSTATIC

HYPERTROPHY DRUGS

doxazosin
finasteride
tamsulosin
terazosin

fluoxetine
imipramine
mirtazapine
nortriptyline

THYROID AGENTS

levothyroxine
ARMOUR THYROID®

piroxicam

sulindac

RESPIRATORY AGENTS

ALLERGY-NASAL

flunisolide

fluticasone

Montgomery County Hospital District
Financial Dashboard for March 2024
(dollars expressed in 000's)

| | Mar 2024 | Mar 2023 | Var | Var % |
|----------------------|----------|----------|-------|-------|
| Cash and Investments | 71,166 | 65,854 | 5,312 | 8.1% |

| Legend | |
|--------|----------------------|
| Green | Favorable Variance |
| Red | Unfavorable Variance |

| Income Statement | March 2024 | | | | Year to Date | | | |
|---------------------------------|------------|---------|---------|--------|--------------|--------|---------|--------|
| | Act | Bud | Var | Var % | Act | Bud | Var | Var % |
| Revenue | | | | | | | | |
| Tax Revenue | 624 | 753 | (128) | -17.0% | 45,519 | 44,714 | 805 | 1.8% |
| EMS Net Revenue | 2,163 | 2,072 | 91 | 4.4% | 13,004 | 12,167 | 837 | 6.9% |
| Other Revenue | 714 | 496 | 218 | 43.9% | 4,380 | 2,991 | 1,389 | 46.4% |
| Total Revenue | 3,502 | 3,321 | 181 | 5.4% | 62,904 | 59,873 | 3,031 | 5.1% |
| Expenses | | | | | | | | |
| Payroll | 4,140 | 4,034 | 105 | 2.6% | 24,163 | 24,295 | (132) | -0.5% |
| Operating | 1,178 | 2,365 | (1,187) | -50.2% | 7,803 | 10,143 | (2,341) | -23.1% |
| Indigent Healthcare | 394 | 445 | (51) | -11.4% | 2,267 | 2,667 | (400) | -15.0% |
| Total Operating Expenses | 5,712 | 6,844 | (1,132) | -16.5% | 34,232 | 37,106 | (2,873) | -7.7% |
| Capital | 690 | 648 | 42 | 6.4% | 6,570 | 6,903 | (333) | -4.8% |
| Total Expenditures | 6,402 | 7,492 | (1,090) | -14.5% | 40,802 | 44,008 | (3,207) | -7.3% |
| Revenue Over / (Under) Expenses | (2,900) | (4,171) | 1,271 | -30.5% | 22,102 | 15,865 | 6,237 | 39.3% |

Total Tax Revenue: Year-to-date, Total Tax Revenue is \$805k or 1.8% greater than budget. Of the total Tax Revenue budget for the year, 98.5% 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 \$837k greater than budget. EMS billable trips per day are 2.9 or 1.9% fewer than expected; however, the average gross charge per trip is \$51.52 more than budgeted primarily due to a shift from Non-Transports to BLS compared to budget. Also affecting the charge per trip is the fact that the allowable Medicare charge increased 2.2% compared to the 1.0% expected.

Other Revenue: Year-to-Date, Other Revenue is \$1.4M greater than budget primarily due to Investment Income, Other Financing Sources and Gain/Loss on Sale of Assets being more than expected. Timing differences negatively affect Proceeds from Capital Lease.

- * Investment Income - Interest rates are higher than expected
- * Other Financing Sources - Positive effect of entries related to the purchase of 56 Zoll ventilators financed over five years.
- * Gain / Loss on Sale of Assets - Unbudgeted Sale of five Chevrolet 4500 cab chassis and radio trade-ins.

Payroll: Year-to-date, overall payroll expenses are \$132k less than budget. Total wages are \$137k more than budget while taxes and benefits are \$269k less than budget. Wages are over budget in the EMS department by \$508k offset by favorable variances in most of the other departments. Benefits are under budget primarily due to claims being less than expected and a \$150k renewal credit from Blue Cross Blue Shield.

Operating Expenses: Operating Expenses are \$2.3M less than budget. Generally, Operating Expenses are less than expected across the board primarily due to timing differences between the actual expenditure and the month budgeted. Specifically, the Maintenance - Equipment account has a favorable variance of \$1.1M due to the Stryker warranty contract being budgeted in March, but not expected to be paid until April.

Indigent Care Expenses: Indigent Care Expenses are \$400k favorable to budget.

Capital: Capital Expenditures are \$333k less than budget, primarily due to timing differences related to remounts, new ambulances, and construction of the Lake Conroe tower.

Montgomery County Hospital District

Balance Sheet

As of 03/31/2024

Fund 10
03/31/2024

ASSETS

Cash and Equivalents

| | | |
|--------------|----------------------------|-----------------|
| 10-000-10100 | Petty Cash-Adm.-BS | \$1,750.00 |
| 10-000-11401 | Operating Account-WF-BS | \$2,676,732.73 |
| 10-000-12500 | Investments-MMDA-BS | \$19,064,008.03 |
| 10-000-13100 | Texpool-District-BS | \$9,622,047.83 |
| 10-000-13300 | Investments-WF Bank-BS | \$16,749,930.74 |
| 10-000-13400 | Texstar Investment Pool-BS | \$9,607,740.95 |
| 10-000-13450 | Investments-CDARS-BS | \$7,179,156.36 |
| 10-000-13500 | Investments-BS | \$6,264,756.35 |

Total Cash and Equivalents \$71,166,122.99

Receivables

| | | |
|--------------|--|------------------|
| 10-000-14100 | A/R-EMS Billings-BS | \$11,393,297.25 |
| 10-000-14200 | Allowance for Bad Debts-BS | (\$3,579,819.25) |
| 10-000-14300 | A/R-Other-BS | \$482,464.07 |
| 10-000-14305 | A/R Employee-BS | \$21,119.13 |
| 10-000-14450 | Capital Lease Receivable-BS | \$2,103,816.11 |
| 10-000-14525 | Receivable from Component Unit-BS | \$142,566.25 |
| 10-000-14605 | Interest Receivable - Capital Lease-BS | \$10,498.63 |
| 10-000-14700 | Taxes Receivable-BS | \$2,907,561.89 |
| 10-000-14750 | Allowance for bad debt-tax rev-BS | (\$347,358.92) |

Total Receivables \$13,134,145.16

Other Assets

| | | |
|--------------|---------------------|--------------|
| 10-000-14900 | Prepaid Expenses-BS | \$222,043.57 |
| 10-000-15000 | Inventory-BS | \$983,061.32 |

Total Other Assets \$1,205,104.89

TOTAL ASSETS

\$85,505,373.04

LIABILITIES

Current Liabilities

| | | |
|--------------|--------------------------------|----------------|
| 10-000-20500 | Accounts Payable-BS | \$142,177.66 |
| 10-000-20600 | Accounts Payable-Other-BS | \$4,371.90 |
| 10-000-21000 | Accrued Expenditures-BS | \$1,241,174.26 |
| 10-000-21400 | Accrued Payroll-BS | \$771,012.72 |
| 10-000-21525 | P/R-United Way Deductions-BS | \$6,112.06 |
| 10-000-21585 | P/R-Flexible Spending-BS-BS | \$4,369.50 |
| 10-000-21590 | P/R-Premium Cancer/Accident-BS | (\$57.45) |
| 10-000-21595 | P/R-Health Savings-BS-BS | \$16,001.07 |
| 10-000-21650 | TCDRS Defined Benefit Plan-BS | \$734,841.26 |

Total Current Liabilities \$2,920,002.98

Deferred Liabilities

| | | |
|--------------|-------------------------|----------------|
| 10-000-23000 | Deferred Tax Revenue-BS | \$2,560,202.97 |
|--------------|-------------------------|----------------|

Montgomery County Hospital District

Balance Sheet

As of 03/31/2024

| | | Fund 10 |
|--------------------------------------|------------------------------------|-------------------------------|
| | | 03/31/2024 |
| 10-000-23200 | Deferred Revenue-BS | \$148,368.15 |
| 10-000-23300 | Deferred Capital Lease Revenue-BS | \$1,979,446.87 |
| Total Deferred Liabilities | | <u>\$4,688,017.99</u> |
| TOTAL LIABILITIES | | <u>\$7,608,020.97</u> |
| CAPITAL | | |
| 10-000-30225 | Assigned - Open Purchase Orders-BS | \$6,826,084.25 |
| 10-000-30400 | Nonspendable - Inventory-BS | \$983,061.32 |
| 10-000-30700 | Nonspendable - Prepaids-BS | \$222,043.57 |
| 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 | \$55,366,162.93 |
| TOTAL CAPITAL | | <u>\$77,897,352.07</u> |
| TOTAL LIABILITIES AND CAPITAL | | <u>\$85,505,373.04</u> |

Montgomery County Hospital District

Preliminary Income Statement - Actual vs. Budget

For the Period Ended 03/31/2024

| | 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 | \$539,881.94 | \$623,888.00 | (\$84,006.06) | \$45,142,119.83 | \$44,188,717.00 | \$953,402.83 | \$45,282,155.00 | 99.69% | \$140,035.17 |
| Delinquent Tax Revenue | \$33,042.25 | \$53,870.00 | (\$20,827.75) | \$203,496.18 | \$314,835.00 | (\$111,338.82) | \$509,009.00 | 39.98% | \$305,512.82 |
| Penalties and Interest | \$51,384.48 | \$74,837.00 | (\$23,452.52) | \$156,569.66 | \$196,407.00 | (\$39,837.34) | \$406,986.00 | 38.47% | \$250,416.34 |
| Miscellaneous Tax Revenue | \$0.00 | \$0.00 | \$0.00 | \$17,059.85 | \$14,383.00 | \$2,676.85 | \$14,383.00 | 118.61% | (\$2,676.85) |
| Total Tax Revenue | \$624,308.67 | \$752,595.00 | (\$128,286.33) | \$45,519,245.52 | \$44,714,342.00 | \$804,903.52 | \$46,212,533.00 | 98.50% | \$693,287.48 |
| EMS Net Revenue | | | | | | | | | |
| Advanced Life Support Revenue | \$4,437,841.10 | \$4,375,328.00 | \$62,513.10 | \$26,147,778.18 | \$25,694,580.00 | \$453,198.18 | \$51,523,732.00 | 50.75% | \$25,375,953.82 |
| Basic Life Support Revenue | \$792,611.34 | \$701,064.00 | \$91,547.34 | \$4,533,614.84 | \$4,117,364.00 | \$416,250.84 | \$8,258,264.00 | 54.90% | \$3,724,649.16 |
| Transfer Service Fees | \$0.00 | \$3,145.00 | (\$3,145.00) | \$3,139.73 | \$18,151.00 | (\$15,011.27) | \$35,134.00 | 8.94% | \$31,994.27 |
| Non-Transport Fees | \$28,068.75 | \$32,315.00 | (\$4,246.25) | \$180,261.95 | \$190,785.00 | (\$10,523.05) | \$381,340.00 | 47.27% | \$201,078.05 |
| Contractual Allowance | (\$1,761,089.10) | (\$1,768,701.00) | \$7,611.90 | (\$10,402,538.08) | (\$10,387,225.00) | (\$15,313.08) | (\$20,828,672.00) | 49.94% | (\$10,426,133.92) |
| Charity Care | (\$1,007,518.40) | (\$986,587.00) | (\$20,931.40) | (\$6,085,294.41) | (\$5,794,030.00) | (\$291,264.41) | (\$11,618,304.00) | 52.38% | (\$5,533,009.59) |
| Provision for Bad Debt | (\$339,934.39) | (\$306,711.00) | (\$33,223.39) | (\$1,430,887.71) | (\$1,801,252.00) | \$370,364.29 | (\$3,611,906.00) | 39.62% | (\$2,181,018.29) |
| Recovery of Bad Debt - EMS | \$13,369.68 | \$22,140.00 | (\$8,770.32) | \$58,339.81 | \$129,016.00 | (\$70,676.19) | \$259,708.00 | 22.46% | \$201,368.19 |
| Total EMS Net Revenue | \$2,163,348.98 | \$2,071,993.00 | \$91,355.98 | \$13,004,414.31 | \$12,167,389.00 | \$837,025.31 | \$24,399,296.00 | 53.30% | \$11,394,881.69 |
| Other Revenue | | | | | | | | | |
| Investment Income - MCHD | \$328,427.84 | \$241,258.00 | \$87,169.84 | \$1,515,515.27 | \$973,259.00 | \$542,256.27 | \$2,212,004.00 | 68.51% | \$696,488.73 |
| Interest Income | \$473.16 | \$329.00 | \$144.16 | \$2,882.24 | \$2,146.00 | \$736.24 | \$3,865.00 | 74.57% | \$982.76 |
| Interest Income - Capital Lease | \$6,409.94 | \$5,938.00 | \$471.94 | \$38,954.97 | \$36,248.00 | \$2,706.97 | \$70,065.00 | 55.60% | \$31,110.03 |
| Tobacco Settlement Proceeds | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$800,000.00 | 0.00% | \$800,000.00 |
| Weyland Bldg. Land Lease | \$2,150.11 | \$2,150.00 | \$0.11 | \$12,900.68 | \$12,900.00 | \$0.68 | \$25,800.00 | 50.00% | \$12,899.32 |
| Miscellaneous Income | \$26,517.03 | \$6,471.00 | \$20,046.03 | \$157,797.67 | \$76,037.00 | \$81,760.67 | \$168,537.00 | 93.63% | \$10,739.33 |
| Proceeds from Capital Lease | \$0.00 | \$0.00 | \$0.00 | \$99,313.26 | \$236,537.00 | (\$137,223.74) | \$236,537.00 | 41.99% | \$137,223.74 |
| Proceeds from IT Subscription Assets | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$550,000.00 | 0.00% | \$550,000.00 |
| Tenant Rent Income | \$9,298.42 | \$9,299.00 | (\$0.58) | \$55,790.52 | \$55,790.00 | \$0.52 | \$111,581.00 | 50.00% | \$55,790.48 |
| P.A. Processing Fees | \$0.00 | \$0.00 | \$0.00 | \$10.00 | \$0.00 | \$10.00 | \$0.00 | 0.00% | (\$10.00) |
| Contract Revenue (Net) | \$6,786.84 | \$6,211.00 | \$575.84 | \$170,983.92 | \$156,777.00 | \$14,206.92 | \$212,665.00 | 80.40% | \$41,681.08 |

Montgomery County Hospital District

Preliminary Income Statement - Actual vs. Budget

For the Period Ended 03/31/2024

| | Current Month Actual | Current Month Budget | Current Month Variance | YTD Actual | YTD Budget | YTD Variance | Total Annual Budget | %YTD Annual Budget | Annual Budget Remaining |
|--|----------------------------|----------------------------|------------------------------|------------------------|------------------------|-----------------------|---------------------------|--------------------------|-------------------------------|
| Education/Training Revenue | \$12,344.50 | \$45,954.00 | (\$33,609.50) | \$145,414.16 | \$156,730.00 | (\$11,315.84) | \$222,000.00 | 65.50% | \$76,585.84 |
| Stand-By Fees | \$3,512.50 | \$8,512.00 | (\$4,999.50) | \$50,362.50 | \$50,624.00 | (\$261.50) | \$101,696.00 | 49.52% | \$51,333.50 |
| EMS - Trauma Fund Income | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$30,000.00 | (\$30,000.00) | \$30,000.00 | 0.00% | \$30,000.00 |
| Ambulance Supplemental Payment Program | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,000,000.00 | 0.00% | \$1,000,000.00 |
| 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 | \$122,043.90 | \$111,507.00 | \$10,536.90 | \$750,214.37 | \$724,795.00 | \$25,419.37 | \$1,449,590.00 | 51.75% | \$699,375.63 |
| Dispatch Fees | \$7,401.00 | \$8,485.00 | (\$1,084.00) | \$47,964.00 | \$50,910.00 | (\$2,946.00) | \$240,320.00 | 19.96% | \$192,356.00 |
| MDC Revenue - First Responders | \$82,893.00 | \$3,100.00 | \$79,793.00 | \$85,593.00 | \$85,850.00 | (\$257.00) | \$90,150.00 | 94.95% | \$4,557.00 |
| Inter Local 800 Mhz | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$180,000.00 | 0.00% | \$180,000.00 |
| VHF Project Revenue | \$10,540.19 | \$10,869.00 | (\$328.81) | \$63,064.71 | \$65,211.00 | (\$2,146.29) | \$130,420.00 | 48.36% | \$67,355.29 |
| Tower Contract Revenue | \$25,487.28 | \$22,840.00 | \$2,647.28 | \$157,373.02 | \$137,035.00 | \$20,338.02 | \$316,423.00 | 49.74% | \$159,049.98 |
| Other Financing Sources | \$0.00 | \$0.00 | \$0.00 | \$640,596.33 | \$0.00 | \$640,596.33 | \$0.00 | 0.00% | (\$640,596.33) |
| Gain/Loss on Sale of Assets | \$61,600.00 | \$5,000.00 | \$56,600.00 | \$335,405.00 | \$90,600.00 | \$244,805.00 | \$479,100.00 | 70.01% | \$143,695.00 |
| Total Other Revenue | \$714,219.04 | \$496,257.00 | \$217,962.04 | \$4,380,135.60 | \$2,991,449.00 | \$1,388,686.60 | \$8,730,753.00 | 50.17% | \$4,350,617.40 |
| Total Revenues | \$3,501,876.69 | \$3,320,845.00 | \$181,031.69 | \$62,903,795.43 | \$59,873,180.00 | \$3,030,615.43 | \$79,342,582.00 | 79.28% | \$16,438,786.57 |
| Expenses | | | | | | | | | |
| Payroll Expenses | | | | | | | | | |
| Regular Pay | \$2,334,075.46 | \$2,418,609.00 | (\$84,533.54) | \$13,974,760.67 | \$14,228,131.00 | (\$253,370.33) | \$28,669,623.00 | 48.74% | \$14,694,862.33 |
| Overtime Pay | \$301,198.52 | \$157,222.00 | \$143,976.52 | \$1,617,767.70 | \$1,038,019.00 | \$579,748.70 | \$2,082,968.00 | 77.67% | \$465,200.30 |
| Paid Time Off | \$250,754.22 | \$274,732.00 | (\$23,977.78) | \$1,585,845.69 | \$1,783,488.00 | (\$197,642.31) | \$3,660,511.00 | 43.32% | \$2,074,665.31 |
| Stipend Pay | \$17,448.79 | \$17,763.00 | (\$314.21) | \$114,913.26 | \$106,578.00 | \$8,335.26 | \$213,156.00 | 53.91% | \$98,242.74 |
| Payroll Taxes | \$215,436.63 | \$211,718.00 | \$3,718.63 | \$1,241,578.51 | \$1,258,171.00 | (\$16,592.49) | \$2,545,983.00 | 48.77% | \$1,304,404.49 |
| TCDRS Plan | \$275,239.56 | \$271,801.00 | \$3,438.56 | \$1,625,857.45 | \$1,635,595.00 | (\$9,737.55) | \$3,290,625.00 | 49.41% | \$1,664,767.55 |
| Health & Dental | \$59,562.92 | \$60,785.00 | (\$1,222.08) | \$568,761.10 | \$514,709.00 | \$54,052.10 | \$879,419.00 | 64.67% | \$310,657.90 |
| Health Insurance Claims | \$626,738.51 | \$548,484.00 | \$78,254.51 | \$3,238,953.97 | \$3,290,904.00 | (\$51,950.03) | \$6,581,813.00 | 49.21% | \$3,342,859.03 |
| Health Insurance Admin Fees | \$59,100.31 | \$73,297.00 | (\$14,196.69) | \$194,558.95 | \$439,782.00 | (\$245,223.05) | \$879,563.00 | 22.12% | \$685,004.05 |
| Total Payroll Expenses | \$4,139,554.92 | \$4,034,411.00 | \$105,143.92 | \$24,162,997.30 | \$24,295,377.00 | (\$132,379.70) | \$48,803,661.00 | 49.51% | \$24,640,663.70 |

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended 03/31/2024

| | 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 | \$1,500.00 | \$1,500.00 | \$0.00 | \$7,582.60 | \$9,000.00 | (\$1,417.40) | \$18,000.00 | 42.13% | \$10,417.40 |
| Accident Repair | \$0.00 | \$0.00 | \$0.00 | \$49,472.56 | \$59,110.40 | (\$9,637.84) | \$59,110.40 | 83.70% | \$9,637.84 |
| Accounting/Auditing Fees | \$0.00 | \$0.00 | \$0.00 | \$31,000.00 | \$31,000.00 | \$0.00 | \$50,000.00 | 62.00% | \$19,000.00 |
| Advertising | \$615.85 | \$400.00 | \$215.85 | \$2,155.35 | \$4,275.00 | (\$2,119.65) | \$14,500.00 | 14.86% | \$12,344.65 |
| Credit Card Processing Fee | \$1,283.30 | \$2,221.00 | (\$937.70) | \$7,715.37 | \$11,713.00 | (\$3,997.63) | \$24,500.00 | 31.49% | \$16,784.63 |
| Bio-Waste Removal | \$4,010.30 | \$3,451.00 | \$559.30 | \$20,333.95 | \$20,706.00 | (\$372.05) | \$41,412.00 | 49.10% | \$21,078.05 |
| Books/Materials | \$10,970.99 | \$14,410.00 | (\$3,439.01) | \$73,588.41 | \$107,405.00 | (\$33,816.59) | \$210,930.00 | 34.89% | \$137,341.59 |
| Business Licenses | \$10,914.00 | \$3,866.00 | \$7,048.00 | \$20,085.60 | \$28,797.00 | (\$8,711.40) | \$42,755.00 | 46.98% | \$22,669.40 |
| Capital Lease Expense | \$30,988.07 | \$16,524.00 | \$14,464.07 | \$115,649.60 | \$101,219.00 | \$14,430.60 | \$524,666.00 | 22.04% | \$409,016.40 |
| Capital Lease Interest Expense | \$6,214.18 | \$4,479.00 | \$1,735.18 | \$38,968.81 | \$27,698.00 | \$11,270.81 | \$54,860.00 | 71.03% | \$15,891.19 |
| Capital IT Subscription Assets Interest Expense | \$1,392.55 | \$0.00 | \$1,392.55 | \$4,695.89 | \$0.00 | \$4,695.89 | \$0.00 | 0.00% | (\$4,695.89) |
| Collection Fees | \$2,518.00 | \$3,400.00 | (\$882.00) | \$13,918.26 | \$20,100.00 | (\$6,181.74) | \$41,100.00 | 33.86% | \$27,181.74 |
| Community Education | \$559.00 | \$2,700.00 | (\$2,141.00) | \$3,116.28 | \$7,660.00 | (\$4,543.72) | \$9,060.00 | 34.40% | \$5,943.72 |
| Computer Maintenance | \$25,732.97 | \$8,000.00 | \$17,732.97 | \$427,372.86 | \$385,812.06 | \$41,560.80 | \$672,312.06 | 63.57% | \$244,939.20 |
| Computer Software | \$90,992.36 | \$85,873.00 | \$5,119.36 | \$528,327.78 | \$694,940.30 | (\$166,612.52) | \$1,267,853.30 | 41.67% | \$739,525.52 |
| Computer Software - MDC First Responder | \$0.00 | \$2,500.00 | (\$2,500.00) | \$42,558.85 | \$43,600.00 | (\$1,041.15) | \$46,100.00 | 92.32% | \$3,541.15 |
| Computer Supplies/Non-Cap. | \$5,398.35 | \$2,050.00 | \$3,348.35 | \$21,297.90 | \$32,543.30 | (\$11,245.40) | \$48,313.30 | 44.08% | \$27,015.40 |
| Conferences - Fees, Travel, & Meals | \$8,550.20 | \$8,936.00 | (\$385.80) | \$51,006.62 | \$76,592.00 | (\$25,585.38) | \$181,572.00 | 28.09% | \$130,565.38 |
| Contractual Obligations- County Appraisal | \$108,204.00 | \$106,205.00 | \$1,999.00 | \$216,575.00 | \$182,455.00 | \$34,120.00 | \$394,865.00 | 54.85% | \$178,290.00 |
| Contractual Obligations- Tax Collector Assessments | \$83.73 | \$0.00 | \$83.73 | \$120,020.31 | \$130,000.00 | (\$9,979.69) | \$130,000.00 | 92.32% | \$9,979.69 |
| Contractual Obligations- Other | \$17,644.26 | \$18,746.00 | (\$1,101.74) | \$107,659.86 | \$55,784.00 | \$51,875.86 | \$281,084.00 | 38.30% | \$173,424.14 |
| Customer Property Damage | \$11.00 | \$70.00 | (\$59.00) | \$5,070.00 | \$420.00 | \$4,650.00 | \$18,840.00 | 26.91% | \$13,770.00 |
| Customer Relations | \$6,208.76 | \$7,100.00 | (\$891.24) | \$35,130.19 | \$44,200.00 | (\$9,069.81) | \$80,800.00 | 43.48% | \$45,669.81 |
| Disposable Linen | \$5,357.70 | \$6,092.00 | (\$734.30) | \$34,314.84 | \$36,552.00 | (\$2,237.16) | \$73,104.00 | 46.94% | \$38,789.16 |
| Disposable Medical Supplies | \$161,858.38 | \$120,084.00 | \$41,774.38 | \$927,582.59 | \$734,038.79 | \$193,543.80 | \$1,424,542.79 | 65.11% | \$496,960.20 |
| Drug Supplies | \$40,531.28 | \$32,335.00 | \$8,196.28 | \$188,172.56 | \$223,211.76 | (\$35,039.20) | \$417,221.76 | 45.10% | \$229,049.20 |
| Dues/Subscriptions | \$1,622.13 | \$4,771.00 | (\$3,148.87) | \$58,480.52 | \$70,142.00 | (\$11,661.48) | \$83,997.00 | 69.62% | \$25,516.48 |
| Durable Medical Equipment | \$79,340.49 | \$25,000.00 | \$54,340.49 | \$430,336.37 | \$370,715.85 | \$59,620.52 | \$520,715.85 | 82.64% | \$90,379.48 |
| Employee Health/Wellness | \$680.05 | \$1,500.00 | (\$819.95) | \$16,613.94 | \$34,500.00 | (\$17,886.06) | \$43,500.00 | 38.19% | \$26,886.06 |
| Employee Recognition | \$3,287.71 | \$14,163.00 | (\$10,875.29) | \$57,952.28 | \$77,363.00 | (\$19,410.72) | \$125,256.00 | 46.27% | \$67,303.72 |

Montgomery County Hospital District

Preliminary Income Statement - Actual vs. Budget

For the Period Ended 03/31/2024

| | Current Month Actual | Current Month Budget | Current Month Variance | YTD Actual | YTD Budget | YTD Variance | Total Annual Budget | %YTD Annual Budget | Annual Budget Remaining |
|------------------------------------|----------------------------|----------------------------|------------------------------|---------------|----------------|------------------|---------------------------|--------------------------|-------------------------------|
| Equipment Rental | \$0.00 | \$300.00 | (\$300.00) | \$513.05 | \$7,969.99 | (\$7,456.94) | \$16,369.99 | 3.13% | \$15,856.94 |
| Fluids & Additives - Auto | (\$149.03) | \$2,830.00 | (\$2,979.03) | \$12,820.82 | \$16,980.00 | (\$4,159.18) | \$33,960.00 | 37.75% | \$21,139.18 |
| Fuel - Auto | \$80,189.06 | \$111,426.00 | (\$31,236.94) | \$478,434.09 | \$668,556.00 | (\$190,121.91) | \$1,337,116.00 | 35.78% | \$858,681.91 |
| Fuel - Non-Auto | \$0.00 | \$400.00 | (\$400.00) | \$0.00 | \$1,600.00 | (\$1,600.00) | \$4,000.00 | 0.00% | \$4,000.00 |
| Hazardous Waste Removal | \$52.00 | \$207.00 | (\$155.00) | \$822.38 | \$1,242.00 | (\$419.62) | \$2,484.00 | 33.11% | \$1,661.62 |
| Insurance | \$1,527.29 | \$59,000.00 | (\$57,472.71) | \$249,633.37 | \$354,000.00 | (\$104,366.63) | \$790,268.00 | 31.59% | \$540,634.63 |
| Interest Expense | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$30,837.00 | 0.00% | \$30,837.00 |
| Laundry Service & Purchase | \$221.30 | \$175.00 | \$46.30 | \$1,075.44 | \$1,050.00 | \$25.44 | \$2,100.00 | 51.21% | \$1,024.56 |
| Leases/Contracts | \$4,191.92 | \$5,615.00 | (\$1,423.08) | \$32,350.10 | \$33,690.00 | (\$1,339.90) | \$76,650.00 | 42.21% | \$44,299.90 |
| Legal Fees | \$4,233.25 | \$29,167.00 | (\$24,933.75) | \$21,668.12 | \$50,032.00 | (\$28,363.88) | \$100,064.00 | 21.65% | \$78,395.88 |
| Maintenance & Repairs-Buildings | \$52,189.65 | \$42,319.00 | \$9,870.65 | \$196,329.04 | \$244,956.54 | (\$48,627.50) | \$480,862.54 | 40.83% | \$284,533.50 |
| Maintenance- Equipment | (\$11,709.95) | \$1,122,602.00 | (\$1,134,311.95) | \$292,775.62 | \$1,636,950.48 | (\$1,344,174.86) | \$1,876,700.48 | 15.60% | \$1,583,924.86 |
| Management Fees | \$9,508.26 | \$12,803.00 | (\$3,294.74) | \$52,784.12 | \$76,815.00 | (\$24,030.88) | \$153,630.00 | 34.36% | \$100,845.88 |
| Meals - Business and Travel | \$97.40 | \$241.00 | (\$143.60) | \$565.62 | \$1,465.00 | (\$899.38) | \$2,730.00 | 20.72% | \$2,164.38 |
| Meeting Expenses | \$4,250.87 | \$5,890.00 | (\$1,639.13) | \$10,703.09 | \$20,264.00 | (\$9,560.91) | \$45,184.00 | 23.69% | \$34,480.91 |
| Mileage Reimbursements | \$104.52 | \$535.00 | (\$430.48) | \$855.45 | \$3,205.00 | (\$2,349.55) | \$6,297.00 | 13.59% | \$5,441.55 |
| Office Supplies | \$1,940.92 | \$1,324.00 | \$616.92 | \$8,049.92 | \$8,000.00 | \$49.92 | \$15,650.00 | 51.44% | \$7,600.08 |
| Oil & Lubricants | \$2,375.64 | \$2,900.00 | (\$524.36) | \$19,811.28 | \$17,400.00 | \$2,411.28 | \$34,800.00 | 56.93% | \$14,988.72 |
| Other Services | \$1,015.59 | \$450.00 | \$565.59 | \$2,754.92 | \$2,700.00 | \$54.92 | \$5,400.00 | 51.02% | \$2,645.08 |
| Oxygen & Gases | \$4,170.65 | \$6,801.00 | (\$2,630.35) | \$31,819.59 | \$37,946.80 | (\$6,127.21) | \$78,642.80 | 40.46% | \$46,823.21 |
| Postage | \$3,471.09 | \$1,491.00 | \$1,980.09 | \$17,942.14 | \$7,782.00 | \$10,160.14 | \$14,764.00 | 121.53% | (\$3,178.14) |
| Printing Services | \$0.00 | \$1,596.00 | (\$1,596.00) | \$2,692.86 | \$8,989.00 | (\$6,296.14) | \$17,323.00 | 15.55% | \$14,630.14 |
| Professional Fees | \$100,213.07 | \$122,396.00 | (\$22,182.93) | \$710,325.90 | \$870,356.00 | (\$160,030.10) | \$1,801,719.00 | 39.42% | \$1,091,393.10 |
| Radio Repairs - Outsourced (Depot) | \$237.50 | \$6,300.00 | (\$6,062.50) | \$12,006.42 | \$28,200.00 | (\$16,193.58) | \$66,000.00 | 18.19% | \$53,993.58 |
| Radio - Parts | \$10,362.95 | \$0.00 | \$10,362.95 | \$36,602.36 | \$24,779.37 | \$11,822.99 | \$67,118.37 | 54.53% | \$30,516.01 |
| Radios | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$3,000.00 | (\$3,000.00) | \$6,000.00 | 0.00% | \$6,000.00 |
| Recruit/Investigate | \$1,980.28 | \$3,300.00 | (\$1,319.72) | \$44,242.08 | \$25,600.00 | \$18,642.08 | \$54,750.00 | 80.81% | \$10,507.92 |
| Rent | \$10,892.95 | \$9,907.00 | \$985.95 | \$63,898.47 | \$59,141.00 | \$4,757.47 | \$103,900.00 | 61.50% | \$40,001.53 |
| Repair-Equipment | \$10,629.03 | \$7,326.00 | \$3,303.03 | \$48,349.40 | \$37,586.56 | \$10,762.84 | \$78,463.56 | 61.62% | \$30,114.16 |
| Shop Tools | \$676.00 | \$1,442.00 | (\$766.00) | \$3,598.87 | \$10,961.34 | (\$7,362.47) | \$21,338.34 | 16.87% | \$17,739.47 |
| Shop Supplies | \$3,619.94 | \$2,321.00 | \$1,298.94 | \$24,999.20 | \$18,960.02 | \$6,039.18 | \$63,830.02 | 39.17% | \$38,830.82 |

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended 03/31/2024

| | Current Month Actual | Current Month Budget | Current Month Variance | YTD Actual | YTD Budget | YTD Variance | Total Annual Budget | %YTD Annual Budget | Annual Budget Remaining |
|---|-------------------------------------|-------------------------------------|---------------------------------------|-----------------------|------------------------|-------------------------|------------------------------------|-----------------------------------|--|
| Small Equipment & Furniture | \$30,982.80 | \$23,140.00 | \$7,842.80 | \$355,797.34 | \$619,437.20 | (\$263,639.86) | \$896,037.20 | 39.71% | \$540,239.86 |
| Special Events Supplies | \$0.00 | \$150.00 | (\$150.00) | \$0.00 | \$900.00 | (\$900.00) | \$4,800.00 | 0.00% | \$4,800.00 |
| Station Supplies | \$5,890.62 | \$4,362.00 | \$1,528.62 | \$24,822.42 | \$28,370.24 | (\$3,547.82) | \$55,292.24 | 44.89% | \$30,469.82 |
| Supplemental Food | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$3,000.00 | 0.00% | \$3,000.00 |
| Telephones-Cellular | \$12,560.79 | \$13,419.00 | (\$858.21) | \$75,464.89 | \$80,904.00 | (\$5,439.11) | \$161,428.00 | 46.75% | \$85,963.11 |
| Telephones-Service | \$39,478.89 | \$28,195.00 | \$11,283.89 | \$194,638.12 | \$169,170.00 | \$25,468.12 | \$338,340.00 | 57.53% | \$143,701.88 |
| Training/Related Expenses-CE | \$20,165.42 | \$28,938.00 | (\$8,772.58) | \$104,482.12 | \$239,991.00 | (\$135,508.88) | \$464,652.00 | 22.49% | \$360,169.88 |
| Tuition Reimbursement | \$6,240.03 | \$7,166.00 | (\$925.97) | \$43,343.50 | \$49,000.00 | (\$5,656.50) | \$99,000.00 | 43.78% | \$55,656.50 |
| Travel Expenses | \$960.00 | \$1,590.00 | (\$630.00) | \$3,633.12 | \$6,690.00 | (\$3,056.88) | \$13,580.00 | 26.75% | \$9,946.88 |
| Uniforms | \$8,781.87 | \$43,013.00 | (\$34,231.13) | \$116,366.34 | \$167,099.83 | (\$50,733.49) | \$326,577.83 | 35.63% | \$210,211.49 |
| Utilities | \$41,468.29 | \$38,611.00 | \$2,857.29 | \$232,498.16 | \$215,222.00 | \$17,276.16 | \$447,480.00 | 51.96% | \$214,981.84 |
| Vehicle-Batteries | \$880.69 | \$4,200.00 | (\$3,319.31) | \$5,622.96 | \$27,764.00 | (\$22,141.04) | \$52,964.00 | 10.62% | \$47,341.04 |
| Vehicle-Outside Services | \$364.00 | \$1,700.00 | (\$1,336.00) | \$9,537.95 | \$10,200.00 | (\$662.05) | \$20,400.00 | 46.75% | \$10,862.05 |
| Vehicle-Parts | \$53,741.28 | \$72,722.00 | (\$18,980.72) | \$309,461.00 | \$386,541.83 | (\$77,080.83) | \$797,273.83 | 38.81% | \$487,812.83 |
| Vehicle-Registration | \$49.51 | \$208.00 | (\$158.49) | \$648.76 | \$1,248.00 | (\$599.24) | \$2,496.00 | 25.99% | \$1,847.24 |
| Vehicle-Tires | \$907.89 | \$7,020.00 | (\$6,112.11) | \$29,277.34 | \$41,200.00 | (\$11,922.66) | \$83,200.00 | 35.19% | \$53,922.66 |
| Vehicle-Towing | \$1,111.00 | \$950.00 | \$161.00 | \$5,768.50 | \$5,150.00 | \$618.50 | \$10,800.00 | 53.41% | \$5,031.50 |
| Worker's Compensation Insurance | \$31,955.31 | \$32,063.00 | (\$107.69) | \$255,919.33 | \$192,378.00 | \$63,541.33 | \$394,377.00 | 64.89% | \$138,457.67 |
| Total Operating Expenses | \$1,178,300.15 | \$2,364,887.00 | (\$1,186,586.85) | \$7,802,460.72 | \$10,142,997.66 | (\$2,340,536.94) | \$18,461,620.66 | 42.26% | \$10,659,159.94 |
| Indigent Care Expenses | | | | | | | | | |
| 1115 Medicaid Waiver - Uncompensated Care | \$229,893.00 | \$225,522.00 | \$4,371.00 | \$1,385,362.49 | \$1,353,133.00 | \$32,229.49 | \$2,706,267.00 | 51.19% | \$1,320,904.51 |
| Specialty Healthcare Providers | \$164,078.56 | \$218,996.00 | (\$54,917.44) | \$881,293.21 | \$1,313,975.00 | (\$432,681.79) | \$2,627,951.00 | 33.54% | \$1,746,657.79 |
| Total Indigent Care Expenses | \$393,971.56 | \$444,518.00 | (\$50,546.44) | \$2,266,655.70 | \$2,667,108.00 | (\$400,452.30) | \$5,334,218.00 | 42.49% | \$3,067,562.30 |
| Capital Expenditures | | | | | | | | | |
| Capital Purchase - Land | (\$605,914.88) | \$0.00 | (\$605,914.88) | \$74,230.00 | \$0.00 | \$74,230.00 | \$0.00 | 0.00% | (\$74,230.00) |
| Capital Purchase - Building/Improvements | \$606,322.28 | \$450,000.00 | \$156,322.28 | \$1,056,101.77 | \$966,300.00 | \$89,801.77 | \$1,676,300.00 | 63.00% | \$620,198.23 |
| Capital Purchase - Equipment | \$689,708.49 | \$0.00 | \$689,708.49 | \$2,978,707.37 | \$1,757,722.77 | \$1,220,984.60 | \$9,413,032.69 | 31.64% | \$6,434,325.32 |
| Capital Purchase - Vehicles | \$0.00 | \$0.00 | \$0.00 | \$2,361,196.06 | \$3,925,793.12 | (\$1,564,597.06) | \$3,925,793.12 | 60.15% | \$1,564,597.06 |
| Capital Purchase - Capital Leases | \$0.00 | \$198,321.00 | (\$198,321.00) | \$99,313.26 | \$253,122.00 | (\$153,808.74) | \$253,122.00 | 39.24% | \$153,808.74 |

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended 03/31/2024

| | 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 - IT Subscription Assets | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$550,000.00 | 0.00% | \$550,000.00 |
| Total Capital Expenditures | \$690,115.89 | \$648,321.00 | \$41,794.89 | \$6,569,548.46 | \$6,902,937.89 | (\$333,389.43) | \$15,818,247.81 | 41.53% | \$9,248,699.35 |
| Total Expenses | \$6,401,942.52 | \$7,492,137.00 | (\$1,090,194.48) | \$40,801,662.18 | \$44,008,420.55 | (\$3,206,758.37) | \$88,417,747.47 | 46.15% | \$47,616,085.29 |
| Revenue over Expenditures | (\$2,900,065.83) | (\$4,171,292.00) | \$1,271,226.17 | \$22,102,133.25 | \$15,864,759.45 | \$6,237,373.80 | (\$9,075,165.47) | (243.55%) | (\$31,177,298.72) |

Montgomery County Hospital District

Year-Over-Year Income Statement Comparison

For the Period Ended 03/31/2024

| | Current Month Actual | Last Year Month Actual | Month Variance | %Month Variance | YTD Actual | Last Year YTD Actual | YTD Variance | %YTD Variance | Total Annual Budget |
|--------------------------|----------------------------|------------------------------|---------------------|--------------------|------------------------|-------------------------|-----------------------|------------------|---------------------------|
| Revenue | | | | | | | | | |
| Tax Revenue | \$624,308.67 | \$483,872.66 | \$140,436.01 | 29.02% | \$45,519,245.52 | \$40,863,698.46 | \$4,655,547.06 | 11.39% | \$46,212,533.00 |
| EMS Net Revenue | \$2,163,348.98 | \$2,118,327.74 | \$45,021.24 | 2.13% | \$13,004,414.31 | \$11,096,466.45 | \$1,907,947.86 | 17.19% | \$24,399,296.00 |
| Other Revenue | \$714,219.04 | \$567,505.45 | \$146,713.59 | 25.85% | \$4,380,135.60 | \$3,030,028.16 | \$1,350,107.44 | 44.56% | \$8,730,753.00 |
| Total Revenues | \$3,501,876.69 | \$3,169,705.85 | \$332,170.84 | 10.48% | \$62,903,795.43 | \$54,990,193.07 | \$7,913,602.36 | 14.39% | \$79,342,582.00 |
| Expenses | | | | | | | | | |
| Payroll Expenses | \$4,139,554.92 | \$3,687,344.84 | \$452,210.08 | 12.26% | \$24,162,997.30 | \$21,720,470.00 | \$2,442,527.30 | 11.25% | \$48,803,661.00 |
| Operating Expenses | \$1,178,300.15 | \$1,142,671.58 | \$35,628.57 | 3.12% | \$7,802,460.72 | \$6,874,098.34 | \$928,362.38 | 13.51% | \$18,461,620.66 |
| Indigent Care Expenses | \$393,971.56 | \$402,307.61 | (\$8,336.05) | (2.07%) | \$2,266,655.70 | \$2,385,411.11 | (\$118,755.41) | (4.98%) | \$5,334,218.00 |
| Capital Expenditures | \$690,115.89 | \$301,061.30 | \$389,054.59 | 129.23% | \$6,569,548.46 | \$1,828,022.55 | \$4,741,525.91 | 259.38% | \$15,818,247.81 |
| Total Expenses | \$6,401,942.52 | \$5,533,385.33 | \$868,557.19 | 15.70% | \$40,801,662.18 | \$32,808,002.00 | \$7,993,660.18 | 24.37% | \$88,417,747.47 |
| Revenue over Expeditures | (\$2,900,065.83) | (\$2,363,679.48) | (\$536,386.35) | 22.69% | \$22,102,133.25 | \$22,182,191.07 | (\$80,057.82) | (0.36%) | (\$9,075,165.47) |

AGENDA ITEM # 22

Montgomery County Hospital District Accounts Receivable Analysis

Days in Accounts Receivable

| | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
|--------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| A/R Balance | 9,933,768 | 10,069,032 | 9,944,404 | 9,841,012 | 9,744,564 | 9,807,290 | 9,582,066 | 9,761,614 | 9,894,140 | 10,404,086 | 10,656,500 | 10,727,858 |
| Charges | 3,136,521 | 3,387,402 | 3,280,660 | 3,335,515 | 3,502,437 | 3,279,743 | 3,244,672 | 3,288,651 | 3,522,402 | 3,715,292 | 3,332,708 | 3,511,154 |
| Total 6-Mo Charges | 18,515,086 | 18,963,472 | 19,245,421 | 19,406,268 | 19,922,235 | 19,922,278 | 20,030,429 | 19,931,679 | 20,173,421 | 20,553,198 | 20,383,469 | 20,614,879 |
| Avg Charge / Day * | 102,862 | 105,353 | 106,919 | 107,813 | 110,679 | 110,679 | 111,280 | 110,732 | 112,075 | 114,184 | 113,241 | 114,527 |
| A/R Days | 97 | 96 | 93 | 91 | 88 | 89 | 86 | 88 | 88 | 91 | 94 | 94 |

* Accounts are aged from date of service.

** 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-23 | 3,101,814 | 1,877,982 | 1,627,301 | 1,429,779 | 1,064,846 | 1,691,784 | 10,793,507 | 4,186,410 | 2,756,630 |
| May-23 | 3,323,729 | 1,779,123 | 1,572,539 | 1,411,243 | 1,192,015 | 1,635,879 | 10,914,528 | 4,239,137 | 2,827,894 |
| Jun-23 | 3,192,364 | 1,849,604 | 1,450,926 | 1,311,873 | 1,239,800 | 1,592,934 | 10,637,500 | 4,144,607 | 2,832,734 |
| Jul-23 | 3,202,588 | 1,842,144 | 1,563,537 | 1,253,802 | 1,051,262 | 1,642,819 | 10,556,151 | 3,947,883 | 2,694,081 |
| Aug-23 | 3,347,759 | 1,742,623 | 1,490,983 | 1,297,062 | 1,007,640 | 1,540,384 | 10,426,450 | 3,845,085 | 2,548,023 |
| Sep-23 | 3,343,576 | 1,979,435 | 1,442,193 | 1,292,283 | 1,026,106 | 1,458,627 | 10,542,219 | 3,777,015 | 2,484,733 |
| Oct-23 | 3,211,019 | 1,841,602 | 1,624,830 | 1,273,023 | 969,037 | 1,398,846 | 10,318,358 | 3,640,907 | 2,367,884 |
| Nov-23 | 3,351,153 | 1,801,234 | 1,523,246 | 1,344,031 | 988,551 | 1,419,048 | 10,427,263 | 3,751,629 | 2,407,599 |
| Dec-23 | 3,452,693 | 1,814,718 | 1,442,050 | 1,293,595 | 1,078,822 | 1,445,746 | 10,527,624 | 3,818,163 | 2,524,568 |
| Jan-24 | 3,693,789 | 1,933,281 | 1,496,627 | 1,266,240 | 1,143,770 | 1,488,754 | 11,022,460 | 3,898,763 | 2,632,524 |
| Feb-24 | 3,382,235 | 2,334,237 | 1,614,527 | 1,332,557 | 1,100,251 | 1,540,843 | 11,304,650 | 3,973,651 | 2,641,095 |
| Mar-24 | 3,255,614 | 2,132,651 | 1,908,711 | 1,448,897 | 1,076,425 | 1,570,874 | 11,393,172 | 4,096,196 | 2,647,299 |

Accounts Receivable Aging by Percentage

| Month | Days | | | | | | Total | > 90 Days | > 120 Days |
|--------|---------|-------|-------|--------|---------|------|-------|-----------|------------|
| | Current | 31-60 | 61-90 | 91-120 | 121-180 | >180 | | | |
| Apr-23 | 29% | 17% | 15% | 13% | 10% | 16% | 100% | 39% | 26% |
| May-23 | 30% | 16% | 14% | 13% | 11% | 15% | 100% | 39% | 26% |
| Jun-23 | 30% | 17% | 14% | 12% | 12% | 15% | 100% | 39% | 27% |
| Jul-23 | 30% | 17% | 15% | 12% | 10% | 16% | 100% | 37% | 26% |
| Aug-23 | 32% | 17% | 14% | 12% | 10% | 15% | 100% | 37% | 24% |
| Sep-23 | 32% | 19% | 14% | 12% | 10% | 14% | 100% | 36% | 24% |
| Oct-23 | 31% | 18% | 16% | 12% | 9% | 14% | 100% | 35% | 23% |
| Nov-23 | 32% | 17% | 15% | 13% | 9% | 14% | 100% | 36% | 23% |
| Dec-23 | 33% | 17% | 14% | 12% | 10% | 14% | 100% | 36% | 24% |
| Jan-24 | 34% | 18% | 14% | 11% | 10% | 14% | 100% | 35% | 24% |
| Feb-24 | 30% | 21% | 14% | 12% | 10% | 14% | 100% | 35% | 23% |
| Mar-24 | 29% | 19% | 17% | 13% | 9% | 14% | 100% | 36% | 23% |

AGENDA ITEM # 22

Board Mtg.: 04/23/24

**Montgomery County Hospital District
Payer Mix and Service Mix**

Payer Mix

| Payer | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | 12-Month Total |
|-------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------------|
| Medicare | 2,328,157 | 2,487,057 | 2,301,824 | 2,459,843 | 2,474,422 | 2,347,081 | 2,332,830 | 2,368,336 | 2,717,201 | 2,745,616 | 2,409,064 | 2,600,078 | 29,571,508 |
| Medicaid | 538,919 | 633,328 | 552,717 | 573,124 | 594,961 | 587,834 | 521,597 | 528,365 | 452,518 | 489,651 | 437,192 | 488,879 | 6,399,085 |
| Insurance | 972,590 | 1,117,085 | 1,114,408 | 1,088,867 | 1,189,495 | 1,092,573 | 1,068,505 | 1,170,752 | 1,159,827 | 1,303,001 | 1,172,840 | 1,235,359 | 13,685,301 |
| Facility Contract | 10,727 | 12,713 | 3,478 | 0 | 1,178 | 1,650 | 0 | 0 | 0 | 0 | 0 | 0 | 29,746 |
| Bill Patient | 928,809 | 1,056,173 | 975,207 | 968,239 | 1,033,305 | 937,655 | 982,201 | 869,737 | 1,006,016 | 1,009,863 | 907,587 | 947,574 | 11,622,366 |
| Standby | 5,063 | 2,910 | 7,038 | 15,163 | 15,388 | 19,638 | 24,488 | 16,525 | 1,200 | 0 | 3,638 | 3,513 | 114,560 |
| Total | 4,784,265 | 5,309,264 | 4,954,672 | 5,105,236 | 5,308,749 | 4,986,430 | 4,929,620 | 4,953,714 | 5,336,761 | 5,548,131 | 4,930,321 | 5,275,403 | 61,422,565 |

| Payer | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | 12-Month % |
|-------------------|---------------|--------------|---------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------------|
| Medicare | 48.7% | 46.8% | 46.5% | 48.1% | 46.6% | 47.1% | 47.3% | 47.8% | 50.9% | 49.5% | 48.8% | 49.3% | 48.2% |
| Medicaid | 11.3% | 11.9% | 11.2% | 11.2% | 11.2% | 11.8% | 10.6% | 10.7% | 8.5% | 8.8% | 8.9% | 9.3% | 10.5% |
| Insurance | 20.3% | 21.0% | 22.5% | 21.3% | 22.4% | 21.9% | 21.7% | 23.6% | 21.7% | 23.5% | 23.8% | 23.4% | 22.3% |
| Facility Contract | 0.2% | 0.2% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% |
| Bill Patient | 19.4% | 19.9% | 19.7% | 19.0% | 19.5% | 18.8% | 19.9% | 17.6% | 18.9% | 18.2% | 18.4% | 18.0% | 19.0% |
| Standby | 0.1% | 0.1% | 0.1% | 0.3% | 0.3% | 0.4% | 0.5% | 0.3% | 0.0% | 0.0% | 0.1% | 0.1% | 0.2% |
| Total | 100.0% | 99.9% | 100.1% | 99.9% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.1% | 100% |

Service Mix

| Payer | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | 12-Month Total |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|
| ALS | 3,417 | 3,765 | 3,515 | 3,628 | 3,816 | 3,550 | 3,506 | 3,460 | 3,757 | 3,828 | 3,416 | 3,619 | 43,277 |
| BLS | 650 | 758 | 714 | 711 | 692 | 685 | 687 | 745 | 789 | 817 | 702 | 786 | 8,736 |
| Other | 251 | 253 | 265 | 289 | 287 | 262 | 267 | 233 | 256 | 232 | 231 | 227 | 3,053 |
| Transfer | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 5 |
| Standby | 15 | 20 | 13 | 21 | 25 | 55 | 49 | 30 | 4 | 0 | 3 | 6 | 241 |
| Total | 4,334 | 4,796 | 4,507 | 4,649 | 4,820 | 4,554 | 4,509 | 4,469 | 4,807 | 4,877 | 4,352 | 4,638 | 55,312 |

| Payer | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | 12-Month % |
|--------------|--------------|---------------|---------------|---------------|---------------|--------------|---------------|---------------|---------------|---------------|---------------|--------------|---------------|
| ALS | 78.8% | 78.6% | 78.0% | 78.0% | 79.2% | 77.9% | 77.8% | 77.4% | 78.2% | 78.5% | 78.5% | 78.0% | 78.3% |
| BLS | 15.0% | 15.8% | 15.8% | 15.3% | 14.4% | 15.0% | 15.2% | 16.7% | 16.4% | 16.8% | 16.1% | 16.9% | 15.8% |
| Other | 5.8% | 5.3% | 5.9% | 6.2% | 6.0% | 5.8% | 5.9% | 5.2% | 5.3% | 4.8% | 5.3% | 4.9% | 5.5% |
| Transfer | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Standby | 0.3% | 0.4% | 0.3% | 0.5% | 0.5% | 1.2% | 1.1% | 0.7% | 0.1% | 0.0% | 0.1% | 0.1% | 0.4% |
| Total | 99.9% | 100.1% | 100.0% | 100.0% | 100.1% | 99.9% | 100.0% | 100.0% | 100.0% | 100.1% | 100.0% | 99.9% | 100.0% |

AGENDA ITEM # 22

Board Mtg.: 04/23/24

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-23 | 476,726 | - | - | 2 | (2) | 442,222 | 476,728 |
| May-23 | 137,333 | - | - | 2 | (2) | 392,663 | 137,335 |
| Jun-23 | 278,615 | - | - | 2 | (2) | 392,663 | 278,617 |
| Jul-23 | 589,421 | - | - | 2 | (2) | 291,676 | 589,423 |
| Aug-23 | 314,959 | - | - | 2 | (2) | 291,676 | 314,961 |
| Sep-23 | 459,911 | - | - | 2 | (2) | 734,124 | 459,913 |
| Oct-23 | 1,070,433 | - | - | 2 | (2) | 894,894 | 1,070,435 |
| Nov-23 | 477,979 | - | - | 2 | (2) | 220,840 | 477,981 |
| Dec-23 | 681,202 | - | - | 2 | (2) | 175,378 | 681,204 |
| Jan-24 | 150,794 | - | - | 2 | (2) | 645,695 | 150,796 |
| Feb-24 | 151,833 | - | - | 2 | (2) | 352,435 | 151,835 |
| Mar-24 | 142,178 | - | - | 2 | (2) | 142,178 | 142,180 |

Accounts Payable Aging by Percentage without Credits

| Month | Current | Days | | |
|--------|---------|-------|-------|------|
| | | 31-60 | 61-90 | > 90 |
| Apr-23 | 100% | 0% | 0% | 0% |
| May-23 | 100% | 0% | 0% | 0% |
| Jun-23 | 100% | 0% | 0% | 0% |
| Jul-23 | 100% | 0% | 0% | 0% |
| Aug-23 | 100% | 0% | 0% | 0% |
| Sep-23 | 100% | 0% | 0% | 0% |
| Oct-23 | 100% | 0% | 0% | 0% |
| Nov-23 | 100% | 0% | 0% | 0% |
| Dec-23 | 100% | 0% | 0% | 0% |
| Jan-24 | 100% | 0% | 0% | 0% |
| Feb-24 | 100% | 0% | 0% | 0% |
| Mar-24 | 100% | 0% | 0% | 0% |

Agenda Item # 23



We Make a Difference!

To: Board of Directors
From: Brett Allen, CFO
Date: April 23, 2024
Re: Valley View Contract Extension

Consider and act upon Valley View Consulting contract extension. (Mr. Shirley, Treasurer – MCHD Board)



March 27, 2024

Brett Allen, Chief Financial Officer
Montgomery County Hospital District
1400 South Loop 336 West
Conroe, TX 77304

Dear Brett,

As per the AGREEMENT BY AND BETWEEN THE MONTGOMERY COUNTY HOSPITAL DISTRICT AND VALLEY VIEW CONSULTING, L.L.C., expiring March 31, 2024, the District's may extend the Agreement in additional one and two-year periods.

Valley View has enjoyed assisting the District and believes our assistance has added value to the District's investment program. Please consider, and accept, the extension of this contract to expire March 31, 2026 with the following reduced fee schedule:

Average Quarter End Book Value

First \$20 million
Next \$20 million
Above \$40 million

Annual Fee

0.060% (6 basis points)
0.050% (5 basis points)
0.040% (4 basis points)

Valley View Consulting, L.L.C.

Richard G. Long, Jr.
Manager

Montgomery County Hospital District

Brett Allen
Chief Financial Officer

Date: _____

Agenda Item # 24



We Make a Difference!

To: Board of Directors

From: Brett Allen, CFO

Date: April 23, 2024

Re: **Weaver and Tidwell, LLP Audit Engagement Letter**

Consider and act on engagement of auditor Weaver and Tidwell, LLP for audit to include if necessary a single audit. (Mr. Shirley, Treasurer – MCHD Board)



April 11, 2024

To the Board of Directors and Management of
Montgomery County Hospital District
1400 S. Loop 336 West
Conroe, Texas 77304

Dear Board of Directors and Management:

You have requested that Weaver and Tidwell, L.L.P. (“Weaver”, “our”, “us”, and “we”) audit the governmental activities, the discretely presented component unit and each major fund of Montgomery County Hospital District (the “District”), as of September 30, 2024, and for the year then ended and the related notes to the financial statements, which collectively comprise the District’s basic financial statements as listed in the table of contents. In addition, we will audit the District’s compliance over major federal award programs for the period ended September 30, 2024.

Accounting principles generally accepted in the United States of America (“U.S. GAAP”), as promulgated by the Governmental Accounting Standards Board (“GASB”) require that management’s discussion and analysis and budgetary comparison information, among other items, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by GASB, which considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the required supplementary information (“RSI”) in accordance with auditing standards generally accepted in the United States of America (“U.S. GAAS”). These limited procedures will consist primarily of inquiries of management regarding their methods of measurement and presentation, and comparing the information for consistency with management’s responses to our inquiries. We will not express an opinion or provide any form of assurance on the RSI. The following RSI is required by U.S. GAAP. This RSI will be subjected to certain limited procedures but will not be audited:

1. Management’s Discussion and Analysis
2. Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget to Actual – General Fund
3. Schedule of Changes in Net Pension Liability (Asset) and Related Ratios
4. Schedule of District Contributions to Texas County and District Retirement System (TCDRS)

Supplementary information other than RSI will accompany the District’s basic financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the basic financial statements and perform certain additional procedures, including comparing and reconciling the supplementary information to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and additional procedures in accordance with U.S. GAAS. We intend to provide an opinion on the following supplementary information in relation to the financial statements as a whole:

1. Schedule of Expenditures of Federal Awards

We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter.

Audit Objectives

The objective of our audit is the expression of opinions as to whether your basic financial statements are fairly presented, in all material aspects, in conformity with U.S. GAAP and to report on the fairness of the supplementary information referred to above when considered in relation to the basic financial statements as a whole. The objective also includes reporting on internal control related to the basic financial statements and compliance with the provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a material effect on the basic financial statements in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States of America (“GAGAS”); and internal control over compliance related to major programs and an opinion (or disclaimer of opinion) on compliance with federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on each major program in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. Code of

April 11, 2024

Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).

Auditor Responsibilities

We will conduct our audit in accordance with U.S. GAAS, the standards applicable to financial audits contained in GAGAS, and the provisions of the Uniform Guidance. Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether the basic financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the basic financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the basic financial statements, whether due to error, fraudulent financial reporting, misappropriation of assets, or violations of laws, governmental regulations, grant agreements, or contractual agreements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. If appropriate, our procedures will therefore include tests of documentary evidence that support the transactions recorded in the accounts, tests of the physical existence of assets, and direct confirmation of cash, investments, and certain other assets and liabilities by correspondence with creditors and financial institutions. As part of our audit process, we may request written representations from your attorneys, and they may bill you for responding. At the conclusion of our audit, we will also request certain written representations from you about the basic financial statements and related matters.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, an unavoidable risk that some material misstatements or noncompliance (whether caused by errors, fraudulent financial reporting, misappropriation of assets, or violations of laws or governmental regulations) may not be detected exists, even though the audit is properly planned and performed in accordance with U.S. GAAS and GAGAS.

In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the basic financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

In making our risk assessments, we consider internal control relevant to the District's preparation and fair presentation of the basic financial statements in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. However, we will communicate to you in writing concerning any significant deficiencies or material weaknesses in internal control relevant to the audit of the basic financial statements that we have identified during the audit.

Greg Peterson is the engagement partner or equivalent for the audit services specified in this letter, and is responsible for supervising our services performed as part of this engagement and signing or authorizing another qualified firm representative to sign the audit report.

We expect to begin our audit procedures in July 2024, and issue our report in March 2025. We will issue a written report upon completion of our audit of the District's basic financial statements. Our report will be addressed to the Board of Directors of the District. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions, add an emphasis-of-matter or other-matter paragraph(s), or withdraw from the engagement. If our opinions on the financial statements or compliance are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or withdraw from this engagement.

As part of obtaining reasonable assurance about whether the basic financial statements are free of material misstatement, we will perform tests of the District's compliance with certain provisions of laws, regulations, contracts, and grants that could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with the provisions is not an objective of our audit, and accordingly, we will not express such an opinion.

Our audit of the District's major federal award program(s) compliance will be conducted in accordance with the requirements of the Single Audit Act, as amended; and the provisions of the Uniform Guidance; and will include tests of accounting records,

a determination of major programs in accordance with the Uniform Guidance, and other procedures we consider necessary to enable us to express such an opinion on major federal award program compliance and to render the required reports. We cannot provide assurance that an unmodified opinion on compliance will be expressed. Circumstances may arise in which it is necessary for us to modify our opinion or withdraw from the engagement.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the District has complied with applicable laws and regulations and the provisions of contracts and grant agreements applicable to major federal award programs. Our procedures will consist of determining major federal programs and performing the applicable procedures described in the U.S. Office of Management and Budget *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the District's major programs. The purpose of those procedures will be to express an opinion on the District's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance.

Also, as required by the Uniform Guidance, we will perform tests of controls to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each of the District's major federal award programs. However, our tests will be less in scope than would be necessary to render an opinion on these controls and, accordingly, no opinion will be expressed in our report.

In accordance with the requirements of GAGAS, we will also issue a written report describing the scope of our testing over internal control over financial reporting and over compliance with laws, regulations, and provisions of grants and contracts, including the results of that testing. However, providing an opinion on internal control and compliance over financial reporting will not be an objective of the audit and, therefore, no such opinion will be expressed.

We will issue a report on compliance that will include an opinion or disclaimer of opinion regarding the District's major federal award programs, and a report on internal controls over compliance that will report any significant deficiencies and material weaknesses identified; however, such report will not express an opinion on internal control.

Management Responsibilities

Our audit will be conducted on the basis that management and, when appropriate, those charged with governance, acknowledge and understand that they have responsibility:

- a. for the preparation and fair presentation of the basic financial statements in accordance with the framework described in Audit Objectives above;
- b. for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of basic financial statements that are free from material misstatement, whether due to error, for fraudulent financial reporting, misappropriation of assets, or violations of laws, governmental regulations, grant agreements, or contractual agreements;
- c. to provide us with:
 - i. access to all information of which management is aware that is relevant to the preparation and fair presentation of the basic financial statements, and relevant to federal award programs, such as records, documentation, and other matters;
 - ii. additional information that we may request from management for the purpose of the audit; and
 - iii. unrestricted access to persons within the District from whom we determine it necessary to obtain audit evidence.
- d. for including the auditor's report, and our report on any supplementary information if described above, in any document containing the basic financial statements that indicates that such basic financial statements have been audited by the District's auditor;
- e. for identifying and ensuring that the District complies with the laws and regulations applicable to its activities;
- f. for adjusting the basic financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the

current engagement and pertaining to the current year under audit are immaterial, both individually and in the aggregate, to the basic financial statements as a whole;

- g. for maintaining adequate records, selecting and applying accounting principles, and safeguarding assets;
- h. for identifying all federal awards expended during the period including federal awards and funding increments received prior to December 26, 2014, and those received in accordance with the Uniform Guidance generally received after December 26, 2014;
- i. for preparing the schedule of expenditures of federal awards (including notes and noncash assistance received) in accordance with the Uniform Guidance;
- j. for the design, implementation, and maintenance of internal control over compliance;
- k. For identifying and ensuring that the District complies with laws, regulations, grants, and contracts applicable to its activities and its federal award programs;
- l. For following up and taking corrective action on reported audit findings from prior periods and preparing a summary schedule of prior audit findings;
- m. For following up and taking corrective action on current year audit findings and preparing a corrective action plan for such findings;
- n. For submitting the reporting package and data collection form to the appropriate parties;
- o. For making the auditor aware of any significant vendor relationships where the vendor is responsible for program compliance;
- p. with regard to the supplementary information referred to above: (a) for the preparation of the supplementary information in accordance with the applicable criteria; (b) to provide us with the appropriate written representations regarding supplementary information; (c) to include our report on the supplementary information in any document that contains the supplementary information and that indicates that we have reported on such supplementary information; and (d) to present the supplementary information with the audited basic financial statements, or if the supplementary information will not be presented with the audited basic financial statements, to make the audited basic financial statements readily available to the intended users of the supplementary information no later than the date of issuance by you of the supplementary information and our report thereon;
- q. informing us of facts that may affect the basic financial statements of which you may become aware during the period from the date of the auditor's report to the date the basic financial statements are issued;
- r. for confirming your understanding of your responsibilities in this letter to us in your management representation letter.

We understand that your employees will prepare all confirmations we request and will locate any documents or support for any other transactions we select for testing.

If we agree herein or otherwise to perform any non-attest services (such as tax services or any other non-attest services), you agree to assume all management responsibilities for those services; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them. The entity has designated Brett Allen, Chief Financial Officer to oversee these services. Such services include:

- i. Preparation of financial statements and related notes
- ii. Preparation of schedule of expenditures of federal awards (as applicable)
- iii. Preparation of the Data Collection Form

GAGAS require that we document an assessment of the skills, knowledge, and experience of management, should we participate in any form of preparation of the basic financial statements and related schedules or disclosures as these actions are deemed a nonaudit/nonattest service.

During the course of our engagement, we will request information and explanations from management regarding the District's operations, internal controls, future plans, specific transactions and accounting systems and procedures. At the conclusion of our engagement, we will require, as a precondition to the issuance of our report, that management provide certain representations in a written representation letter. The District agrees that as a condition of our engagement to perform an audit that management will, to the best of its knowledge and belief, be truthful, accurate and complete in all representations made to us during the course of the audit and in the written representation letter. The procedures we perform in our engagement and the conclusions we reach as a basis for our report will be heavily influenced by the written and oral representations that we receive from management. False or misleading representations could cause us to expend unnecessary efforts in the audit; or, worse, could cause a material error or a fraud to go undetected by our procedures.

Fees and Invoicing

We estimate that the fee for this engagement will be \$51,500 for the financial statement audit and \$3,000 for each major program as applicable to the compliance audit. The total fee for our services will be determined by the complexity of the work performed and the tasks required. Individual hourly rates vary according to the degree of responsibility involved and the skills required. It is understood that neither our fees nor the payment thereof will be contingent upon the results of this engagement.

Our fee estimate is based on anticipated cooperation from all involved and the assumption that unexpected circumstances will not be encountered during the engagement. Our engagement fees do not include consulting on the adoption of new accounting standards and any future increased duties because of any regulatory body, auditing standard or an unknown or unplanned significant transaction. If significant additional time is necessary, we will discuss the reasons with you and arrive at a new fee estimate before we incur the additional costs.

In addition to the fee for our services, reasonable and necessary out-of-pocket expenses we incur (such as parking, reproduction and printing, postage and delivery, and out-of-market travel, meals, and accommodations) will be invoiced at cost. At this time, we do not anticipate incurring substantial expenses.

We will also invoice for reasonable and necessary time and out-of-pocket expenses we incur to respond to any request (such as a subpoena, summons, court order, or administrative investigative demand) pertaining to this engagement in a legal matter to which we are not a party. Our time to facilitate the response will be billed at our then-current standard hourly rates, and our expenses (including attorney's fees) will be billed at cost. If we agree to perform additional substantive services related to or arising out of the request, such matters may be the subject of a new engagement letter.

Our invoices are payable in accordance with Texas Government Code § 2251.021.

Ethical Conflict Resolution

In the unlikely event that circumstances occur which we in our sole discretion believe could create a conflict with either the ethical standards of our firm or the ethical standards of our profession in continuing our engagement, we may suspend our services until a satisfactory resolution can be achieved or we may resign from the engagement. We will notify you of such conflict as soon as practicable, and will discuss with you any possible means of resolving them prior to suspending our services.

The hiring of or potential employment discussions with any of our personnel could impair our independence. Accordingly, you agree to inform the engagement partner or equivalent prior to any such potential employment discussions taking place.

Audit Documentation and Confidentiality

The audit documentation we prepare pertaining to and in support of this engagement is our property and constitutes confidential information. If we are requested to make the audit documentation available to outside parties, except in the case of requests during our peer review (discussed below) or when prohibited by law or direction of law enforcement, any such requests will be discussed with you before we make the documentation available to the requesting parties.

Depending on the requirements of this engagement, we may use third-party service providers to assist us. Before sharing confidential information with those service providers, we will (i) secure agreements to maintain the confidentiality of confidential information and ensure the confidential information is only used for the purpose of assisting us with the performance of this engagement and (ii) take commercially reasonable precautions to determine the service providers have

April 11, 2024

appropriate procedures in place to prevent the unauthorized disclosure of confidential information. If we use such service providers, we will remain responsible for all work performed and any breach of our confidentiality arrangements by those service providers.

We may be requested to make certain audit documentation (working papers) available to regulators and other government agencies, pursuant to authority given by law or regulation. You should understand that responding to many such requests is mandatory. In those cases, access to such working papers will be provided under our supervision and we may, upon their request, provide the regulator or agency with copies of all or selected working papers. The requesting party may intend or decide to distribute the copies or information contained therein to others, including other regulators or agencies. You will be billed for additional fees as a result of the aforementioned work.

Our firm, as well as other accounting firms, participates in a peer review program covering our audit and accounting practices. This program requires that once every three years, we subject our system of quality control to an examination by another accounting firm. As part of this process, the firm conducting our peer review will review a sample of our work. It is possible that the work we perform for you may be selected for such a review. If it is, our peer review firm is bound by professional standards to keep all information confidential and we are required to provide the required information.

It is expected that prior to the conclusion of the engagement, sections of the Data Collection Form will be completed by our firm. The sections that we will complete summarize our audit findings by federal grant or contract. Management is responsible to submit the reporting package (defined as including basic financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditor's reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. The instructions to the Data Collection Form require that the reporting package be an unlocked, unencrypted, text searchable portable document file (PDF) or else it will be rejected by the Federal Audit Clearinghouse. We will be available to assist management in creating the PDF if needed.

We will coordinate with you the electronic submission and certification upon the reporting package completion. If applicable, we will provide copies of our report for you to include with the reporting package if there is a need to submit the package to pass-through entities.

The Data Collection Form and the reporting package must be submitted within the earlier of 30 days after receipt of our reports or nine months after the end of the audit period.

We will retain our audit documentation for a period of at least seven years from the date of our report. You agree that following such period, we may destroy the audit documentation without notice to you.

To maintain independence, we will not act as the host of your financial or non-financial information or as your information back-up service provider. Instead, it is your responsibility to maintain a complete set of your financial and non-financial data and records. If some portion of your data and records is contained only within our files, you agree to inform us before the issuance of our report and we will provide that to you.

Except as may be noted herein, the parties do not intend this engagement letter to be for the benefit of any third-party. You may inform us of third-parties who will receive a copy of our report. Unless you inform us of such third-parties in writing, we are not aware of who you intend to supply our report to and we do not anticipate any such third-parties' reliance upon our professional services unless expressly stated herein.

In order to facilitate this engagement, we may transmit and store data via email, the cloud, or other electronic and Internet-based mechanisms. Please be aware that those mediums inherently pose a risk of misdirection or interception of confidential information. Any request you have to limit such transmissions or use a different means of transmission or storage must be made in writing and you will be responsible for any resulting compromise in data security.

Dispute Resolution Procedure including Jury Waiver

If a dispute arises out of or relates to this engagement or engagement letter, or the breach thereof, and if the dispute cannot be settled through negotiation, the parties agree first to try in good faith to settle the dispute by mediation before resorting to litigation. In such event, the parties will attempt to agree upon a location, mediator, and mediation procedures, but absent such agreement any party may require mediation in Houston, Texas, administered by the AAA under its Commercial Mediation Procedures.

April 11, 2024

This engagement letter and all disputes between the parties shall be governed by, resolved, and construed in accordance with the laws of the State of Texas, without regard to conflict-of-law principles. Any action arising out of or relating to this engagement or engagement letter shall only be brought in, and each party agrees to submit and consent to the exclusive jurisdiction of the federal or state courts in the State of Texas and convenience of those situated in Harris County, Texas.

Each party hereby irrevocably waives any right it may have to trial by jury in any proceeding arising out of or relating to this engagement or this engagement letter.

Whenever possible, this engagement letter shall be interpreted in such a manner as to be effective and valid under applicable laws, regulations, or published interpretation, but if any term of this engagement letter is declared illegal, unenforceable, or unconscionable, that term shall be severed or modified and the remaining terms of the engagement letter shall remain in force. The parties agree that the court should modify any term declared to be illegal, unenforceable, or unconscionable in a manner that will retain the intended term as closely as possible.

If because of a change in status or due to any other reason, any provision in this engagement letter or any other contract we have with you, or enter into, would be prohibited by, or would impair our independence for this engagement under laws, regulations or published interpretations by governmental bodies, professional organizations or other regulatory agencies, such provision shall, to that extent, be of no further force and effect and the contract shall consist of the remaining portions.

Miscellaneous

In accordance with the requirements of *Government Auditing Standards*, we have attached a copy of the latest external peer review report of our firm for your consideration and files.

We may at times provide you with documents marked as drafts. You understand that those documents are for your review purposes only. You should not rely upon those documents in any way.

Although the engagement partner or equivalent responsible for this engagement is a licensed certified public accountant, we inform you that we have nonlicensees who may provide services pertaining to this engagement.

If you intend to make reference to our firm or include our report or any portion of it in a published document or other reproduction, and that document or other reproduction includes a version of our report or the financial statements that is assembled differently than any version we provided you or audited, you agree to provide us with printers' proofs or masters for our review and approval before reproducing. You also agree to provide us with a copy of the final reproduced material for our written approval before it is distributed. If, in our professional judgment, the circumstances require, we may withhold our approval. This requirement does not pertain to distributing our report or the financial statements when you do not modify their assembly or in situations where you disseminate the audited financial statements as a standalone document, such as on your website.

This engagement letter sets forth all of the agreed upon terms and conditions of our engagement with respect to the matters covered herein and supersedes any that may have come before. This engagement letter may not be amended or modified except by further writing signed by all the parties. Any provisions of this engagement letter which expressly or by implication are intended to survive its termination or expiration will survive and continue to bind the parties. The use of electronic signatures or multiple counterparts to execute this engagement letter shall have the same force and effect as a manually or physically signed original instrument.

[Signatures on Next Page]

April 11, 2024

We appreciate the opportunity to assist you and look forward to working with you and your team.

Sincerely,

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

The Woodlands, Texas

Please sign and return a copy of this letter to indicate your acknowledgment of, and agreement with, the arrangements for our engagement as described herein, including each party's respective responsibilities. By signing below, the signatory also represents that they have been authorized to execute this agreement.

Montgomery County Hospital District

By: _____

Printed Name: _____

Title: _____

Date: _____



Report on Firm's System of Quality Control

September 19, 2022

To the Partners of Weaver & Tidwell, L.L.P.
and the National Peer Review Committee

We have reviewed the system of quality control for the accounting and auditing practice of Weaver & Tidwell, L.L.P. (the firm) applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended May 31, 2022. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a system review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm's Responsibility

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer's Responsibility

Our responsibility is to express an opinion on the design of and compliance with the firm's system of quality control based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of employee benefit plans, an audit performed under FDICIA, and examinations of service organizations [SOC 1 and SOC 2 engagements].)

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Opinion

In our opinion, the system of quality control for the accounting and auditing practice of Weaver & Tidwell, L.L.P. applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended May 31, 2022, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. Weaver & Tidwell, L.L.P. has received a peer review rating of *pass*.

A handwritten signature in cursive script that reads "Eide Bailly LLP".

Eide Bailly LLP

Agenda Item # 25



We Make a Difference!

To: Board of Directors

From: Brett Allen, CFO

Date: April 23, 2024

Re: Banking and Investment – Annual

Consider and act on annual review of Banking and Investment Policy. (Mr. Shirley, Treasurer – MCHD Board)

No updates or changes – annual review

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.
 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.
 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 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:

Brent Thor, Chairman, MCHD Board of Directors

Chris Grice, Vice-Chairman, MCHD Board of Directors

Charles Shirley, Treasurer, MCHD Board of Directors

Georgette Whatley, Member, MCHD Board of Directors

Brad Spratt, Member, MCHD Board of Directors

Robert Hudson, Member, MCHD Board of Directors

Vacant, 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 |

The District is approving institution name. Representative data is for informational purposes only.

Agenda Item # 26

Montgomery County Hospital District
 Budget Amendment - Fiscal Year Ending September 30, 2024
 Supplement to the Amendment Presented to the Board on April 23, 2024

| Account | Description | Total | Notes | Impact |
|---|---|-----------------------|--|------------------|
| New Billing Software | | | | |
| 10-011-41530 | Proceeds from IT Subscription Assets | (300,000.00) | New Billing software is not considered a Subscription-Based IT Arrangement under GASB 96 | Decrease Revenue |
| | Total New Billing Software | <u>(300,000.00)</u> | | |
| Station 34 Rent Increase | | | | |
| 10-016-41525 | Proceeds from Capital Lease-Facilities | 81,780.00 | Station 34 remeasured for GASB 87 due to increased rent | Increase Revenue |
| | Total Station 34 Rent Increase | <u>81,780.00</u> | | |
| | Total Revenue | <u>(218,220.00)</u> | Decrease in Revenue | |
| New Billing Software | | | | |
| 10-011-52759 | Capital Purchase - IT Subscription Assets | (300,000.00) | New Billing software is not considered a Subscription-Based IT Arrangement under GASB 96 | Decrease Expense |
| | Total New Billing Software | <u>(300,000.00)</u> | | |
| Station 34 Rent Increase | | | | |
| 10-016-52758 | Capital Purchase - Capital Leases-Facilities | 81,780.00 | Station 34 remeasured for GASB 87 due to increased rent | Increase Expense |
| | Total Station 34 Rent Increase | <u>81,780.00</u> | | |
| Move Tractor Work budget for Towers to Radio | | | | |
| 10-016-53330 | Contractual Obligations- Other - Facilities | (700.00) | Move Tractor Work budget for Towers to Radio | Decrease Expense |
| 10-004-55600 | Maintenance & Repairs-Buildings - Radio | 700.00 | Move Tractor Work budget for Towers to Radio | Increase Expense |
| | Total Move Tractor Work budget for Towers to Radio | <u>0.00</u> | | |
| Move Cisco WebEx Budget to EMS Quality | | | | |
| 10-004-55650 | Maintenance- Equipment-Radio | (19,932.50) | Move Cisco WebEx Budget to EMS Quality | Decrease Expense |
| 10-045-53050 | Computer Software - EMS Quality | 19,932.50 | Move Cisco WebEx Budget to EMS Quality | Increase Expense |
| | Total Move Cisco WebEx Budget to EMS Quality | <u>0.00</u> | | |
| | Total Expense | <u>(218,220.00)</u> | Decrease in Expense | |
| | Increase / (Decrease) Net Revenue over Expenses | 0.00 | | |
| | FY 2024 Budgeted Net Revenue over Expenses | (9,075,165.47) | | |
| | FY 2024 Amended Budgeted Net Revenue over Expenses | <u>(9,075,165.47)</u> | | |

AGENDA ITEM # 27

Consider and act on payment of District invoices (Charles Shirley, Treasurer-MCHD Board)

TOTAL FOR

INVOICES

\$2,815,640.42

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|--|--|---------------------|---|--------------|--------------------------------------|------------|
| ACETECH CORP. | 3/12/2024 | 1940 | MAINTENANCE | 10-000-14900 | Prepaid Expenses-BS | \$629.55 |
| | 3/21/2024 | 1952 | SHIPPING | 10-010-55650 | Maintenance- Equipment-Fleet | \$14.00 |
| | Totals for ACETECH CORP.: | | | | | \$643.55 |
| AGUIRRI, NATHANIEL | 3/9/2024 | AGU*03092024 | MILEAGE - (03/08/2024 - 03/08/2024) | 10-007-56200 | Mileage Reimbursements-EMS | \$16.01 |
| | Totals for AGUIRRI, NATHANIEL: | | | | | \$16.01 |
| ALBERT INDUSTRIES, INC. dba COMMAND POST | 3/1/2024 | COM03012024 | UNIFORMS | 10-042-58700 | Uniforms-EMS T | \$1,499.44 |
| | Totals for ALBERT INDUSTRIES, INC. dba COMMAND POST: | | | | | \$1,499.44 |
| ALLEN, BRETT | 3/19/2024 | ALL*03192024 | PER DIEM - GFOAT SPRING CONFERENCE (04/13 | 10-000-14900 | Prepaid Expenses-BS | \$180.00 |
| | Totals for ALLEN, BRETT: | | | | | \$180.00 |
| ALONTI CAFE & CATERING | 3/1/2024 | 1988809 | CE 02.28.24 | 10-009-56100 | Meeting Expenses-Dept | \$211.77 |
| | 3/1/2024 | 1988803 | CE 02.28.24 | 10-009-56100 | Meeting Expenses-Dept | \$562.18 |
| | 3/1/2024 | 1988806 | CE 02.29.24 | 10-009-56100 | Meeting Expenses-Dept | \$699.17 |
| | 3/1/2024 | 1988808 | CE 03.01.24 | 10-009-56100 | Meeting Expenses-Dept | \$486.57 |
| | 3/1/2024 | 1988796 | CE 02.26.24 | 10-009-56100 | Meeting Expenses-Dept | \$809.98 |
| | 3/1/2024 | 1988800 | CE 02.27.24 | 10-009-56100 | Meeting Expenses-Dept | \$699.17 |
| | 3/6/2024 | 1991889 | FRO MEETING 03.06.24 | 10-009-53550 | Customer Relations-Dept | \$257.02 |
| | 3/1/2024 | 1984975 | CISM MEETING 02.09.2024 | 10-027-56100 | Meeting Expenses-Emerg | \$536.35 |
| Totals for ALONTI CAFE & CATERING: | | | | | \$4,262.21 | |
| AMBASSADOR SERVICES, LLC | 3/1/2024 | 101227 | CREDIT | 10-016-53330 | Contractual Obligations- Other-Facil | (\$227.60) |
| | 3/1/2024 | 101227 | SPECIAL FLOOR SERVICE | 10-016-53330 | Contractual Obligations- Other-Facil | \$5,403.80 |
| | Totals for AMBASSADOR SERVICES, LLC: | | | | | \$5,176.20 |
| AMERICAN TIRE DISTRIBUTORS INC | 3/1/2024 | S192844390 | TIRES | 10-010-59150 | Vehicle-Tires-Fleet | \$782.86 |
| | Totals for AMERICAN TIRE DISTRIBUTORS INC: | | | | | \$782.86 |
| AMERITAS LIFE INSURANCE CORP | 3/1/2024 | 010-048743 03.01.24 | ACCT 010-048743-00002 VISION PREMIUMS FEB 2 | 10-025-51700 | Health & Dental-Human | \$4,638.10 |
| | 3/1/2024 | 010-48743 03.01.24 | ACCT 010-048743-00002 VISION PREMIUMS MAR | 10-025-51700 | Health & Dental-Human | \$4,596.79 |
| | Totals for AMERITAS LIFE INSURANCE CORP: | | | | | \$9,234.89 |
| ASTORGA, JASMIN | 3/9/2024 | AST*03092024 | EXPENSE - TRAINING/RELATED EXPENSES-CE | 10-009-58500 | Training/Related Expenses-CE-Dept | \$95.00 |
| | 3/27/2024 | AST*03272024 | MILEAGE - (03/15/2024 - 03/15/2024) | 10-007-56200 | Mileage Reimbursements-EMS | \$11.46 |
| | Totals for ASTORGA, JASMIN: | | | | | \$106.46 |
| ASTUDILLO, OSCAR | 3/11/2024 | AST*03112024 | EXPENSE - TRAINING/RELATED EXPENSES-CE | 10-009-58500 | Training/Related Expenses-CE-Dept | \$95.00 |
| | 3/11/2024 | AST*03112024B | MILEAGE - (03/11/2024 - 03/11/2024) | 10-007-56200 | Mileage Reimbursements-EMS | \$15.41 |
| | 3/26/2024 | AST*03262024 | EXPENSE - TRAINING/RELATED EXPENSES-CE | 10-009-58500 | Training/Related Expenses-CE-Dept | \$40.00 |
| | Totals for ASTUDILLO, OSCAR: | | | | | \$150.41 |
| AT&T (5001) | 3/1/2024 | 2816893247 02.23.24 | STATION 30 FIRE PANEL 02/23/24-03/22/24 | 10-016-58800 | Utilities-Facil | \$657.66 |
| | 3/13/2024 | 2812599426 03.13.24 | STATION 41 FIRE PANEL 03/13/24-04/12/24 | 10-016-58800 | Utilities-Facil | \$310.25 |
| | Totals for AT&T (5001): | | | | | \$967.91 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|--------------------------------|--------------|----------------------|---|--------------|------------------------------------|---|
| AT&T MOBILITY-ROC (6463) | 3/1/2024 | 287283884314X022724 | ACCT# 287283884314 01/20/24-02/19/24 | 10-015-58200 | Telephones-Cellular-Infor | \$310.40 |
| | | | | 10-004-58200 | Telephones-Cellular-Radio | \$50.84 |
| | | | | 10-007-58200 | Telephones-Cellular-EMS | \$30.00 |
| | 3/27/2024 | 287283884314X032724 | ACCT# 287283884314 02/20/24-03/19/24 | 10-015-58200 | Telephones-Cellular-Infor | \$310.40 |
| | | | | 10-004-58200 | Telephones-Cellular-Radio | \$50.84 |
| | | | | 10-007-58200 | Telephones-Cellular-EMS | \$30.00 |
| | | | | | | Totals for AT&T MOBILITY-ROC (6463): |
| AUSBIE, JERMAINE | 3/15/2024 | AUS*03152024 | Years of service award - 10 years | 10-025-54450 | Employee Recognition-Human | \$200.00 |
| | | | | | | |
| AVELLANEDA, VICTOR | 3/6/2024 | AVE*03062024 | MILEAGE - (03/05/2024 - 03/05/2024) | 10-007-56200 | Mileage Reimbursements-EMS | \$9.38 |
| | 3/15/2024 | AVE*03152024 | MILEAGE - (03/15/2024 - 03/15/2024) | 10-007-56200 | Mileage Reimbursements-EMS | \$12.73 |
| | | | | | | Totals for AVELLANEDA, VICTOR: |
| B & H PHOTO & ELECTRONICS CORP | 3/1/2024 | 221612210 | COMPUTER SUPPLIES | 10-015-53100 | Computer Supplies/Non-Cap.-Infor | \$259.99 |
| | | | | | | |
| BCBS OF TEXAS (DENTAL) | 3/1/2024 | 123611 3.1.24(COBRA) | BILL PERIOD: 03-01-2024 TO 04-01-2024 | 10-025-51700 | Health & Dental-Human | \$246.00 |
| | 3/1/2024 | 123611 03.01.24 | BILL PERIOD: 03-01-2024 TO 04-01-2024 | 10-025-51700 | Health & Dental-Human | \$23,879.64 |
| | | | | | | Totals for BCBS OF TEXAS (DENTAL): |
| BCBS OF TEXAS (POB 731428) | 3/10/2024 | 523329017785 | BCBS PPO & HSA CLAIMS 03/02/2024-03/08/2024 | 10-025-51710 | Health Insurance Claims-Human | \$70,626.57 |
| | 3/3/2024 | 523320681378 | BCBS PPO & HSA CLAIMS 02/24/2024-03/01/2024 | 10-025-51710 | Health Insurance Claims-Human | \$76,779.32 |
| | 3/17/2024 | 523329294770 | BCBS PPO & HSA CLAIMS 03/09/2024-03/15/2024 | 10-025-51710 | Health Insurance Claims-Human | \$174,921.06 |
| | 3/24/2024 | 523327864503 | BCBS PPO & HSA CLAIMS 03/16/2024-03/22/2024 | 10-025-51710 | Health Insurance Claims-Human | \$87,626.93 |
| | 3/31/2024 | 523320610953 | BCBS PPO & HSA CLAIMS 03/23/2024-03/29/2024 | 10-025-51710 | Health Insurance Claims-Human | \$269,829.19 |
| | | | | | | Totals for BCBS OF TEXAS (POB 731428): |
| BOON-CHAPMAN (Prime DX) | 3/1/2024 | S0030006255 | FEB 2024 PRIMEDX FEES | 10-002-55700 | Management Fees-HCAP | \$9,729.54 |
| | | | | | | |
| BORREGO, SERGIO | 3/1/2024 | BOR*02282024 | WELLNESS | 10-025-54350 | Employee Health\Wellness-Human | \$25.00 |
| | 3/1/2024 | BOR*02282024B | WELLNESS | 10-025-54350 | Employee Health\Wellness-Human | \$25.00 |
| | 3/1/2024 | BOR*02282024C | WELLNESS | 10-025-54350 | Employee Health\Wellness-Human | \$25.00 |
| | 3/1/2024 | BOR*02282024D | WELLNESS | 10-025-54350 | Employee Health\Wellness-Human | \$25.00 |
| | | | | | Totals for BORREGO, SERGIO: | \$100.00 |
| BOUND TREE MEDICAL, LLC | 3/1/2024 | 85265618 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$16,001.00 |
| | | | | 10-009-54000 | Drug Supplies-Dept | \$4,336.76 |
| | | | | 10-008-53800 | Disposable Linen-Mater | \$1,436.96 |
| | 3/7/2024 | 85273102 | MEDICAL SUPPLIES | 10-008-53800 | Disposable Linen-Mater | \$987.00 |
| | | | | 10-008-53900 | Disposable Medical Supplies-Mater | \$11,097.39 |
| | | | | 10-009-54000 | Drug Supplies-Dept | \$2,273.89 |
| | 3/8/2024 | 85274367 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$676.50 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|------------------------------------|--------------|----------------------|--|--------------|---|--------------------|
| | 3/18/2024 | 85283063 | MEDICAL SUPPLIES | 10-008-54200 | Durable Medical Equipment-Mater | \$870.87 |
| | 3/21/2024 | 85287390 | MEDICAL SUPPLIES | 10-009-54000 | Drug Supplies-Dept | \$4,340.10 |
| | | | | 10-008-53900 | Disposable Medical Supplies-Mater | \$6,400.38 |
| | | | | 10-008-53800 | Disposable Linen-Mater | \$1,228.92 |
| | | | | | Totals for BOUND TREE MEDICAL, LLC: | \$49,649.77 |
| BRADSHAW CONSULTING SERVICES, INC. | 3/1/2024 | 9543 | BCS BILLING | 10-015-57100 | Professional Fees-Infor | \$1,500.00 |
| | | | | | Totals for BRADSHAW CONSULTING SERVICES, INC.: | \$1,500.00 |
| BRONCOS TREE SERVICE | 3/1/2024 | BRO021524 | TREE REMOVAL STATION 20 | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$950.00 |
| | 3/1/2024 | BRO021924A | TREE REMOVAL STATION 15 | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$850.00 |
| | 3/1/2024 | BRO021624 | TREE REMOVAL STATION 14 | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$1,950.00 |
| | | | | | Totals for BRONCOS TREE SERVICE: | \$3,750.00 |
| BUCKALEW CHEVROLET | 3/1/2024 | 588263 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$60.00 |
| | 3/1/2024 | 588272 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$70.83 |
| | 3/11/2024 | 588664 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$466.60 |
| | 3/8/2024 | 587782 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$933.20 |
| | 3/13/2024 | 588456 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$3,753.20 |
| | | | | | Totals for BUCKALEW CHEVROLET: | \$5,283.83 |
| BUCKEYE INTERNATIONAL INC. | 3/11/2024 | 90568855 | STATION SUPPLIES | 10-008-57900 | Station Supplies-Mater | \$1,357.20 |
| | | | | | Totals for BUCKEYE INTERNATIONAL INC.: | \$1,357.20 |
| CAMPBELL, JAMES | 3/15/2024 | CAM*03152024 | PER DIEM - JEMS INNOVATION SUMMIT AND FI 10-000-14900 | | Prepaid Expenses-BS | \$172.50 |
| | 3/15/2024 | CAM*03152024B | PER DIEM - WAKE COUNTY EMS VISIT (04/03/20: 10-000-14900 | | Prepaid Expenses-BS | \$160.00 |
| | 3/21/2024 | CAM*03212024 | PER DIEM - INTERNATIONAL CAD CONSORTIUM 10-007-53150 | | Conferences - Fees, Travel, & Meals-EMS | \$81.00 |
| | | | | | Totals for CAMPBELL, JAMES: | \$413.50 |
| CANON FINANCIAL SERVICES, INC. | 3/1/2024 | 32086167 | SCHEDULE# 001-0735472-002 CONTRACT # DIR-1 10-015-55400 | | Leases/Contracts-Infor | \$4,228.70 |
| | 3/12/2024 | 32257679 | SCHEDULE# 001-0735472-002 CONTRACT # DIR-1 10-015-55400 | | Leases/Contracts-Infor | \$4,228.70 |
| | | | | | Totals for CANON FINANCIAL SERVICES, INC.: | \$8,457.40 |
| CARRIER CORPORATION | 3/1/2024 | 90344640 | MAINTENANCE | 10-016-55650 | Maintenance- Equipment-Facil | \$1,850.00 |
| | 3/1/2024 | 90344565 | MAINTENANCE | 10-016-55650 | Maintenance- Equipment-Facil | \$1,081.00 |
| | | | | | Totals for CARRIER CORPORATION: | \$2,931.00 |
| CDW GOVERNMENT, INC. | 3/1/2024 | PV89869 | COMPUTER MAINTENANCE | 10-015-53000 | Computer Maintenance-Infor | \$3,628.79 |
| | 3/1/2024 | PK43567 | COMPUTER MAINTENANCE | 10-015-53000 | Computer Maintenance-Infor | \$2,662.18 |
| | 3/15/2024 | QF25318 | SMALL EQUIPMENT | 10-015-57750 | Small Equipment & Furniture-Infor | \$454.95 |
| | 3/15/2024 | QF55108 | COMPUTER SUPPLIES | 10-015-53100 | Computer Supplies/Non-Cap.-Infor | \$979.96 |
| | 3/19/2024 | QG63787 | SMALL EQUIPMENT | 10-015-57750 | Small Equipment & Furniture-Infor | \$1,192.23 |
| | 3/25/2024 | QJ79679 | SMALL EQUIPMENT | 10-015-57750 | Small Equipment & Furniture-Infor | \$17,341.90 |
| | | | | | Totals for CDW GOVERNMENT, INC.: | \$26,260.01 |
| CENTERPOINT ENERGY (REL109) | 3/1/2024 | 64006986422 03.01.24 | STATION 43 01/12/24-02/13/24 | 10-016-58800 | Utilities-Facil | \$192.21 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|---------------------------------|--------------|----------------------|---|--------------|---|------------|
| | 3/1/2024 | 64015806066 03.01.24 | ROBINSON TOWER 01/26/24-02/27/24 | 10-004-58800 | Utilities-Radio | \$37.67 |
| | 3/4/2024 | 88796735 03.04.24 | STATION 20 01/30/24-02/12/24 | 10-016-58800 | Utilities-Facil | \$203.06 |
| | 3/1/2024 | 92013168 03.01.24 | STATION 30 01/26/24-02/23/24 | 10-016-58800 | Utilities-Facil | \$28.23 |
| | 3/19/2024 | 64013049610 03.19.24 | STATION 45 02/13/24-03/13/24 | 10-016-58800 | Utilities-Facil | \$28.23 |
| | 3/19/2024 | 98116148 03.19.24 | STATION 14 02/13/24-03/13/24 | 10-016-58800 | Utilities-Facil | \$38.21 |
| | 3/12/2024 | 64018941639 03.12.24 | STATION 15 02/06/24-03/06/24 | 10-016-58800 | Utilities-Facil | \$29.46 |
| | 3/12/2024 | 88820089 03.12.24 | STATION 10 02/06/24-03/06/24 | 10-016-58800 | Utilities-Facil | \$33.66 |
| | | | | | Totals for CENTERPOINT ENERGY (REL109): | \$590.73 |
| CHASE PEST CONTROL, INC. | 3/1/2024 | 54828 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$155.00 |
| | 3/1/2024 | 54444 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$175.00 |
| | 3/1/2024 | 54443 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$195.00 |
| | 3/1/2024 | 54446 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$155.00 |
| | 3/1/2024 | 54411 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$155.00 |
| | 3/1/2024 | 54575 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$200.00 |
| | 3/1/2024 | 54415 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$155.00 |
| | 3/1/2024 | 54445 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$185.00 |
| | 3/15/2024 | 56148 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$155.00 |
| | 3/15/2024 | 55893 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$155.00 |
| | 3/15/2024 | 55867 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$195.00 |
| | 3/15/2024 | 55889 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$155.00 |
| | 3/15/2024 | 55868 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$175.00 |
| | 3/15/2024 | 55901 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$185.00 |
| | 3/15/2024 | 55883 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$155.00 |
| | 3/15/2024 | 56105 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$200.00 |
| | 3/15/2024 | 54700 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$155.00 |
| | 3/15/2024 | 54702 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$155.00 |
| | 3/15/2024 | 54704 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$155.00 |
| | 3/15/2024 | 54717 | EXTERIOR SERVICE BI-MONTHLY | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$145.00 |
| | | | | | Totals for CHASE PEST CONTROL, INC.: | \$3,360.00 |
| COBURN SUPPLY COMPANY, INC. | 3/1/2024 | 506236171 | MAINTENANCE & REPAIRS | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$553.78 |
| | 3/1/2024 | 506235523 | MAINTENANCE & REPAIRS | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$27.92 |
| | 3/1/2024 | 506236497 | MAINTENANCE & REPAIRS | 10-004-55600 | Maintenance & Repairs-Buildings-Radio | \$16.83 |
| | | | | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$12.62 |
| | | | | 10-016-57700 | Shop Tools-Facil | \$90.41 |
| | 3/1/2024 | 506236429 | MAINTENANCE & REPAIRS | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$1,187.50 |
| | | | | | Totals for COBURN SUPPLY COMPANY, INC.: | \$1,889.06 |
| COLONIAL LIFE | 3/1/2024 | 33876100202036 | CONTROL NO. E3387610 PREMIUMS 02/01/2024-0: | 10-000-21590 | P/R-Premium Cancer/Accident-BS | \$3,645.64 |
| | | | | | Totals for COLONIAL LIFE: | \$3,645.64 |
| COMCAST CORPORATION (POB 60533) | 3/1/2024 | 2080546356 03.01.24 | STATION 21 0/05/24-04/04/24 | 10-015-58310 | Telephones-Service-Infor | \$75.48 |
| | | | | | Totals for COMCAST CORPORATION (POB 60533): | \$75.48 |
| CONROE TRUCK & TRAILER INC. | 3/1/2024 | 326528-00 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$665.76 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|---|--------------|----------------------|-----------------------------------|--------------|----------------------------|-------------|
| Totals for CONROE TRUCK & TRAILER INC.: | | | | | | \$665.76 |
| CONROE WELDING SUPPLY, INC. | 3/1/2024 | CT170152 | TEST UE CYLINDER | 10-008-56600 | Oxygen & Gases-Mater | \$1,180.00 |
| | 3/1/2024 | CT202465 | TEST UE CYLINDER | 10-008-56600 | Oxygen & Gases-Mater | \$460.00 |
| | 3/1/2024 | R02241074 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$37.50 |
| | 3/1/2024 | R02241075 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$3.45 |
| | 3/1/2024 | R02241077 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$3.45 |
| | 3/1/2024 | R02241078 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$6.90 |
| | 3/1/2024 | R02241080 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$6.90 |
| | 3/1/2024 | R02241081 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$6.90 |
| | 3/1/2024 | R02241083 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$6.90 |
| | 3/1/2024 | R02241085 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$10.35 |
| | 3/1/2024 | R02241086 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$6.90 |
| | 3/1/2024 | R02241087 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$10.35 |
| | 3/1/2024 | R02241088 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$3.45 |
| | 3/1/2024 | R02241089 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$3.45 |
| | 3/1/2024 | R02241091 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$10.35 |
| | 3/1/2024 | R02241094 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$6.90 |
| | 3/1/2024 | R02241095 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$57.69 |
| | 3/1/2024 | R02241099 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$128.85 |
| | 3/1/2024 | R02241627 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$72.20 |
| | 3/4/2024 | PS522896 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$134.58 |
| | 3/4/2024 | PS522897 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$85.28 |
| | 3/1/2024 | CT215709 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$124.72 |
| | 3/1/2024 | CT215465 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$136.82 |
| | 3/1/2024 | CT215182 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$286.96 |
| | 3/1/2024 | CT215370 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$66.86 |
| | 3/1/2024 | CT215104 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$115.98 |
| | 3/1/2024 | CT214424 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$123.60 |
| | 3/1/2024 | CT214369 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$94.02 |
| | 3/1/2024 | CT214060 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$219.06 |
| | 3/1/2024 | CT214172 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$94.02 |
| | 3/1/2024 | CT214161 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$319.90 |
| | 3/1/2024 | PS521125 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$65.56 |
| | 3/1/2024 | CT181397 | NITROUS OXIDE | 10-008-56600 | Oxygen & Gases-Mater | \$151.20 |
| | 3/1/2024 | CT181397 A | NITROUS OXIDE | 10-008-56600 | Oxygen & Gases-Mater | \$86.40 |
| Totals for CONROE WELDING SUPPLY, INC.: | | | | | | \$4,127.45 |
| CONSOLIDATED COMMUNICATIONS-TXU | 3/1/2024 | 00096001460 02.16.24 | ADMIN 02/16/24-03/15/24 | 10-015-58310 | Telephones-Service-Infor | \$969.05 |
| | 3/1/2024 | 93653911600 02.21.24 | ADMIN 02/21/24-03/20/24 | 10-015-58310 | Telephones-Service-Infor | \$15,899.55 |
| | 3/16/2024 | 00096001460 03.16.24 | ADMIN 03/16/24-04/15/24 | 10-015-58310 | Telephones-Service-Infor | \$969.05 |
| Totals for CONSOLIDATED COMMUNICATIONS-TXU: | | | | | | \$17,837.65 |
| CORMACK, GAVIN | 3/15/2024 | COR*03152024 | Years of service award - 10 years | 10-025-54450 | Employee Recognition-Human | \$200.00 |
| Totals for CORMACK, GAVIN: | | | | | | \$200.00 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--------------|------------------|---|--------------|---|--------------|---|----------------------------------|---|------------|---------------------------------------|--------------|-------------------------|-------------|---------------|--------------|---------------------|--------|---------------|--------------|---------------------|---------|---------------|--------------|---------------------|------------|---------------|--------------|---------------------|----------|---------------|--------------|---------------------|----------|---------------|--------------|---------------------|----------|---------------|--------------|---------------------|----------|--|--|--|
| COTTRELL, RHONDA | 3/18/2024 | COT*03182024 | PER DIEM - TAA ANNUAL CONFERENCE (04/03/210-000-14900 | | Prepaid Expenses-BS | \$132.50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Totals for COTTRELL, RHONDA: | \$132.50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CRAWFORD ELECTRIC SUPPLY COMPANY, IN | 3/25/2024 | S012676344.001 | MAINTENANCE & REPAIRS | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$600.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Totals for CRAWFORD ELECTRIC SUPPLY COMPANY, INC.: | \$600.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CRO, LLC | 3/13/2024 | SI246000079 | BOOKS/MATERIALS | 10-042-52600 | Books/Materials-EMS T | \$4,075.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Totals for CRO, LLC: | \$4,075.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CROCKER, JAMES KEVIN | 3/4/2024 | CRO*03042024 | EXPENSE - FUEL - AUTO-FLEET | 10-010-54700 | Fuel - Auto-Fleet | \$7.80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 3/15/2024 | CRO*03152024 | PER DIEM - WAKE COUNTY EMS VISIT (04/03/20210-000-14900 | Prepaid Expenses-BS | \$160.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | Totals for CROCKER, JAMES KEVIN: | \$167.80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CROWN PAPER AND CHEMICAL | 3/12/2024 | 159697 | STATION SUPPLIES | 10-008-57900 | Station Supplies-Mater | \$1,347.75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Totals for CROWN PAPER AND CHEMICAL: | \$1,347.75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CULLIGAN OF HOUSTON | 3/1/2024 | 1771332 | CI SVC CONT - LEVEL 3 03/01 TO 03/31 | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$299.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 3/1/2024 | 1762624 | CI SVC CONT - LEVEL 3 02/01 TO 02/29 | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$299.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | Totals for CULLIGAN OF HOUSTON: | \$598.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAILEY WELLS COMMUNICATION INC. | 3/1/2024 | 00076815 | RADIO REPAIR S/N 96012845 | 10-004-57200 | Radio Repairs - Outsourced (Depot)-Radio | \$118.75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 3/1/2024 | 00076865 | RADIO REPAIR S/N 96012185 | 10-004-57200 | Radio Repairs - Outsourced (Depot)-Radio | \$118.75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 3/1/2024 | 21MCHD38 | SYSTEM SUPPORT & MAINTENANCE FEB 2024 | 10-004-57100 | Professional Fees-Radio | \$11,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Totals for DAILEY WELLS COMMUNICATION INC.: | \$33,459.72 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DARDEN FOWLER & CREIGHTON | 3/1/2024 | 22230 | PROFESSIONAL SERVICES FEB 2024 | 10-001-55500 | Legal Fees-Admin | \$2,385.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 3/31/2024 | 22253 | PROFESSIONAL FEES | 10-001-55500 | Legal Fees-Admin | \$1,282.50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | Totals for DARDEN FOWLER & CREIGHTON: | \$3,667.50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DARST, THOMAS J | 3/15/2024 | DAR*03152024 | PER DIEM - IAED NAVIGATOR (04/15/2024-04/18/210-000-14900 | | Prepaid Expenses-BS | \$200.50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 3/21/2024 | DAR*03212024 | PER DIEM - INTERNATIONAL CAD CONSORTIUM0-006-53150 | | Conferences - Fees, Travel, & Meals-Alarm | \$81.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | Totals for DARST, THOMAS J: | \$281.50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEARBORN NATIONAL LIFE INS CO KNOWN A | 3/1/2024 | F021753 03.01.24 | LIFE/DISABILITY 03/01/2024-03/31/2024 | 10-025-51700 | Health & Dental-Human | \$38,517.34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Totals for DEARBORN NATIONAL LIFE INS CO KNOWN AS BCBS: | \$38,517.34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEMONTROND | 3/5/2024 | 88804 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$304.70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 3/1/2024 | 88454 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$105.49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 3/1/2024 | 88499 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$170.84 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 3/1/2024 | 88083 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$6.16 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | 3/6/2024 | 89936 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$20.35 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | 3/6/2024 | 89222 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$8,176.55 | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | 3/6/2024 | 89200 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$157.91 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3/6/2024 | 89140 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$147.13 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3/6/2024 | 89582 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$147.13 | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3/6/2024 | 89798 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$385.00 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|---|--------------|------------------|---|--------------|--|-------------|
| | 3/6/2024 | 89593 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$4,429.78 |
| | 3/6/2024 | 89701 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$75.24 |
| | 3/1/2024 | 88139 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$6.16 |
| | 3/7/2024 | 89799 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$3,568.13 |
| | 3/7/2024 | 89824 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$1,085.90 |
| | 3/7/2024 | 89949 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$74.25 |
| | 3/7/2024 | 89948 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$74.25 |
| | 3/14/2024 | 90144 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$8,622.21 |
| | | | | 10-010-54550 | Fluids & Additives - Auto-Fleet | \$65.45 |
| | 3/19/2024 | 90587 | VEHICLE PARTS | 10-010-56400 | Oil & Lubricants-Fleet | \$211.86 |
| | | | | 10-010-59050 | Vehicle-Parts-Fleet | \$297.00 |
| | 3/15/2024 | 90417 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$522.78 |
| | | | | | Totals for DEMONTROND: | \$28,654.27 |
| DETECTION & SUPPRESSION INTERNATIONAL | 3/13/2024 | 21924 | MAINTENANCE & REPAIRS | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$8,500.00 |
| | | | | | Totals for DETECTION & SUPPRESSION INTERNATIONAL, LTD: | \$8,500.00 |
| DILLARD, JAMI | 3/15/2024 | DIL*03152024 | PER DIEM - IAED NAVIGATOR (04/15/2024-04/18/2024) | 10-000-14900 | Prepaid Expenses-BS | \$200.50 |
| | | | | | Totals for DILLARD, JAMI: | \$200.50 |
| DOMETIC CORPORATION | 3/1/2024 | 61623625 | SMALL EQUIPMENT | 10-010-57750 | Small Equipment & Furniture-Fleet | \$6,397.50 |
| | | | | | Totals for DOMETIC CORPORATION: | \$6,397.50 |
| ELLIOTT ELECTRIC SUPPLY, INC | 3/1/2024 | 69-62952-01 | SHOP SUPPLIES | 10-004-57725 | Shop Supplies-Radio | \$143.86 |
| | 3/8/2024 | 69-63196-01 | SHOP SUPPLIES | 10-004-57725 | Shop Supplies-Radio | \$283.31 |
| | | | | | Totals for ELLIOTT ELECTRIC SUPPLY, INC: | \$427.17 |
| EMPLOYEES RETIREMENT SYSTEM OF TEXAS | 3/26/2024 | 9291660 03.21.24 | ANNUAL ADMIN FEE FOR TX SS PROGRAM | 10-001-54100 | Dues/Subscriptions-Admin | \$35.00 |
| | | | | | Totals for EMPLOYEES RETIREMENT SYSTEM OF TEXAS: | \$35.00 |
| ENERGY TEXAS, LLC | 3/8/2024 | 60008209665 | STATION 14 02/06/24-03/06/24 | 10-016-58800 | Utilities-Facil | \$252.56 |
| | 3/7/2024 | 450003332392 | STATION 15 02/05/24-03/05/24 | 10-016-58800 | Utilities-Facil | \$235.12 |
| | 3/5/2024 | 185007551259 | STATION 32 01/30/24-01/31/24 | 10-016-58800 | Utilities-Facil | \$490.78 |
| | 3/5/2024 | 370004029645 | ADMIN 02/01/24-03/01/24 | 10-016-58800 | Utilities-Facil | \$13,975.25 |
| | 3/18/2024 | 195007508638 | THOMPSON TOWER 02/14/24-03/14/24 | 10-004-58800 | Utilities-Radio | \$632.79 |
| | 3/15/2024 | 430003280458 | STATION 30 02/13/24-03/13/24 | 10-016-58800 | Utilities-Facil | \$707.38 |
| | 3/12/2024 | 235006798390 | STATION 20 02/08/24-03/08/24 | 10-016-58800 | Utilities-Facil | \$674.74 |
| | 3/1/2024 | 140006346863A | ROBINSON TOWER 12/28/23-01/30/24 | 10-004-58800 | Utilities-Radio | \$36.22 |
| | 3/1/2024 | 115007557911A | ROBINSON TOWER 12/28/23-01/30/24 | 10-004-58800 | Utilities-Radio | \$540.87 |
| | 3/19/2024 | 55008077534 | STATION 31 02/15/24-03/15/24 | 10-016-58800 | Utilities-Facil | \$425.93 |
| | 3/21/2024 | 20009512966 | STATION 10 02/29/24-03/19/24 | 10-016-58800 | Utilities-Facil | \$1,063.55 |
| | 3/21/2024 | 275006478193 | STATION 43 02/19/24-03/19/24 | 10-016-58800 | Utilities-Facil | \$270.23 |
| | 3/13/2024 | 110007861527 | SPLENDOR TOWER 02/09/24/03/11/24 | 10-004-58800 | Utilities-Radio | \$688.18 |
| | | | | | Totals for ENERGY TEXAS, LLC: | \$19,993.60 |
| ENTERPRISE FM TRUST dba ENTERPRISE FLEE | 3/11/2024 | FBN4981608 | MONTHLY LEASE CHARGES | 10-010-52725 | Capital Lease Expense-Fleet | \$33,208.42 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|---|---|------------------|---|--------------|---|-------------|
| Totals for ENTERPRISE FM TRUST dba ENTERPRISE FLEET MGNT EXCHANGE INC.: | | | | | | \$33,208.42 |
| EPCOR | 3/11/2024 | 0884279 03.11.24 | STATION 40 01/26/24-02/26/24 | 10-016-58800 | Utilities-Facil | \$453.99 |
| | 3/11/2024 | 0884642 03.11.24 | STATION 40 01/26/24-02/26/24 | 10-016-58800 | Utilities-Facil | \$3.83 |
| Totals for EPCOR: | | | | | | \$457.82 |
| ETHICS UNLIMITED, LLC dba VERIFY COMPLY | 3/10/2024 | VC-131858 | PORTAL PRO MONTHLY 03/10/24-04/09/24 | 10-026-57100 | Professional Fees-Recor | \$295.95 |
| | Totals for ETHICS UNLIMITED, LLC dba VERIFY COMPLY: | | | | | |
| FIGUEROA, VIOLETA | 3/19/2024 | FIG*03192024 | WELLNESS | 10-025-54350 | Employee Health\Wellness-Human | \$200.00 |
| | 3/21/2024 | FIG*03212024 | TUITION - 2024 | 10-025-58550 | Tuition Reimbursement-Human | \$1,680.00 |
| | 3/22/2024 | FIG*03222024 | PER DIEM - EMPOWER 2024 (04/22/2024-04/25/202 | 10-015-53150 | Conferences - Fees, Travel, & Meals-Infor | \$159.50 |
| Totals for FIGUEROA, VIOLETA: | | | | | | \$2,039.50 |
| FIRST SPECIALITY ENTERPRISES, LLC dba | 3/11/2024 | 3137_2690 | ALARIS REPAIR & LABOR | 10-008-57650 | Repair-Equipment-Mater | \$1,307.00 |
| | 3/1/2024 | 3137_2670 | MAINTENANCE | 10-008-55650 | Maintenance- Equipment-Mater | \$6,162.00 |
| Totals for FIRST SPECIALITY ENTERPRISES, LLC dba: | | | | | | \$7,469.00 |
| FITZGERALD, EMILY | 3/21/2024 | FIT*03212024 | EXPENSE - EMPLOYEE RECOGNITION | 10-025-54450 | Employee Recognition-Human | \$15.36 |
| | Totals for FITZGERALD, EMILY: | | | | | |
| FORD, CHRISTIAN | 3/28/2024 | FOR*03282024 | PER DIEM - JEMS INNOVATION SUMMIT AND FI | 10-001-58500 | Training/Related Expenses-CE-Admin | \$103.50 |
| | Totals for FORD, CHRISTIAN: | | | | | |
| FRAZER, LTD. | 3/4/2024 | 93951 | VEHICLE PARTS | 10-008-54200 | Durable Medical Equipment-Mater | \$60,475.00 |
| | 3/1/2024 | 93331 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$3,778.50 |
| | 3/7/2024 | 94011 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$1,599.62 |
| | 3/19/2024 | 94200 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$394.75 |
| | 3/19/2024 | 94201 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$1,847.00 |
| Totals for FRAZER, LTD.: | | | | | | \$68,094.87 |
| GILLUM, LEE | 3/8/2024 | GIL*03082024 | MILEAGE - (03/07/2024 - 03/07/2024) | 10-009-56100 | Meeting Expenses-Dept | \$72.36 |
| | 3/18/2024 | GIL*03182024 | PER DIEM - TEXAS EMS EDUCATION ASSOCIAT | 10-000-14900 | Prepaid Expenses-BS | \$198.00 |
| Totals for GILLUM, LEE: | | | | | | \$270.36 |
| GRAINGER | 3/6/2024 | 9043163881 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$136.32 |
| | | | | 10-010-57700 | Shop Tools-Fleet | \$264.66 |
| | 3/6/2024 | 9043163899 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$174.24 |
| | 3/20/2024 | 9059952995 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$888.31 |
| Totals for GRAINGER: | | | | | | \$1,463.53 |
| GRIFFINS DOOR SERVICES LLC | 3/13/2024 | 2024-016 | MAINTENANCE & REPAIRS | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$210.00 |
| | 3/13/2024 | 2024-017 | MAINTENANCE & REPAIRS | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$1,950.00 |
| | 3/13/2024 | 2024-018 | MAINTENANCE & REPAIRS | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$925.00 |
| Totals for GRIFFINS DOOR SERVICES LLC: | | | | | | \$3,085.00 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|--|--|----------------|---|---|---|------------------------|
| HAJOCA CORPORATION (MOORE SUPPLY) | 3/1/2024 | S170698313.001 | REPLACEMENT HOT WATER HEATER - STATIO | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$4,505.68 |
| | | | | Totals for HAJOCA CORPORATION (MOORE SUPPLY): | | |
| HAMMOND, MARANDA | 3/6/2024 | HAM*03062024 | MILEAGE - (03/05/2024 - 03/06/2024) | 10-007-56200 | Mileage Reimbursements-EMS | \$24.12 |
| | | | | | Totals for HAMMOND, MARANDA: | |
| HARRIS, FLOYD | 3/6/2024 | HAR*03062024 | PER DIEM - MCHD (03/10/2024-03/15/2024) | 10-010-53150 | Conferences - Fees, Travel, & Meals-Fleet | \$294.00 |
| | | | | | Totals for HARRIS, FLOYD: | |
| HENNERS-GRAINGER, SHAWN | 3/22/2024 | HEN*03222024 | PER DIEM - EMPOWER 2024 (04/22/2024-04/25/202 | 10-015-53150 | Conferences - Fees, Travel, & Meals-Infor | \$159.50 |
| | | | | | Totals for HENNERS-GRAINGER, SHAWN: | |
| HENRY SCHEIN, INC.-MATRX MEDICAL | 3/1/2024 | 74416086 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$971.60 |
| | | | | 10-009-54000 | Drug Supplies-Dept | \$2,005.57 |
| | 3/7/2024 | 77013877 | MEDICAL SUPPLIES | 10-008-54200 | Disposable Medical Supplies-Mater | \$6,690.05 |
| | | | | 10-008-54200 | Durable Medical Equipment-Mater | \$1,793.03 |
| | 3/4/2024 | 76097622 | MEDICAL SUPPLIES | 10-008-54200 | Durable Medical Equipment-Mater | \$697.80 |
| | 3/4/2024 | 75790474 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$521.00 |
| | 3/13/2024 | 77518301 | MEDICALS UPPLIES | 10-008-54200 | Durable Medical Equipment-Mater | \$1,089.96 |
| | 3/13/2024 | 77293990 | MEDICAL SUPPLIES | 10-008-54200 | Durable Medical Equipment-Mater | \$232.60 |
| | 3/11/2024 | 76882458 | MEDICAL SUPPLIES | 10-008-54200 | Durable Medical Equipment-Mater | \$697.80 |
| | 3/21/2024 | 78953637 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$6,717.80 |
| | | | | 10-009-54000 | Drug Supplies-Dept | \$2,113.27 |
| | Totals for HENRY SCHEIN, INC.-MATRX MEDICAL: | | | | | \$23,530.48 |
| | HON, CALVIN | 3/6/2024 | HON*03062024 | EXPENSE - MEETING EXPENSES | 10-015-56100 | Meeting Expenses-Infor |
| 3/21/2024 | | | | | | HON*03212024 |
| Totals for HON, CALVIN: | | | | | \$125.97 | |
| HOUSTON COMMUNITY NEWSPAPERS | 3/1/2024 | 34318649 | AD-LEGAL SERVICES | 10-001-52200 | Advertising-Admin | \$196.45 |
| | | | | | 3/1/2024 | 34318860 |
| Totals for HOUSTON COMMUNITY NEWSPAPERS: | | | | | \$615.85 | |
| IBRAHIM, SYED | 3/1/2024 | IBR*02292024 | WELLNESS | 10-025-54350 | Employee Health\Wellness-Human | \$50.00 |
| | | | | | Totals for IBRAHIM, SYED: | |
| IMPAC FLEET | 3/1/2024 | SQLCD-927065 | FUEL PURCHASE FOR FEB 2024 | 10-010-54700 | Fuel - Auto-Fleet | \$74,256.88 |
| | | | | 10-010-59100 | Vehicle-Registration-Fleet | \$60.00 |
| | | | | Totals for IMPAC FLEET: | | |
| IMPACT PROMOTIONAL SERVICES dba GOT YC | 3/4/2024 | INV82892 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$129.24 |
| | | | | 10-007-58700 | Uniforms-EMS | \$157.25 |
| | | | | 10-007-58700 | Uniforms-EMS | \$242.24 |
| | | | | 10-007-58700 | Uniforms-EMS | \$129.24 |
| | | | | 10-007-58700 | Uniforms-EMS | \$85.00 |
| | | | | 10-007-58700 | Uniforms-EMS | \$10.00 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|---|--------------|-------------------|--|--------------|--------------------------|--------------------|
| | 3/4/2024 | INV82875 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$157.25 |
| | 3/4/2024 | INV82873 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$331.46 |
| | 3/4/2024 | INV82871 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$161.48 |
| | 3/4/2024 | INV82868 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$129.24 |
| | 3/4/2024 | INV82867 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$129.24 |
| | 3/4/2024 | INV82865 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$129.24 |
| | 3/4/2024 | INV82863 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$157.25 |
| | 3/4/2024 | INV82862 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$129.24 |
| | 3/4/2024 | INV82860 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$129.24 |
| | 3/4/2024 | INV82858 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$89.24 |
| | 3/4/2024 | INV82857 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$358.65 |
| | 3/4/2024 | INV82855 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$27.19 |
| | 3/4/2024 | INV82853 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$550.95 |
| | 3/4/2024 | INV82852 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$89.24 |
| | 3/4/2024 | INV82923 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$187.49 |
| | 3/4/2024 | INV82894 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$129.24 |
| | 3/1/2024 | inv81789 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$305.72 |
| | 3/1/2024 | INV81888 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$155.98 |
| | 3/1/2024 | INV81923 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$157.23 |
| | 3/1/2024 | INV81924 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$658.69 |
| | 3/1/2024 | INV81930 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$456.13 |
| | 3/9/2024 | INV83495 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$129.24 |
| | 3/1/2024 | INV77688 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$67.99 |
| | | | Totals for IMPACT PROMOTIONAL SERVICES dba GOT YOU COVERED WORK WEAR &: | | | <u>\$5,569.59</u> |
| INDIGENT HEALTHCARE SOLUTIONS | 3/1/2024 | 77403 | PROFESSIONAL SERVICE APRIL 2024 | 10-000-14900 | Prepaid Expenses-BS | \$12,676.27 |
| | 3/4/2024 | 77466 | FEBRUARY 2024 POWER SEARCH SERVICES | 10-002-57100 | Professional Fees-HCAP | \$142.00 |
| | | | Totals for INDIGENT HEALTHCARE SOLUTIONS: | | | <u>\$12,818.27</u> |
| INTEGRATED PRESCRIPTION MANAGEMENT I | 3/1/2024 | 1175014 | SUPPLEMENTAL FEE | 10-002-55700 | Management Fees-HCAP | \$1,050.00 |
| | | | Totals for INTEGRATED PRESCRIPTION MANAGEMENT INC: | | | <u>\$1,050.00</u> |
| JEFFREY MOON & ASSOC LAND SURVEYORS | 3/1/2024 | 25803 | METES AND BOUNDS LAKE CONROE TOWER | 10-004-57100 | Professional Fees-Radio | \$600.00 |
| | | | Totals for JEFFREY MOON & ASSOC LAND SURVEYORS: | | | <u>\$600.00</u> |
| JOHN E PERSON dba JEP TELECOM LICENSING | 3/1/2024 | 2024029-MCHD | LAKE CONROE TOWER LICENSING WORK | 10-004-57100 | Professional Fees-Radio | \$37.50 |
| | | | Totals for JOHN E PERSON dba JEP TELECOM LICENSING SERVICES: | | | <u>\$37.50</u> |
| JOHN WRIGHT ASSOCIATES, INC.dba MARKET | 3/1/2024 | 55178 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$1,230.80 |
| | | | Totals for JOHN WRIGHT ASSOCIATES, INC.dba MARKETING & SERVICE ASSOCIAT: | | | <u>\$1,230.80</u> |
| JONES AND BARTLETT LEARNING, LLC | 3/4/2024 | 877965 | BOOKS/MATERIALS | 10-009-52600 | Books/Materials-Dept | \$500.00 |
| | | | Totals for JONES AND BARTLETT LEARNING, LLC: | | | <u>\$500.00</u> |
| JP MORGAN CHASE BANK | 3/5/2024 | 00036741 03.05.24 | JPM CREDIT CARD TRANSACTIONS FOR MAR 2024 | 10-001-53050 | Computer Software-Admin | \$101.25 |
| | | | | 10-001-54100 | Dues/Subscriptions-Admin | \$1,203.96 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|-------------|--------------|-------------|---------------------|--------------|---|-------------|
| | | | | 10-001-55900 | Meals - Business and Travel-Admin | \$97.40 |
| | | | | 10-001-58500 | Training/Related Expenses-CE-Admin | \$240.00 |
| | | | | 10-004-54100 | Dues/Subscriptions-Radio | \$9.99 |
| | | | | 10-004-57750 | Small Equipment & Furniture-Radio | \$469.53 |
| | | | | 10-000-14900 | Prepaid Expenses-BS | \$1,690.00 |
| | | | | 10-000-14900 | Prepaid Expenses-BS | \$2,714.02 |
| | | | | 10-006-53100 | Computer Supplies/Non-Cap.-Alarm | \$79.94 |
| | | | | 10-006-54450 | Employee Recognition-Alarm | \$119.81 |
| | | | | 10-000-14900 | Prepaid Expenses-BS | \$1,488.95 |
| | | | | 10-007-52950 | Community Education-EMS | \$95.00 |
| | | | | 10-007-53150 | Conferences - Fees, Travel, & Meals-EMS | \$1,825.00 |
| | | | | 10-007-53500 | Customer Property Damage-EMS | \$11.00 |
| | | | | 10-007-54100 | Dues/Subscriptions-EMS | \$0.99 |
| | | | | 10-007-54450 | Employee Recognition-EMS | \$52.79 |
| | | | | 10-007-58500 | Training/Related Expenses-CE-EMS | \$1,573.82 |
| | | | | 10-007-58700 | Uniforms-EMS | \$419.15 |
| | | | | 10-008-56300 | Office Supplies-Mater | \$31.98 |
| | | | | 10-008-56900 | Postage-Mater | \$1,056.84 |
| | | | | 10-008-57750 | Small Equipment & Furniture-Mater | \$47.97 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$1,988.11 |
| | | | | 10-008-58500 | Training/Related Expenses-CE-Mater | \$1,500.00 |
| | | | | 10-000-14900 | Prepaid Expenses-BS | \$290.00 |
| | | | | 10-009-52600 | Books/Materials-Dept | \$5,332.50 |
| | | | | 10-009-52700 | Business Licenses-Dept | \$384.00 |
| | | | | 10-009-53150 | Conferences - Fees, Travel, & Meals-Dept | \$625.00 |
| | | | | 10-009-54100 | Dues/Subscriptions-Dept | \$1,200.00 |
| | | | | 10-009-54450 | Employee Recognition-Dept | \$36.23 |
| | | | | 10-009-56100 | Meeting Expenses-Dept | \$76.75 |
| | | | | 10-010-53150 | Conferences - Fees, Travel, & Meals-Fleet | \$535.00 |
| | | | | 10-010-57700 | Shop Tools-Fleet | \$337.49 |
| | | | | 10-010-57725 | Shop Supplies-Fleet | \$28.59 |
| | | | | 10-010-58500 | Training/Related Expenses-CE-Fleet | \$337.00 |
| | | | | 10-010-58600 | Travel Expenses-Fleet | \$960.00 |
| | | | | 10-010-59000 | Vehicle-Outside Services-Fleet | \$14.00 |
| | | | | 10-010-59050 | Vehicle-Parts-Fleet | \$1,712.33 |
| | | | | 10-010-59100 | Vehicle-Registration-Fleet | \$47.75 |
| | | | | 10-000-14900 | Prepaid Expenses-BS | \$675.00 |
| | | | | 10-011-57100 | Professional Fees-EMS B | \$21.64 |
| | | | | 10-015-53100 | Computer Supplies/Non-Cap.-Infor | \$131.96 |
| | | | | 10-015-53150 | Conferences - Fees, Travel, & Meals-Infor | \$800.00 |
| | | | | 10-015-57650 | Repair-Equipment-Infor | \$106.08 |
| | | | | 10-015-57750 | Small Equipment & Furniture-Infor | \$1,210.11 |
| | | | | 10-015-58200 | Telephones-Cellular-Infor | \$500.00 |
| | | | | 10-015-58310 | Telephones-Service-Infor | \$11,060.32 |
| | | | | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$3,384.21 |
| | | | | 10-016-57700 | Shop Tools-Facil | \$320.93 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|--|--------------|------------------|---|--------------|--|--------------------|
| | | | | 10-016-57725 | Shop Supplies-Facil | \$586.88 |
| | | | | 10-016-57750 | Small Equipment & Furniture-Facil | \$324.32 |
| | | | | 10-016-58800 | Utilities-Facil | \$9,212.47 |
| | | | | 10-015-58310 | Telephones-Service-Infor | \$2,211.56 |
| | | | | 10-025-54350 | Employee Health\Wellness-Human | \$93.08 |
| | | | | 10-025-54450 | Employee Recognition-Human | \$49.38 |
| | | | | 10-025-57300 | Recruit/Investigate-Human | \$160.38 |
| | | | | 10-026-57100 | Professional Fees-Recor | \$135.00 |
| | | | | 10-000-14900 | Prepaid Expenses-BS | \$264.18 |
| | | | | 10-000-14900 | Prepaid Expenses-BS | \$3,802.12 |
| | | | | 10-045-53150 | Conferences - Fees, Travel, & Meals-EMS | (\$300.00) |
| | | | | 10-046-53150 | Conferences - Fees, Travel, & Meals-EMS | (\$300.00) |
| | | | | 10-046-57750 | Small Equipment & Furniture-EMS B | \$750.50 |
| | | | | | Totals for JP MORGAN CHASE BANK: | \$63,934.26 |
| KEY PERFORMANCE PETROLEUM | 3/1/2024 | 1160758-24 | SHOP SUPPLIES | 10-010-57725 | Shop Supplies-Fleet | \$850.00 |
| | | | | | Totals for KEY PERFORMANCE PETROLEUM: | \$850.00 |
| KOETTER FIRE PROTECTION OF HOUSTON, LI | 3/1/2024 | 126868 | MAINTENANCE & REPAIRS | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$3,637.32 |
| | 3/4/2024 | 126952 | MAINTENANCE & REPAIRS | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$609.00 |
| | 3/6/2024 | 126975 | MAINTENANCE & REPAIRS | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$1,345.00 |
| | | | | | Totals for KOETTER FIRE PROTECTION OF HOUSTON, LLC: | \$5,591.32 |
| KOLOR KOATED, INC. | 3/5/2024 | 16801 | UNIFORMS | 10-007-58700 | Uniforms-EMS | \$3,321.00 |
| | | | | | Totals for KOLOR KOATED, INC.: | \$3,321.00 |
| KRONBERG'S FLAGS AND FLAGPOLES | 3/1/2024 | 153951 | REPLACEMENT FLAGS FOR STATIONS | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$1,126.70 |
| | | | | | Totals for KRONBERG'S FLAGS AND FLAGPOLES: | \$1,126.70 |
| KRUSLESKI, JUSTIN | 3/7/2024 | KRU*03072024 | TUITION - 2024 | 10-025-58550 | Tuition Reimbursement-Human | \$1,963.07 |
| | | | | | Totals for KRUSLESKI, JUSTIN: | \$1,963.07 |
| LASHOMB, MICHAEL | 3/14/2024 | LAS*03142024 | MILEAGE - (03/14/2024 - 03/14/2024) | 10-007-56200 | Mileage Reimbursements-EMS | \$15.41 |
| | | | | | Totals for LASHOMB, MICHAEL: | \$15.41 |
| LEONARD V SCHNEIDER DBA LILES PARKER | 3/1/2024 | 2577 | PROFESSIONAL SERVICES FEB 2024 | 10-001-55500 | Legal Fees-Admin | \$202.50 |
| | | | | | Totals for LEONARD V SCHNEIDER DBA LILES PARKER PLLC: | \$202.50 |
| LEXISNEXIS RISK DATA MGMT, INC | 3/1/2024 | 1171610-20240229 | OFFICIAL RECORDS SEARCH 02/01/2024-02/29/20 | 10-011-57100 | Professional Fees-EMS B | \$1,181.10 |
| | | | | | Totals for LEXISNEXIS RISK DATA MGMT, INC: | \$1,181.10 |
| LIFE-ASSIST, INC. | 3/21/2024 | 1417225 | CREDIT/PO 70648 | 10-009-54000 | Drug Supplies-Dept | (\$1,990.00) |
| | 3/1/2024 | 1409924 | MEDICAL SUPPLIES | 10-009-54000 | Drug Supplies-Dept | \$9,950.00 |
| | 3/1/2024 | 1411137 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$3,825.00 |
| | 3/1/2024 | 1411012 | MEDICAL SUPPLIES | 10-009-54000 | Drug Supplies-Dept | \$2,170.40 |
| | | | | 10-008-53900 | Disposable Medical Supplies-Mater | \$8,479.65 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|---|--------------|--------------------|---|--------------|---|-------------|
| | 3/8/2024 | 1413974 | MEDICAL SUPPLIES | 10-009-54000 | Drug Supplies-Dept | \$3,985.82 |
| | 3/12/2024 | 1414849 | MEDICAL SUPPLIES | 10-009-54000 | Drug Supplies-Dept | \$70.00 |
| | 3/11/2024 | 1414452 | MEDICAL SUPPLIES | 10-009-54000 | Drug Supplies-Dept | \$492.00 |
| | 3/14/2024 | 1415693 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$4,590.00 |
| | 3/6/2024 | 1412932 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$94.00 |
| | 3/21/2024 | 1418286 | MEDICAL SUPPLIES | 10-009-54000 | Drug Supplies-Dept | \$1,863.60 |
| | | | | 10-008-53900 | Disposable Medical Supplies-Mater | \$1,546.50 |
| | 3/25/2024 | 1419033 | MEDICAL SUPPLIES | 10-009-54000 | Drug Supplies-Dept | \$1,990.00 |
| | | | | | Totals for LIFE-ASSIST, INC.: | \$37,066.97 |
| LINDGREN, LOIS | 3/15/2024 | LIN*03152024 | PER DIEM - IAED NAVIGATOR (04/15/2024-04/18/2024) | 10-000-14900 | Prepaid Expenses-BS | \$200.50 |
| | | | | | Totals for LINDGREN, LOIS: | \$200.50 |
| MARTIN, DISIERE, JEFFERSON & WISDOM, LLP | 3/1/2024 | 269861 | LEGAL FEES 01/24/24-01/29/24 | 10-001-55500 | Legal Fees-Admin | \$241.50 |
| | | | | | Totals for MARTIN, DISIERE, JEFFERSON & WISDOM, LLP: | \$241.50 |
| MARTINEZ, JUDITH | 3/11/2024 | MAR*03112024 | TUITION - 2024 | 10-025-58550 | Tuition Reimbursement-Human | \$597.60 |
| | | | | | Totals for MARTINEZ, JUDITH: | \$597.60 |
| MCCULLY, SCOTT | 3/15/2024 | MCC*03152024 | PER DIEM - IAED NAVIGATOR (04/15/2024-04/18/2024) | 10-000-14900 | Prepaid Expenses-BS | \$200.50 |
| | | | | | Totals for MCCULLY, SCOTT: | \$200.50 |
| MCKESSON GENERAL MEDICAL CORP. | 3/21/2024 | 21870795 | DRUG SUPPLIES | 10-009-54000 | Drug Supplies-Dept | \$1,236.88 |
| | | | | | Totals for MCKESSON GENERAL MEDICAL CORP.: | \$1,236.88 |
| MEDLINE INDUSTRIES, INC | 3/2/2024 | 2309617209 | MEDICAL SUPPLIES/LINEN | 10-008-53900 | Disposable Medical Supplies-Mater | \$2,583.56 |
| | | | | 10-008-53800 | Disposable Linen-Mater | \$912.75 |
| | 3/1/2024 | 2309399315 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$418.00 |
| | 3/7/2024 | 2310217875 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$240.28 |
| | 3/14/2024 | 2311077325 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$1,831.20 |
| | 3/1/2024 | 2299041108 | MEDICAL/DRUG SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$1,239.42 |
| | | | | 10-009-54000 | Drug Supplies-Dept | \$1,281.90 |
| | | | | | Totals for MEDLINE INDUSTRIES, INC.: | \$8,507.11 |
| MICRO INTEGRATION & PROGRAMMING SOLUTIONS, INC. | 3/14/2024 | 240123 | WEBEX MEETING PLUS MESSAGING CONTRACT | 10-045-53050 | Computer Software-EMS Q | \$30,030.00 |
| | | | | 10-004-55650 | Maintenance- Equipment-Radio | \$17,902.50 |
| | | | | | Totals for MICRO INTEGRATION & PROGRAMMING SOLUTIONS, INC.: | \$47,932.50 |
| MID-SOUTH SYNERGY | 3/20/2024 | 313046001 02/24/24 | STATION 45 01/24/24-02/24/24 | 10-016-58800 | Utilities-Facil | \$213.00 |
| | | | | | Totals for MID-SOUTH SYNERGY: | \$213.00 |
| MILLER TOWING & RECOVERY, LLC | 3/4/2024 | 24-10492 | VEHICLE TOWING | 10-010-59200 | Vehicle-Towing-Fleet | \$440.00 |
| | | | | | Totals for MILLER TOWING & RECOVERY, LLC: | \$440.00 |
| MISSION CRITICAL PARTNERS, LLC | 3/1/2024 | 20420 | CSCT SHELTER REPLACEMENT RFP & LAKE CO | 10-004-57100 | Professional Fees-Radio | \$3,240.08 |
| | | | | | Totals for MISSION CRITICAL PARTNERS, LLC: | \$3,240.08 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|---|--------------|---------------------|---|--------------|--|--------------|
| MONTGOMERY CENTRAL APPRAISAL DISTRICT | 3/8/2024 | HM1 03/01/2024 | SALES00000008070 QUARTERLY BILLING | 10-001-53310 | Contractual Obligations- County Appraisal- | \$108,204.00 |
| Totals for MONTGOMERY CENTRAL APPRAISAL DISTRICT: | | | | | | \$108,204.00 |
| MONTGOMERY COUNTY ESD # 1, (STN 12) | 3/8/2024 | APRIL 2024-230 | 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) | 3/8/2024 | APRIL 2024-083 | 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 | 3/8/2024 | APRIL 2024-206 | 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 | 3/8/2024 | APRIL 2024-063 | STATION 47 RENT | 10-000-14900 | Prepaid Expenses-BS | \$1,000.00 |
| | 3/8/2024 | APRIL 2024-029 | STATION 44 RENT | 10-000-14900 | Prepaid Expenses-BS | \$1,500.00 |
| Totals for MONTGOMERY COUNTY ESD #2: | | | | | | \$2,500.00 |
| MONTGOMERY COUNTY ESD #6, STN 34 & 35 | 3/8/2024 | APRIL 2024-229 | STATION 34 AND 35 RENT | 10-000-14900 | Prepaid Expenses-BS | \$1,500.00 |
| | | | | 10-000-14900 | Prepaid Expenses-BS | \$1,500.00 |
| Totals for MONTGOMERY COUNTY ESD #6, STN 34 & 35: | | | | | | \$3,000.00 |
| MONTGOMERY COUNTY ESD #8, STN 21/22 | 3/8/2024 | APRIL 2024-231 | 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 | 3/8/2024 | APRIL 2024-227 | STATION 33 RENT | 10-000-14900 | Prepaid Expenses-BS | \$1,000.00 |
| Totals for MONTGOMERY COUNTY ESD #9, STN 33: | | | | | | \$1,000.00 |
| MONTGOMERY COUNTY ESD#3 (STNT 46) | 3/8/2024 | APRIL 2024-110 | RENT STATION 46 | 10-000-14900 | Prepaid Expenses-BS | \$600.00 |
| Totals for MONTGOMERY COUNTY ESD#3 (STNT 46): | | | | | | \$600.00 |
| MOSLEY, TYLER | 3/15/2024 | MOS*03152024 | Years of service award - 5 years | 10-025-54450 | Employee Recognition-Human | \$100.00 |
| Totals for MOSLEY, TYLER: | | | | | | \$100.00 |
| MUD #39 | 3/14/2024 | 10000901 02/29/24 | STATION 20 01/30/24-02/28/24 | 10-016-58800 | Utilities-Facil | \$71.34 |
| Totals for MUD #39: | | | | | | \$71.34 |
| NAPA AUTO PARTS | 3/4/2024 | 508449 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$467.40 |
| | 3/7/2024 | 508883 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$107.98 |
| | 3/12/2024 | 509524 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$1,504.14 |
| | 3/13/2024 | 509665 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$83.96 |
| Totals for NAPA AUTO PARTS: | | | | | | \$2,163.48 |
| NATIONWIDE INSURANCE DVM INSURANCE AGENCY (PET) | 3/1/2024 | DVM031524 | VETERINARY PET INSURANCE GROUP 4620/FEB | 10-000-21590 | P/R-Premium Cancer/Accident-BS | \$2,964.56 |
| Totals for NATIONWIDE INSURANCE DVM INSURANCE AGENCY (PET): | | | | | | \$2,964.56 |
| NEW CANEY MUD | 3/8/2024 | 1042826200 02/29/24 | STATION 30 01/19/24-02/16/24 | 10-016-58800 | Utilities-Facil | \$54.58 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|---------------------------------------|--------------|----------------------|--|--------------|--|--------------|
| | | | | | Totals for NEW CANEY MUD: | \$54.58 |
| NIXON, MARGARUITE | 3/5/2024 | NIX*03052024 | WELLNESS | 10-025-54350 | Employee Health\Wellness-Human | \$25.00 |
| | 3/11/2024 | NIX*03112024 | TUITION - 2024 | 10-025-58550 | Tuition Reimbursement-Human | \$1,207.36 |
| | | | | | Totals for NIXON, MARGARUITE: | \$1,232.36 |
| ONE DIVERSIFIED, LLC | 3/1/2024 | PRIN-000040331 | DISPATCH VIDEO EQUIPMENT FOR ALARM | 10-016-57750 | Small Equipment & Furniture-Facil | \$157,242.53 |
| | | | | | Totals for ONE DIVERSIFIED, LLC: | \$157,242.53 |
| OPTIMUM COMPUTER SOLUTIONS, INC. | 3/1/2024 | INV0000115177 | DUO MFA LICENSE | 10-015-53050 | Computer Software-Infor | \$36.00 |
| | 3/5/2024 | INV0000115216 | COMPUTER SUPPLIES | 10-015-53100 | Computer Supplies/Non-Cap.-Infor | \$2,187.50 |
| | 3/1/2024 | INV0000115236 | PROGRAMMING/SERVICE LABOR | 10-015-57100 | Professional Fees-Infor | \$10,810.00 |
| | 3/3/2024 | INV0000115250 | SERVICE LABOR | 10-015-57100 | Professional Fees-Infor | \$8,855.00 |
| | 3/8/2024 | INV0000115281 | MANAGEENGINE KEY MANAGER PLUS | 10-015-53050 | Computer Software-Infor | \$1,075.00 |
| | 3/10/2024 | INV0000115298 | SERVICE LABOR | 10-015-57100 | Professional Fees-Infor | \$10,695.00 |
| | 3/1/2024 | INV0000115130 | ANNUAL SUB FEE FOR MANAGEENGINE AD AU | 10-015-53050 | Computer Software-Infor | \$940.00 |
| | | | | | Totals for OPTIMUM COMPUTER SOLUTIONS, INC.: | \$49,368.21 |
| OPTIMUM | 3/8/2024 | 327463-07-7 03/02/24 | STATION 15 03/02/24-04/01/24 | 10-016-58800 | Utilities-Facil | \$77.91 |
| | 3/8/2024 | 109949-01-3 03/01/24 | STATION 13 03/01/24-03/31/24 | 10-016-58800 | Utilities-Facil | \$60.51 |
| | 3/25/2024 | 128957-01-3 03/21/24 | ADMIN 03/21/24-04/20/24 | 10-016-58800 | Utilities-Facil | \$212.80 |
| | | | | | Totals for OPTIMUM: | \$351.22 |
| OPTIQUEST INTERNET SERVICES, INC. | 3/3/2024 | 83482 | REMOTE APPLICATION | 10-015-53050 | Computer Software-Infor | \$384.85 |
| | 3/3/2024 | 83523 | HOSTING NETWORK MONITORING SYSTEM | 10-015-53050 | Computer Software-Infor | \$29.95 |
| | 3/4/2024 | 83546 | REGISTRATION/RENEWAL - SSL CERTIFICATE | 10-015-52700 | Business Licenses-Infor | \$246.00 |
| | | | | | Totals for OPTIQUEST INTERNET SERVICES, INC.: | \$660.80 |
| PANORAMA, CITY OF | 3/7/2024 | 1020159006 02/28/24 | STATION 14 01/25/24-02/24/24 | 10-016-58800 | Utilities-Facil | \$86.76 |
| | | | | | Totals for PANORAMA, CITY OF: | \$86.76 |
| PERFORMANCE TINTERS | 3/19/2024 | 32220 | WINDOW TINT - CERAMIC | 10-010-59000 | Vehicle-Outside Services-Fleet | \$350.00 |
| | | | | | Totals for PERFORMANCE TINTERS: | \$350.00 |
| PITNEY BOWES GLOBAL FINANCIAL SVCS LL | 3/1/2024 | 3318713317 | LEASING CHARGES 12/30/23-03/29/24 | 10-008-57000 | Printing Services-Mater | \$490.71 |
| | | | | | Totals for PITNEY BOWES GLOBAL FINANCIAL SVCS LLC (TAX/LEASE): | \$490.71 |
| PITNEY BOWES INC (POB 371874)postage | 3/11/2024 | 04765611 01/29/24 | ACCT #8000-9090-0476-5611 01/29/24 | 10-008-56900 | Postage-Mater | \$1,000.00 |
| | 3/11/2024 | 04765611 02/14/24 | ACCT #8000-9090-0476-5611 02/14/24 | 10-008-56900 | Postage-Mater | \$1,015.00 |
| | | | | | Totals for PITNEY BOWES INC (POB 371874)postage: | \$2,015.00 |
| PRESTIGE INTERIORS CORPORATION | 3/1/2024 | 025241014 | RAISED ACCESS FLOOR COMPLETION IN MDF | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$11,056.00 |
| | | | | | Totals for PRESTIGE INTERIORS CORPORATION: | \$11,056.00 |
| PRIORITY DISPATCH NATIONAL ACADEMIES | 3/1/2024 | SIN343771 | ONLINE EMD RETEST - J. FARLEY | 10-006-52700 | Business Licenses-Alarm | \$30.00 |
| | 3/1/2024 | SIN342514 | ONLINE EFD RETEST - B. BENNETT | 10-006-52700 | Business Licenses-Alarm | \$30.00 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|--|--------------|--------------|---|--------------|---|-------------|
| Totals for PRIORITY DISPATCH NATIONAL ACADEMIES OF EMERGENCY DISPTACH: | | | | | | \$60.00 |
| PROFESSIONAL AMBULANCE SALES & SERVI | 3/12/2024 | INV107-1088 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$751.80 |
| Totals for PROFESSIONAL AMBULANCE SALES & SERVICE, LLC dba SERVS: | | | | | | \$751.80 |
| PS LIGHTWAVE, INC DBA PURE SPEED LIGHT | 3/11/2024 | 24115 | STATION 31 - APRIL 2024 | 10-015-58310 | Telephones-Service-Infor | \$720.00 |
| Totals for PS LIGHTWAVE, INC DBA PURE SPEED LIGHTWAVE: | | | | | | \$720.00 |
| PVW SERVICES | 3/18/2024 | 55203501 | TREE REMOVAL - STATION 41 | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$450.00 |
| Totals for PVW SERVICES: | | | | | | \$450.00 |
| RAYBURN, SHELENE | 3/25/2024 | RAY*03252024 | PER DIEM - GFOAT SPRING CONFERENCE (04/14 | 10-005-53150 | Conferences - Fees, Travel, & Meals-Accot | \$116.00 |
| Totals for RAYBURN, SHELENE: | | | | | | \$116.00 |
| REEDER DISTRIBUTORS, INC. | 3/22/2024 | 26652 | REPLACEMENT OF WI-FI CARD ON MOBILE LIF | 10-010-57650 | Repair-Equipment-Fleet | \$876.95 |
| Totals for REEDER DISTRIBUTORS, INC.: | | | | | | \$876.95 |
| RELIANT ENERGY | 3/5/2024 | 195001550534 | STATION 40 OUTDOOR LIGHTING 01/03/24-02/02/ | 10-016-58800 | Utilities-Facil | \$73.58 |
| | 3/5/2024 | 008008898644 | STATION 41 08/31/23-02/05/24 | 10-016-58800 | Utilities-Facil | \$3,010.41 |
| | 3/25/2024 | 224000365305 | MAGNOLIA TOWER 02/01/24-03/03/24 | 10-004-58800 | Utilities-Radio | \$533.52 |
| | 3/25/2024 | 122006398797 | STATION 40 02/01/24-03/03/24 | 10-016-58800 | Utilities-Facil | \$487.90 |
| | 3/25/2024 | 209000759409 | STATION 41 02/05/24-03/05/24 | 10-016-58800 | Utilities-Facil | \$479.35 |
| | 3/25/2024 | 187002317583 | STATION 27 01/31/24-02/29/24 | 10-016-58800 | Utilities-Facil | \$405.72 |
| | 3/26/2024 | 224000365304 | MAGNOLIA TOWER SECURITY 02/01/24-03/03/24 | 10-004-58800 | Utilities-Radio | \$432.40 |
| | 3/26/2024 | 223000375029 | STATION 40 OUTDOOR LIGHTING 02/02/24-03/04/ | 10-016-58800 | Utilities-Facil | \$73.58 |
| Totals for RELIANT ENERGY: | | | | | | \$5,496.46 |
| REVSPRING, INC. | 3/8/2024 | DSI1344314 | MAILING FEE/ ACCT PPMCHD01 02/01/24-02/29/2 | 10-011-57100 | Professional Fees-EMS B | \$14,465.00 |
| Totals for REVSPRING, INC.: | | | | | | \$14,465.00 |
| ROACH, MARK | 3/15/2024 | ROA*03152024 | Years of Service Award - 35 years | 10-025-54450 | Employee Recognition-Human | \$700.00 |
| Totals for ROACH, MARK: | | | | | | \$700.00 |
| RODGERS, DAVID | 3/1/2024 | ROD*02292024 | MILEAGE - (02/27/2024 - 02/27/2024) | 10-007-56200 | Mileage Reimbursements-EMS | \$12.06 |
| | 3/11/2024 | ROD*03112024 | EXPENSE - TRAINING/RELATED EXPENSES-CE | 10-009-58500 | Training/Related Expenses-CE-Dept | \$95.00 |
| Totals for RODGERS, DAVID: | | | | | | \$107.06 |
| S.A.F.E. DRUG TESTING | 3/1/2024 | 1160289 | EMPLOYEE TESTING 02/01/24-02/29/24 | 10-025-57300 | Recruit/Investigate-Human | \$2,155.00 |
| Totals for S.A.F.E. DRUG TESTING: | | | | | | \$2,155.00 |
| SCHAEFFER MANUFACTURING COMPANY | 3/7/2024 | CRJ4539-INV1 | OIL & LUBRICANTS | 10-010-56400 | Oil & Lubricants-Fleet | \$3,050.68 |
| Totals for SCHAEFFER MANUFACTURING COMPANY: | | | | | | \$3,050.68 |
| SHI GOVERNMENT SOLUTIONS, INC. | 3/1/2024 | GB00515582 | COMPUTER SOFTWARE | 10-015-53050 | Computer Software-Infor | \$4,975.20 |
| | 3/12/2024 | GB00519538 | LENOVO THINKPAD | 10-005-57750 | Small Equipment & Furniture-Accou | \$1,136.05 |
| | 3/14/2024 | GB00519666 | LENOVO ONSITE UPGRADE - EXTENDED SERVI | 10-005-57750 | Small Equipment & Furniture-Accou | \$62.70 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|-------------------------------|--------------|----------------|---|--------------|--|-------------|
| | 3/15/2024 | GB00519896 | HPE TECH CARE ESSENTIAL WITH DMR SUPPOI | 10-000-14900 | Prepaid Expenses-BS | \$1,912.00 |
| | 3/1/2024 | GB00517634 | COMPUTER SOFTWARE | 10-015-53050 | Computer Software-Infor | \$882.85 |
| | 3/21/2024 | GB00520395 | HPE TECH CARE ESSENTIAL 04/15/24-04/14/25 | 10-015-53000 | Computer Maintenance-Infor | \$7,956.00 |
| | | | | | Totals for SHI GOVERNMENT SOLUTIONS, INC.: | \$16,924.80 |
| SHRED-IT USA LLC | 3/1/2024 | 8006272343 | SERVICE DATE 02/09/24 | 10-026-56500 | Other Services-Recor | \$330.06 |
| | | | | | Totals for SHRED-IT USA LLC: | \$330.06 |
| SMARSH, INC | 3/1/2024 | INV-149877A | COMPUTER SOFTWARE | 10-015-53050 | Computer Software-Infor | \$36,047.50 |
| | | | | | Totals for SMARSH, INC: | \$36,047.50 |
| SMITH, NICOLAS | 3/7/2024 | SMI*03072024 | TUITION - 2024 | 10-025-58550 | Tuition Reimbursement-Human | \$792.00 |
| | 3/22/2024 | SMI*03222024 | PER DIEM - WAKE COUNTY EMS VISIT (04/03/20: | 10-007-56100 | Meeting Expenses-EMS | \$160.00 |
| | | | | | Totals for SMITH, NICOLAS: | \$952.00 |
| SOLARWINDS, INC | 3/8/2024 | IN631344 | COMPUTER SOFTWARE | 10-015-53050 | Computer Software-Infor | \$14,752.00 |
| | | | | | Totals for SOLARWINDS, INC: | \$14,752.00 |
| SPARKLETTS AND SIERRA SPRINGS | 3/26/2024 | 3677798 022224 | ACCT #27167323677798 | 10-008-57900 | Station Supplies-Mater | \$65.45 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$23.36 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$111.29 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$23.36 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$8.59 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$166.49 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$137.74 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$33.47 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$197.46 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$42.97 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$28.98 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$43.97 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$34.60 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$28.98 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$145.56 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$28.98 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$28.98 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$138.82 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$34.91 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$53.76 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$10.06 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$32.73 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$23.36 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$83.31 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$54.21 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$54.21 |
| | | | | 10-008-57900 | Station Supplies-Mater | \$68.32 |
| | | | | | Totals for SPARKLETTS AND SIERRA SPRINGS: | \$1,703.92 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|--------------------------------------|--|-------------------------|--|-------------------------|-------------------------|----------------|
| STANLEY LAKE M.U.D. | 3/8/2024 | 00009834 02/29/24 | STATION 43 01/31/24-02/29/24 | 10-016-58800 | Utilities-Facil | \$37.63 |
| | 3/11/2024 | 00009836 02/29/24 | STATION 43 01/31/24-02/29/24 | 10-016-58800 | Utilities-Facil | \$7.07 |
| | Totals for STANLEY LAKE M.U.D.: | | | | | \$44.70 |
| STAPLES ADVANTAGE | 3/2/2024 | 3561215234 | OFFICE SUPPLIES | 10-008-56300 | Office Supplies-Mater | \$552.98 |
| | 3/2/2024 | 3561215229 | OFFICE SUPPLIES | 10-008-56300 | Office Supplies-Mater | \$697.95 |
| | 3/2/2024 | 3561215232 | OFFICE SUPPLIES | 10-008-56300 | Office Supplies-Mater | \$63.68 |
| Totals for STAPLES ADVANTAGE: | | | | | \$1,314.61 | |
| STERICYCLE, INC | 3/28/2024 | 8006351552 | STERI-SAFE OSHA COMPLIANCE SUBSCRIPTIO | 10-008-52500 | Bio-Waste Removal-Mater | \$108.23 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$1,182.72 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.23 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.23 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$114.24 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$114.24 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$114.24 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.23 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.23 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$114.24 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.23 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.23 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$114.24 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.23 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.23 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$114.24 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.23 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.23 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$114.24 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.23 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.23 |
| | 10-008-52500 | Bio-Waste Removal-Mater | \$114.24 | | | |
| | 10-008-52500 | Bio-Waste Removal-Mater | \$114.24 | | | |
| | 3/4/2024 | 8006033534 | STERI-SAFE OSHA COMPLIANCE SUBSCRIPTIO | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$1,187.64 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | 10-008-52500 | Bio-Waste Removal-Mater | \$114.71 | |
| | | | 10-008-52500 | Bio-Waste Removal-Mater | \$114.71 | |
| | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 | |
| | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 | |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|--------------------------------------|--------------|--------------|---|--------------|---|--------------|
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$114.71 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$114.71 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$108.68 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$114.71 |
| | | | | 10-008-52500 | Bio-Waste Removal-Mater | \$114.71 |
| | | | | 10-026-56500 | Other Services-Recor | \$330.06 |
| | 3/14/2024 | 8003563360 | SERVICE DATE 02/27/23 | | Totals for STERICYCLE, INC: | \$8,424.36 |
| STRYKER SALES CORPORATION | 3/7/2024 | 9205746686 | MEDICAL EQUIPMENT | 10-008-54200 | Durable Medical Equipment-Mater | \$1,527.45 |
| | 3/1/2024 | 9205453387 | VEHICLE PARTS | 10-010-59050 | Vehicle-Parts-Fleet | \$80.75 |
| | 3/25/2024 | 9205851223 | MEDICAL EQUIPMENT | 10-008-54200 | Durable Medical Equipment-Mater | \$313.60 |
| | | | | 10-008-54200 | Durable Medical Equipment-Mater | \$12.54 |
| | | | | | Totals for STRYKER SALES CORPORATION: | \$44,241.39 |
| TARGETSOLUTIONS LEARNING (CENTRELEAI | 3/12/2024 | INV91408 | RECORDS MANAGEMENT PACKAGE 04/09/24-05 | 10-000-14900 | Prepaid Expenses-BS | \$8,216.02 |
| | | | | | Totals for TARGETSOLUTIONS LEARNING (CENTRELEARN SOLUTIONS, LLC): | \$8,216.02 |
| TAYLOR, AUSTEN | 3/11/2024 | TAY*03112024 | EXPENSE - TRAINING/RELATED EXPENSES-CE | 10-009-58500 | Training/Related Expenses-CE-Dept | \$95.00 |
| | | | | | Totals for TAYLOR, AUSTEN: | \$95.00 |
| TCDRS | 3/15/2024 | TCD031524 | TCDRS TRANSMISSION FEBRUARY 2024 | 10-000-21650 | TCDRS Defined Benefit Plan-BS | \$186,171.44 |
| | | | | 10-000-21650 | TCDRS Defined Benefit Plan-BS | \$252,661.44 |
| | | | | | Totals for TCDRS: | \$438,832.88 |
| TERRACON CONSULTANTS, INC | 3/1/2024 | TK56189 | COMPRESSIVE STRENGTH TEST | 10-004-57100 | Professional Fees-Radio | \$1,200.00 |
| | | | | | Totals for TERRACON CONSULTANTS, INC: | \$1,200.00 |
| TESSCO TECHNOLOGIES INC. | 3/1/2024 | 9400220687 | TRI-BAND ANTENNAS FOR STOCK | 10-004-57225 | Radio - Parts-Radio | \$1,819.91 |
| | | | | | Totals for TESSCO TECHNOLOGIES INC.: | \$1,819.91 |
| TEXAS DEPARTMENT OF STATE HEALTH SER | 3/22/2024 | TEX032124 | RENEW EMS PROVIDER'S LICENSE 8030-17688 | 10-007-52700 | Business Licenses-EMS | \$9,870.00 |
| | 3/27/2024 | 8040-8598 | RENEW FIRST RESPONDER'S LICENSE | 10-009-52700 | Business Licenses-Dept | \$70.00 |
| | | | | | Totals for TEXAS DEPARTMENT OF STATE HEALTH SERVICES (5425 POLK): | \$9,940.00 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|--|--------------|------------------|---|--------------|--|------------|
| TEXAS MEDICAL ASSOCIATION | 3/1/2024 | 151073 | HELMETS FOR HARD HATS | 10-007-52950 | Community Education-EMS | \$329.00 |
| | | | | | Totals for TEXAS MEDICAL ASSOCIATION: | \$329.00 |
| THE STRONG FIRM P.C. | 3/8/2024 | 32375 | ATTORNEY SERVICES 02/12/24-02/27/24 | 10-001-55500 | Legal Fees-Admin | \$2,635.89 |
| | | | | | Totals for THE STRONG FIRM P.C.: | \$2,635.89 |
| THE WOODLANDS TOWNSHIP (23/24/29) | 3/8/2024 | APRIL 2024-226 | 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 | 3/1/2024 | 3007772063 | ELEVATOR MAINTENANCE-ADMIN & EMS (03/0 | 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$1,873.32 |
| | | | | | Totals for TK ELEVATOR CORPORATION: | \$1,873.32 |
| TOMMY'S PAINT & BODY INC dba TOMMY'S W | 3/5/2024 | 7430 | VEHICLE TOWING | 10-010-59200 | Vehicle-Towing-Fleet | \$221.00 |
| | | | | | Totals for TOMMY'S PAINT & BODY INC dba TOMMY'S WRECKER: | \$221.00 |
| TRAINOR, SHAWN | 3/21/2024 | TRA*03212024 | PER DIEM - INTERNATIONAL CAD CONSORTIUM | 10-015-53150 | Conferences - Fees, Travel, & Meals-Infor | \$81.00 |
| | | | | | Totals for TRAINOR, SHAWN: | \$81.00 |
| TRANSUNION RISK & ALTERNATIVE DATASO | 3/1/2024 | 6130832-202402-1 | 02/01/24-02/29/24 | 10-002-57100 | Professional Fees-FCAP | \$330.00 |
| | | | | | Totals for TRANSUNION RISK & ALTERNATIVE DATASOLUTIONS, INC.: | \$330.00 |
| TRICOR DIRECT INC, dba SETON | 3/1/2024 | 9355605042 | OFFICE SUPPLIES | 10-008-56300 | Office Supplies-Mater | \$456.25 |
| | | | | | Totals for TRICOR DIRECT INC, dba SETON: | \$456.25 |
| TRIZETTO PROVIDER SOLUTIONS | 3/1/2024 | 121Y032400 | INTEGRATED ELIG/QUICK POSTED REMITS/ELE | 10-011-57100 | Professional Fees-EMS B | \$1,723.16 |
| | | | | | Totals for TRIZETTO PROVIDER SOLUTIONS: | \$1,723.16 |
| TRUGREEN | 3/1/2024 | 187919323 | VEGETATION CONTROL - MAGNOLIA TOWER | 10-004-55600 | Maintenance & Repairs-Buildings-Radio | \$451.22 |
| | 3/1/2024 | 187919241 | VEGETATION CONTROL - THOMPSON ROAD TO | 10-004-55600 | Maintenance & Repairs-Buildings-Radio | \$335.19 |
| | 3/1/2024 | 187919166 | VEGETATION CONTROL - SERVICE CENTER TO' | 10-004-55600 | Maintenance & Repairs-Buildings-Radio | \$335.17 |
| | 3/1/2024 | 187900508 | VEGETATION CONTROL - SPLENDORA | 10-004-55600 | Maintenance & Repairs-Buildings-Radio | \$335.23 |
| | 3/1/2024 | 187900484 | VEGETATION CONTROL - GRANGERLAND TOW | 10-004-55600 | Maintenance & Repairs-Buildings-Radio | \$335.19 |
| | 3/1/2024 | 187900476 | VEGETATION CONTROL - ROBINSON RD TOWEJ | 10-004-55600 | Maintenance & Repairs-Buildings-Radio | \$335.17 |
| | | | | | Totals for TRUGREEN: | \$2,127.17 |
| TX CHILDREN'S CENTER FOR CHILDHOOD INJ | 3/11/2024 | 324 | CHILD PASSENGER SAFETY TECHNICIAN CERT | 10-007-52950 | Community Education-EMS | \$135.00 |
| | | | | | Totals for TX CHILDREN'S CENTER FOR CHILDHOOD INJY PREVENTION: | \$135.00 |
| ULINE | 3/4/2024 | 175189204 | SHOP SUPPLIES | 10-010-57725 | Shop Supplies-Fleet | \$1,170.90 |
| | 3/1/2024 | 175019684 | SHOP SUPPLIES | 10-004-57725 | Shop Supplies-Radio | \$232.64 |
| | 3/21/2024 | 175951774 | MOBILE RACK | 10-015-57750 | Small Equipment & Furniture-Infor | \$554.54 |
| | | | | | Totals for ULINE: | \$1,958.08 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|--------------------------------------|--------------|----------------|---|--------------|--|-------------|
| VALENZUELA, BRANDON | 3/15/2024 | VAL*03152024 | Years of service award -10 years | 10-025-54450 | Employee Recognition-Human | \$200.00 |
| | | | | | Totals for VALENZUELA, BRANDON: | \$200.00 |
| VALIC COLLECTIONS | 3/1/2024 | VAL030124 | EMPLOYEE CONTRIBUTIONS FOR 03/01/24 | 10-000-21600 | Employee Deferred Comp.-BS | \$7,992.99 |
| | 3/15/2024 | VAL031524 | EMPLOYEE CONTRIBUTIONS FOR 03/15/24 | 10-000-21600 | Employee Deferred Comp.-BS | \$9,196.60 |
| | 3/29/2024 | VAL032924 | EMPLOYEE CONTRIBUTIONS FOR 03/29/24 | 10-000-21600 | Employee Deferred Comp.-BS | \$8,762.99 |
| | | | | | Totals for VALIC COLLECTIONS: | \$25,952.58 |
| VERIZON WIRELESS (POB 660108) | 3/10/2024 | 9958743280 | ACCOUNT # 920161350-00001 FEB 10 MAR 09 | 10-001-58200 | Telephones-Cellular-Admin | \$236.86 |
| | | | | 10-002-58200 | Telephones-Cellular-HCAP | \$236.86 |
| | | | | 10-004-58200 | Telephones-Cellular-Radio | \$277.08 |
| | | | | 10-005-58200 | Telephones-Cellular-Accou | \$80.44 |
| | | | | 10-006-58200 | Telephones-Cellular-Alarm | \$158.65 |
| | | | | 10-007-58200 | Telephones-Cellular-EMS | \$1,160.51 |
| | | | | 10-008-58200 | Telephones-Cellular-Mater | \$201.10 |
| | | | | 10-009-58200 | Telephones-Cellular-Dept | \$239.09 |
| | | | | 10-010-58200 | Telephones-Cellular-Fleet | \$196.64 |
| | | | | 10-011-58200 | Telephones-Cellular-EMS B | \$80.44 |
| | | | | 10-015-58200 | Telephones-Cellular-Infor | \$7,722.92 |
| | | | | 10-016-58200 | Telephones-Cellular-Facil | \$353.06 |
| | | | | 10-025-58200 | Telephones-Cellular-Human | \$120.66 |
| | | | | 10-027-58200 | Telephones-Cellular-Emerg | \$116.45 |
| | | | | 10-039-58200 | Telephones-Cellular-Commu | \$232.40 |
| | | | | 10-042-58200 | Telephones-Cellular-EMS T | \$80.44 |
| | | | | 10-045-58200 | Telephones-Cellular-EMS Q | \$198.87 |
| | | | | | Totals for VERIZON WIRELESS (POB 660108): | \$11,692.47 |
| VFIS OF TEXAS / REGNIER & ASSOCIATES | 3/12/2024 | 12111 | VFNU-CM-0002796 - POLICY UPDATES | 10-001-54900 | Insurance-Admin | \$1,527.29 |
| | | | | | Totals for VFIS OF TEXAS / REGNIER & ASSOCIATES: | \$1,527.29 |
| WARD, BRADLEY | 3/15/2024 | WAR*03152024 | Years of service award - 15 years | 10-025-54450 | Employee Recognition-Human | \$300.00 |
| | | | | | Totals for WARD, BRADLEY: | \$300.00 |
| WASTE MANAGEMENT OF TEXAS | 3/20/2024 | 5836578-1792-5 | STATION 41 03/01/24-03/31/24 | 10-016-58800 | Utilities-Facil | \$144.98 |
| | 3/20/2024 | 5836576-1792-9 | STATION 43 03/01/24-03/31/24 | 10-016-58800 | Utilities-Facil | \$144.92 |
| | 3/20/2024 | 5837151-1792-0 | STATION 27 03/01/24-03/31/24 | 10-016-58800 | Utilities-Facil | \$138.29 |
| | 3/20/2024 | 5837038-1792-9 | STATION 14 03/01/24-03/31/24 | 10-016-58800 | Utilities-Facil | \$49.77 |
| | 3/20/2024 | 5836138-1792-8 | VARIOUS STATIONS 03/01/24-03/31/24 | 10-016-58800 | Utilities-Facil | \$140.59 |
| | | | | 10-016-58800 | Utilities-Facil | \$136.48 |
| | | | | 10-016-58800 | Utilities-Facil | \$8.50 |
| | | | | 10-016-58800 | Utilities-Facil | \$179.87 |
| | | | | 10-016-58800 | Utilities-Facil | \$847.19 |
| | | | | 10-016-58800 | Utilities-Facil | \$136.48 |
| | | | | 10-016-58800 | Utilities-Facil | \$141.90 |
| | | | | 10-016-58800 | Utilities-Facil | \$137.74 |
| | | | | 10-016-58800 | Utilities-Facil | \$136.39 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|---------------------------------------|--------------------------------------|-------------------------------|--|-----------------------------|----------------------------------|-------------|
| Totals for WASTE MANAGEMENT OF TEXAS: | | | | | | \$2,343.10 |
| WELCH, SHELLY | 3/19/2024 | WEL*03192024 | PER DIEM - TAA ANNUAL CONFERENCE (04/03/2 | 10-000-14900 | Prepaid Expenses-BS | \$132.50 |
| | 3/28/2024 | WEL*03282024 | EXPENSE - EMPLOYEE RECOGNITION | 10-011-54450 | Employee Recognition-EMS B | \$74.14 |
| | Totals for WELCH, SHELLY: | | | | | \$206.64 |
| WESTWOOD N. WATER SUPPLY | 3/1/2024 | 1885 02/29/24 | STATION 27 01/18/24-02/20/24 2" FIRE METER | 10-016-58800 | Utilities-Facil | \$221.45 |
| | 3/1/2024 | 1520 02/29/24 | STATION 27 01/18/24-02/20/24 1" COMM METER | 10-016-58800 | Utilities-Facil | \$58.97 |
| | Totals for WESTWOOD N. WATER SUPPLY: | | | | | \$280.42 |
| WEX HEALTH, INC. | 3/4/2024 | HSA 03.01.24 | HSA PLAN FUNDING 03/01/24 | 10-000-21595 | P/R-Health Savings-BS-BS | \$11,498.31 |
| | 3/4/2024 | FSA 03.01.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$470.43 |
| | 3/1/2024 | FSA 02.29.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$440.26 |
| | 3/5/2024 | FSA 03.02.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$727.92 |
| | 3/5/2024 | FSA 03.04.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$255.10 |
| | 3/5/2024 | FSA 03.03.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$50.00 |
| | 3/6/2024 | FSA 03.05.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$59.99 |
| | 3/7/2024 | FSA 03.06.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$321.49 |
| | 3/11/2024 | FSA 03.08.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$1,041.93 |
| | 3/8/2024 | FSA 03.07.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$228.61 |
| | 3/12/2024 | FSA 03.11.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$353.96 |
| | 3/12/2024 | FSA 03.09.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$527.70 |
| | 3/12/2024 | FSA 03.10.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$741.46 |
| | 3/13/2024 | FSA 03.12.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$1,139.86 |
| | 3/14/2024 | FSA 03.13.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$101.71 |
| | 3/15/2024 | FSA 03.14.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$449.68 |
| | 3/18/2024 | FSA 03.15.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$777.85 |
| | 3/18/2024 | HSA 03.15.24 | HSA PLAN FUNDING 03/15/24 | 10-000-21595 | P/R-Health Savings-BS-BS | \$11,796.38 |
| | 3/19/2024 | FSA 03.18.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$382.60 |
| | 3/19/2024 | FSA 03.16.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$2,116.18 |
| | 3/19/2024 | FSA 03.17.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$395.00 |
| | 3/20/2024 | FSA 03.19.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$137.34 |
| | 3/21/2024 | FSA 03.20.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$1,228.75 |
| | 3/22/2024 | FSA 03.21.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$310.00 |
| | 3/25/2024 | FSA 03.22.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$754.42 |
| | 3/25/2024 | 0001903021-IN | FSA MONTHLY/HSA MONTHLY | 10-025-57100 | Professional Fees-Human | \$817.30 |
| | 3/26/2024 | FSA 03.23.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$60.00 |
| | 3/26/2024 | FSA 03.24.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$30.00 |
| | 3/26/2024 | FSA 03.25.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$49.28 |
| | 3/27/2024 | FSA 03.26.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$56.33 |
| 3/28/2024 | FSA 03.27.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$478.25 | |
| 3/29/2024 | FSA 03.28.24 | MEDICAL FSA 01/01/24-12/31/24 | 10-000-21585 | P/R-Flexible Spending-BS-BS | \$87.96 | |
| Totals for WEX HEALTH, INC.: | | | | | | \$37,886.05 |
| WILKINS LINEN & DUST CONTROL SERVICE | 3/7/2024 | 386377 | LAUNDRY SERVICE - FLEET | 10-010-55100 | Laundry Service & Purchase-Fleet | \$71.99 |
| | 3/21/2024 | 387874 | LINEN SERVICE - FLEET | 10-010-55100 | Laundry Service & Purchase-Fleet | \$71.99 |

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 04/23/2024 Paid Invoices

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|--------------------------|--------------|--------------|---|--------------|--|-------------|
| | 3/1/2024 | 384947 | LAUNDRY SERVICE - FLEET | 10-010-55100 | Laundry Service & Purchase-Fleet | \$77.32 |
| | | | | | Totals for WILKINS LINEN & DUST CONTROL SERVICE: | \$221.30 |
| WINZER FRANCHISE COMPANY | 3/21/2024 | 1993182 | SHOP SUPPLIES | 10-010-57725 | Shop Supplies-Fleet | \$343.36 |
| | | | | | Totals for WINZER FRANCHISE COMPANY: | \$343.36 |
| WOLEBEN, SHANNON | 3/5/2024 | WOL*03052024 | EXPENSE - DUES/SUBSCRIPTIONS | 10-005-54100 | Dues/Subscriptions-Accou | \$97.00 |
| | | | | | Totals for WOLEBEN, SHANNON: | \$97.00 |
| WOOD, RICKY E JR | 3/15/2024 | WOO*03152024 | Years of service award - 35 years | 10-025-54450 | Employee Recognition-Human | \$700.00 |
| | | | | | Totals for WOOD, RICKY E JR: | \$700.00 |
| ZOLL DATA SYSTEMS | 3/1/2024 | INV00167764 | HOSTED BILLING PRO - 3 YEAR (04/01/24-04/30/2 | 10-011-57100 | Professional Fees-EMS B | \$10,501.31 |
| | | | | | Totals for ZOLL DATA SYSTEMS: | \$10,501.31 |
| ZOLL MEDICAL CORPORATION | 3/6/2024 | 3928793 | MEDICAL EQUIPMENT | 10-008-54200 | Durable Medical Equipment-Mater | \$1,672.80 |
| | 3/1/2024 | 3878647 | MEDICAL EQUIPMENT | 10-008-54200 | Durable Medical Equipment-Mater | \$192.00 |
| | 3/9/2024 | 3931071 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$4,219.60 |
| | 3/7/2024 | 3929352 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$636.02 |
| | 3/11/2024 | 3932020 | MEDICAL EQUIPMENT | 10-008-54200 | Durable Medical Equipment-Mater | \$192.00 |
| | 3/8/2024 | 3930605 | MEDICAL EQUIPMENT | 10-008-54200 | Durable Medical Equipment-Mater | \$1,152.00 |
| | 3/15/2024 | 3935272 | REPAIR/LABOR/SHIPPING OF AED PLUS | 10-008-57650 | Repair-Equipment-Mater | \$759.00 |
| | 3/19/2024 | 3937687 | MEDICAL EQUIPMENT | 10-008-54200 | Durable Medical Equipment-Mater | \$1,616.00 |
| | 3/18/2024 | 3936138 | MEDICAL EQUIPMENT | 10-008-54200 | Durable Medical Equipment-Mater | \$1,152.00 |
| | 3/14/2024 | 3934748 | MEDICAL EQUIPMENT | 10-008-54200 | Durable Medical Equipment-Mater | \$576.00 |
| | 3/13/2024 | 3933451 | MEDICAL EQUIPMENT | 10-008-54200 | Durable Medical Equipment-Mater | \$1,982.76 |
| | 3/20/2024 | 3938127 | SERVICE CHARGE & SHIPPING | 10-008-57650 | Repair-Equipment-Mater | \$250.00 |
| | 3/1/2024 | 3774393 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$1,216.80 |
| | 3/1/2024 | 3824350 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$22,444.85 |
| | 3/21/2024 | 3939272 | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$16,759.05 |
| | 3/1/2024 | 3824350 A | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$259.20 |
| | 3/1/2024 | 3774393 A | MEDICAL SUPPLIES | 10-008-53900 | Disposable Medical Supplies-Mater | \$259.20 |
| | 3/21/2024 | 3938761 | MEDICAL EQUIPMENT | 10-008-54200 | Durable Medical Equipment-Mater | \$148.80 |
| | 3/25/2024 | 3940876 | MEDICAL EQUIPMENT | 10-008-54200 | Durable Medical Equipment-Mater | \$1,596.08 |
| | 3/25/2024 | 3941153 | REPAIR OF X-SERIES | 10-008-57650 | Repair-Equipment-Mater | \$5,358.00 |
| | | | | | Totals for ZOLL MEDICAL CORPORATION: | \$62,442.16 |

CAPITAL PURCHASES

| Vendor Name | Invoice Date | Invoice No. | Invoice Description | Account No. | Account Description | Amount |
|-------------------------------|--------------|--------------|------------------------------------|--------------|--|--------------|
| DAILEY WELLS COMMUNICATION I | 3/5/2024 | 24CC012901 | XL-200 PORTABLE RADIOS | 10-004-52754 | Capital Purchase - Equipment-Radio | \$154,656.58 |
| | | | | | Totals for DAILEY WELLS COMMUNICATION INC.: | \$154,656.58 |
| GRAYBAR | 3/18/2024 | 9336430286 | LAKE CONROE TOWER GROUNDING LOC. | 10-004-52754 | Capital Purchase - Equipment-Radio | \$3,481.50 |
| | | | | | Totals for GRAYBAR: | \$3,481.50 |
| LSE CONTRACTORS, LLC | 3/14/2024 | 11888 | INSTALL TEMP SERVICE AT LAKE CONRC | 10-004-52754 | Capital Purchase - Equipment-Radio | \$2,121.24 |
| | | | | | Totals for LSE CONTRACTORS, LLC: | \$2,121.24 |
| MUTI-SII, INC | 3/2/2024 | 121364 | LAKE CONROE TOWER | 10-004-52754 | Capital Purchase - Equipment-Radio | \$84,734.50 |
| | | | | | Totals for MUTI-SII, INC: | \$84,734.50 |
| OPTIMUM COMPUTER SOLUTIONS, I | 3/5/2024 | INV000011521 | CISCO | 10-015-52754 | Capital Purchase - Equipment-Infor | \$14,769.71 |
| | | | | | Totals for OPTIMUM COMPUTER SOLUTIONS, INC.: | \$49,368.21 |
| STRYKER SALES CORPORATION | 3/1/2024 | 9205678686 | LITHIUM-ION BATTERY (47) | 10-008-52754 | Capital Purchase - Equipment-Mater | \$42,307.05 |
| | | | | | Totals for STRYKER SALES CORPORATION: | \$42,307.05 |

Account Summary

| Account Number | Description | Net Amount |
|-----------------------|---|-------------------|
| 10-000-14100 | Patient Refunds-BS | \$24,189.27 |
| 10-000-14900 | Prepaid Expenses-BS | \$51,145.61 |
| 10-000-21585 | P/R-Flexible Spending-BS-BS | \$13,774.06 |
| 10-000-21590 | P/R-Premium Cancer/Accident-BS | \$6,610.20 |
| 10-000-21595 | P/R-Health Savings-BS-BS | \$23,294.69 |
| 10-000-21600 | Employee Deferred Comp.-BS | \$25,952.58 |
| 10-000-21650 | TCDRS Defined Benefit Plan-BS | \$438,832.88 |
| 10-001-52200 | Advertising-Admin | \$615.85 |
| 10-001-53050 | Computer Software-Admin | \$101.25 |
| 10-001-53310 | Contractual Obligations- County Appraisal-Admin | \$108,204.00 |
| 10-001-54100 | Dues/Subscriptions-Admin | \$1,238.96 |
| 10-001-54900 | Insurance-Admin | \$1,527.29 |
| 10-001-55500 | Legal Fees-Admin | \$6,747.39 |
| 10-001-55900 | Meals - Business and Travel-Admin | \$97.40 |
| 10-001-58200 | Telephones-Cellular-Admin | \$236.86 |
| 10-001-58500 | Training/Related Expenses-CE-Admin | \$343.50 |
| 10-002-55700 | Management Fees-HCAP | \$10,779.54 |
| 10-002-57100 | Professional Fees-HCAP | \$472.00 |
| 10-002-58200 | Telephones-Cellular-HCAP | \$236.86 |
| 10-004-52754 | Capital Purchase - Equipment-Radio | \$244,993.82 |
| 10-004-54100 | Dues/Subscriptions-Radio | \$9.99 |
| 10-004-55600 | Maintenance & Repairs-Buildings-Radio | \$2,144.00 |
| 10-004-55650 | Maintenance- Equipment-Radio | \$17,902.50 |
| 10-004-57100 | Professional Fees-Radio | \$16,077.58 |
| 10-004-57200 | Radio Repairs - Outsourced (Depot)-Radio | \$237.50 |
| 10-004-57225 | Radio - Parts-Radio | \$1,819.91 |
| 10-004-57725 | Shop Supplies-Radio | \$659.81 |
| 10-004-57750 | Small Equipment & Furniture-Radio | \$469.53 |
| 10-004-58200 | Telephones-Cellular-Radio | \$378.76 |
| 10-004-58800 | Utilities-Radio | \$2,901.65 |
| 10-005-53150 | Conferences - Fees, Travel, & Meals-Accou | \$116.00 |
| 10-005-54100 | Dues/Subscriptions-Accou | \$97.00 |
| 10-005-57750 | Small Equipment & Furniture-Accou | \$1,198.75 |
| 10-005-58200 | Telephones-Cellular-Accou | \$80.44 |
| 10-006-52700 | Business Licenses-Alarm | \$60.00 |
| 10-006-53100 | Computer Supplies/Non-Cap.-Alarm | \$79.94 |
| 10-006-53150 | Conferences - Fees, Travel, & Meals-Alarm | \$81.00 |
| 10-006-54450 | Employee Recognition-Alarm | \$119.81 |
| 10-006-58200 | Telephones-Cellular-Alarm | \$158.65 |
| 10-007-52700 | Business Licenses-EMS | \$9,870.00 |
| 10-007-52950 | Community Education-EMS | \$559.00 |
| 10-007-53150 | Conferences - Fees, Travel, & Meals-EMS | \$1,906.00 |
| 10-007-53500 | Customer Property Damage-EMS | \$11.00 |
| 10-007-54100 | Dues/Subscriptions-EMS | \$0.99 |
| 10-007-54450 | Employee Recognition-EMS | \$52.79 |
| 10-007-56100 | Meeting Expenses-EMS | \$160.00 |
| 10-007-56200 | Mileage Reimbursements-EMS | \$116.58 |
| 10-007-58200 | Telephones-Cellular-EMS | \$1,220.51 |
| 10-007-58500 | Training/Related Expenses-CE-EMS | \$1,573.82 |
| 10-007-58700 | Uniforms-EMS | \$9,309.74 |
| 10-008-52500 | Bio-Waste Removal-Mater | \$8,094.30 |
| 10-008-52754 | Capital Purchase - Equipment-Mater | \$42,307.05 |
| 10-008-53800 | Disposable Linen-Mater | \$4,565.63 |

Account Summary

| Account Number | Description | Net Amount |
|-----------------------|---|-------------------|
| 10-008-53900 | Disposable Medical Supplies-Mater | \$119,718.05 |
| 10-008-54200 | Durable Medical Equipment-Mater | \$77,991.09 |
| 10-008-55650 | Maintenance- Equipment-Mater | \$6,162.00 |
| 10-008-56300 | Office Supplies-Mater | \$1,802.84 |
| 10-008-56600 | Oxygen & Gases-Mater | \$4,127.45 |
| 10-008-56900 | Postage-Mater | \$3,071.84 |
| 10-008-57000 | Printing Services-Mater | \$490.71 |
| 10-008-57650 | Repair-Equipment-Mater | \$7,674.00 |
| 10-008-57750 | Small Equipment & Furniture-Mater | \$47.97 |
| 10-008-57900 | Station Supplies-Mater | \$6,396.98 |
| 10-008-58200 | Telephones-Cellular-Mater | \$201.10 |
| 10-008-58500 | Training/Related Expenses-CE-Mater | \$1,500.00 |
| 10-009-52600 | Books/Materials-Dept | \$5,832.50 |
| 10-009-52700 | Business Licenses-Dept | \$454.00 |
| 10-009-53150 | Conferences - Fees, Travel, & Meals-Dept | \$625.00 |
| 10-009-53550 | Customer Relations-Dept | \$257.02 |
| 10-009-54000 | Drug Supplies-Dept | \$36,120.19 |
| 10-009-54100 | Dues/Subscriptions-Dept | \$1,200.00 |
| 10-009-54450 | Employee Recognition-Dept | \$36.23 |
| 10-009-56100 | Meeting Expenses-Dept | \$3,617.95 |
| 10-009-58200 | Telephones-Cellular-Dept | \$239.09 |
| 10-009-58500 | Training/Related Expenses-CE-Dept | \$420.00 |
| 10-010-52725 | Capital Lease Expense-Fleet | \$33,208.42 |
| 10-010-53150 | Conferences - Fees, Travel, & Meals-Fleet | \$829.00 |
| 10-010-54550 | Fluids & Additives - Auto-Fleet | \$65.45 |
| 10-010-54700 | Fuel - Auto-Fleet | \$74,264.68 |
| 10-010-55100 | Laundry Service & Purchase-Fleet | \$221.30 |
| 10-010-55650 | Maintenance- Equipment-Fleet | \$14.00 |
| 10-010-56400 | Oil & Lubricants-Fleet | \$3,262.54 |
| 10-010-57650 | Repair-Equipment-Fleet | \$876.95 |
| 10-010-57700 | Shop Tools-Fleet | \$602.15 |
| 10-010-57725 | Shop Supplies-Fleet | \$2,392.85 |
| 10-010-57750 | Small Equipment & Furniture-Fleet | \$6,397.50 |
| 10-010-58200 | Telephones-Cellular-Fleet | \$196.64 |
| 10-010-58500 | Training/Related Expenses-CE-Fleet | \$337.00 |
| 10-010-58600 | Travel Expenses-Fleet | \$960.00 |
| 10-010-59000 | Vehicle-Outside Services-Fleet | \$364.00 |
| 10-010-59050 | Vehicle-Parts-Fleet | \$49,084.45 |
| 10-010-59100 | Vehicle-Registration-Fleet | \$107.75 |
| 10-010-59150 | Vehicle-Tires-Fleet | \$782.86 |
| 10-010-59200 | Vehicle-Towing-Fleet | \$661.00 |
| 10-011-54450 | Employee Recognition-EMS B | \$74.14 |
| 10-011-57100 | Professional Fees-EMS B | \$27,892.21 |
| 10-011-58200 | Telephones-Cellular-EMS B | \$80.44 |
| 10-015-52700 | Business Licenses-Infor | \$246.00 |
| 10-015-52754 | Capital Purchase - Equipment-Infor | \$14,769.71 |
| 10-015-53000 | Computer Maintenance-Infor | \$14,246.97 |
| 10-015-53050 | Computer Software-Infor | \$59,123.35 |
| 10-015-53100 | Computer Supplies/Non-Cap.-Infor | \$3,559.41 |
| 10-015-53150 | Conferences - Fees, Travel, & Meals-Infor | \$1,281.00 |
| 10-015-55400 | Leases/Contracts-Infor | \$8,457.40 |
| 10-015-56100 | Meeting Expenses-Infor | \$44.97 |
| 10-015-57100 | Professional Fees-Infor | \$31,860.00 |

Account Summary

| <u>Account Number</u> | <u>Description</u> | <u>Net Amount</u> |
|-----------------------|---|-------------------|
| 10-015-57650 | Repair-Equipment-Infor | \$106.08 |
| 10-015-57750 | Small Equipment & Furniture-Infor | \$20,753.73 |
| 10-015-58200 | Telephones-Cellular-Infor | \$8,843.72 |
| 10-015-58310 | Telephones-Service-Infor | \$31,905.01 |
| 10-016-53330 | Contractual Obligations- Other-Facil | \$5,176.20 |
| 10-016-55600 | Maintenance & Repairs-Buildings-Facil | \$49,662.05 |
| 10-016-55650 | Maintenance- Equipment-Facil | \$2,931.00 |
| 10-016-57700 | Shop Tools-Facil | \$411.34 |
| 10-016-57725 | Shop Supplies-Facil | \$586.88 |
| 10-016-57750 | Small Equipment & Furniture-Facil | \$157,566.85 |
| 10-016-58200 | Telephones-Cellular-Facil | \$353.06 |
| 10-016-58800 | Utilities-Facil | \$37,262.46 |
| 10-025-51700 | Health & Dental-Human | \$71,877.87 |
| 10-025-51710 | Health Insurance Claims-Human | \$679,783.07 |
| 10-025-54350 | Employee Health\Wellness-Human | \$468.08 |
| 10-025-54450 | Employee Recognition-Human | \$2,464.74 |
| 10-025-57100 | Professional Fees-Human | \$817.30 |
| 10-025-57300 | Recruit/Investigate-Human | \$2,315.38 |
| 10-025-58200 | Telephones-Cellular-Human | \$120.66 |
| 10-025-58550 | Tuition Reimbursement-Human | \$6,240.03 |
| 10-026-56500 | Other Services-Recor | \$660.12 |
| 10-026-57100 | Professional Fees-Recor | \$430.95 |
| 10-027-56100 | Meeting Expenses-Emerg | \$536.35 |
| 10-027-58200 | Telephones-Cellular-Emerg | \$116.45 |
| 10-039-58200 | Telephones-Cellular-Commu | \$232.40 |
| 10-042-52600 | Books/Materials-EMS T | \$4,075.00 |
| 10-042-58200 | Telephones-Cellular-EMS T | \$80.44 |
| 10-042-58700 | Uniforms-EMS T | \$1,499.44 |
| 10-045-53050 | Computer Software-EMS Q | \$30,030.00 |
| 10-045-53150 | Conferences - Fees, Travel, & Meals-EMS Q | (\$300.00) |
| 10-045-58200 | Telephones-Cellular-EMS Q | \$198.87 |
| 10-046-53150 | Conferences - Fees, Travel, & Meals-EMS B | (\$300.00) |
| 10-046-57750 | Small Equipment & Furniture-EMS B | \$750.50 |
| GRAND TOTAL: | | \$2,815,640.42 |

March 2024 Credit Card Transactions JP Morgan Chase Bank

| VENDOR NAME | INVOICE DATE | DESCRIPTION | AMOUNT |
|------------------------|--------------|---|-------------|
| APPLE.COM/BILL | 03/05/2024 | 70926-BPO MONTHLY CHARGE FOR APPECARE FOR M. W | \$ 14.31 |
| APPLE.COM/BILL | 03/01/2024 | 71015-BPO FOR MONTHLY APPLE STORAGE FEE FOR M. W | \$ 9.99 |
| EIG*CONSTANTCONTACT.CO | 02/16/2024 | 70488-BPO FOR FY2024 FOR EMAIL MARKETING TOOL FOR | \$ 76.95 |
| HOUSTON CHRONICLE CIRC | 02/21/2024 | 71987-BPO FOR REMAINDER OF FY2024 MONTHLY DIGITAI | \$ 15.96 |
| HOO*HOOTSUITE INC | 02/09/2024 | 71643-HOOTSUITE ANNUAL SUBSCRIPTION FOR SOCIAL M | \$ 1,188.00 |
| MCALISTER'S TX 103087 | 03/04/2024 | LUNCH WITH BOARD MEMBER AFTER FUNERAL R. JOHNSC | \$ 40.89 |
| BENTWATER YACHT AND CO | 03/04/2024 | LUNCH WITH BOARD MEMBER REGARDING RESIGNATION. | \$ 56.51 |
| UNT DSI PDX | 02/07/2024 | 71555- MANDATORY PFI TRAINING (FEBRUARY 22-23, 2024) | \$ 240.00 |
| APPLE.COM/BILL | 03/04/2024 | APPLE.COM/BILL | \$ 9.99 |
| ANIXTER/CLARK/TRI-ED | 03/01/2024 | 71759-ETHERNET SWITCHES FOR NEW AMBULANCES | \$ 469.53 |
| NATIONAL INSTITUTE OF | 02/08/2024 | H. BONHAM - NIGF FORUM: NATIONAL INSTITUTE OF GOV | \$ 925.00 |
| TEXAS MUNICIPAL LEAGUE | 02/19/2024 | S. RAYBURN - GFOAT SPRING CONFERENCE REGISTRATIC | \$ 550.00 |
| KALAHARI RESORT - TX - | 02/19/2024 | S. RAYBURN GFOAT SPRING CONFERENCE HOTEL CONFIF | \$ 215.00 |
| UNITED AIRLINES | 02/29/2024 | IAED NAVIGATOR FLIGHT T. DARST 4/16-4/20 | \$ 752.01 |
| UNITED AIRLINES | 02/29/2024 | IAED NAVIGATOR FLIGHT J. DILARD 4/16-4/20 | \$ 752.01 |
| NATIONAL ACADEMY OF EM | 02/23/2024 | IAED NAVIGATOR REGISTRATION 4/16-4/18 T. DARST J. DIL | \$ 1,210.00 |
| AMZN MKTP US*RB2RW7101 | 02/12/2024 | 71624-ULTRA SLIM FLAT TV WALL MOUNT BRACKET (ALARI | \$ 79.94 |
| CULVERS OLO CONROE 2 | 02/14/2024 | HIGH VOLUME MEAL | \$ 119.81 |
| UNITED AIRLINES | 02/29/2024 | J. CAMPBELL JEMS CONFERENCE FLIGHT 4/17 | \$ 372.45 |
| UNITED AIRLINES | 02/29/2024 | J. CAMPBELL CADS CONFERENCE FLIGHT 4/17 | \$ 164.10 |
| UNITED AIRLINES | 02/28/2024 | J. CAMPBELL WAKE COUNTY EMS VISIT 4/3-4/5 | \$ 476.20 |
| UNITED AIRLINES | 02/28/2024 | J. SEEK WAKE COUNTY EMS VISIT 4/3-4/5 | \$ 476.20 |
| SAFE KIDS WORLDWIDE | 03/04/2024 | T. FISCHER CHILD PASSENGER CERTIFICATION | \$ 95.00 |
| | | N. SMITH J. SEEK TXNAEMSP REGISTRATION 3/17-3/20 | |
| | | N. SMITH 009 | |
| SLADEK CONFERENCE SERV | 02/16/2024 | J. SEEK 007 | \$ 1,250.00 |
| SLADEK CONFERENCE SERV | 02/15/2024 | J. CAMPBEL TXNAEMSP REGISTRATION 3/17-3/20 | \$ 575.00 |
| TXDPS DRIVER LICENSE | 02/15/2024 | REPLACEMENT DL FOR RUN 24-003845 A. MORRIS | \$ 11.00 |
| APPLE.COM/BILL | 02/15/2024 | ADDITIONAL STORAGE HIPAA COMPLIANCE | \$ 0.99 |
| TIFF'S TREATS | 03/01/2024 | TIFF'S TREATS MCHD IMPACT REUNION - MATA | \$ 52.79 |
| HOLIDAY INNS | 03/04/2024 | K. CULVER ASM WEEK 1 HOTEL | \$ 707.52 |
| HOLIDAY INNS | 03/04/2024 | J. HARRIS ASM WEEK 1 HOTEL | \$ 866.30 |
| SP SOUTHWEST BOOT CO | 02/27/2024 | 71417-BOOTS FOR K. DAVENPORT | \$ 320.89 |
| AMAZON.COM*RW0MG07C0 | 02/22/2024 | 71728-ARIAT MEN'S SIERRA WORK BOOTS (FOR L. NOAL - U | \$ 98.26 |
| AMZN MKTP US*R291F2UN1 | 02/08/2024 | 71552-SANSUNTA 100 PIECES PLASTIC WIRE SHELF LABEL | \$ 31.98 |
| UPS*BILLING CENTER | 02/16/2024 | SHIPPING CHARGES | \$ 689.84 |
| USPS PO 4819750301 | 02/13/2024 | 71661-ANNUAL POST OFFICE FEE FOR BOX 478 | \$ 367.00 |
| AMZN MKTP US*RI0UF9XX2 | 02/21/2024 | 71698-ERGONOMIC DESK CHAIR MID BACK (RC TICKET #56 | \$ 47.97 |
| SAMSLUB.COM | 02/12/2024 | 71586-WAREHOUSE RESTOCKING 02-07-2024 (STATION SU | \$ 1,198.92 |
| AMZN MKTP US*RZ1PJ1F90 | 02/23/2024 | 71743-71743-AMBULANCE BIN AND OFFICE SUPPLIES REST | \$ 446.29 |
| AMZN MKTP US*RW0QB0GX2 | 02/23/2024 | 71743-AMBULANCE BIN AND OFFICE SUPPLIES RESTOCK | \$ 286.50 |
| AMAZON.COM*RB2AR4Y61 | 02/16/2024 | 71698-LIQUID HAND SOAP (STOCK FOR STATION SUPPLIES | \$ 56.40 |
| NAACINC | 03/05/2024 | 71844-2024 ONLINE MANDATORY CEU PACKAGE VOUCHER | \$ 1,500.00 |
| SLADEK CONFERENCE SERV | 02/09/2024 | TEXAS EMS EDUCATOR CONF L. GILLUM REGISTRATION 4/ | \$ 290.00 |
| NAACINC | 02/20/2024 | 71711-NAACS: CADS COURSE VOUCHERS (L. GILLUM) | \$ 5,332.50 |
| DSHS REGULATORY PROG | 02/27/2024 | N. MAXWELL 64.00 C. GOODRICH 96.00 RENEWAL | \$ 160.00 |
| DSHS REGULATORY PROG | 02/13/2024 | R. GARCIA RENEWAL | \$ 64.00 |
| DSHS REGULATORY PROG | 02/13/2024 | M. HEBERT RENEWAL | \$ 96.00 |
| DSHS REGULATORY PROG | 02/06/2024 | C. LUTTRELL EMS PERSONNEL INITIAL CERT | \$ 64.00 |
| SLADEK CONFERENCE SERV | 02/15/2024 | C. PATRICK TXNAEMSP REGISTRATION 3/17-3/20 | \$ 625.00 |
| BUTTERFLY NETWORK | 02/26/2024 | ANNUAL RENEWAL | \$ 1,200.00 |
| KROGER #0136 | 03/01/2024 | SAVE REUNION DRINKS | \$ 36.23 |
| CHIPOTLE ONLINE | 02/23/2024 | EDUCATION SUPERVISOR INTERVIEWS | \$ 76.75 |

March 2024 Credit Card Transactions JP Morgan Chase Bank

| VENDOR NAME | INVOICE DATE | DESCRIPTION | AMOUNT |
|------------------------|--------------|--|-------------|
| PY *TAEVT | 03/05/2024 | EVT CONFERENCE FOR FLOYD HARRIS | \$ 500.00 |
| PY *TAEVT | 03/05/2024 | EVT MEMBERSHIP FOR FLOYD HARRIS | \$ 35.00 |
| AMZN MKTP US*RW5L44CW0 | 02/19/2024 | 71692-MILWAUKEE RATCHET COMBO KIT (F. HARRIS TOOL | \$ 289.00 |
| AMZN MKTP US*RB6ZR6280 | 02/08/2024 | 71553-8 PCS PNEUMATIC FAN CLUTCH WRENCH SET (M. C. | \$ 48.49 |
| AMZN MKTP US*RI3YK2FS0 | 02/12/2024 | 71641- CHAIR LEG TIPS (FOR STEP STOOLS) | \$ 28.59 |
| EVT CERTIFICATION | 03/05/2024 | EVT TEST FEE FOR F HARRIS | \$ 135.00 |
| ASE TEST FEES | 02/29/2024 | ASE RECERT OF H. TUTT | \$ 202.00 |
| HCTRA EZ TAG REBILL | 03/04/2024 | AUTO CHARGE - MARCH | \$ 480.00 |
| HCTRA EZ TAG REBILL | 02/07/2024 | AUTO CHARGE - FEBRUARY | \$ 480.00 |
| OCEAN EXPRESS CAR WASH | 02/20/2024 | TAHOE CARWASH | \$ 14.00 |
| THE HOME DEPOT #0508 | 02/23/2024 | THE HOME DEPOT #0508 | \$ 95.84 |
| AMAZON.COM*RN1PL3J20 | 03/04/2024 | 71831-PUSH BUTTON SWITCH ON/OFF CIRCUIT FUNCTION | \$ 1,002.60 |
| AMZN MKTP US*RB6DN67D1 | 02/15/2024 | 71641-WEATHER GUARD SCREEN BULKHEAD (FOR NEW R. | \$ 574.00 |
| AMZN MKTP US*RI4ZA4342 | 02/14/2024 | 71657-NAOVO 4" LED POD LIGHTS, 4/PACK (FLOOD LIGHTS | \$ 29.90 |
| AMZN MKTP US*RI6L45OA2 | 02/13/2024 | 71605-20 PACK CR2450 3V LITHIUM COIN BATTERY (FOR KE | \$ 9.99 |
| MONTGOMERY VEHREG | 02/26/2024 | REGISTRATION OF SHOPS 10, 23, 43 AND 67. | \$ 30.75 |
| TX.GOV*SERVICEFEE-DIR | 02/23/2024 | REGISTRATION OF SHOPS 10, 23, 43 AND 67. | \$ 8.00 |
| MONTGOMERY CO TX MV CN | 02/21/2024 | REGISTRATION OF SHOP 33. | \$ 7.50 |
| MONTGOMERY CO SVC FEE | 02/21/2024 | REGISTRATION OF SHOP 33. | \$ 1.50 |
| TEXAS AMBULANCE ASSOC. | 02/09/2024 | R. COTTRELL - TEXAS AMBULANCE ASSOCIATION 2024 CO | \$ 425.00 |
| TEXAS AMBULANCE ASSOC. | 02/09/2024 | S. WELCH - TEXAS AMBULANCE ASSOCIATION 2024 CONFE | \$ 250.00 |
| GOOGLE *CLOUD 5LZ7FG | 03/04/2024 | GOOGLE MAPS API MILEAGE VERIFICATION | \$ 21.64 |
| AMAZON.COM*RB12F9W11 | 02/16/2024 | 71544-LOGITECH TRIATHLON MULTI-DEVICE WIRELESS MC | \$ 131.96 |
| WPY*INTERNATIONAL CAD | 02/16/2024 | C. HON AND S. TRAINOR - INTERNATIONAL CAD CONSORTI | \$ 800.00 |
| APPLE.COM/US | 02/26/2024 | 71700-REPAIR OF APPLE IPAD MEDIC 31 | \$ 53.04 |
| APPLE.COM/US | 02/13/2024 | 71485-REPAIR OF APPLE IPAD | \$ 53.04 |
| AMZN MKTP US*RZ1814GP2 | 03/01/2024 | 71623-IT SUPPLIES RESTOCK (AUDIO ADAPTERS, VIDEO W | \$ 289.91 |
| AMZN MKTP US*RW5475GC2 | 02/23/2024 | 71744-DISPLAY PORT EMULATOR, USB C CHARGER, AND L | \$ 456.27 |
| AMZN MKTP US*RW8G472M0 | 02/21/2024 | 71729-HD HOMERUN TV TUNER | \$ 199.99 |
| AMZN MKTP US*RB1PM7YN1 | 02/16/2024 | 71668-MOBILE STAND PRINTER (FOR CANON PRINTER IN F | \$ 243.95 |
| AMZN MKTP US*RB68E9SU0 | 02/08/2024 | 71554-BLUETOOTH HEADPHONES OVER EAR (REQUESTED | \$ 19.99 |
| STARLINK INTERNET | 02/16/2024 | 71032-BPO FOR MONTHLY INTERNET SUBSCRIPTION | \$ 500.00 |
| COMCAST BUSINESS | 03/04/2024 | INVOICE #192465298 - DUPLICATE | \$ 3,318.60 |
| COMCAST BUSINESS | 03/04/2024 | INVOICE #193997527 - DUPLICATE PAYMENT | \$ 2,211.56 |
| COMCAST BUSINESS | 03/04/2024 | INVOICE #193997527 | \$ 2,211.56 |
| COMCAST BUSINESS | 02/19/2024 | INVOICE #192465298 | \$ 3,318.60 |
| LOWES #00232* | 02/29/2024 | LOWES #00232* | \$ 25.36 |
| THE HOME DEPOT #0508 | 02/29/2024 | THE HOME DEPOT #0508 | \$ 72.59 |
| THE HOME DEPOT #0508 | 02/28/2024 | THE HOME DEPOT #0508 | \$ 31.21 |
| THE HOME DEPOT #0508 | 02/28/2024 | THE HOME DEPOT #0508 | \$ 148.45 |
| THE HOME DEPOT #0508 | 02/26/2024 | THE HOME DEPOT #0508 | \$ 299.45 |
| THE HOME DEPOT #0508 | 02/26/2024 | THE HOME DEPOT #0508 | \$ 33.27 |
| THE HOME DEPOT #0508 | 02/23/2024 | THE HOME DEPOT #0508 | \$ 229.18 |
| THE HOME DEPOT #0508 | 02/19/2024 | THE HOME DEPOT #0508 | \$ 17.25 |
| THE HOME DEPOT #6819 | 02/19/2024 | THE HOME DEPOT #6819 | \$ 188.96 |
| THE HOME DEPOT #0508 | 02/16/2024 | THE HOME DEPOT #0508 | \$ 47.52 |
| THE HOME DEPOT #0508 | 02/15/2024 | THE HOME DEPOT #0508 | \$ 48.97 |
| THE HOME DEPOT #0508 | 02/14/2024 | THE HOME DEPOT #0508 | \$ 38.58 |
| SQ *ALLEN'S SAFE & LOC | 02/13/2024 | SQ *ALLEN'S SAFE & LOC | \$ 41.75 |
| THE HOME DEPOT #6523 | 02/12/2024 | THE HOME DEPOT #6523 | \$ 110.90 |
| THE HOME DEPOT #6523 | 02/09/2024 | THE HOME DEPOT #6523 | \$ 58.31 |
| THE HOME DEPOT #6523 | 02/09/2024 | THE HOME DEPOT #6523 | \$ 78.30 |
| LOWES #00232* | 02/06/2024 | LOWES #00232* | \$ 127.27 |

March 2024 Credit Card Transactions
JP Morgan Chase Bank

| VENDOR NAME | INVOICE DATE | DESCRIPTION | AMOUNT |
|------------------------|--------------|--|-------------|
| GRAINGER | 02/06/2024 | GRAINGER | \$ 104.14 |
| THE HOME DEPOT #0508 | 02/15/2024 | THE HOME DEPOT #0508 | \$ 478.00 |
| MCCOYS #113 | 02/09/2024 | MCCOYS #113 | \$ 35.98 |
| MCCOYS #113 | 02/09/2024 | MCCOYS #113 | \$ 89.97 |
| CMC CONST SRVCS #55 | 02/06/2024 | CMC CONST SRVCS #55 | \$ 70.00 |
| LOWES #00907* | 02/12/2024 | 71469-DISHWASHER REPLACEMENT FOR STATION 41 | \$ 329.00 |
| AMZN MKTP US*RB6IJ12X0 | 02/08/2024 | 71564-HONEYWELL PRESSURE SWITCH FOR BOILER | \$ 230.00 |
| AMAZON.COM*RB6LR01O2 | 02/08/2024 | 71565-GE XWFE REFRIGERATOR WATER FILTER (FACILITIE | \$ 449.80 |
| LOWES #01052* | 02/16/2024 | LOWES #01052* | \$ 47.03 |
| LOWES #00232* | 02/12/2024 | LOWES #00232* | \$ 83.92 |
| TRACTOR-SUPPLY-CO #040 | 02/08/2024 | TRACTOR-SUPPLY-CO #040 | \$ 189.98 |
| THE HOME DEPOT #0508 | 03/04/2024 | THE HOME DEPOT #0508 | \$ 212.48 |
| THE HOME DEPOT #0508 | 02/16/2024 | THE HOME DEPOT #0508 | \$ 68.84 |
| LOWES #00232* | 02/14/2024 | LOWES #00232* | \$ 64.92 |
| AMZN MKTP US*R28070981 | 02/08/2024 | 71464-SHIELDED CABLE FOR FACILITIES STOCK | \$ 240.64 |
| LOWES #00907* | 02/07/2024 | 71470-2ND MICROWAVE FOR BREAKROOM 120.1 (PANASOI | \$ 324.32 |
| SPI*DIRECT SERVICE | 03/05/2024 | STATION 27 DIRECT TV | \$ 197.98 |
| CITY OF CONROE UTILITY | 03/04/2024 | STATION 10 | \$ 122.51 |
| MUNICIPAL ONLINE PAYME | 03/04/2024 | ADMIN - FEE | \$ 0.85 |
| MUNICIPAL ONLINE PAYME | 03/04/2024 | STATION 10 - FEE | \$ 0.85 |
| CITY OF CONROE UTILITY | 03/04/2024 | STATION 15 | \$ 116.58 |
| CITY OF CONROE UTILITY | 03/04/2024 | ADMIN | \$ 1,357.05 |
| MUNICIPAL ONLINE PAYME | 03/04/2024 | STATION 15 - FEE | \$ 0.85 |
| DTV*DIRECTV SERVICE | 02/28/2024 | ADMIN | \$ 1,595.89 |
| CONSOLIDATED COMM. | 02/27/2024 | ADMIN | \$ 1,805.56 |
| ATT*BILL PAYMENT | 02/22/2024 | ADMIN | \$ 1,868.08 |
| ATT*BILL PAYMENT | 02/19/2024 | STATION 40 - PAST DUE | \$ 407.07 |
| ATT*BILL PAYMENT | 02/19/2024 | STATION 40 | \$ 1,320.07 |
| ATT*BILL PAYMENT | 02/19/2024 | STATION 4 - PAST DUE | \$ 300.00 |
| UNIVERSAL NAT GAS PYMT | 02/19/2024 | STATION 27 | \$ 119.13 |
| COMCAST BUSINESS | 02/26/2024 | INVOICE #193997527 | \$ 2,211.56 |
| *PERKSATWORK*FTD | 02/19/2024 | 71715-NEW BIRTH FLOWERS , VIVIANA HERRERA & ZACH T | \$ 93.08 |
| AMZN MKTP US*RB1HB0FR1 | 02/09/2024 | 71595-HAPPY BIRTHDAY CARDS W/ ENVELOPES 4" X 6" (FC | \$ 49.38 |
| JASON'S DELI CTX 189 | 02/26/2024 | FIRST TRIAD MEETING WHICH WAS RIGHT AFTER THE RM1 | \$ 97.78 |
| FACEBK 5FPTKXB242 | 03/01/2024 | JPM-FACEBOOK (META) BOOST FOR MAKE READY TECHNI | \$ 62.60 |
| REV.COM | 03/05/2024 | TRANSCRIPTION | \$ 16.50 |
| REV.COM | 02/29/2024 | TRANSCRIPTION | \$ 66.00 |
| REV.COM | 02/12/2024 | TRANSCRIPTION | \$ 52.50 |
| IFEA | 02/29/2024 | 2024 IFEA NEW MEMBERSHIP APPLICATION - MASS GATHE | \$ 264.18 |
| UNITED AIRLINES | 02/28/2024 | IAED NAVIGATOR FLIGHT L. LINDGREN | \$ 35.00 |
| UNITED AIRLINES | 02/28/2024 | K. CROCKER WAKE COUNTY FLIGHT 4/3-4/5 | \$ 476.20 |
| UNITED AIRLINES | 02/28/2024 | N. SMITH WAKE COUNTY EMS VISIT 4/3-4/5 | \$ 476.20 |
| UNITED AIRLINES | 02/28/2024 | IAED NAVIGATOR FLIGHT S. MCCULLY | \$ 35.00 |
| UNITED AIRLINES | 02/28/2024 | IAED NAVIGATOR FLIGHT L. LINDGREN 4/16-4/20 | \$ 749.86 |
| UNITED AIRLINES | 02/28/2024 | IAED NAVIGATOR FLIGHT L. LINDGREN | \$ 35.00 |
| UNITED AIRLINES | 02/28/2024 | IAED NAVIGATOR FLIGHT S. MCCULLY | \$ 35.00 |
| UNITED AIRLINES | 02/28/2024 | IAED NAVIGATOR FLIGHT S. MCCULLY 4/16-4/20 | \$ 749.86 |
| NATIONAL ACADEMY OF EM | 02/23/2024 | IAED NAVIGATOR REGISTRATION 4/16-4/18 L. LINDGREN S. | \$ 1,210.00 |
| WPY*STRAC | 02/16/2024 | WHOLE BLOOD CONFERENCE EVENT CANCELED | \$ (300.00) |
| WPY*STRAC | 02/16/2024 | WHOLE BLOOD CONFERENCE EVENT CANCELED | \$ (300.00) |
| HOMEDEPOT.COM | 02/26/2024 | 71769-6 GALLON PORTABLE ELECTRIC PANCAKE AIR COMI | \$ 129.00 |
| AMZN MKTP US*RZ1FX4P80 | 02/26/2024 | 71768-BICYCLE GRIPS AND BICYCLE SADDLES FOR BIKE T | \$ 621.50 |
| TEXAS HEALTH INSTITUTE | 02/26/2024 | J. SANCHEZ - 2024 DISEASE IN NATURE CONFERENCE REC | \$ 395.00 |

March 2024 Credit Card Transactions
JP Morgan Chase Bank

| VENDOR NAME | INVOICE DATE | DESCRIPTION | AMOUNT |
|------------------------|---------------------|---|---------------------|
| AMZN MKTP US*RB1FY4L11 | 02/12/2024 | 71592-MID-CENTURY MODERN LOVESEAT FAUX LEATHER : | \$ 363.50 |
| AMZN MKTP US*RB9S30UA0 | 02/09/2024 | 71592-TWO HON WAVE MESH BIG AND TALL EXECUTIVE CI | \$ 990.86 |
| | | TOTAL | <u>\$ 65,683.62</u> |

Montgomery County Hospital District
Bank Register - Operating Acct-WF
Patient Refunds - One Time Checks (03/01/2024 - 03/31/2024)

| Payment number | Payment type | Invoice date | Invoice number | Vendor name | Invoice amount | Cleared? | Post date |
|----------------|----------------|--------------|----------------|---------------------------------------|----------------|----------|-----------|
| 118353 | Computer Check | 3/18/2024 | 18-17164 | UNITED HEALTHCARE (POB 101760) | \$272.99 | TRUE | 3/18/2024 |
| 118352 | Computer Check | 3/18/2024 | 18-6006 | UNITED HEALTHCARE (POB 101760) | \$300.43 | TRUE | 3/18/2024 |
| 118320 | Computer Check | 3/11/2024 | 19-34906 | PATIENT REFUND | \$50.00 | TRUE | 3/11/2024 |
| 118306 | Computer Check | 3/11/2024 | 21-42739 | PATIENT REFUND | \$186.46 | FALSE | 3/11/2024 |
| 118393 | Computer Check | 3/26/2024 | 22-38705 | PATIENT REFUND | \$19.75 | FALSE | 3/26/2024 |
| 118355 | Computer Check | 3/18/2024 | 22-41435 | WELLPOINT | \$212.07 | TRUE | 3/18/2024 |
| 118295 | Computer Check | 3/11/2024 | 22-48505 | CIGNA HEALTHSPRING (POB 20002) | \$304.96 | FALSE | 3/11/2024 |
| 118314 | Computer Check | 3/11/2024 | 23-10130 | PATIENT REFUND | \$642.83 | TRUE | 3/11/2024 |
| 118249 | Computer Check | 3/4/2024 | 23-13221 | BCBS | \$89.21 | TRUE | 3/4/2024 |
| 118290 | Computer Check | 3/11/2024 | 23-14578 | BCBS OF TEXAS | \$921.76 | TRUE | 3/11/2024 |
| 118250 | Computer Check | 3/4/2024 | 23-14801 | BCBS OF TEXAS (POB 120695) | \$88.17 | TRUE | 3/4/2024 |
| 118307 | Computer Check | 3/11/2024 | 23-1758 | PATIENT REFUND | \$744.37 | TRUE | 3/11/2024 |
| 118343 | Computer Check | 3/18/2024 | 23-17582 | PATIENT REFUND | \$885.15 | TRUE | 3/18/2024 |
| 118388 | Computer Check | 3/26/2024 | 23-19607 | BCBS OF TEXAS | \$927.14 | TRUE | 3/26/2024 |
| 118294 | Computer Check | 3/11/2024 | 23-20295 | CIGNA HEALTHSPRING (POB 20002) | \$330.44 | FALSE | 3/11/2024 |
| 118334 | Computer Check | 3/18/2024 | 23-20526 | PATIENT REFUND | \$50.00 | TRUE | 3/18/2024 |
| 118348 | Computer Check | 3/18/2024 | 23-20996 | PATIENT REFUND | \$872.60 | TRUE | 3/18/2024 |
| 118263 | Computer Check | 3/4/2024 | 23-22283 | THE RAWLINGS COMPANY LLC (POB 589) | \$400.94 | FALSE | 3/4/2024 |
| 118296 | Computer Check | 3/11/2024 | 23-22452 | CIGNA HEALTHSPRING (POB 20002) | \$321.05 | FALSE | 3/11/2024 |
| 118252 | Computer Check | 3/4/2024 | 23-23577 | COMMUNITY HEALTH CHOICE (POB 4626) | \$1,035.07 | TRUE | 3/4/2024 |
| 118247 | Computer Check | 3/4/2024 | 23-24516 | AMBETTER FROM SUPERIOR HEALTHPLAN | \$601.12 | TRUE | 3/4/2024 |
| 118330 | Computer Check | 3/18/2024 | 23-24970 | PATIENT REFUND | \$45.65 | FALSE | 3/18/2024 |
| 118316 | Computer Check | 3/11/2024 | 23-25105 | PATIENT REFUND | \$232.29 | FALSE | 3/11/2024 |
| 118341 | Computer Check | 3/18/2024 | 23-25955 | PATIENT REFUND | \$38.00 | TRUE | 3/18/2024 |
| 118251 | Computer Check | 3/4/2024 | 23-29866 | BCBS OF TEXAS (POB 120695) | \$101.58 | TRUE | 3/4/2024 |
| 118299 | Computer Check | 3/11/2024 | 23-32557 | PATIENT REFUND | \$31.32 | FALSE | 3/11/2024 |
| 118327 | Computer Check | 3/18/2024 | 23-32570 | PATIENT REFUND | \$386.23 | FALSE | 3/18/2024 |
| 118262 | Computer Check | 3/4/2024 | 23-34617 | THE RAWLINGS COMPANY LLC (POB 589) | \$409.83 | FALSE | 3/4/2024 |
| 118329 | Computer Check | 3/18/2024 | 23-34942 | BCBS OF TEXAS | \$495.80 | TRUE | 3/18/2024 |
| 118302 | Computer Check | 3/11/2024 | 23-35056 | PATIENT REFUND | \$259.56 | FALSE | 3/11/2024 |
| 118331 | Computer Check | 3/18/2024 | 23-35154 | PATIENT REFUND | \$170.59 | FALSE | 3/18/2024 |
| 118344 | Computer Check | 3/18/2024 | 23-36109 | MEMORIAL HERMANN HEALTH PLAN | \$274.93 | TRUE | 3/18/2024 |
| 118338 | Computer Check | 3/18/2024 | 23-36224 | HUMANA HEALTH CARE PLANS (POB 931655) | \$222.95 | TRUE | 3/18/2024 |
| 118308 | Computer Check | 3/11/2024 | 23-36583 | PATIENT REFUND | \$197.91 | TRUE | 3/11/2024 |
| 118326 | Computer Check | 3/18/2024 | 23-38195 | AMBETTER FROM SUPERIOR HEALTHPLAN | \$578.27 | TRUE | 3/18/2024 |
| 118397 | Computer Check | 3/26/2024 | 23-38490 | PATIENT REFUND | \$32.50 | FALSE | 3/26/2024 |
| 118405 | Computer Check | 3/26/2024 | 23-38680 | PATIENT REFUND | \$250.00 | FALSE | 3/26/2024 |
| 118267 | Computer Check | 3/4/2024 | 23-39846 | WELLMEDICAL MANAGEMENT | \$553.23 | TRUE | 3/4/2024 |
| 118325 | Computer Check | 3/18/2024 | 23-41268 | AETNA MEDICARE | \$641.22 | FALSE | 3/18/2024 |
| 118347 | Computer Check | 3/18/2024 | 23-41435 | PROGRESSIVE | \$495.73 | TRUE | 3/18/2024 |
| 118403 | Computer Check | 3/26/2024 | 23-41722 | PATIENT REFUND | \$50.00 | TRUE | 3/26/2024 |
| 118392 | Computer Check | 3/26/2024 | 23-42853 | CIGNA HEALTHSPRING (POB 20002) | \$487.85 | FALSE | 3/26/2024 |
| 118322 | Computer Check | 3/11/2024 | 23-42927 | UNITED HEALTHCARE (POB 101760) | \$688.50 | TRUE | 3/11/2024 |
| 118303 | Computer Check | 3/11/2024 | 23-43806 | PATIENT REFUND | \$225.00 | TRUE | 3/11/2024 |
| 118333 | Computer Check | 3/18/2024 | 23-43958 | COMMUNITY HEALTH CHOICE | \$290.05 | TRUE | 3/18/2024 |
| 118319 | Computer Check | 3/11/2024 | 23-45487 | PATIENT REFUND | \$270.00 | TRUE | 3/11/2024 |
| 118288 | Computer Check | 3/11/2024 | 23-45915 | PATIENT REFUND | \$10.80 | TRUE | 3/11/2024 |
| 118308 | Computer Check | 3/11/2024 | 23-46280 | PATIENT REFUND | \$87.68 | TRUE | 3/11/2024 |
| 118286 | Computer Check | 3/11/2024 | 23-46792 | ANDRUS COMPANY | \$33.50 | TRUE | 3/11/2024 |
| 118399 | Computer Check | 3/26/2024 | 23-47793 A | PATIENT REFUND | \$23.78 | FALSE | 3/26/2024 |
| 118337 | Computer Check | 3/18/2024 | 23-48302 | PATIENT REFUND | \$45.62 | FALSE | 3/18/2024 |
| 118297 | Computer Check | 3/11/2024 | 23-48988 | COLONIAL PENN LIFE INS CO | \$117.09 | TRUE | 3/11/2024 |
| 118351 | Computer Check | 3/18/2024 | 23-49190 | UNITED HEALTHCARE (POB 101760) | \$50.00 | TRUE | 3/18/2024 |
| 118354 | Computer Check | 3/18/2024 | 23-49234 | UNITED HEALTHCARE INSURANCE | \$140.95 | FALSE | 3/18/2024 |
| 118396 | Computer Check | 3/26/2024 | 23-49307 | PATIENT REFUND | \$23.70 | FALSE | 3/26/2024 |
| 118355 | Computer Check | 3/18/2024 | 23-49427 | WELLPOINT | \$356.92 | TRUE | 3/18/2024 |
| 118255 | Computer Check | 3/4/2024 | 23-49450 | PATIENT REFUND | \$110.99 | TRUE | 3/4/2024 |
| 118402 | Computer Check | 3/26/2024 | 23-49450 A | PATIENT REFUND | \$90.33 | FALSE | 3/26/2024 |
| 118313 | Computer Check | 3/11/2024 | 23-49649 | PATIENT REFUND | \$290.00 | TRUE | 3/11/2024 |
| 118266 | Computer Check | 3/4/2024 | 23-49819 | UNITED HEALTHCARE (POB 101760) | \$50.00 | TRUE | 3/4/2024 |
| 118318 | Computer Check | 3/11/2024 | 23-50128 | PATIENT REFUND | \$323.64 | FALSE | 3/11/2024 |
| 118400 | Computer Check | 3/26/2024 | 23-50158 | PATIENT REFUND | \$27.70 | FALSE | 3/26/2024 |
| 118328 | Computer Check | 3/18/2024 | 23-50253 | BCBS OF TEXAS | \$983.74 | TRUE | 3/18/2024 |
| 118292 | Computer Check | 3/11/2024 | 23-50716 | PATIENT REFUND | \$836.38 | TRUE | 3/11/2024 |
| 118300 | Computer Check | 3/11/2024 | 23-50913 | PATIENT REFUND | \$290.00 | TRUE | 3/11/2024 |
| 118258 | Computer Check | 3/4/2024 | 23-52041 | PATIENT REFUND | \$52.48 | TRUE | 3/4/2024 |
| 118346 | Computer Check | 3/18/2024 | 23-52173 | PATIENT REFUND | \$50.00 | TRUE | 3/18/2024 |
| 118401 | Computer Check | 3/26/2024 | 23-52609 | PATIENT REFUND | \$27.70 | FALSE | 3/26/2024 |
| 118395 | Computer Check | 3/26/2024 | 23-52854 | PATIENT REFUND | \$125.00 | FALSE | 3/26/2024 |
| 118339 | Computer Check | 3/18/2024 | 23-54533 | PATIENT REFUND | \$162.54 | TRUE | 3/18/2024 |
| 118254 | Computer Check | 3/4/2024 | 23-54651 | PATIENT REFUND | \$222.22 | TRUE | 3/4/2024 |
| 118324 | Computer Check | 3/11/2024 | 23-8001 | PATIENT REFUND | \$47.10 | TRUE | 3/11/2024 |
| 118355 | Computer Check | 3/18/2024 | 24-1156 | PATIENT REFUND | \$332.57 | TRUE | 3/18/2024 |
| 118336 | Computer Check | 3/18/2024 | 24-1670 | PATIENT REFUND | \$31.25 | TRUE | 3/18/2024 |
| 118304 | Computer Check | 3/11/2024 | 24-1860 | PATIENT REFUND | \$353.32 | TRUE | 3/11/2024 |
| 118398 | Computer Check | 3/26/2024 | 24-1860 A | PATIENT REFUND | \$250.00 | TRUE | 3/26/2024 |
| 118342 | Computer Check | 3/18/2024 | 24-3179 | PATIENT REFUND | \$548.78 | TRUE | 3/18/2024 |
| 118315 | Computer Check | 3/11/2024 | 24-3777 | PATIENT REFUND | \$446.18 | TRUE | 3/11/2024 |
| 118289 | Computer Check | 3/11/2024 | 24-4499 | BCBS OF TEXAS | \$961.81 | TRUE | 3/11/2024 |

Montgomery County Hospital District
Bank Register - Operating Acct-WF
Patient Refunds - One Time Checks (03/01/2024 - 03/31/2024)

| <u>Payment number</u> | <u>Payment type</u> | <u>Invoice date</u> | <u>Invoice number</u> | <u>Vendor name</u> | <u>Invoice amount</u> | <u>Cleared?</u> | <u>Post date</u> |
|-----------------------|---------------------|---------------------|-----------------------|--------------------|-----------------------|-----------------|------------------|
| | | | | TOTAL | <u>\$24,189.27</u> | | |

MCHD Surplus/Salvage
APRIL 2024

| Qty | Serial Number | MCHD Tag | Product Description | S/S | Reason | HRS/Miles | Submitter |
|-----|-------------------|----------|---------------------------|---------|--------------------------------|---------------|-----------|
| 1 | 3C6UR4JL0FG526678 | 635 | 2015 RAM 2500 | Surplus | END OF LIFE | 141,112/5,095 | HTUTT |
| 1 | 1GNSKLEDXMR360742 | 624 | 2021 chevy Defender/Tahoe | Surplus | End of life | 89,801/4,767 | htutt |
| 54 | | | M1HID lclass safes | Salvage | End of life/no product support | | htutt |
| 1 | 1GCSGAFX0E1193606 | 330 | Chevrolet cargo van | Surplus | Totaled by insurance | 142,465 | htutt |
| 1 | 3C6LRVDG6ME523843 | 333 | 2021 Ram Promaster | Surplus | Totaled By Insurance | 60,539 | htutt |
| 1 | K30418 | NCA21198 | EZ IO DRIVER | SALVAGE | END OF LIFE | | Dsandel |
| 1 | J74932 | NCA20673 | EZ IO DRIVER | SALVAGE | END OF LIFE | | Dsandel |
| 1 | J95898 | NCA21104 | EZ IO DRIVER | SALVAGE | END OF LIFE | | Dsandel |

AGENDA ITEM # 28

Board Mtg.: 04/23/2024

Montgomery County Hospital District

Proceeds from Sale of Assets

10/01/2022 - 03/31/2024

| Account Name | Shop No. | Description | Mileage | Engine Hrs | Sale Date | Sale of Surplus |
|-----------------------|----------|-------------------------|---------|------------|-----------|-------------------|
| Vehicles | 37 | 2014 Dodge Ram 3500 | 284,218 | 16,564 | 01/04/23 | 11,920.00 |
| Vehicles | 23 | 2014 Dodge Ram 3500 | 270,734 | 15,416 | 03/22/23 | 8,720.00 |
| Vehicles | 48 | 2009 Dodge Ram 3500 | 213,527 | 14,491 | 04/12/23 | 8,500.00 |
| Vehicles | 610 | 2009 Chevy Tahoe | 183,812 | 1,753 | 04/19/23 | 5,765.00 |
| Vehicles | 604 | 2009 Chevy Tahoe | 159,591 | 1,286 | 05/17/23 | 6,845.00 |
| Vehicles | 40 | 2015 Dodge Ram 3500 | 299,997 | 17,397 | 05/02/23 | 11,250.00 |
| Vehicles | 615 | 2015 Chevy Tahoe LS | 146,156 | 3,869 | 07/12/23 | 10,750.00 |
| Vehicles | 631 | 2001 Ford F350 SD | 279,967 | N/A | 07/12/23 | 4,900.00 |
| Vehicles | 611 | 2011 Chevy Tahoe LS | 105,434 | 5,780 | 07/12/23 | 4,350.00 |
| Vehicles | 613 | 2011 Chevy Tahoe LS | 102,366 | 2,663 | 08/16/23 | 6,475.00 |
| Vehicles | 620 | 2012 Chevy Tahoe LS | 142,089 | 7,188 | 09/06/23 | 5,905.00 |
| Vehicles | 614 | 2012 Chevy Tahoe LS | 168,805 | 9,253 | 09/13/23 | 4,505.00 |
| Vehicles | 19 | 2015 Dodge Ram 3500 SLT | 306,623 | 13,849 | 09/20/23 | 9,755.00 |
| Vehicles | N/A | 2022 Chevrolet 4500 | 33 | 0 | 12/04/23 | 51,600.00 |
| Vehicles | N/A | 2022 Chevrolet 4500 | 46 | 0 | 12/04/23 | 51,700.00 |
| Vehicles | N/A | 2022 Chevrolet 4500 | 128 | 0 | 12/04/23 | 50,000.00 |
| Vehicles | N/A | 2022 Chevrolet 4500 | 120 | 0 | 12/04/23 | 51,500.00 |
| Vehicles | N/A | 2022 Chevrolet 4500 | 158 | 0 | 12/04/23 | 52,000.00 |
| Vehicles | 42 | 2014 Dodge Ram 3500 | 251,371 | 13,706 | 01/03/24 | 6,700.00 |
| Vehicles | 27 | 2015 Dodge Ram 3500 | 305,763 | 14,882 | 01/03/24 | 5,700.00 |
| Vehicles | 612 | 2014 Chevy Tahoe | 124,436 | 7,383 | 01/03/24 | 4,605.00 |
| Vehicles Total | | | | | | 373,445.00 |
| Total Proceeds | | | | | | 373,445.00 |

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

The regular meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 4:00 p.m., March 26, 2024 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:

Brad Spratt
Sandy Wagner
Brent Thor
Chris Grice
Charles Shirley
Robert Hudson

Not Present:

Georgette Whatley

5. Public Comment

No one made a comment from the public.

6. Special Recognition

MCHD Service Awards

10 year award – Brandon Valenzuela, Gavin Cormack and Jermaine Ausbie

Field Employee – Travis Clay

Non Field Employee – Rachel Thomas

Medical Director Award - Jeffrey Harris, Wesley Hall, Alexander Mactavish and Gavin Nutt.

Video – Facilities

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

- a. **To discuss and take action if needed on personnel issues Andrews, Joshua vs MCHD Case No. 4:23-cv-04434 under Section 551.074 of the Texas Government Code. (Mr. Thor, Chairman– MCHD Board)**

Mr. Thor made a motion to convene into executive session at 4:14 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:

- a. To discuss and take action if needed on personnel issues Andrews, Joshua vs MCHD Case No. 4:23-cv-04434 under Section 551.074 of the Texas Government Code. (Mr. Thor, Chairman– MCHD Board)

8. Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Mr. Thor, Chairman– MCHD Board)

The board reconvened from executive session at 4:20 p.m. with no action to be taken.

9. Present, consider and act on the Weaver and Tidwell, L.L.P. Audit of Fiscal Year Ended September 30, 2023. (Mr. Shirley, Treasurer – MCHD Board)

Mr. Greg Peterson, Partner with Weaver and Tidwell, L.L.P. presented the Audit of Fiscal Year ended September 23, 2023 to the board.

Mr. Shirley made a motion to accept the Weaver and Tidwell, L.L.P. presented the Audit of Fiscal Year ended September 23, 2023. Mr. Grice offered a second and motion passed unanimously.

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

Mrs. Susan Golla with McGriff presented the renewal of District Insurance portfolio to the board.

Mr. Shirley made a motion to approve the renewal of the District Insurance portfolio as presented to the board. Mr. Hudson offered a second and motion passed unanimously.

“Mr. Thor advised for the record that Mr. Grice had left the boardroom at 4:43 p.m.”

11. Monthly Reports:

- a. **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.**
- b. **Chief of EMS Report to include updates on EMS staffing, performance measures, staff activities, patient concerns, transport destinations, emergency preparedness and fleet.**
- c. **COO Report to include updates on facilities, radio system, supply chain, staff activities, community paramedicine, and IT.**
- d. **Health Care Services Report to include regulatory update, outreach, eligibility, service, utilization, community education and clinical services.**

Mr. Randy Johnson, CEO presented the CEO report to the board.

“Mr. Thor advised for the record that Mr. Grice had returned to the boardroom at 4:47 p.m.”

Mr. James Campbell, EMS Chief presented the EMS report to the board.

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

Mrs. Ade Moronkeji, HCAP Manager presented the HCAP report.

Mr. Brett Allen, CFO presented Accounting and Billing report.

12. Consider and act on RFP No. FY2024-03-01 for Legal Services – General Counsel. (Mr. Thor, Chairman – MCHD Board)

Mr. Randy Johnson, CEO presented RFP No. FY2024-03-01 to the board.

Mr. Thor made a motion to accept staff's recommendation for Legal Services – General Counsel to be Liles Parker, PLLC Local Government and Strong Firm for Employment Law. Mrs. Wagner offered a second. After board discussion motion passed unanimously.

13. Consider and act on Assistant Medical Director Agreement. (Mr. Hudson, Chair – EMS Committee)

Mr. Hudson made a motion to consider and act on Assistant Medical Director Agreement. Mr. Grice offered a second. After board discussion motion passed unanimously.

14. Consider and act on Proclamation in support of Public Safety Telecommunications Week, April 14-20, 2024. (Mr. Hudson, Chair – EMS Committee)

Mr. Hudson made a motion to consider and act on Proclamation in support of Public Safety Telecommunications Week, April 14-20, 2024. Mr. Grice offered a second and motion passed unanimously.

15. Consider and act on annual GIS services contract for CAD operations. (Mr. Grice, Chair – PADCOM Committee)

Mr. Grice made a motion to consider and act on annual GIS services contract for CAD operations. Mr. Spratt offered a second and motion passed unanimously.

16. Consider and act on Inst-A-Tech LLC installing new Stryker wiring harness for powerloads. (Mr. Grice, Chair – PADCOM Committee)

Mr. Grice made a motion to consider and act on Inst-A-Tech LLC installing new Stryker wiring harness for powerloads. Mr. Hudson offered a second. After board discussion motion passed unanimously.

17. Consider and act on award of Covered Parking Structure RFP No. FY2024-016-01. (Mr. Grice, Chair – PADCOM Committee)

Mr. Grice made a motion to consider and act on award of Covered Parking Structure RFP No. FY2024-016-01. Mr. Shirley offered a second and motion passed unanimously.

18. Consider and act on approval of Utility easement for Lake Conroe Tower. (Mr. Grice, Chair – PADCOM Committee)

Mr. Grice made a motion to consider and act on approval of Utility easement for Lake Conroe Tower. Mr. Shirley offered a second and motion passed unanimously.

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

20. **Consider and act on ratification of voluntary contributions for uncompensated care 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 for uncompensated care to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims. Mr. Grice offered a second and motion passed unanimously.

21. **CFO report of preliminary financials for five months ended February 29, 2024, and report updates on financial statements and investment.**

Mr. Brett Allen, CFO presented the Financial Report to the board.

22. **Consider and act on ratification of payment of District invoices. (Mr. Shirley, Treasurer – MCHD Board)**

Mr. Shirley made a motion to consider and act on ratification of District invoices. Mr. Grice offered a second and motion passed unanimously.

23. **Secretary’s Report – February 27, 2024 MCHD Regular BOD meeting. (Mrs. Wagner, Secretary – MCHD Board)**

Mrs. Wagner made a motion to consider and act on minutes from the February 27, 2024 MCHD Regular BOD meeting. Mr. Shirley offered a second and motion passed unanimously.

24. **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:**

- a. **To discuss and take action if needed on real estate in regards to Station 16, Calvary Rd. under 551.072 of the Texas Government Code. (Mr. Thor, Chairman– MCHD Board)**
- b. **To confer with legal counsel for the District concerning present and potential litigation and other confidential legal matters regarding ZOLL RescueNet Billing Pro under Section 551.071 of the Texas Government Code. (Mr. Thor, Chairman– MCHD Board)**

Mr. Thor made a motion to convene into executive session at 5:14 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:

- a. **To discuss and take action if needed on real estate in regards to Station 16, Calvary Rd. under 551.072 of the Texas Government Code. (Mr. Thor, Chairman– MCHD Board)**
- b. **To confer with legal counsel for the District concerning present and potential litigation and other confidential legal matters regarding ZOLL RescueNet Billing Pro under Section 551.071 of the Texas Government Code. (Mr. Thor, Chairman– MCHD Board)**

25. **Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Mr. Thor, Chairman – MCHD Board)**

The board reconvened from executive session at 5:45 p.m.

Mr. Thor made a motion to instruct the CEO to enter into an agreement on Station 16 on Calvary Road. Mr. Grice offered a second and motion passed unanimously.

26. Adjourn.

The board adjourned at 5:45 p.m.

Brent Thor, Chairman

Agenda Item # 30



We Make a Difference!

To: Board of Directors
From: Randy Johnson, CEO
Date: April 23, 2024
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:

- a. To confer with legal counsel for the District concerning present and potential litigation Andrews, Joshua vs MCHD Case No. 4:23-cv-04434 and other confidential legal matters under Section 551.071 of the Texas Government Code. (Mr. Thor, Chairman– MCHD Board)
- b. To discuss personnel issues under Section 551.074 of the Texas Government Code. (Mr. Thor, Chairman– MCHD Board)
- c. To discuss real estate under 551.072 of the Texas Government Code. (Mr. Thor, Chairman– MCHD Board)

Agenda Item # 31



We Make a Difference!

To: Board of Directors

From: Randy Johnson, CEO

Date: April 23, 2024

Re: Reconvene from Executive Session

Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Mr. Thor, Chairman – MCHD Board)