

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

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

Date: May 27, 2025

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

District

7. 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.
8. Consider and act on recommendation(s) from RFP for Station 46 and covered parking. (Mr. Walker, Chair -PADCOM Committee)
9. Consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers. (Mrs. Inman, Chair – Indigent Care Committee)

10. Consider and act on ratification of voluntary contributions for uncompensated care to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims. (Mrs. Inman, Chair – Indigent Care Committee)
11. Consider and act on revisions and modifications to Healthcare Assistance Program (HCAP) which is comprised of the Montgomery County Indigent Care Plan and the Medical Assistance Plan Handbooks. (Mrs. Inman, Chair – Indigent Care Committee)
12. CFO report of preliminary financials for seven months ended April 30, 2025, and report updates on financial statements and investment.
13. Consider and act on ratification of payment of District invoices. (Mr. Shirley, Treasurer – MCHD Board)
14. Consider and act on salvage and surplus. (Mr. Shirley, Treasurer – MCHD Board)
15. Consider and act on Secretary's Report – Minutes from the April 22, 2025 Regular BOD meeting and May 20, 2025 Special BOD meeting. (Mrs. Williams, Secretary – MCHD Board)

Executive Session

16. Convene into executive session as authorized by the Texas Open Meetings Act to deliberate in closed session on the following matters authorized under the Texas Open Meetings Act:
 - a. In regards to section 551.072 of the Texas Government code for deliberations about real estate property and under 551.071 to receive legal advice, both regarding the lease of real property by Park Place Professional Building, LLC for property located at 100 Medical Center Blvd, Conroe, Texas 77304 and sale of property at this location. (Mr. Grice, Chairman - MCHD Board)
 - b. In regards to section 551.072 of the Texas Government code for deliberations about real estate property and under 551.071 to receive legal advice, both regarding the property located at 315 Industrial Park Blvd., Willis, Texas 77378 and Comps. (Mr. Grice, Chairman - MCHD Board)
17. Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Mr. Grice, Chairman - MCHD Board)
18. Consideration and possible action to approve letter agreement with Park Place Professional Building, LLC for property located at 100 Medical Center Blvd, Conroe, Texas 77304. (Mr. Grice, Chairman - MCHD Board)
19. Consideration and possible action to approve 2nd Amendment to the Lease Agreement for the property located at 100 Medical Center Blvd, Conroe, Texas 77304. (Mr. Grice, Chairman - MCHD Board)
20. Adjourn.

Jackie Williams, Secretary

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

Agenda Item # 7a



We Make a Difference!

To: Board of Directors
From: Randy Johnson, CEO
Date: May 27, 2025
Re: **CEO Report**

Last Month's Significant Activities:

- Managers met to review our 2026 Capital Coordination projects, 2026 headcount, and potential salary budget.
- We worked to purchase a potential property in Willis to serve as a three bay station and to use as an ancillary support services building. We learned Thursday that the property is no longer available.
- We are moving toward sale of the Weyland property, located adjacent to Conroe Hospital.
- We reviewed the initial phase of the MCHD three to five year plan.
- MCHD attended the opening ceremony of the Baby Drop Off facility attached to Woodlands Fire Station #6, located on Windsor Lakes Drive. Here, a mother who cannot care for her newborn baby can drop it off in a comfortable, warm, anonymous facility where it will immediately receive medical care and will be placed in foster care. This will hopefully save the lives of babies who have in the past been abandoned after birth.
- Alarm Chiefs have been working on alarm center designs in order to expand work space for the additional staff needed to keep up with growing call demand.
- I attended the funeral for the husband of Linda Nelson, Woodlands Township Board Member and a long-time Director of Public Services for Memorial Hermann, The Woodlands Hospital.
- Additionally, I attended the funeral of Retired Montgomery County Sheriff's Department Major Andrew Eason.
- I attended the quarterly Memorial Hermann Community Leadership Board meeting where we learned of the latest treatments available for heart conduction malfunctions.
- County Judge Keough presented the EMS Week Proclamation to MCHD.

- MCHD received the final fleet services review report from Matrix, the consultants who visited our fleet operations six weeks ago. We have received their feedback and will implement several best practices they observed that we are not currently doing.

Plans for the next Ninety Days:

- Find a suitable property in Willis in order that we can build a station capable of housing three ambulances.
- Complete the 2026 annual budget.
- Finalize the contract with the Montgomery County Fire Chiefs' Association to upgrade the county VHF services.
- Complete the Five Year Plan.
- Successfully implement the new accounting software.
- Complete the Station 46 remodel.
- Begin to implement the recommendations presented to MCHD by the contracted fleet consultants.

Thank you,

Randy

Agenda Item #7b



To: Board of Directors

From: James Campbell

Date: May 27, 2025

RE: EMS Division Report

Executive Summary

- The MCHD EMS overall Customer Service score for April 2025 was 95.50. There were 373 patient surveys returned between 4/1/2025 and 4/30/2025. Our overall Top Box score, which represents the percentage of the highest possible rating of 'Very Good,' was 86%. In addition, our rolling 12-month score of 95.48 is 3.01 points higher than the national database score of 92.47. Nationally, we are ranked 22st out of 248 total agencies, which is in the top 10%.
- In April 2025, we responded to 8,296 calls and transported 4,475 patients to the hospital. The data breaks down to 277 responses and 149 transports per day.
- Chief Campbell participated in a press conference with D.A. Brett Ligon, Judge Keough, and Chief Dolittle regarding summer safety. The 100 days between Memorial Day and Labor Day are termed the '100 deadliest days' because there is national increase in traumatic related deaths. This is the second year in row for this proactive safety message for our community.
- Chief Seek, Chief Smith, Chief Gonzalez, Chief Crocker, and Chief Campbell will meet with Mr. Johnson to review our departments 3 -5 year plans to provide our strategic plans as Mr. Johnson compiles the organizational 3 – 5 year plan.
- Chief Campbell, Misti Willingham, and Calvin Hon have been working on a new MCHD website. The focus is to modernize our website and make it more user friendly. The website is planned to launch this month, and we will review it with the Board in June.
- We were excited and proud to celebrate National EMS Week this month. We are humbled by the community support we receive year-around, and thankful for the recognition from our healthcare partners.
- May marks the second quarter continuing education (CE) classes for our crews. The topics included training on our new Sapphire IV pumps, airway video reviews, and end-of-life training and care.
- We will take delivery of three 12' ambulances from Frazer this month. We initially planned to remount these 12' units, but the cost/benefit of building new units keeps our fleet age down as we continue to manage growth.
- We are relocating one of our Basic Life Support (BLS) units, Ambulance 92 (A92) to South County Fire Station 11-1. The unit was previously housed at MCHD Station 20, but traffic congestion at the 242/I-45 area makes driving to the southern part of the county challenging. We are thankful South County FD has allowed us to move this unit to their station, the same station that houses MCHD Medic 22 (M22).
- Mr. Johnson and Chief Campbell attended the quarterly Memorial Hermann executive advisory council meeting in The Woodlands. One exciting thing we learned is that Hermann is looking to add a Free-Standing Emergency Department (FSED) in Willis. This will give a secondary destination for lower acuity patients in the northern part of the county.
- As the 2025 Texas Legislative Session comes to and in early June, we will work with our partners from across the state to review all bills that impact EMS. We are members of the Texas EMS Alliance, and that organization does a great job collecting and summarizing the bills that will have an impact on EMS in the state.

Assistant Chief Seek's Report

- EMS Deployment Workgroup: Chief Seek met with the EMS Deployment workgroup, which includes representation from ALARM and field staff. The team offered valuable insights on unit posting and BLS deployment. Data shows we've significantly reduced overnight posting. We're now encouraging crews to utilize "first available" to avoid unnecessary post assignments. For example, if M13 is already available, we can prevent the reassignment of another unit only to reverse it moments later.
- Paramedic Recruitment: We currently have 41 paramedic applicants. While the pace of applications has slowed, most candidates are successfully passing the written exam and progressing to interviews. We remain optimistic about hiring a substantial number for anticipated growth.
- Promotional Progress - In-Charge Academy: Congratulations to Zach Thims and Kim Luark on their promotion to In-Charge. It's rewarding to see the success of our field mentorship and the In-Charge Academy. Three more candidates will enter Phase 2 next week, while six remain in Phase 1.
- CAD Improvement Meeting: Operations, CAD IT, and Data teams met to evaluate the current response plan within CAD. The meeting focused on outlining a project timeline to streamline the response plan, remove clutter, update outdated resources, and optimize deployment. This effort is foundational as we prepare for the future EMS deployment model.
- High School EMT Program Transition: As part of a strategic initiative to focus internal resources on MCHD's clinical education amid ongoing growth and expansion, the Education Department has concluded its coordination of the High School EMT programs. While MCHD will continue to host students for clinical ride-outs, all classroom coordination and instruction will transition to a third-party agency beginning this month. This shift allows the Education team to better prioritize internal training and development efforts.
- Paramedic Program Graduation
Congratulations to the January 2024 cohort on graduating from the LSC–Montgomery Paramedic Program. Of the 12 participants, the majority have successfully passed the National Registry exam and are now practicing as paramedics. This established pipeline continues to be critical in addressing both attrition and service expansion needs.
- New EMT Attendants
Fifteen EMTs have accepted offers to join MCHD as EMT Attendants. Training will begin on June 11th and will include two weeks of classroom instruction, a driving evaluation, and both Phase 1 and Phase 2 field evaluations. This comprehensive onboarding ensures all new hires are well-prepared to meet MCHD's operational standards.

ALARM and Emergency Preparedness

- A promotional process was held in ALARM to fill the last vacant Captains' position, congratulation to Shannon Maxwell. She has started her training as a Captain and we are excited to add her to the ALARM leadership team.
- There are currently 5 new employees in ALARM that are in training, and 2 of the them have been cleared as Call-Takers and they will start dispatch training next.
- To continue to keep up with growth and fill vacancies, 7 more people have been offered position in ALARM, and they will start on May 19th.
- ALARM is also working on our Regional Emergency Medical Dispatch program. This program allows smaller counties in Texas to transfer their EMS calls to MCHD so that those calls can go through Emergency Medical Dispatch while the call waits for an ambulance to arrive. Currently, we are the only approved center in Texas that offers EMD services. The call volume is low, it does generate revenue, and we provide an excellent service for rural Texans.
- Congratulations to Jason Gutierrez, as he has been named our new Emergency Preparedness Manager. We believe Jason's overall experience will be valuable, not only for MCHD, but for the citizens that we serve. In his previous role, as the FRO Coordinator, he built valuable relationships that will aid in his new role, one that will also have county wide reach.

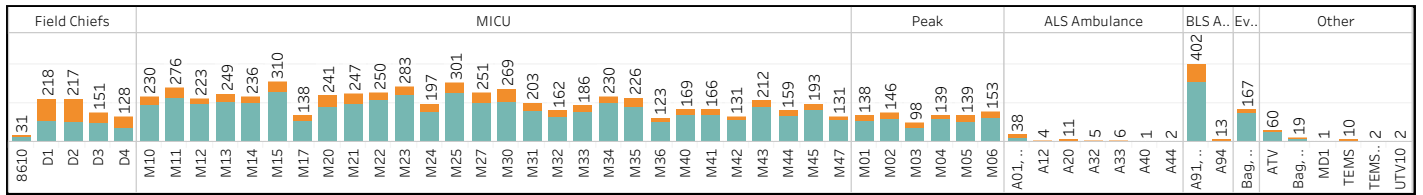
- We successfully helped manage the medical component of the Ironman race last month. On race day, the Ironman Main Medical tent becomes one of the busiest emergency departments in the country, seeing approximately 400 athletes.
- Hurricane season official starts on June 1, 2025, which means we have been finalizing our pre-season plans. Some of these plans include ensuring the station freezers are stocked with food, our emergency alerting is accurate, and our internal Emergency Operations Center is tested and operational.



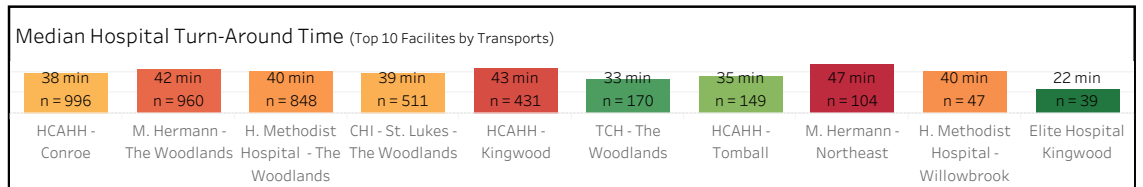
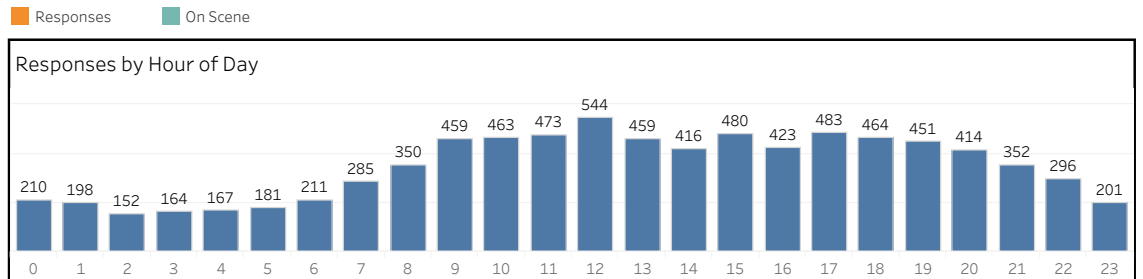
Dispatched Incident Review

April 1, 2025 to April 30, 2025

Dispatched		On Scene		Transports		Response Times			
Incidents	6,309	Incidents	5,960	Incidents	4,401	Priority 1	Priority 2	Priority 3	Overall
Responses	8,296	Responses	6,761	Transports	4,475	83.30%	87.17%	82.41%	84.99%



Incident Types (Top 20)	
Problem Category	
Fall	751
Sick Person	583
Breathing Problems	553
MVC	487
Chest Pain	432
Transfer/Evaluation	407
Unconscious/Fainting	401
SEND	309
Stroke	281
Seizures	230
Emotional Crisis	183
Hemorrhage	170
Abdominal Pain	160
Traumatic Injury	130
Assault	125
Unknown Problem	117
Heart Problems	96
Overdose Ingestion	90
Cardiac Arrest	79
Diabetic	73



Hospital Patient Transports

04/01/25 - 4/30/2025

Total Transports
to All Facilities

4,539

	Sepsis	STEMI	Stroke	Trauma	Grand Total
HCAHH - Conroe	8	8	31	14	61
H. Methodist - The Woodlands	8	4	25		37
M.Hermann - The Woodlands	8	6	12	5	31
HCAHH - Kingwood	3	5	14	4	26
CHI - St. Lukes - The Woodlands	7	1	17		25
HCAHH - Tomball	2	2	1		5
H.Methodist Hospital - Willowbrook		2	1		3
M.Hermann - TMC				1	1
M.Hermann - Northeast	1				1
M. Hermann - Cypress		1			1
H. Methodist Hospital - Cypress	1				1
CHI - St. Luke's Vintage		1			1
Grand Total	38	30	101	24	193

Avg. Turnaround Time

Main Facilities (Minutes)

H. Methodist Hospital - TMC	53.43
HCAHH - Kingwood	52.78
M.Hermann - Northeast	51.63
CHI - St. Luke's - TMC	50.67
M.Hermann - TMC	47.33
Lyndon B Johnson General	44.00
CHI - St. Luke's Vintage	43.23
HCAHH - Northwest	43.17
M.Hermann - The Woodlands	43.14
H.Methodist Hospital - Willowbrook	43.00
H. Methodist - The Woodlands	42.78
Ben Taub General	42.00
HCAHH - North Cypress	41.50
CHI - St. Lukes - The Woodlands	40.72
HCAHH - Conroe	40.69
Michael E. DeBakey VA Medical Center	38.38
TCH - TMC	38.00
H. Methodist - West	37.00
HCAHH - Tomball	36.77
M. Hermann - Cypress	36.44
TCH - The Woodlands	34.89
MD Anderson Cancer Center - TMC	29.91
Huntsville Memorial	29.33

Patients Per Facility

Main Facilities (Count)

HCAHH - Conroe	1,023
M.Hermann - The Woodlands	967
H. Methodist - The Woodlands	854
CHI - St. Lukes - The Woodlands	512
HCAHH - Kingwood	453
TCH - The Woodlands	171
HCAHH - Tomball	150
M.Hermann - Northeast	104
H.Methodist Hospital - Willowbrook	47
CHI - St. Luke's Vintage	26
M. Hermann - Cypress	18
MD Anderson Cancer Center - TMC	11
Michael E. DeBakey VA Medical Center	8
H. Methodist Hospital - TMC	7
HCAHH - Northwest	6
M.Hermann - TMC	6
TCH - TMC	4
CHI - St. Luke's - TMC	3
Huntsville Memorial	3
Ben Taub General	2
HCAHH - North Cypress	2
Lyndon B Johnson General	2
H. Methodist - West	1

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

Avg. Turnaround Time Support Facilities (Minutes)

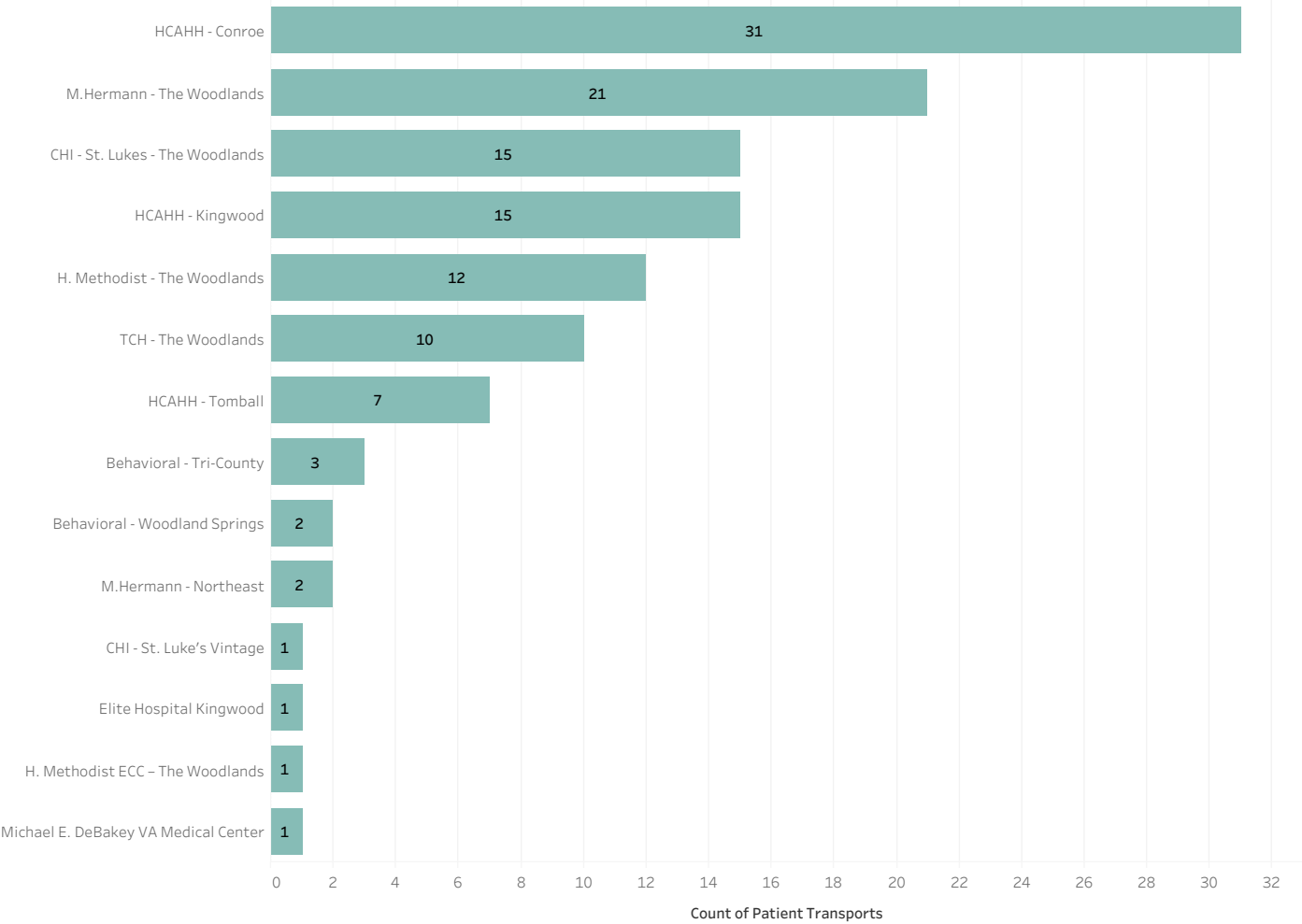
Patients Per Facility Support Facilities (Count)

H. Methodist Hospital - Cypress	42.50	Elite Hospital Kingwood	40
CHI - St. Luke's - Memorial Livingston	33.00	M.Hermann - Woodlands West	20
H. Methodist ECC - The Woodlands	33.00	HCAHH - Spring Freestanding	18
Behavioral - Woodland Springs	32.00	HCAHH - Cleveland ER	17
America's ER Magnolia	29.00	H. Methodist ECC - Magnolia	16
Elite Hospital Kingwood	26.28	H. Methodist ECC - The Woodlands	12
M.Hermann - Woodlands West	24.90	M. Hermann CCC - Kingwood	10
M. Hermann CCC - Kingwood	23.70	CHI - St. Luke's - Springwoods Village	5
HCAHH - Cleveland ER	23.35	Behavioral - Tri-County	3
HCAHH - Spring Freestanding	22.72	CHI - St. Luke's - Lakeside	3
H. Methodist ECC - Magnolia	22.50	Behavioral - Woodland Springs	2
Kindred Hospital NW	22.00	H. Methodist Hospital - Cypress	2
CHI - St. Luke's - Lakeside	21.33	America's ER Magnolia	1
CHI - St. Luke's - Springwoods Village	20.60	CHI - St. Luke's - Memorial Livingston	1
Behavioral - Tri-County	15.67	Kindred Hospital NW	1

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

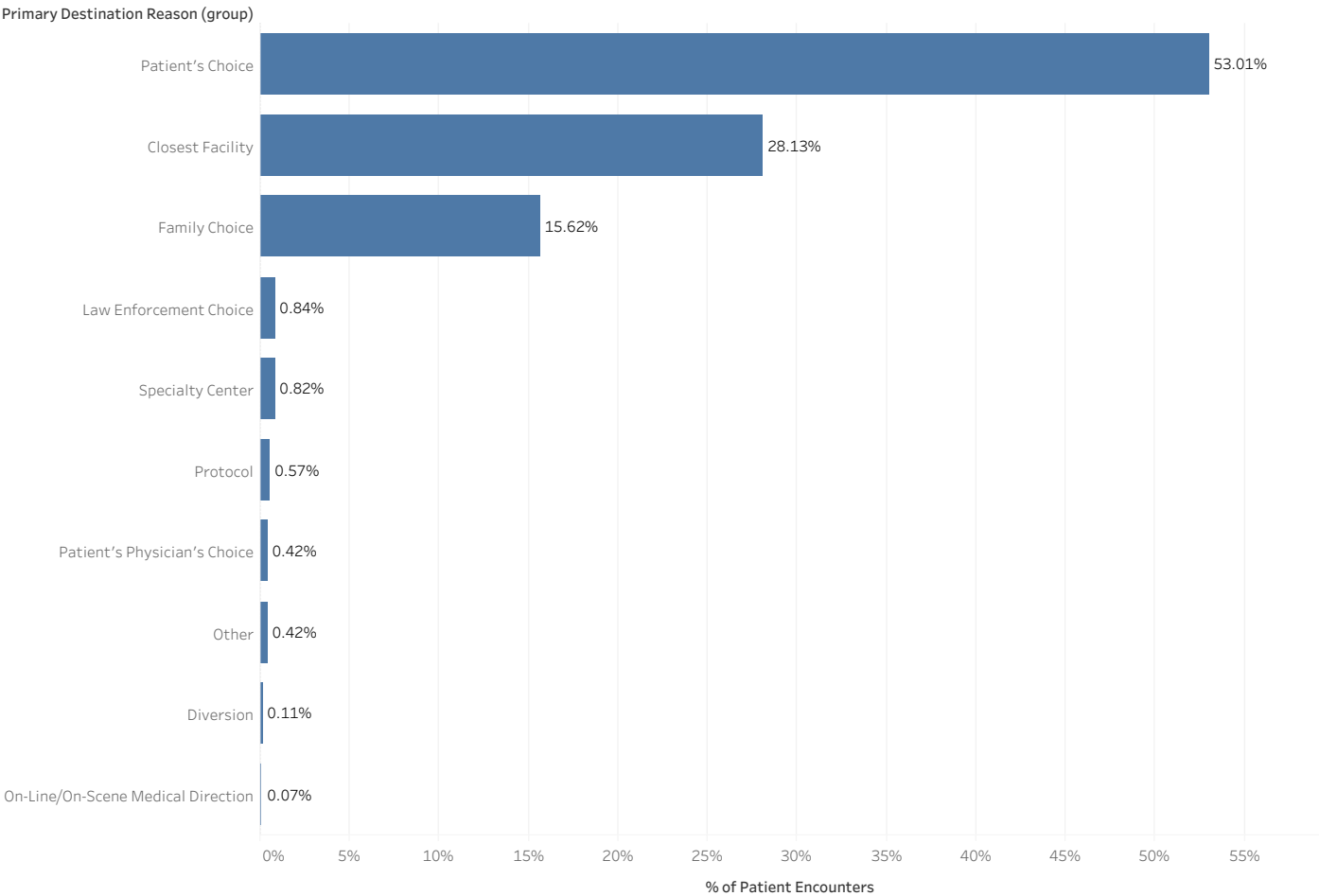
Psychiatric / Behavioral Patients per Facility

04/01/25 - 4/30/2025



Primary Reason for Destination Choice

04/01/25 - 4/30/2025



MCHD

Conroe, TX

Client 6577



1515 Center Street

Lansing, MI 48096

(517) 318-3800

support@EMSSurveyTeam.com

www.EMSSurveyTeam.com

Patient Experience Report

April 01, 2025 to April 30, 2025

Your Score

95.50

Your Patients in this Report

373

Total Patients in this Report

5811

Total EMS Organizations

248



Executive Summary

Your overall score for the period selected is **95.57**, a difference of **+0.22**, compared to your score from the previous year, **95.35**.

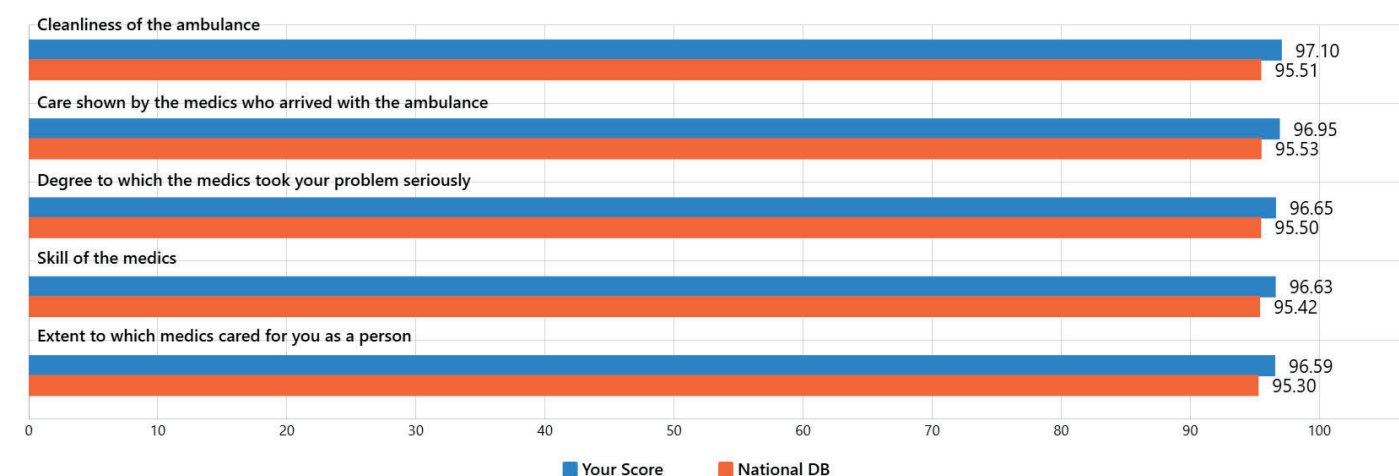
Your overall Top Box score, which represents the percentage of the highest possible rating Very Good, is **86%**.

In addition, your rolling **12-** month score of **95.48** is a difference of **+3.01** from the national database score of **92.47**.

When compared to all organizations in the national database, your score of **95.48** is ranked **22nd**.

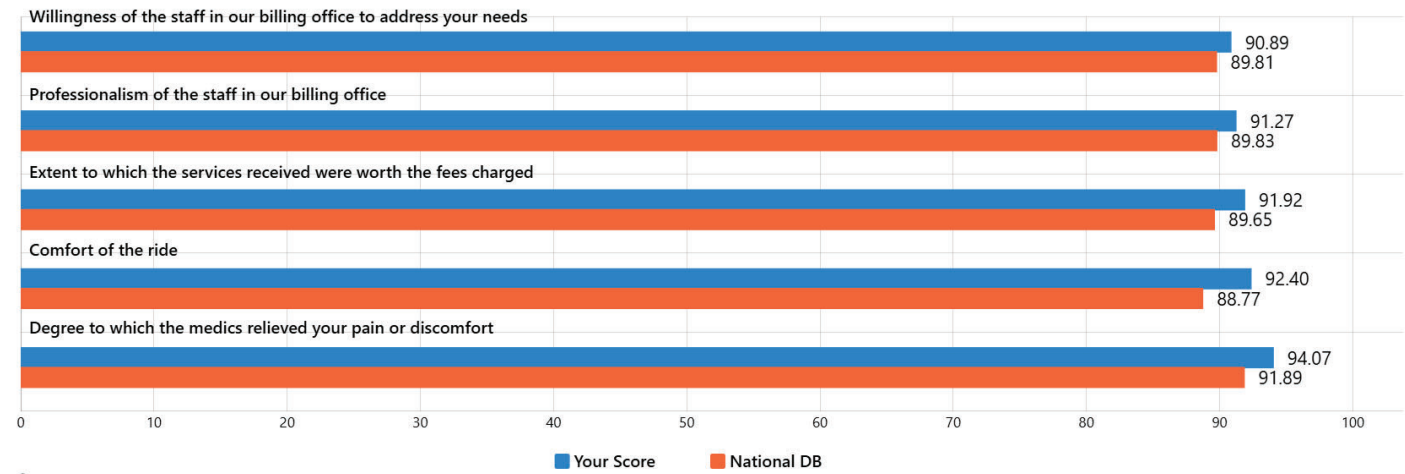
Highest and Lowest Scores

5 Highest Scores





5 Lowest Scores





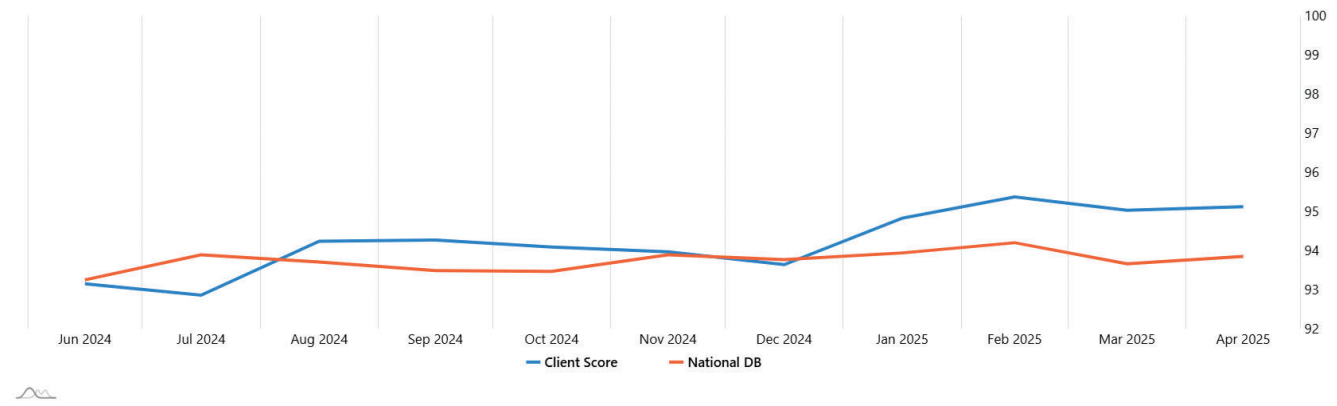
Greatest Increase and Decrease in Scores by Question

Increases	Current	Previous	(+/-)	National DB
Willingness of the staff in our billing office to address your needs	91.84	89.70	+2.14	89.97
Comfort of the ride	92.82	91.34	+1.48	88.33
Professionalism of the staff in our billing office	92.00	90.69	+1.30	89.85
Extent to which medics included you in the treatment decisions (if applicable)	95.83	94.95	+0.89	93.53
Skill of the person driving the ambulance	96.58	95.72	+0.86	94.77
Extent to which the ambulance arrived in a timely manner	95.57	94.75	+0.81	93.23
Cleanliness of the ambulance	97.14	96.39	+0.75	95.26
Medics' concern for your privacy	96.25	95.51	+0.74	94.39
Extent to which the medics kept you informed about your treatment	95.67	95.15	+0.51	93.53
Overall rating of the care provided by our Emergency Medical Transportation service	96.71	96.21	+0.51	94.62

Decreases	Current	Previous	(+/-)	National DB
Helpfulness of the person you called for ambulance service	95.55	96.48	-0.93	94.22
How well did our staff work together to care for you	95.62	96.40	-0.78	94.38
Extent to which medics cared for you as a person	96.23	96.92	-0.69	95.15
Extent to which our staff eased your entry into the medical facility	95.62	96.10	-0.48	94.39
Extent to which the services received were worth the fees charged	91.58	91.92	-0.34	89.41
Appropriateness of Emergency Medical Transportation treatment	96.50	96.61	-0.11	94.51
Degree to which the medics listened to you and/or your family	96.43	96.50	-0.08	94.94



Monthly Overall Score Trend





Cumulative Comparisons

This section lists a synopsis of the information about your individual questions and overall scores over the dataset's lifetime. The first column shows your score, and the second details the National DB score.

Ambulance	Your Score	National DB
Extent to which the ambulance arrived in a timely manner	95.00	92.63
Cleanliness of the ambulance	96.73	94.78
Comfort of the ride	91.90	87.48
Skill of the person driving the ambulance	95.94	94.15

Billing Office Staff	Your Score	National DB
Professionalism of the staff in our billing office	91.46	89.23
Willingness of the staff in our billing office to address your needs	91.32	89.39

Dispatch	Your Score	National DB
Helpfulness of the person you called for ambulance service	94.81	93.63
Concern shown by the person you called for ambulance service	94.68	93.40
Extent to which you were told what to do until the ambulance arrived	94.65	92.10

Medic	Your Score	National DB
Care shown by the medics who arrived with the ambulance	96.49	94.68
Degree to which the medics took your problem seriously	95.93	94.44
Degree to which the medics listened to you and/or your family	95.66	94.27
Skill of the medics	96.49	94.70
Extent to which the medics kept you informed about your treatment	94.78	92.65
Extent to which medics included you in the treatment decisions (if applicable)	95.02	92.69
Degree to which the medics relieved your pain or discomfort	92.77	90.98
Medics' concern for your privacy	95.57	93.72
Extent to which medics cared for you as a person	95.51	94.39

Overall Experience	Your Score	National DB
How well did our staff work together to care for you	94.80	93.74
Extent to which our staff eased your entry into the medical facility	94.79	93.72
Appropriateness of Emergency Medical Transportation treatment	95.98	93.86
Extent to which the services received were worth the fees charged	90.54	88.35
Overall rating of the care provided by our Emergency Medical Transportation service	96.11	93.93
Likelihood of recommending this ambulance service to others	95.80	93.33



Benchmark Comparison By Question

	Your Score	ACE	CAAS	Texas
Helpfulness of the person you called for ambulance service	95.55	95.40	94.12	95.11
Concern shown by the person you called for ambulance service	95.55	94.88	94.02	95.18
Extent to which you were told what to do until the ambulance arrived	95.29	94.19	92.67	95.05
Extent to which the ambulance arrived in a timely manner	95.57	95.08	92.54	95.12
Cleanliness of the ambulance	97.14	96.60	94.88	96.42
Comfort of the ride	92.82	90.05	87.35	91.41
Skill of the person driving the ambulance	96.58	96.05	94.47	95.94
Care shown by the medics who arrived with the ambulance	97.13	96.56	95.48	96.63
Degree to which the medics took your problem seriously	96.68	95.98	95.23	96.11
Degree to which the medics listened to you and/or your family	96.43	95.71	94.90	95.93
Skill of the medics	97.12	96.25	95.27	96.47
Extent to which the medics kept you informed about your treatment	95.67	94.43	93.41	94.86
Extent to which medics included you in the treatment decisions (if applicable)	95.83	94.16	93.63	94.84
Degree to which the medics relieved your pain or discomfort	93.80	92.79	91.81	93.62
Medics' concern for your privacy	96.25	95.26	94.45	95.48
Extent to which medics cared for you as a person	96.23	95.74	95.05	96.06
Professionalism of the staff in our billing office	92.00	90.42	89.81	92.05
Willingness of the staff in our billing office to address your needs	91.84	90.04	89.93	91.97
How well did our staff work together to care for you	95.62	95.13	94.37	95.36
Extent to which our staff eased your entry into the medical facility	95.62	95.21	94.25	95.29
Appropriateness of Emergency Medical Transportation treatment	96.50	95.60	94.31	95.82
Extent to which the services received were worth the fees charged	91.58	89.36	89.33	91.64
Overall rating of the care provided by our Emergency Medical Transportation service	96.71	95.28	94.71	95.84
Likelihood of recommending this ambulance service to others	96.42	95.01	94.36	96.09
Overall Score	95.41	94.38	93.35	94.93

Fleet Summary 2024-2025

Mileage	Ambulance	Supervision	CommandStaff	Support	MonthlyTotal	WeeklyTotal
April 2025	142,574	14,302	3,525	15,314	175,715	43,929
March 2025	184,976	18,665	2,297	21,002	226,940	56,735
February 2025	141,058	14,176	2,226	16,468	173,928	43,482
January 2025	140,519	12,318	1,924	15,632	170,393	42,598
December 2024	185,591	17,133	1,974	16,894	221,592	55,398
November 2024	142,033	14,102	2,861	14,757	173,753	43,438
October 2024	146,944	13,217	2,755	17,040	179,956	44,989
September 2024	187,156	16,059	4,738	21,066	229,019	57,255
August 2024	148,293	14,069	3,504	16,088	181,954	45,489
July 2024	200,843	17,015	2,563	22,478	242,899	60,725
June 2024	152,378	15,172	3,158	16,824	187,532	46,883
May 2024	151,564	13,829	2,924	14,889	183,206	45,802
Total	1,923,929	180,057	34,449	208,452	2,346,887	
Average	160,327	15,005	2,871	17,371	195,574	48,893
Annualized Amounts					2,346,887	

Accidents	MCHD-Fault		MCHD Non-Fault		GRAND TOTAL
	Non-injury	Injury	Non-injury	Injury	
April 2025	13		4		17
March 2025	3				3
February 2025	4				4
January 2025	3		2		5
December 2024	3		3		6
November 2024	2		3		5
October 2024	3		1		4
September 2024	8		1		9
August 2024	3		3		6
July 2024	8		3	1	12
June 2024	5		1		6
May 2024	7		2		9
Total	62		23		86
Per 100,000 Miles	2.64	-	0.98	-	3.66

Service Interruptions	Count	Per 100K milles
April 2025	7	3.98
March 2025	5	2.20
February 2025	6	3.45
January 2025	4	2.35
December 2024	6	2.71
November 2024	7	4.03
October 2024	8	4.45
September 2024	7	3.06
August 2024	6	3.30
July 2024	8	3.29
June 2024	8	4.27
May 2024	7	3.82
Total	79	3.37

Agenda Item # 7c



We Make a Difference!

To: Board of Directors
From: Melissa Miller, COO
Date: May 27, 2025
Re: **COO Report**

FACILITIES:

- Station 16 - 11111 Calvary Road: MCHD shared station at ESD 1 Station 96 updated schedule for occupancy has been pushed back to September 2025. MCHD Medic 16 will have a drive through bay, an EMS storage room and quarters consisting of a day room, work desk area, kitchenette, 3 dorm rooms, 2 baths.
- Station 24 is a part of WFD Station 5 -8005 McBeth Way, The Woodlands. This station will replace the original WFD Station 5 and is on schedule to be completed November 2025.
- Station 46 (NEW) 13984 FM 2854: A recommendation was made at the August board meeting to select an architect based on qualifications to enter into contract negotiations. Negotiations for the contract were made and the proposed contract was approved the September BOD meeting. The architect assigned Engineers to the project and they have been on site performing evaluations. We met with the architects and engineers to review construction documents. The deadline for the proposals was extended to April 15th 2025. Proposals were reviewed and Phase I of scoring was completed followed by Phase II of scoring which is GC Interviews was conducted on May 22nd 2025. A request to proceed with contract negotiations with the selected vendor will be brought to the May board meeting.
- The Covered Ambulance Parking structure (Phase I) has been completed. The Request for Qualifications (RFQ) for Architectural Services that was recommended at the August board meeting includes Phase II of this project. The architect assigned Engineers to the project and they have been on site performing evaluations. From this information, they are developing an accurate electrical one-line drawing for use by the electricians. The deadline for the proposals was extended to April 15th 2025. A request to proceed with contract negotiations with the selected vendor will be brought to the May board meeting.
- Chiller #2 has been delivered, installed and put in service on April 28th 2025. The Carrier start up was complete on May 5th 2025. This took a huge amount of coordination between the Chiller Vendor and the MCHD Facilities department to keep critical system functional during this time. Now that the Chiller #2 replacement and BAS Replacement projects have been completed, the team is shifting their focus on finalizing a proposal to start the Boiler Replacement project budgeted for FY25, this proposal is planned to be presented at the June Board Meeting.
- Building Automation System (BAS) Replacement Project has been completed and end user training took place on April 17th 2025. Building automation is the use of automation and control systems to monitor and control building wide systems, such as HVAC, lighting, ect.
- The facility team is currently developing a process to track the amp draw, power consumption, and power quality of each medical unit/ambulance during fleet maintenance. This will help establish a baseline for power quality and load for each unit.

RADIO:

- VHF Project: The latest draft of the Mont. County Fire Chief Association (MCFCA) and MCHD Interlocal Agreement (ILA) for the VHF Simulcast System has been approved by MCHD Legal Counsel and was distributed to each ESD at the MCFCA meeting on April 24th 2025. Each ESD will review the ILA and once the MCFCA and ESDs approve the ILA will be brought to the MCHD Board of Directors to review. The steps following will be execution of the ILA by both parties and the purchase of the VHF Equipment will be brought to the MCHD Board of Directors to vote for approval. At this time, we do not have a signed ILA from MCFCA, however the MCFCA has been diligent in communicating their progress towards this goal.
- MCECD 911 has approved and funded a feasibility assessment for a computer-aided dispatch (CAD)-to-CAD solution that will integrate all PSAPs in Montgomery County. Justin Evans will lead the coordination among all public safety agencies to evaluate the feasibility of this project and determine its potential benefits to the citizens we serve. This system will be standards-based, incorporating the National Emergency Number Association's (NENA) i3 standards, with a specific focus on the Emergency Incident Data Object (EIDO) specification for the effective formatting and exchange of incident data. Justin Evans will lead the coordination among all public safety agencies to evaluate the feasibility of this project and determine its potential benefits to the citizens we serve.

INFORMATION TECHNOLOGY, COMPUTER AIDED DISPATCH CAD) and LASERFICHE:

- The CAD Team and Woodlands Firecom management met with CentralSquare Vice Presidents of Support and CAD Program at recent International CAD Consortium conference to discuss status of open tickets. This opportunity allowed our joint CAD team (MCHD/WFD) to have an open discussion with Central Square Leadership and jointly hear the CAD vendors responses.
- The IT Team installed a second fiber connection at EMS Regional Station 30 for reliability and station alerting. This station has a history of network outages due to weather events and construction related fiber outages.
- Misti Willingham (PIO) and Chief Campbell have been working with the IT team and our website vendor on the technical needs for the new public website. The new website is scheduled to go-live the night of May 22.
- The CAD team also met with EMS and Data Departments to review CAD response plans for the tiered EMS system.
- We are pleased that Megan Speck, previously MCHD's IT Support Technician, joined us on May 19 as a second Electronic Business Process Specialist! Megan is currently completing her Laserfiche training and orienting to our team.
- We are working with DCS and HR to create a Laserfiche process for employee improvement plans, to efficiently document and track completion of associated tasks, ensuring oversight and successful completion of these plans.
- We created a process for HR to automate data entry for monthly validation of employee driving records. This was a time-consuming task that included manual data entry for all 400+ employees, and now manual data entry will be limited to correcting data for just a handful of employees each month. While this may seem like a small task, it is indicative of the type of process redesign our team offers to help all of our other departments minimize repetitive manual tasks in their processes.
- We have begun working with Public Health on a Laserfiche process to help them document reported exposures to measles cases. We are using lessons learned using Laserfiche for COVID case documentation to make this process even more efficient, user-friendly, and scalable.

Public Health District:

- May – Meghna Bhatt, Epidemiology Division Manager and I continue to push our grant contract managers for answers related to move the MCPHD grants into MCHD prior to October 1. The next MCPHD Board meeting will be held Thursday, June 12 at 3:30 pm.
- April – Grant budgets are in the approval process; we were informed that the “Legal Name of Applicant Agency for the PHEP and CRI grants cannot change as of the renewal date of July 1, 2025. We are pending follow-up information to ensure they will be changed to MCHD by October 1, 2025. In late March, the clinic welcomed the new Clinic Manager, Jonathan Hopkins, RN and Mariah Masha, TB Medical Assistant.
- March – Grant budgets are being submitted with the “Legal Name of Applicant Agency” changing from MCPHD to MCHD. The Amended and Restated Montgomery County Public Health District Cooperative Agreement and Interlocal Cooperative Agreement between Montgomery County, Texas and MCHD for the Provision of Essential Health Services have been submitted with the renewals to each Contract Manager.
- January and February – The Preparedness staff has an extensively planned Point of Dispensing (POD site) Public Health Drill on February 22. This drill provides deliverables required by the Cities Readiness Initiative and Public Health Emergency Preparedness Grants. DSHS representatives, MC Office of Homeland Security and Emergency Management, SHSU Nursing School, and Salvation Army are among those participating in the drill.

Agenda Item # 7d



To: Board of Directors
From: Ade Moronkeji, HCAP Manager
Date: May 27, 2025
Re: **HCAP Report**

Eligibility Criteria

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 criterion is not a state requirement but the District's prerogative.

Program Updates

- Texas Health and Human Services released the updated income guidelines for the County Indigent Health Care Program (CIHCP), which is in line with the 2025 Federal Poverty Guidelines. The handbook has been revised accordingly and is pending board approval.
 - I am pleased to announce the addition of a new member to the HCAP team. Jalin Jones joined the department on April 23 as a claims representative, and is currently undergoing trainings to establish job proficiency.
-

- The team participated in a joint presentation with the Community Paramedics (CPs) about VA services on April 29. This endeavor is our department's ongoing efforts to learn about local resources and formulate partnerships that may be beneficial to HCAP clients and those who do not qualify for benefits.
- The eligibility team made visits to Salvation Army, Under Over and Conroe House of Prayer on April 2nd, 16th, 23rd and 30th. They assisted 17 individuals with the HCAP application and 9 were approved for coverage.

Eligibility Updates

Applications

- The total number of applications received in April was 175, bringing the fiscal year total to 1,158; a 3% decrease from FY24 numbers. 17% of the applications received were from local hospitals specifically, HCA Conroe, with 26 submitted applications, and four applications from HCA Kingwood. Figure 1 depicts a monthly comparison between FY24 and FY25 application numbers.

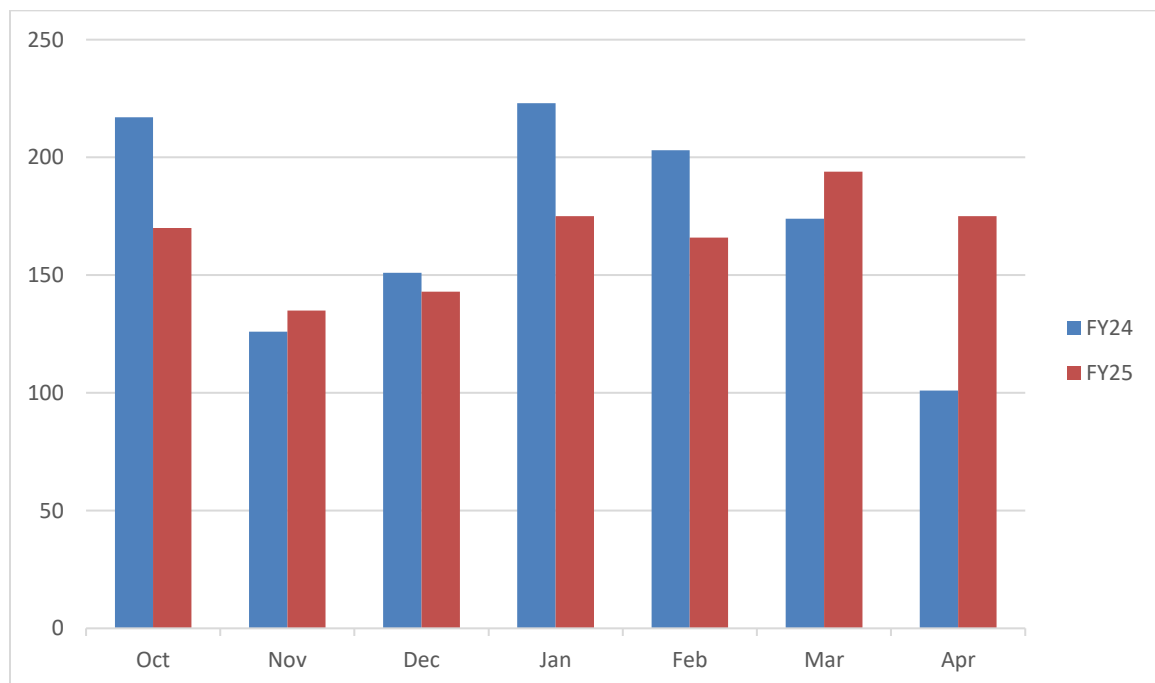


Figure 1 – Monthly Application Volume FY24 V. FY25

- 72 of the applications received were submitted through Laserfiche, an online application tool designed to facilitate easier accessibility to HCAP information. The corresponding graph is a comparison between the volumes of applications received in FY24 versus FY25.

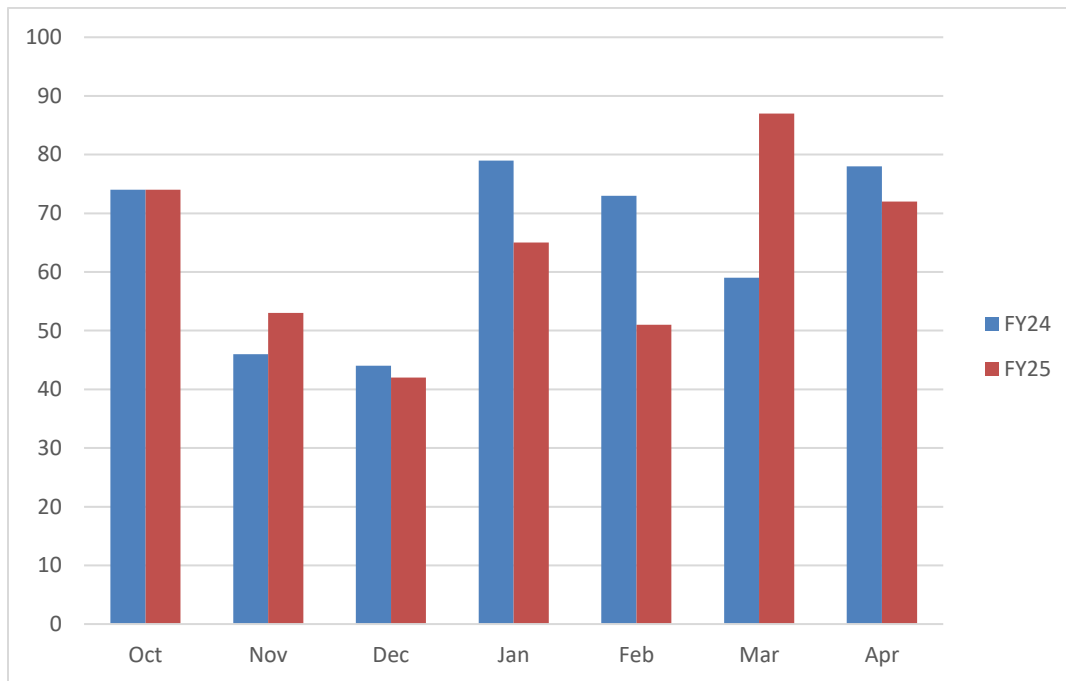


Figure 2 – Monthly Online Application Volume FY24 V. FY25

Enrollment

- We closed out the month of April with 305 active clients.
- Utilization of medical services for April was at 66%, which is higher than the previous month, but lower than FY24 utilization of 69%. Tracking medical utilization allows for critical adjustments and informs decisions to appropriately deploy resources for best client outcomes.
- Figure 3 compares FY24 and FY25 enrollment numbers while figure 4 compares the number of clients enrolled in the three HCAP program classification for FY24 and FY25. MCICP clients who represent the lower income bracket of 0-21% of the FPIL are the largest group on the program.

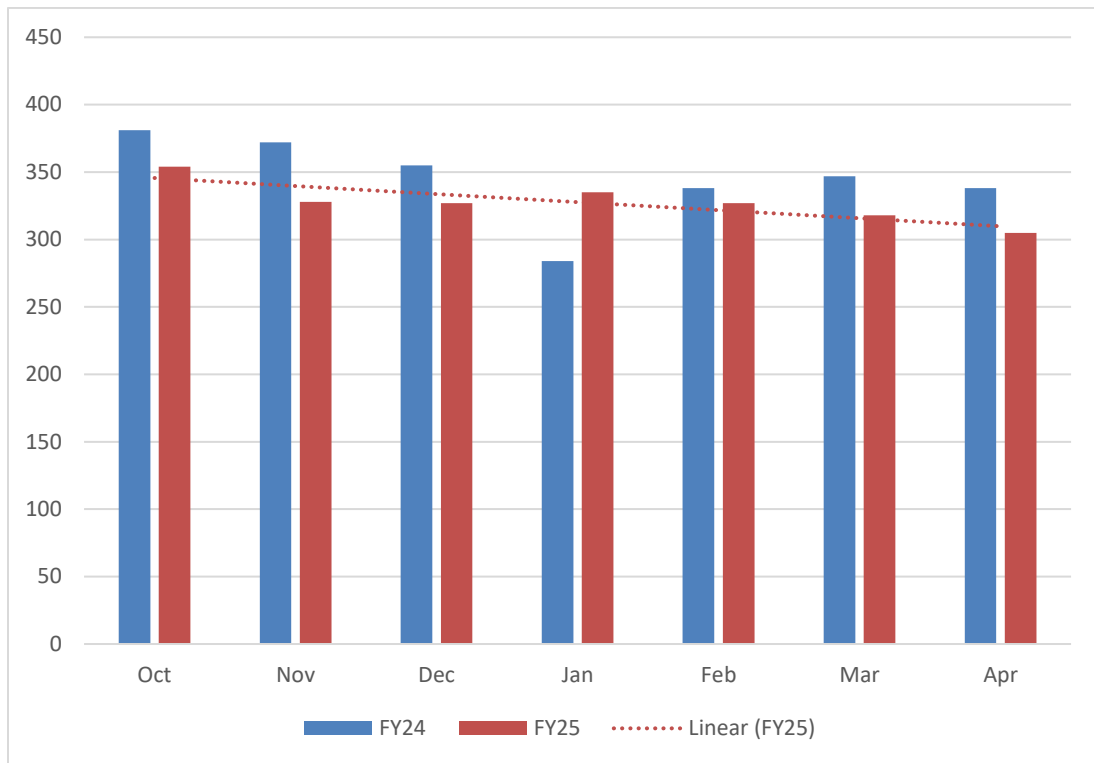


Figure 3 - Active Clients FY24 V. FY25

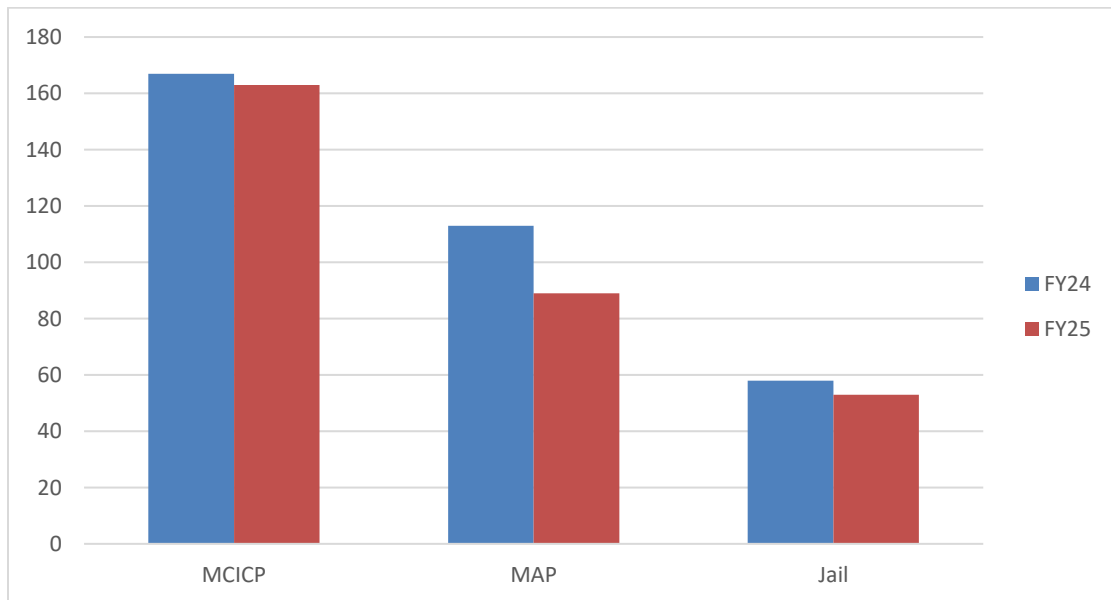


Figure 4 – April HCAP Program Breakdown FY24 V. FY25

New Clients

50 new clients were added to the program in April. The graph below depicts the current trend by showing the number of new clients added to the program monthly.

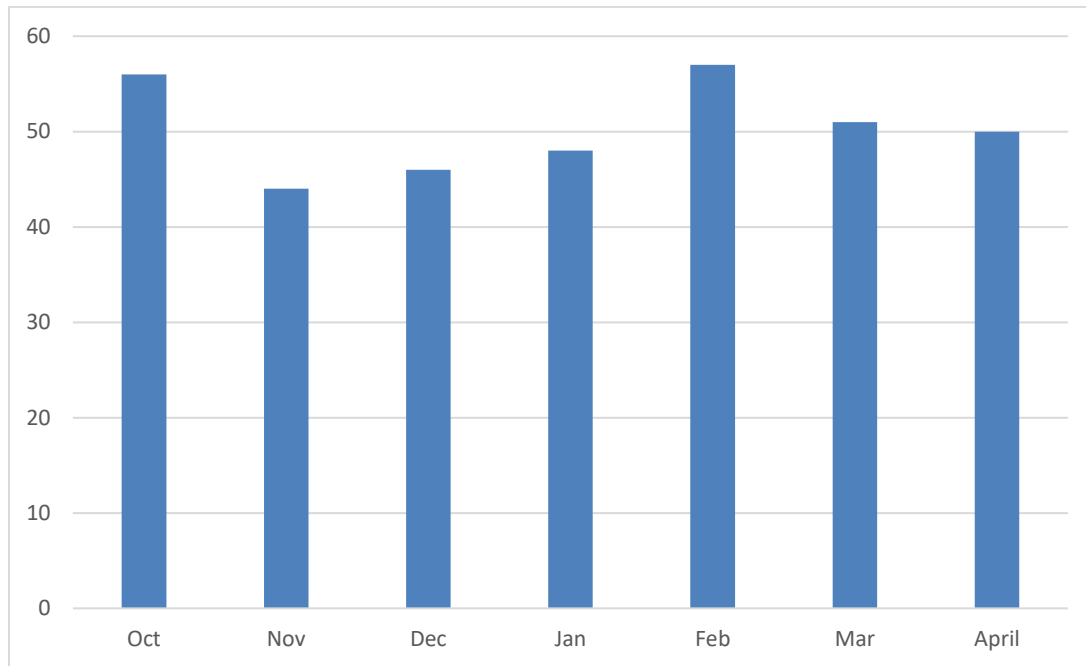


Figure 5 – Monthly New Clients

Bill Pay Updates

Claims Administration

- The team received 639 medical claims in April, which is a decrease of 9% from the volume of claims received in March. Figure 6 shows a monthly comparison between the volumes of medical claims received FY24 over FY25.

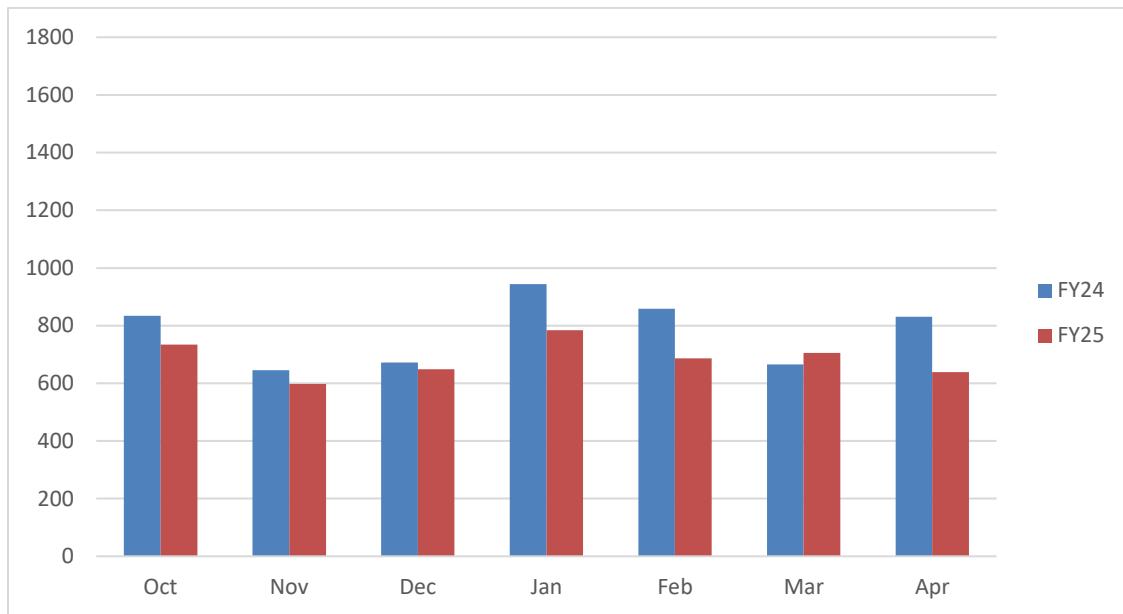


Figure 6 – Volume of Medical Claims FY24 V. FY25

- Total number of claims denied in April was 171, which is 21% of all claims processed by the bill pay team. The main denial reasons are depicted in Figure 7. This information guides relevant conversations with providers.

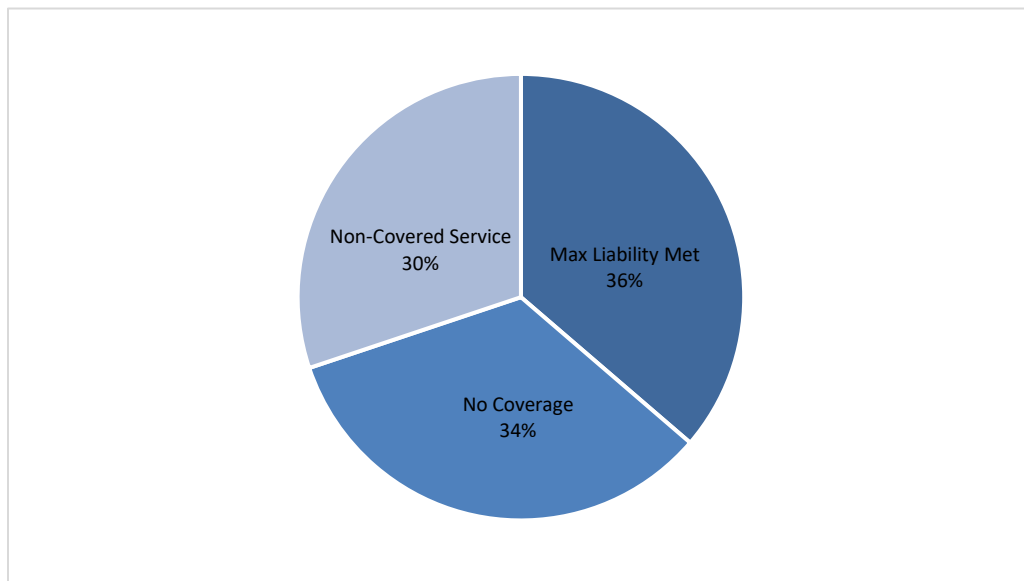


Figure 7 – Main Reasons for Denied Claims

Provider Utilization

- Figure 8 represents the percentage breakdown of claims by provider groups and depicts the main providers that HCAP clients utilize 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 outpatient and inpatient services constitute our highest expenditures for claims processed in April.

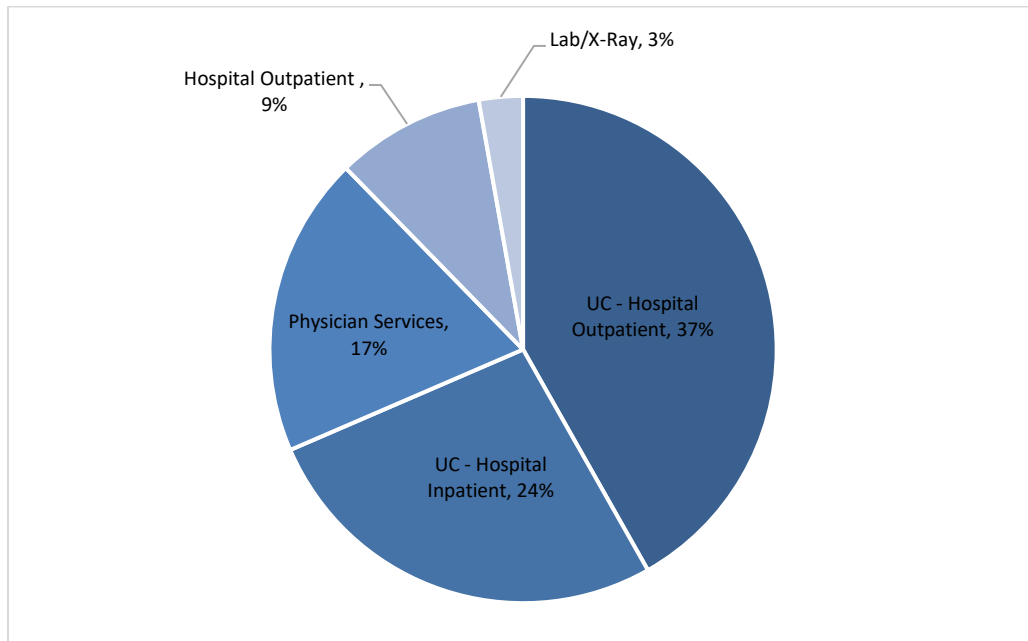


Figure 8 - Source of Care Identified by the Top 5 Providers Utilized by HCAP Clients in April

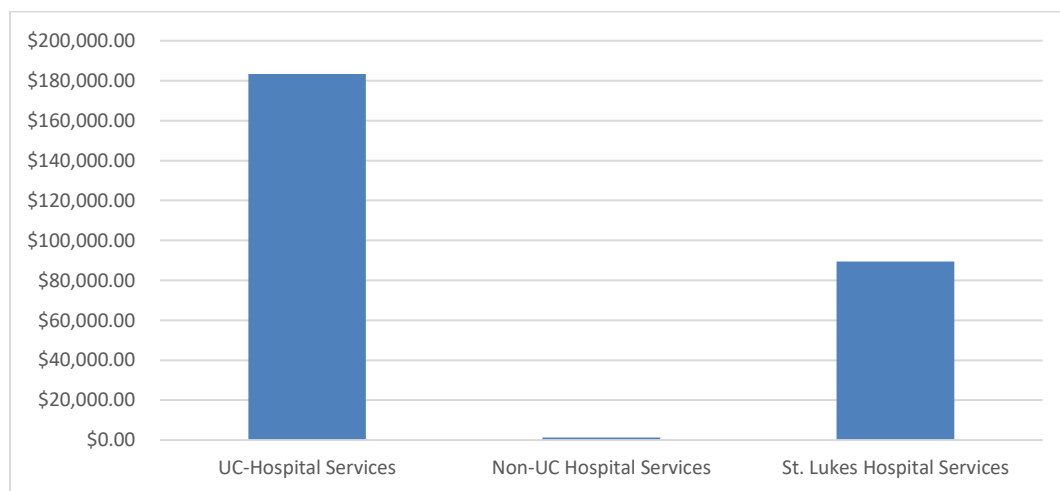


Figure 9 – Reimbursement Amount for Top Providers

Case Management Updates

Education

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

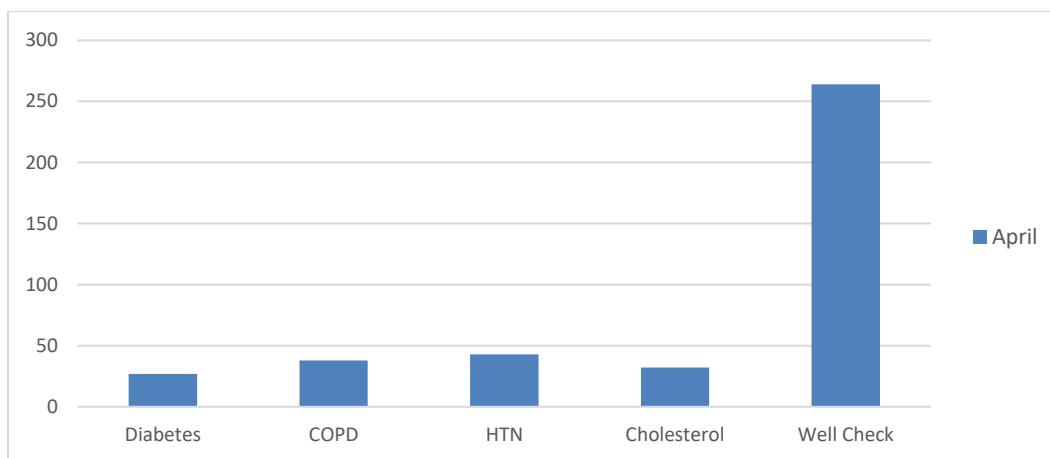


Figure 10 - Client Education

Top Five Diagnoses

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

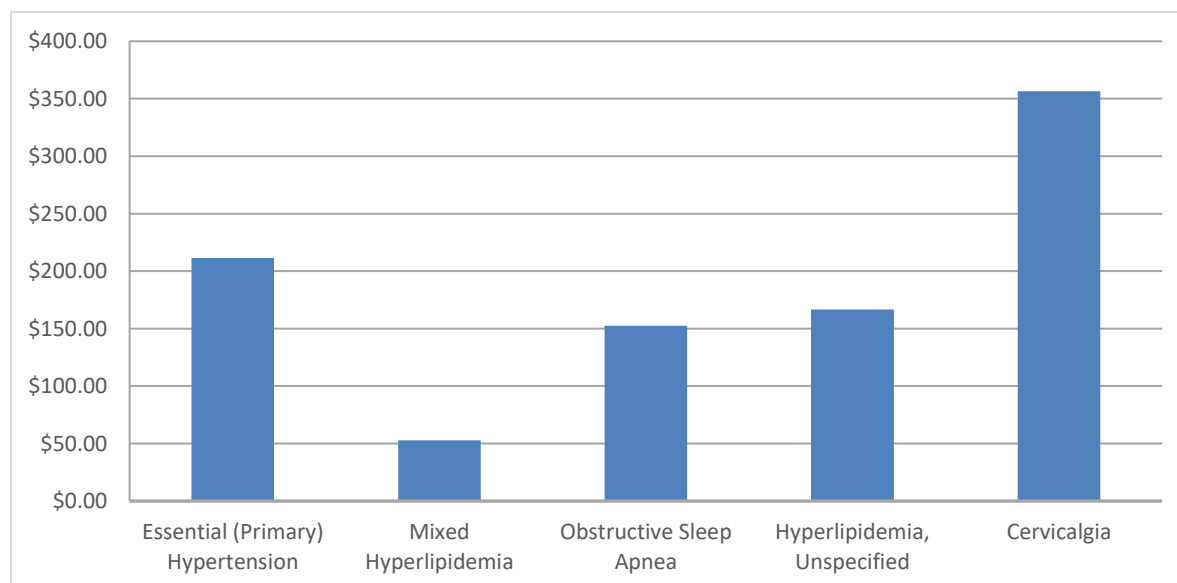


Figure 11 – Average Cost per Claim for Top 5 Diagnoses

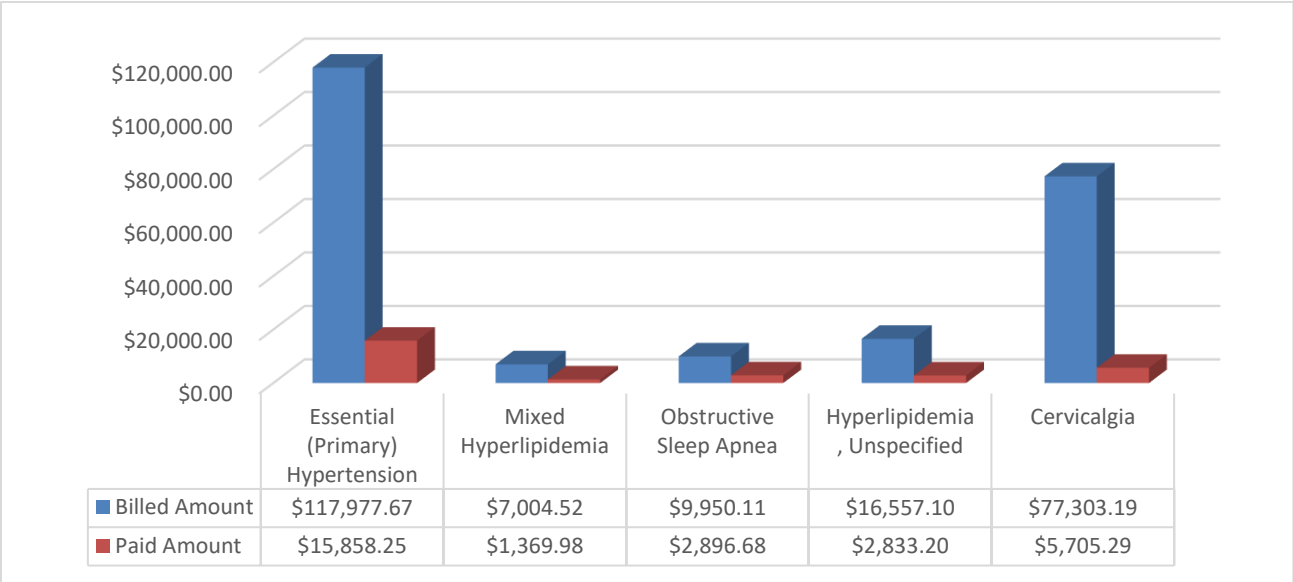


Figure 12 – Amount Billed V. Amount Paid for Top 5 diagnoses

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. Our number remains unchanged from the previous report; six clients have reached the maximum liability for the fiscal year.

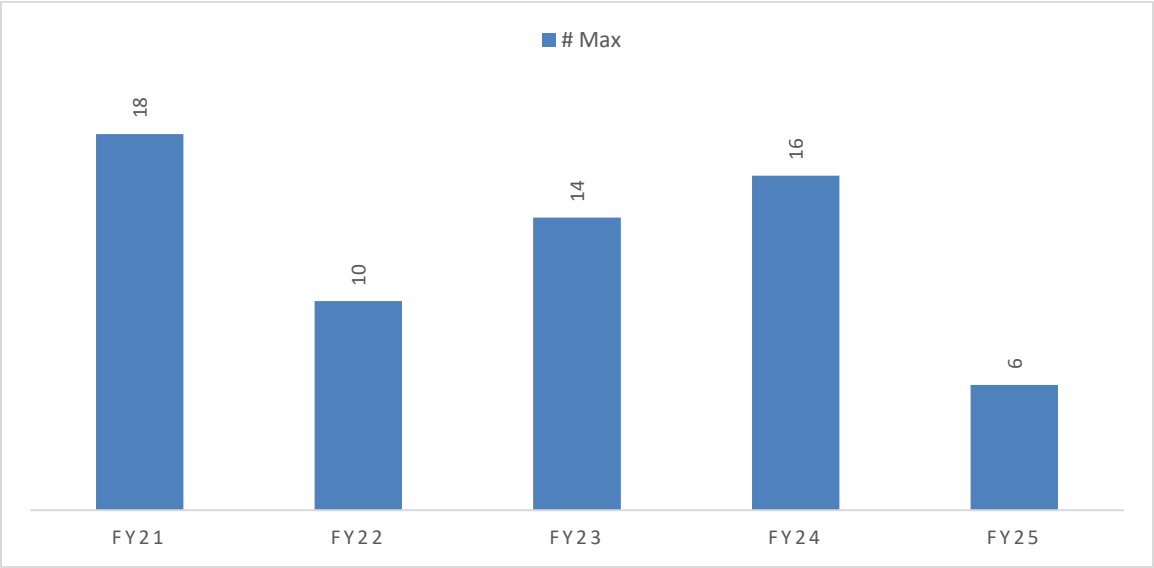


Figure 13 – Maximum Liability Exhausted FY21-25

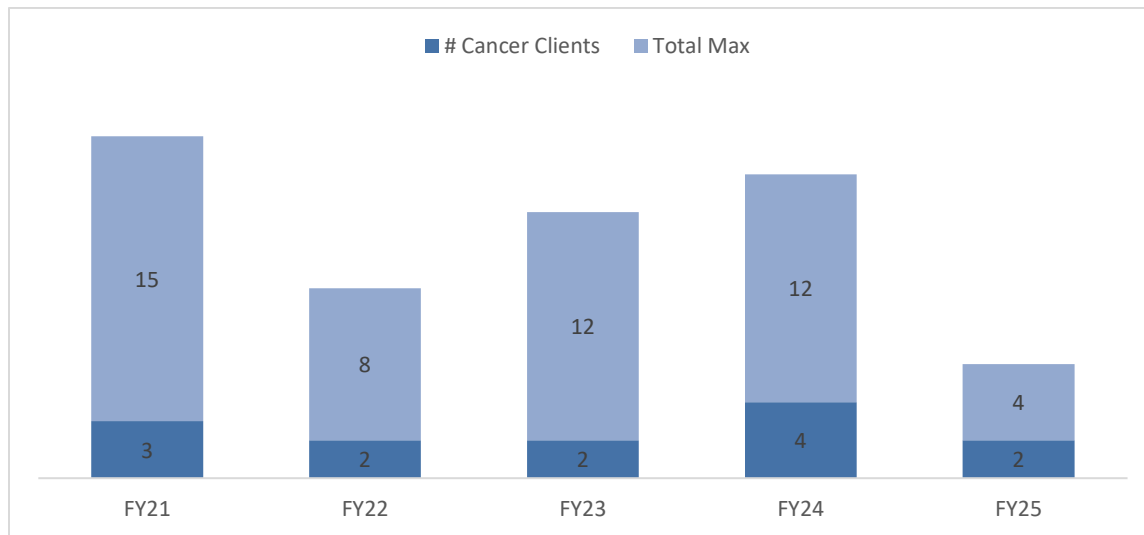


Figure 14 – Number of Clients at Maximum Liability V. Portion of Max with Cancer Diagnosis

Prescription Benefit Updates:

Table 1

Month	Applying Clients	Total Applications	Monthly Savings= (ACQ + Dispensing Fee + 2%)
Apr-25	11	20	\$10,098.03
Mar-25	19	23	\$47,865.70
Feb-25	9	10	\$28,729.73
Jan-25	12	20	\$17,304.34
Dec-24	7	8	\$9,882.53
Nov-24	6	6	\$10,852.05
Oct-24	11	12	\$29,082.96
Sep-24	12	12	\$39,259.82
Aug-24	7	9	\$3,464.00
Jul-24	12	12	\$34,047.20
Jun-24	19	24	\$65,526.13
May-24	13	13	\$26,834.11
Apr-24	10	12	\$22,786.11

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

514 claims were filled in April which is an increase of 8% from the filled volume in February. 509 of the claims filled were generic and 5 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 indicates the total number of RX's dispensed in a month and Figure 16 is MCHD's monthly cost for all RX's.

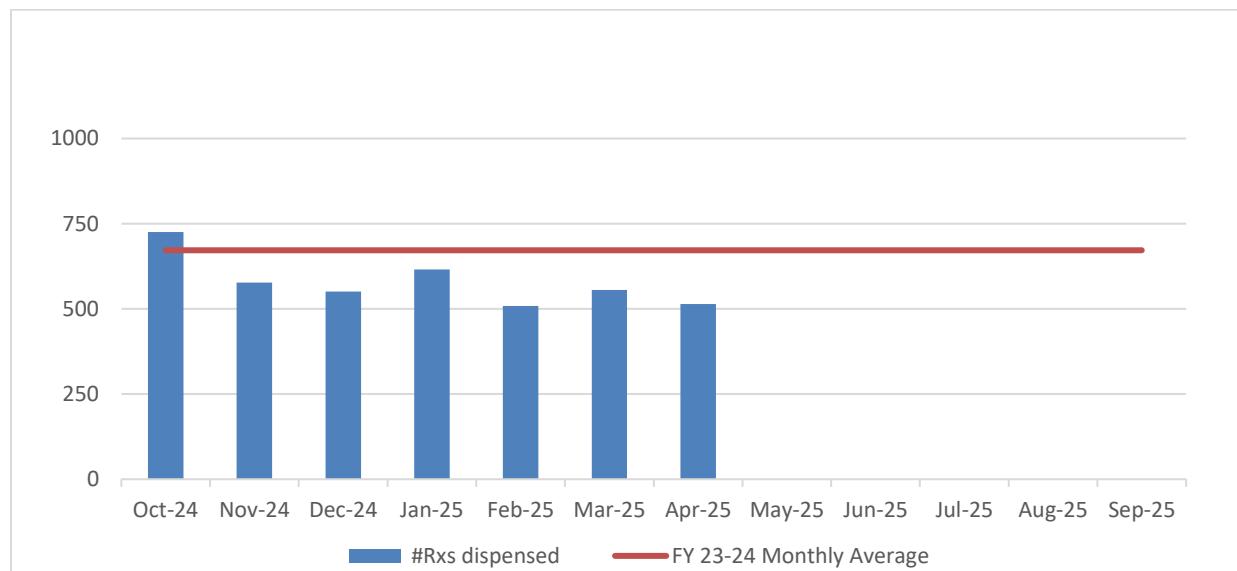


Figure 15 – Monthly Volume of Claims

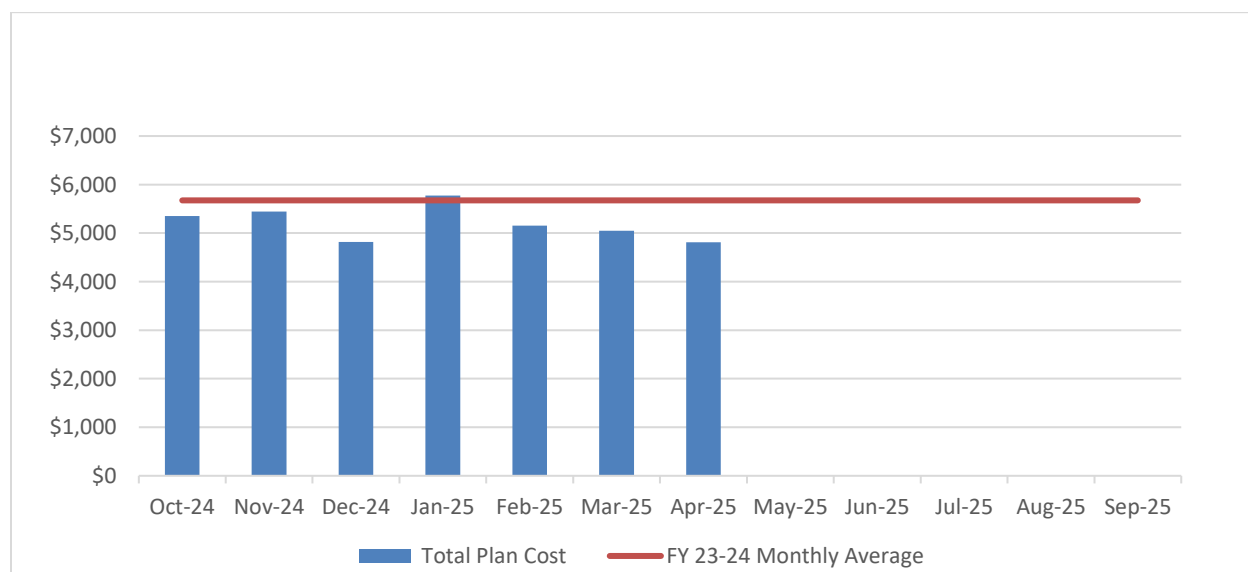


Figure 16 – Total Plan Cost

Agenda Item # 7e



To: Board of Directors

From: Brett Allen, CFO

Date: May 27, 2025

Re: Update on Accounting and Billing Departments

Accounting

- **FY 2026 Budget:** The budget process is progressing. The capital coordination meeting was held on April 25th. Next week, we will review and discuss payroll for next year.
- **Accounting System Conversion:** Oracle is preparing the accounts payable data for migration into NetSuite for Government (NS4G). After that, fixed assets will be loaded. Core user training is scheduled to occur June 10th through June 12th.

Billing

- **Billing Software Conversion:** ImageTrend Billing Bridge software went live beginning with EMS dates of service beginning March 1st. The implementation has gone well, but we will continue to adjust workflow and work through minor issues for the next few months.
- **Collections**
 - Collections for the month of March 2025: \$2,330,804
 - Collections for the month of March 2024: \$2,295,953

Agenda Item # 8



To: Board of Directors


From: Justin Evans

Date: 5/27/2025

Re: Contract negotiations with the selected vendor for RFP No. FY2025-016-01 EMS Station 46 Renovation and Covered Parking Electrical.

MCHD published a Request for Proposals for EMS Station 46 Renovation and Covered Parking Electrical. The District received four proposals.

The proposals were then evaluated on Safety Experience (5 Points), Fee (40 Points), Contractor Experience (20 Points), References (10 Points), Experience of Proposed Personnel (20 Points), other Factors (5 Points) and Interview Evaluation (25 Points). Please see the evaluation summary below.

<div> SELECTION CRITERIA POINT TABULATION Competitive Sealed Proposal</div>								
EMS Station 46 Renovation & Covered Parking Electrical Montgomery County Hospital District Bid Submittal - April 15, 2025								
General Contractor	Safety Experience	Fee	Contractor Experience	References	Experience of Proposed Personnel	Other Factors	Interview Evaluation	Total
Point Value	5	40	20	10	20	5	25	125
JLA Construction Solutions LLC	1	38	5	5	3	2	NA	54
Frost Construction Company	1	40	0	10	3	3	NA	57
LaW Construction	3	34	20	10	20	4	25	116
Construction Masters	3	37	20	10	18	3	20	111

Based on scoring we recommend that contract negotiations begin with LaW Construction.

Yes No N/A

- ☐ ☐ ☒ Budgeted item?
- ☐ ☐ ☒ Within budget?
- ☐ ☐ ☐ Renewal contract?
- ☐ ☐ ☐ Special request?

AGENDA ITEM # 9

Board Mtg: 05/27/25

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

Montgomery County Hospital District Summary of Claims Processed For the Period 03/05/25 to 04/30/25

Disbursement Date	Board Reviewed	Payments Made to All Other Vendors (Non-UPL)	
<u>March</u>			
March 5, 2025	Yes	\$	47,676.32
March 19, 2025	Yes	\$	42,599.63
March 26, 2025	Yes	\$	24,530.46
Total March Payments - MTD		\$	114,806.41
Monthly Budget - March 2025		\$	157,930.00
<u>April</u>			
April 2, 2025	No	\$	28,696.94
April 9, 2025	No	\$	13,713.78
April 16, 2025	No	\$	40,529.96
April 23, 2025	No	\$	37,619.52
April 30, 2025	No	\$	59,186.40
Total April Payments - MTD		\$	179,746.60
Monthly Budget - April 2025		\$	157,929.00

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

AGENDA ITEM # 10

Board Mtg: 05/27/25

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

**Montgomery County Hospital District
Summary of Claims Processed
For the Period 05/01/25 through 05/31/25**

<u>Disbursement Date</u>	<u>Value of Services Provided by HCA and Affiliated Providers</u>
<u>May</u>	
May Voluntary Contribution for Medicaid 1115 Waiver Program	\$ 248,285.00
Budgeted Amount May 2025	\$ 248,285.00
Over / (Under) Budget	\$ -

Agenda Item # 11



To: Board of Directors

From: Ade Moronkeji

Date: May 27, 2025

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

Revisions are based on the 2025 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 04/15/2024**

# 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

New Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

CIHCP Monthly Income Standards Effective May 1, 2025

Based on the 2025 Federal Poverty Guideline (FPG)

# of Individuals in the MCICP Household	21% FPG Minimum Income Standard
1	\$274
2	\$370
3	\$466
4	\$563
5	\$659
6	\$755
7	\$851
8	\$948
9	\$1,044
10	\$1,140
11	\$1,236
12	\$1,333

- **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-May. 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 04/15/24**

# 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

New Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

CIHCP Monthly Income Standards Effective May 1, 2025
Based on the **2025** Federal Poverty Guideline (FPG)

# of Individuals in the MAP Household	150% FPG Minimum Income Standard
1	\$1,956
2	\$2,644
3	\$3,331
4	\$4,019
5	\$4,706
6	\$5,394
7	\$6,081
8	\$6,769
9	\$7,456
10	\$8,144
11	\$8,831
12	\$9,519

- **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-May. The HCAP program updates its FPIL guidelines when the State County Indigent Healthcare Program publishes its new guidelines. This revision potentially will result in more applicants qualifying for assistance under the MAP program.

Fiscal Impact:

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

Montgomery County Hospital District

Montgomery County Indigent Care Plan

Handbook Procedures and Guidelines

Revised May 1, 2025
~~April 15, 2024~~

Board Reviewed/Approved

MONTGOMERY COUNTY HOSPITAL DISTRICT
MONTGOMERY COUNTY INDIGENT CARE PLAN HANDBOOK

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

TECHNICAL ASSISTANCE

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

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

Office Hours:

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

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

SECTION ONE

PLAN ADMINISTRATION

INTRODUCTION

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

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

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

SECTION ONE
PLAN ADMINISTRATION
INTRODUCTION

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

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

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

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

MCHD MCICP Handbook

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

The purpose of the MCHD MCICP Handbook is to:

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INTRODUCTION

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

GENERAL ADMINISTRATION

MCHD Responsibility

The District will:

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

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PLAN ADMINISTRATION
GENERAL ADMINISTRATION

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

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

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

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GENERAL ADMINISTRATION

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

SECTION TWO ELIGIBILITY CRITERIA

RESIDENCE

General Principles

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

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RESIDENCE

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

Verifying Residence

Verify residence for all clients.

Proof may include but is not limited to:

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

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

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

Documenting Residence

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

CITIZENSHIP

General Principles

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

HOUSEHOLD

General Principles

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

MCHD MCICP Household

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

Disqualified Persons

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

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

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ELIGIBILITY CRITERIA
HOUSEHOLD

MCHD MCICP One-Person Household

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

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

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

Verifying Household

All households are verified.

Proof may include but is not limited to:

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

Documenting Household

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

RESOURCES

General Principles

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

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RESOURCES

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

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

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

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

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

Income- Producing Property

Exempt property that:

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

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

Insurance Settlement

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

Lawsuit Settlement

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

Life Insurance

Exempt the cash value of life insurance policies.

Liquid Resources

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

Loans (Non-Educational)

Exempt these loans from resources.

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

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

Lump-Sum Payments

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

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

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

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

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

Personal Possessions

Exempt.

Real Property

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

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

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

Reimbursement

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

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

Retirement Accounts

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

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

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

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

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

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

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

Exclude all retirement accounts or plans established under:

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

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

Trust Fund

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

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

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RESOURCES

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

Vehicles

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

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

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

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

SECTION TWO
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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
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RESOURCES

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

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

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

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

How To Determine Fair Market Value of Vehicles.

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

SECTION TWO
ELIGIBILITY CRITERIA
RESOURCES

Penalty for Transferring Resources

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

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

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

Use the chart below to determine the length of denial.

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

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

Verifying Resources

Verify all countable resources.

Proof may include but is not limited to:

- Bank account statements and
- Award letters.

Documenting Resources

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

INCOME

General Principles

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

Adoption Payments

Exempt.

Alien Sponsor's Income

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

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

Sec. 61.012. REIMBURSEMENT FOR SERVICES.

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

SECTION TWO
ELIGIBILITY CRITERIA
INCOME

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

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

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

Cash Gifts and Contributions

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

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

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

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

Child's Earned Income

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

Child Support Payments

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

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

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

Count child support arrears as income to the caretaker.

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

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

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

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

Crime Victim's Compensation Payments

Exempt.

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

Disability Insurance Payments

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

Dividends and Royalties

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

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

Educational Assistance

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

Energy Assistance

Exempt the following types of energy assistance payments:

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

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

Foster Care Payments

Exempt.

Government Disaster Payments

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

SECTION TWO
ELIGIBILITY CRITERIA
INCOME

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

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

In-Kind Income

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

Interest

Count as unearned income.

Job Training

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

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

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

Loans (Non-educational)

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

Lump-Sum Payments

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

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

SECTION TWO
ELIGIBILITY CRITERIA
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.

SECTION TWO
ELIGIBILITY CRITERIA
INCOME

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

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

Self-Employment Income

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

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

Types of self-employment include:

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

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

SSI Payments

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

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

TANF

Exempt Temporary Assistance to Needy Families (TANF) benefits.

SECTION TWO
ELIGIBILITY CRITERIA
INCOME

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

Terminated Income

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

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

Income is not terminated if:

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

Third-Party Payments

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

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

Tip Income

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

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

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

Trust Fund

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

Unemployment Compensation Payments

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

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

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

VA Payments

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

Vendor Payments

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

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

Wages, Salaries, Commissions

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

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

Workers' Compensation Payments

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

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

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

Other Types of Benefits and Payments

Exempt benefits and payments from the following programs:

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

Verifying Income

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

Proof may include but is not limited to:

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

Documenting Income

On HCAP Form 101, document the following items.

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

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

The following exceptions apply:

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

BUDGETING INCOME

General Principles

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

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

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

Steps for Budgeting Income

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

Step 1

Determine countable income.

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

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

Step 2

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

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

Self-employment Income.

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

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

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

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

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

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

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

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

Step 3

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

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

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

Step 4

Convert self-employment allowable costs to monthly amounts.

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

Step 5

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

Step 6

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

Step 7

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

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

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

Step 8

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

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

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

Step 9

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

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

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

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

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

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 05/15/2024
21 % FPIL**

# of Individuals in the MCICP Household	Income Standard 21% FPIL
1	\$264 <u>\$274</u>
2	\$368 <u>\$370</u>
3	\$462 <u>\$466</u>
4	\$546 <u>\$563</u>
5	\$640 <u>\$659</u>
6	\$734 <u>\$755</u>
7	\$828 <u>\$851</u>
8	\$923 <u>\$948</u>
9	\$1,017 <u>\$1,044</u>
10	\$1,111 <u>\$1,140</u>
11	\$1,205 <u>\$1,236</u>
12	\$1,299 <u>\$1,333</u>

Note: Based on the 20252024 Federal Poverty Income Limits (FPIL), which changes March-May of every year.

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

SECTION THREE

CASE PROCESSING

CASE PROCESSING

General Principles

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

SECTION THREE
CASE PROCESSING

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

SECTION THREE
CASE PROCESSING

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

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

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

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

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

SECTION THREE
CASE PROCESSING

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

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

PROCESSING AN APPLICATION

Steps for Processing an Application

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

Step 1

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

Step 2

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

Step 3

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

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

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

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PROCESSING AN APPLICATION

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

Step 4

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

Step 5

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

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

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

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

Step 6

Repeat Steps 2 and 3 as necessary.

Step 7

Determine eligibility based on the five eligibility criteria.

Document information in the case record to support the decision.

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

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

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

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

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

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

Staff Acknowledgement regarding Step 2

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

Step 8

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

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

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

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

Reasons for denial include but are not limited to:

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

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PROCESSING AN APPLICATION

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

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

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

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

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

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

Termination of Coverage

Expiration of Coverage:

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

Termination:

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

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

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

DENIAL DECISION DISPUTES

Responses Regarding a Denial Decision

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

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

The Household/Client Appeal Process

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

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DENIAL DECISION DISPUTES

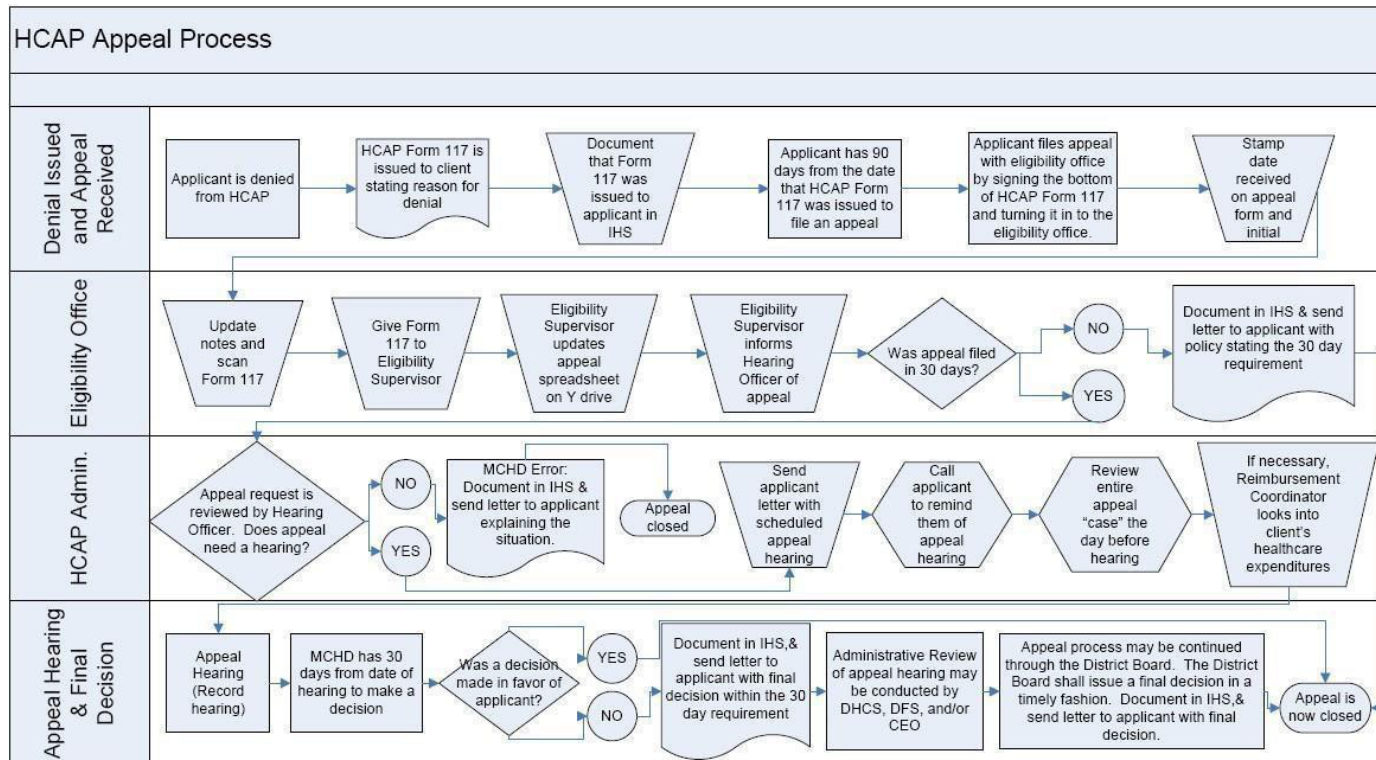
The decision as to whether or not an appeal is necessary is decided upon by the Hearing Officer after reviewing the case.

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

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

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DENIAL DECISION DISPUTES

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
 - Skilled nursing facility services
 - Prescription drugs
 - Rural health clinic services
 - Inpatient hospital services
 - Outpatient hospital services
- ✓ In addition to providing basic health care services, MCHD may provide other extended health care services that the hospital district determines to be cost-effective.

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- The extended health care services are:
 - Advanced practice nurse services provided by
 - ✓ Nurse practitioner services (ANP)
 - ✓ Clinical nurse specialist (CNS)
 - ✓ Certified nurse midwife (CNM)
 - ✓ Certified registered nurse anesthetist (CRNA)
 - Ambulatory surgical center (freestanding) services
 - Bi-level Positive Airway Pressure (BIPAP) therapy
 - 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)
 - Home and community health care services (in special circumstances with authorization)
 - Occupational Therapy Services
 - Physician assistant services (PA)
 - Physical Therapy Services

SECTION FOUR
SERVICE DELIVERY

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

SECTION FOUR
SERVICE DELIVERY
BASIC HEALTH CARE SERVICES

- a. 30 days of hospitalization refers to inpatient hospitalization.
- ✓ The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospital, to each MCICP client is:
 - 1. \$20,000;
- ✓ The Montgomery County Hospital District is the payor of last resort and shall provide assistance only if other adequate public or private sources of payment are not available. In addition, MCHD is not secondary to any insurance benefits or exhausted benefits.
- ✓ For claim payment to be considered, a claim should be received:
 - 1. Within 95 days from the approval date for services provided before the household was approved or
 - 2. Within 95 days from the date of service for services provided after the approval date.
- ✓ The payment standard is determined by the date the claim is paid.
- ✓ MCHD MCICP mandated providers must provide services and supplies.
- ✓ Montgomery County Hospital District's EMS must provide all EMS services.
 - Upon request for EMS the provider must identify the patient as an MCICP client to the EMS Dispatch center.
- ✓ Any exception requires MCHD MCICP approval for each service, supply, or expense.
- ✓ Co-payments: \$0

BASIC HEALTH CARE SERVICES

MCHD-established Basic Health Care Services:

- ✓ **Annual Physical Examinations**
- ✓ **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.

Immunizations

These are covered when appropriate. A client must have a current prescription from a physician for the immunization. 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:

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BASIC HEALTH CARE SERVICES

- ✓ 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

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SERVICE DELIVERY
BASIC HEALTH CARE SERVICES

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 these 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. Co-payment requested on additional medications is \$7.50 for each generic drug and \$12.50 for each brand name drug.

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

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BASIC HEALTH CARE SERVICES

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 with a copay 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**
- ✓ **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

SECTION FOUR
SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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

Bi-level Positive Airway Pressure (BIPAP)

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

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/Wafer

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

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SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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 known as LMSW -ACP), a licensed marriage family therapist (LMFT), licensed professional counselor (LPC), or a Ph.D. psychologist. These services may also be provided based on an APN referral if the referral is within the scope of their practice.

The hospital district requires prior authorization for all mental health (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.

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- 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

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SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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]

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SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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 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;

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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;
- For care or treatment furnished by:
 - Christian Science Practitioner
 - Homeopath
 - Marriage, Family, Child Counselor (MFCC)

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

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

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

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

Conflicts In Other Agreements:

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

SERVICE DELIVERY DISPUTES

Appeals of Adverse Benefits Determinations

All claims and questions regarding health claims should be directed to the 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:

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

First Appeal Level

Requirements for First Appeal

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

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

Decision on Second Appeal to be Final

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

Appointment of Authorized Representative

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

MANDATED PROVIDER INFORMATION

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

Continuity of Care:

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

Prior Approval:

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

Mandatory Notification Requirements:

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

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SERVICE DELIVERY
MANDATED PROVIDER INFORMATION

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

Authorization:

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

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

Emergency Defined:

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

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

Emergency Medical Services:

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

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SERVICE DELIVERY
MANDATED PROVIDER INFORMATION

Reimbursement:

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

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

Return to Mandated Provider:

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

Appeal:

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

SECTION FIVE FORMS

FORMS

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

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

APPENDIX I GLOSSARY OF TERMS

GLOSSARY

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

Accessible Resources - Resources legally available to the household.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The District – Montgomery County Hospital District

Domicile - A residence

DSHS - Department of State Health Services (Texas DSHS)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Gross Income - Income before deductions.

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX I.
GLOSSARY OF TERMS

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

Net income - Gross income minus allowable deductions.

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

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

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

Real Property - Land and any improvements on it.

Reimbursement - Repayment for a specific item or service.

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

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

Relationship also extends to:

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

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

APPENDIX I.
GLOSSARY OF TERMS

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

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

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

TDSHS – Texas Department of State Health Services

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

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

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

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

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

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

APPENDIX II MCHD'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT¹

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) determine the debt owed by the district; and

(2) impose on the property included in the district's tax rolls a tax that is in proportion of the debt to the property value.

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

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

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

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

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

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

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

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

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

(1) determine whether the petition is valid; and

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

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

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

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

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

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

(1) the first Saturday in May; or

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

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

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

favor dissolution, the board of directors shall continue to administer the district and

another election on the question of dissolution may not be held before the third anniversary

of the most recent election to dissolve the district.

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

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

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

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

Sec. 26. The importance of this legislation and the crowded condition of the

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

APPENDIX III

CHAPTER 61

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

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

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

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

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

**APPENDIX IV
TEXAS
ADMINISTRATIVE
CODE SUBCHAPTERS**

APPENDIX IV.
TEXAS ADMINISTRATIVE CODE SUBCHAPTERS

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

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

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

The CIHCP rules may be accessed at:

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

APPENDIX V FEDERAL POVERTY GUIDELINES

FEDERAL POVERTY GUIDELINES

FAMILY SIZE	21 % FPIL
1	\$264 <u>\$274</u>
2	\$358 <u>\$370</u>
3	\$452 <u>\$466</u>
4	\$546 <u>\$563</u>
5	\$640 <u>\$659</u>
6	\$734 <u>\$755</u>
7	\$828 <u>\$851</u>
8	\$923 <u>\$948</u>
9	\$1,017 <u>\$1,044</u>
10	\$1,111 <u>\$1,140</u>
11	\$1,205 <u>\$1,236</u>
12	\$1,299 <u>\$1,333</u>

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* Effective ~~April 15, 2024~~ May 1, 2025

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

State of Texas §
 §
County of Montgomery §

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

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

WITNESSETH:

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

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

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

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

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

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

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

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

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

I.

ENROLLMENT INTO HOSPITAL DISTRICT PUBLIC ASSISTANCE PROGRAM

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

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

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

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

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

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

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

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

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

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

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

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

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

II. LIABILITY

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

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

III. NOTICES

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

MCHD: Donna Daniel, Records Manager
P.O. 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:

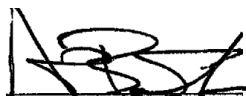
Mark Turnbull, County Clerk

MONTGOMERY COUNTY HOSPITAL
DISTRICT

By: Randy Johnson, Chief Executive
Officer

Date: _____


MONTGOMERY COUNTY, TEXAS



By: Al B. Sadler, County Judge

Date: MAR 24 2014

Attest:



Mark Turnbull, County Clerk

APPENDIX VII
MCHD
HCAP FORMULARY

MCHD HCAP Preferred Drug List



This is a condensed version of the IPM-MCHD Formulary. Changes may occur and plan exclusions apply. Benefit designs vary with respect to drug coverage, quantity limits, step therapy, days supply, and prior authorization.

* For questions contact HCAP pharmacy benefit personnel @ 936-523-5108

ANTI-INFECTIVE

ANTIFUNGALS

clotrimazole
fluconazole
clotrimazole/betamethasone
econazole
ketoconazole
nystatin
terbinafine
nystatin/triamcinolone
ciclopirox cream/shampoo

CEPHALOSPORINS

cefaclor
cefadroxil
cefdinir
cefepodoxime
cefprozil
cefuroxime
cephalexin

FLUOROQUINOLONES

ciprofloxacin
ofloxacin
levofloxacin

MACROLIDE ANTIBIOTICS

azithromycin
clarithromycin
erythromycin

PENICILLINS

amoxicillin
amoxicillin- clavulanate
ampicillin
dicloxacillin
penicillin

MISC. ANTI-INFECTIVES

clindamycin
doxycycline
metronidazole
minocycline
nitrofurantoin
tetracycline
trimethoprim
trimethoprim/ sulfamethoxazole
vancomycin

ANTIVIRALS

acyclovir
valacyclovir

CARDIOVASCULAR

ACE INHIBITORS

benazepril
captopril
enalapril
fosinopril
lisinopril
quinapril
ramipril capsules

ANGIOTENSIN II BLOCKERS

losartan
olmesartan
valsartan

ANTIADRENERGICS

clonidine
doxazosin
terazosin

ANTIDYSRHYTHMICS

amiodarone
digoxin
sotalol

ANTHYPERLIPIDEMICS

cholestyramine
fenofibrate
gemfibrozil
lovastatin
atorvastatin
pravastatin
rosuvastatin
simvastatin
ezetimibe
niacin

ANTIHYPERTENSIVE COMBOS

amlodipine/ benazepril
atenolol/ chlorthalidone
benazepril/ HCTZ
bisoprolol /HCTZ
captopril/ HCTZ
enalapril/ HCTZ
fosinopril/ HCTZ
losartan/ HCTZ
methyldopa/ HCTZ
metoprolol/ HCTZ
trimaterene/ HCTZ
quinapril/HCTZ Tabs
valsartan/HCTZ

ANTIPLATELET AGENT

clopidogrel
cilostazol

BETA BLOCKERS

atenolol
carvedilol
labetalol
metoprolol
nadolol
propranolol
sotalol
bisoprolol

CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem
felodipine
nifedipine
verapamil

CENTRAL NERVOUS SYSTEM

ALZHEIMER AGENTS

donepezil Tabs
memantine Tabs
rivastigmine Caps

ANTICONVULSANTS

carbamazepine- ER Tabs
divalproex- ER Tabs
lamotrigine Tabs
levetiracetam Tabs
oxcarbazepine
phenytoin
topiramate
valproic Acid
zonisamide

ANTIDEPRESSANTS

amitriptyline
citalopram
escitalopram
desvenlafaxine
doxepin
duloxetine
fluoxetine
imipramine
mirtazapine
nortriptyline
paroxetine
sertraline
trazodone
venlafaxine

ANTIPARKINSON

carbidopa & levodopa tabs
ropinirole

CENTRAL NERVOUS SYSTEM
(continued)

NEUROPATHIC - PAIN

gabapentin

MIGRAINE

(Quantity Limits -Tabs only)

Fioricet (generic)

Fioricet/codeine (generic) prior authorization required

Fiorinal (generic)

Fiorinal/codeine (generic) prior authorization required

sumatriptan

rizatriptan

ENDOCRINE/METABOLIC

ANTIDIABETICS

glimepiride

glipizide/ extended-release

glipizide/ metformin

glyburide

glyburide/ metformin

metformin/ extended-release

arcobose

pioglitazone

INSULINS vials only-(requires PA)

Humulin - generic

Levemir-generic

Lantus-generic

Novolin-generic

Novolog-generic

OTHER ENDOCRINE DRUGS

alendronate

risedronate Tabs

ESTROGENS

estradiol

THYROID

euthyrox

liothyronine

levothyroxine

armour thyroid

GASTRO-INTESTINAL

H-2 ANTAGONISTS

famotidine

ranitidine

PROTON PUMP INHIBITORS

esomeprazole

lansoprazole

omeprazole

pantoprazole

MISC. ULCER

dicyclomine

misoprostol

sucralfate

MUSKULOSKELETAL

NSAIDS

celecoxib caps

diclofenac

etodolac

ibuprofen

indomethacin

ketorolac

meloxicam

nabumetone

naproxen

piroxicam

sulindac

OTHER MUSCLE RELAXANTS

baclofen

cyclobenzaprine

methocarbamol

tizanidine

RESPIRATORY

ALLERGY - nasal

flunisolide

fluticasone

ANTIASTHMATICS

albuterol nebulization

albuterol/ ipratropium neb

ipratropium nebulization

INHALERS

albuterol

Wixela-pa req

fluticasone/salmeterol

UROLOGICAL

ANTICHOLINERGICS/ ANTISPASMODICS

hyoscyamine subl

oxybutynin

BENIGN PROSTATIC HYPERTROPHY

doxazosin

finasteride

tamsulosin

terazosin

Montgomery County Hospital District

Medical Assistance Plan

Handbook Procedures and Guidelines

Revised ~~April 15, 2024~~ May 1, 2025

Board Reviewed/Approved

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

TECHNICAL ASSISTANCE

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

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

Office Hours:

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

Friday:
7:30am - 11:30am

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

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

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

Melissa Miller
Chief Operating Officer
Ext. 1191
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HCAP Asst. Manager
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As not all situations are covered in this manual and thereby the Chief Operating Officer, Chief Financial Officer, and/or Chief Executive Officer for Montgomery County Hospital District have administrative control over the Medical Assistance Plan and are authorized to overrule and make management decisions for special circumstances, as they deem necessary.

SECTION ONE

PLAN ADMINISTRATION

INTRODUCTION

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

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

In addition to the services provided to indigents, the Board of Directors have approved Plan rules for the provision of certain health care services to persons who are determined not to be indigent per the definitions contained in chapter 61 and the rules adopted by the Department, but whose income and resources fall between indigent (21% of federal poverty income limit, such limit known as "FPIL") and 150% of FPIL, it being found by the Board of Directors that such persons, while not meeting the chapter 61 definition of indigent, generally lack

financial resources in amounts sufficient to obtain basic health care services. The Plan rules for services to persons who are found to be above 21% of FPIL but below 150% of FPIL are set forth in this Handbook.

These Medical Assistance Plan Policies are promulgated and approved pursuant to section 5(a) of the District's enabling legislation and are intended to provide guidelines and rules for the qualification and enrollment of participants into the District's Medical Assistance Plan. In many instances, these policies track the indigent health care Plan policies approved by the Texas Department of State Health Services and imposed upon non-hospital district counties pursuant to the Indigent Health Care and Treatment Act. In addition, these policies are intended to ensure the delivery of quality and medically necessary healthcare services to Plan participants in a fair and non-discriminatory manner.

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

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

- MCHD's Enabling Legislation may be found in Appendix II.

- Chapter 61, Health and Safety Code may be found in Appendix III or online at: 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

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

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

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

- 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:

- 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.

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

HOUSEHOLD

General Principles

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

3. Review of background check:

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

MCHD MAP Household

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

Disqualified Persons

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

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

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 an ax assessment or a newspaper advertisement indicating the sale value if similar vehicles.
- Determine the value of new vehicles not listed on an automotive buying resource website by asking the household to provide an estimate of the average trade-in or wholesale value from a new car dealer or a bank loan officer. If this cannot be done, accept the household's estimate unless it is questionable and would affect eligibility. Use the vehicle's loan value only if other sources are unavailable. Request proof of the value of licensed antique, custom made, or classic vehicles from the household if you cannot make an accurate appraisal.

Penalty for Transferring Resources

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

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

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

Use the chart below to determine the length of denial.

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

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

Verifying Resources

Verify all countable resources.

Proof may include but is not limited to:

- Bank account statements and
- Award letters.

Documenting Resources

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

INCOME

General Principles

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

Adoption Payments

Exempt.

Alien Sponsor's Income

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

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

Sec. 61.012. REIMBURSEMENT FOR SERVICES.

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

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

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

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

Cash Gifts and Contributions

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

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

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

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

Child's Earned Income

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

Child Support Payments

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

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

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

Count child support arrears as income to the caretaker.

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

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.

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

VA Payments

Count the gross Veterans Administration (VA) payment as unearned income, minus any amount being recouped for a VA overpayment.

Exempt VA special needs payments, such as annual clothing allowances or monthly payments for an attendant for disabled veterans.

Vendor Payments

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

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

Wages, Salaries, Commissions

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

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

Workers' Compensation Payments

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

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

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

Other Types of Benefits and Payments

Exempt benefits and payments from the following programs:

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

Verifying Income

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

Proof may include but is not limited to:

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

Documenting Income

On HCAP Form 101, document the following items.

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

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

The following exceptions apply:

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

BUDGETING INCOME

General Principles

- Count income already received and any income the household expects to receive. If the household is not sure about the amount expected or when the income will be received, use the best estimate.
- Income, whether earned or unearned, is counted in the month that it is received.
- Count terminated income in the month received. Use actual income and do not use conversion factors if terminated income is less than a full month's income.
- View at least two pay amounts in the time period beginning 45 days before the interview date or the process date for cases processed without an interview. However, do not require the household to provide verification of any pay amount that is older than two months before the interview date or the process date for cases processed without an interview.
- When determining the amount of self-employment income received, verify four recent pay amounts that accurately represent their pay. Verify one month's pay amount that accurately represent their pay for self-employed income received monthly. Do not require the household to provide verification of self-employment income and expenses for more than two calendar months before the interview date or the case process date if not interviewed, for income received monthly or more often.
- Accept the applicant's statement as proof if there is a reasonable explanation of why documentary evidence or a collateral source is not available and the applicant's statement does not contradict other individual statements or other information received by the entity.
- Use at least three consecutive, current pay periods to calculate fluctuating income.
- The self-employment income projection, which includes the current month and 3 months prior, is the period of time that the household expects the income to support the family.
- There are deductions for earned income that are not allowed for unearned income.

- The earned income deductions are not allowed if the income is gained from illegal activities, such as prostitution and selling illegal drugs.

Steps for Budgeting Income

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

Step 1

Determine countable income.

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

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

Step 2

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

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

Self-employment Income.

- Compute self-employment income, using one of these methods:
 - Monthly. Use this method if the person has at least one full representative calendar month of self-employment income.

- Daily. Use this method when there is less than one full representative calendar month of self-employment income, and the source or frequency of the income is unknown or inconsistent.
- Determine if the self-employment income is monthly, daily, or seasonal, since that will determine the length of the projection period.
 - The projection period is monthly if the self-employment income is intended to support the household for at least the next 6 months. The projection period is the last 3 months and the current month.
 - The projection period is seasonal if the self-employment income is intended to support the household for less than 12 months since it is available only during certain months of the year. The projection period is the number of months the self-employment is intended to provide support.
- Determine the allowable costs of producing self-employment income, by accepting the deductions listed on the 1040 U.S. Individual Income Tax Return or by allowing the following deductions:
 - Capital asset improvements,
 - Capital asset purchases, such as real property, equipment, machinery and other durable goods, i.e., items expected to last at least 12 months,
 - Fuel,
 - Identifiable costs of seed and fertilizer,
 - Insurance premiums,
 - Interest from business loans on income-producing property,
 - Labor,
 - Linen service,
 - Payments of the principal of loans for income-producing property,
 - Property tax,
 - Raw materials,
 - Rent,
 - Repairs that maintain income-producing property,
 - Sales tax,
 - Stock,
 - Supplies,
 - Transportation costs. The person may choose to use 50.0 cents per mile instead of keeping track of individual transportation expenses. Do not allow travel to and from the place of business.
 - Utilities

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

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

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

Step 3

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

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

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

Step 4

Convert self-employment allowable costs to monthly amounts.

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

Step 5

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

Step 6

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

Step 7

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

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

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

Step 8

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

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.

**MONTGOMERY COUNTY HOSPITAL
DISTRICT MEDICAL ASSISTANCE PLAN
INCOME GUIDELINES EFFECTIVE ~~4/15/2024~~**

5/1/2025

21- 150% FPIL

# of Individuals in the MAP Household	Income Standard 21% FPIL	Income Standard 150% FPIL
1	<u>\$264</u> <u>\$274</u>	<u>\$1,883</u> <u>\$1,956</u>
2	<u>\$358</u> <u>\$370</u>	<u>\$2,555</u> <u>\$2,644</u>
3	<u>\$452</u> <u>\$466</u>	<u>\$3,228</u> <u>\$3,331</u>
4	<u>\$546</u> <u>\$563</u>	<u>\$3,900</u> <u>\$4,019</u>
5	<u>\$640</u> <u>\$659</u>	<u>\$4,573</u> <u>\$4,706</u>
6	<u>\$734</u> <u>\$755</u>	<u>\$5,245</u> <u>\$5,394</u>
7	<u>\$828</u> <u>\$851</u>	<u>\$5,918</u> <u>\$6,081</u>
8	<u>\$923</u> <u>\$948</u>	<u>\$6,590</u> <u>\$6,769</u>
9	<u>\$1,017</u> <u>\$1,044</u>	<u>\$7,263</u> <u>\$7,456</u>
10	<u>\$1,111</u> <u>\$1,140</u>	<u>\$7,935</u> <u>\$8,144</u>
11	<u>\$1,205</u> <u>\$1,236</u>	<u>\$8,608</u> <u>\$8,831</u>
12	<u>\$1,299</u> <u>\$1,333</u>	<u>\$9,280</u> <u>\$9,519</u>

Note: Based on the ~~2024~~ 2025 Federal Poverty Income Limits (FPIL), which changes March-May of every year.

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

SECTION THREE

CASE

PROCESSING

CASE PROCESSING

General Principles

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

- Issue written notice, namely, HCAP Form 109, Notice of Eligibility and HCAP Form 110, the MAP Identification Card, HCAP Form 120, Notice of Incomplete Application, or HCAP Form 117, Notice of Ineligibility, of the District's decision. If the District denies health care assistance, the written notice shall include the reason for the denial and an explanation of the procedure for appealing the denial.
- Review each eligible case record at least once every six months.
 - Approved applications are valid for a period not to exceed six (6) months but no less than 1 month.
 - Before the expiration date, all clients will receive a notice by mail that benefits will expire in the next two weeks.
 - All clients must start the eligibility process all over again at the time or re-application.
- Use the "Prudent Person Principle" in situations where there are unusual circumstances in which an applicant's statement must be accepted as proof if there is a reasonable explanation why documentary evidence or a collateral contact is not available and the applicant's statement does not contradict other client statements or other information received by staff.
- Current eligibility continues until a change resulting in ineligibility occurs and a HCAP Form 117 is issued to the household.
- Consult the hospital district's legal counsel to develop procedures regarding disclosure of information.
- Be aware that a person involved in a motor vehicle accident or an assault (before or during MAP benefit period) will not receive benefit coverage for any medical expenses related to that accident or assault, unless proper documentation is provided showing no other liability. The minimum documentation required consists of at least police report or auto insurance information. Other documentation may be necessary.
- Be aware that a person injured on the job (before or during MAP benefit period) who is entitled to 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:

- 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.

- 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

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

Step 4

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

Step 5

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

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

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

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

Step 6

Repeat Steps 2 and 3 as necessary.

Step 7

Determine eligibility based on the five eligibility criteria.

Document information in the case record to support the decision.

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

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

If a candidate has a telephone interview or does not require an 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,
- Resources exceed the resource limit,
- Income exceeds the income limit,
- Failed to keep an appointment,
- Failed to provide information requested,
- Failed to return the review application,
- Failed to comply with requirements to obtain other assistance, or
- Voluntarily withdrew.

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

Determine the applicant's Eligibility Effective Date. Current Eligibility begins on the first calendar day in the month that an identifiable application is filed or the earliest, subsequent month in which all eligibility criteria are met.

The applicant may be retroactively eligible in any of the three calendar months before the month the identifiable application is received if all eligibility criteria are met. (Exception: Eligibility effective date for a new county resident begins the date the applicant is considered a county resident. For example, if the applicant meets all four eligibility criteria, but doesn't move to the county until the 15th of the month, the eligibility effective date will be the 15th of the month, not the first calendar day in the month that an identifiable application is filed.)

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

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

Termination of Coverage

Expiration of Coverage:

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

Termination:

In certain circumstances, a client may have their benefits revoked before their coverage period expires. Clients will be notified by mail or phone two weeks before their MAP benefits will terminate, along with the explanation for termination. Coverage will terminate on the date listed on HCAP Form 117, Notice on Ineligibility.

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

DENIAL DECISION DISPUTES

Responses Regarding a Denial Decision

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

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

The Household/Client Appeal Process

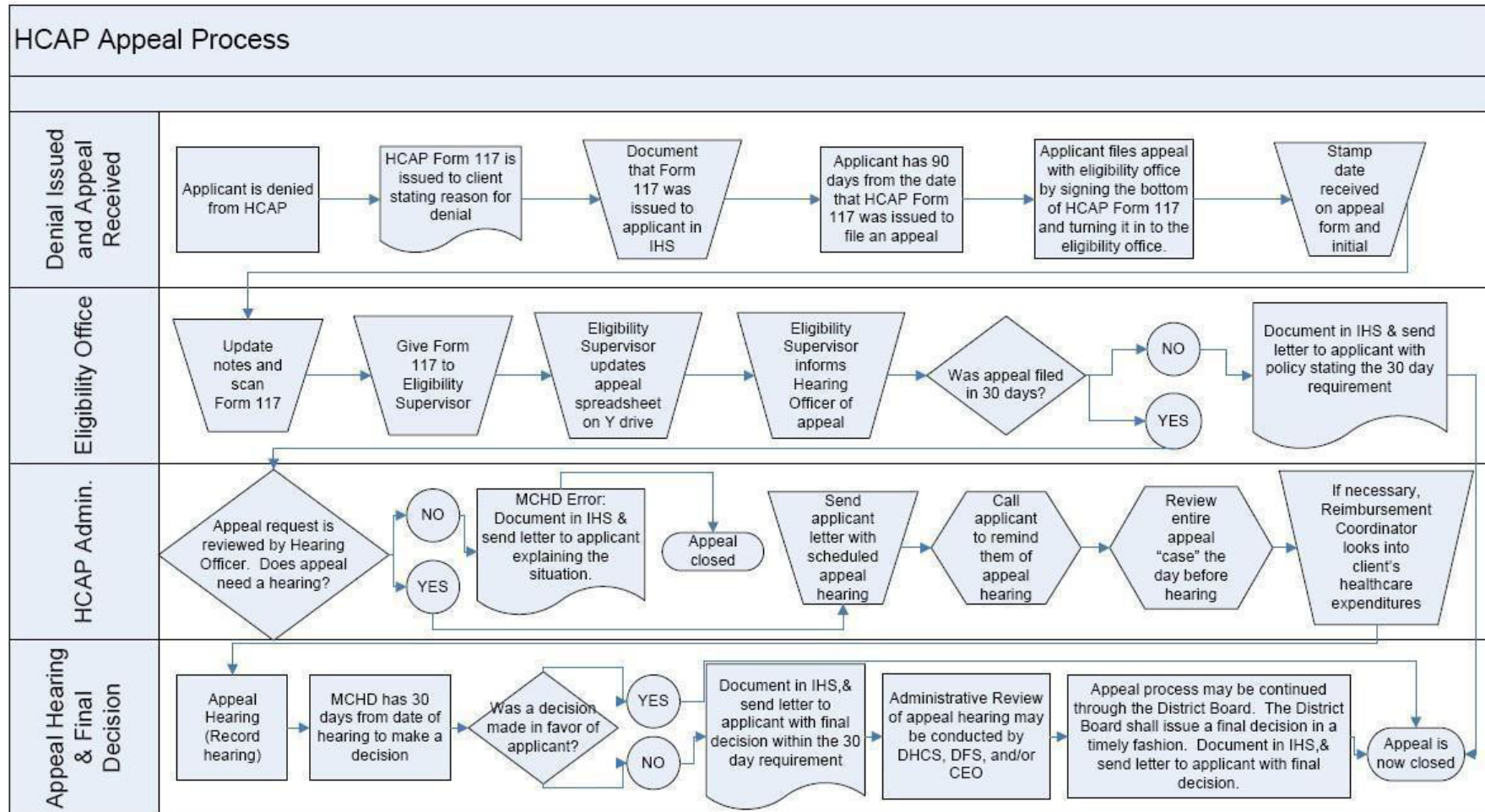
- The Household/Client may appeal any eligibility decision by signing the bottom of HCAP Form 117, Notice of Ineligibility within 30 days from the date of denial.
- District will have 14 days from the date HCAP Form 117 was received in the MAP eligibility office with the appropriate signature to respond to the client to let them know that MCHD received their appeal. At this time, the client will be notified as to the next step in the appeal process either:
 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.

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

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

- a. 30 days of hospitalization refers to inpatient hospitalization.
- The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospital, to each 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**
- **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.

Immunizations

These are covered when appropriate. A client must have a current prescription from a physician for the immunization. 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. Co-payment requested on additional medications is \$7.50 for each generic drug and \$12.50 for each brand name drug.

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 with a copay 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**
- **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.

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/Wafer

Mental Health - Counseling Services:

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

disorders, and other nonpsychotic mental disorders.

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

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

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

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

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

Diabetic Medical Supplies and Equipment:

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

The hospital district requires the supplier to receive prior authorization. Items covered are:

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

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

Diabetic Medical Supplies and Equipment:

Description
Urine test or reagent strips or tablets, 100 tablets or strips
Blood glucose test or reagent test strips for home blood glucose monitors, 50 strips

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

Durable Medical Equipment:

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

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

Items covered with MCHD authorization are:

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

Durable Medical Equipment:

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

Crutches, underarm, wood, pair with pads, tips, handgrips [Monthly Rental]
Crutch, underarm, wood, each with pad, tip, handgrip
Crutch, underarm, wood, each with pad, tip, handgrip [Monthly Report]
Walker, folding (pickup) adjustable or fixed height [New]
Walker, folding (pickup) adjustable or fixed height [Monthly Rental]
Walker, folding with wheels
Portable oxygen [Rental] Includes:
regulator, cart and (2) tanks per month
Nebulizer, with compressor [New]
Nebulizer, durable, glass or autoclavable plastic, bottle [New]
Nebulizer, durable, glass or autoclavable plastic, bottle [Monthly Rental]
Wheelchair, standard [New]
Wheelchair, standard [Monthly Rental]
Oxygen Concentrator, Capable of delivering 85% or > Oxygen Concen at Persc Flw Rt [Monthly Rental]
Standard wheelchair
Lightweight wheelchair
Ultra lightweight wheelchair
Elevating leg rests, pair
Continuous positive airway pressure (CPAP) device [monthly rental up to purchase]

Orthopedic braces [monthly rental up to purchase]
Wound care supplies

Emergency Medical Services:

Emergency Medical Services (EMS) services are ground ambulance transport services. When the client's condition is life-threatening and requires the use of special equipment, life support systems, and close monitoring by trained attendants while en route to the nearest appropriate (mandated) facility, ground transport is an emergency service.

The hospital district requires the clients to use MCHD EMS services only. EMS Dispatch must be notified by provider that the patient is a MCHD 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 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;

- 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 MAP is the payor last resort ;
- More than one physical exam per year per **active** client;
- Obstetrical Care, except with MCHD Administration authorization;
- Other CPT codes with zero payment or those not allowed by county indigent guidelines;
- Outpatient psychiatric services (Counseling) that exceed 30 visits during a fiscal year unless the hospital district chooses to exceed this limit upon hospital district review of an individual's case record.
- Parenteral hyperalimentation therapy as an outpatient hospital service unless the service is considered medically necessary to sustain life. Coverage does not extend to hyperalimentation administered as a nutritional supplement;
- Podiatric care unless the service is covered as a physician service when provided by a licensed physician;
- Private inpatient hospital room except when:
 - A critical or contagious illness exists that results in disturbance to other patients and is documented as such,
 - It is documented that no other rooms are available for an emergency admission, or
 - The hospital only has private rooms.
- Prosthetic or orthotic devices, except under MAP Administration authorization;

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

- Take-home items and drugs or non-prescribed drugs;
- Transplants, including Bone Marrow;
- Treatment of flat foot (flexible pes planus) conditions and the prescription of supportive devices (including special shoes), the treatment of subluxations of the foot and 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:

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.

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

Prior Approval:

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

Mandatory Notification Requirements:

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

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

Authorization:

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

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

Emergency Defined:

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

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

Emergency Medical Services:

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

Reimbursement:

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

- 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-grandmother/grandfather.

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

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

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

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

TDSHS – Texas Department of State Health Services

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

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

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

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

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

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

APPENDIX II MCHD'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT¹

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(d) If no candidate for director from a particular commissioner's precinct or no candidate for a district at-large position receives a majority of the votes of the qualified voters voting in that race at the regular election of directors, the board shall order a runoff election between the two candidates from the precinct or from the at-large position who received the highest number of votes in that race at the regular election. The board shall publish notice of the runoff election in a newspaper or newspapers that individually or collectively provide general circulation in the area of the runoff election one time at least seven days before the date of the runoff election. Of the names printed on the ballot at the runoff election, 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) finds 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

**MONTGOMERY COUNTY HOSPITAL DISTRICT
MEDICAL ASSISTANCE PLAN
INCOME GUIDELINES EFFECTIVE**

**~~04/15/2024~~
~~05/01/2025~~
21- 150% FPIL**

# of Individuals in the MAP Household	Income Standard 21% FPIL	Income Standard 150% FPIL
1	\$264 <u>\$274</u>	\$1,883 <u>\$1,956</u>
2	\$358 <u>\$370</u>	\$2,555 <u>\$2,644</u>
3	\$452 <u>\$466</u>	\$3,228 <u>\$3,331</u>
4	\$546 <u>\$563</u>	\$3,900 <u>\$4,019</u>
5	\$640 <u>\$659</u>	\$4,573 <u>\$4,706</u>
6	\$734 <u>\$755</u>	\$5,245 <u>\$5,394</u>
7	\$828 <u>\$851</u>	\$5,918 <u>\$6,081</u>
8	\$923 <u>\$948</u>	\$6,590 <u>\$6,769</u>
9	\$1,017 <u>\$1,044</u>	\$7,263 <u>\$7,456</u>
10	\$1,205 <u>\$1,140</u>	\$7,935 <u>\$8,144</u>
11	\$1,205 <u>\$1,236</u>	\$8,608 <u>\$8,831</u>
12	\$1,299 <u>\$1,333</u>	\$9,280 <u>\$9,519</u>

* Effective ~~April 15, 2024~~ May 1, 2025

**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" 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 I(F), no provision herein is intended to affect any waiver of liability or immunity from liability to which either party may be entitled by laws affecting governmental entities.

II. LIABILITY

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

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

III. NOTICES

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

MCHD: Donna Daniel, Records Manager
P.O. 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.

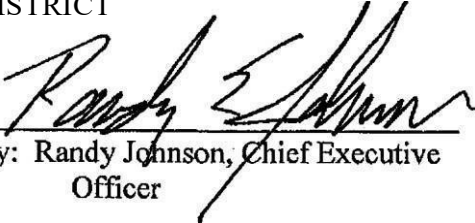
VII.
AMENDMENT

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:

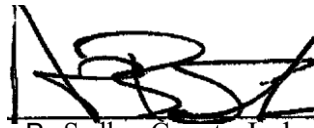
Mark Turnbull, County Clerk

MONTGOMERY COUNTY HOSPITAL
DISTRICT

By: Randy Johnson, Chief Executive
Officer

Date: _____


MONTGOMERY COUNTY, TEXAS



By: Ala B. Sadler, County Judge

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

Attest:



Mark Turnbull, County Clerk

APPENDIX VII
MCHD
HCAP FORMULARY

MCHD HCAP Preferred Drug List



This is a condensed version of the IPM-MCHD Formulary. Changes may occur and plan exclusions apply. Benefit designs vary with respect to drug coverage, quantity limits, step therapy, days supply, and prior authorization.

* For questions contact HCAP pharmacy benefit personnel @ 936-523-5108

ANTI-INFECTIVE

ANTIFUNGALS

clotrimazole
fluconazole
clotrimazole/betamethasone
econazole
ketoconazole
nystatin
terbinafine
nystatin/triamcinolone
ciclopirox cream/shampoo

CEPHALOSPORINS

cefaclor
cefadroxil
cefdinir
cefepodoxime
cefprozil
cefuroxime
cephalexin

FLUOROQUINOLONES

ciprofloxacin
ofloxacin
levofloxacin

MACROLIDE ANTIBIOTICS

azithromycin
clarithromycin
erythromycin

PENICILLINS

amoxicillin
amoxicillin- clavulanate
ampicillin
dicloxacillin
penicillin

MISC. ANTI-INFECTIVES

clindamycin
doxycycline
metronidazole
minocycline
nitrofurantoin
tetracycline
trimethoprim
trimethoprim/ sulfamethoxazole
vancomycin

ANTIVIRALS

acyclovir
valacyclovir

CARDIOVASCULAR

ACE INHIBITORS

benazepril
captopril
enalapril
fosinopril
lisinopril
quinapril
ramipril capsules

ANGIOTENSIN II BLOCKERS

losartan
olmesartan
valsartan

ANTIADRENERGICS

clonidine
doxazosin
terazosin

ANTIDYSRHYTHMICS

amiodarone
digoxin
sotalol

ANTHYPERLIPIDEMICS

cholestyramine
fenofibrate
gemfibrozil
lovastatin
atorvastatin
pravastatin
rosuvastatin
simvastatin
ezetimibe
niacin

ANTIHYPERTENSIVE COMBOS

amlodipine/ benazepril
atenolol/ chlorthalidone
benazepril/ HCTZ
bisoprolol /HCTZ
captopril/ HCTZ
enalapril/ HCTZ
fosinopril/ HCTZ
losartan/ HCTZ
methyldopa/ HCTZ
metoprolol/ HCTZ
trimaterene/ HCTZ
quinapril/HCTZ Tabs
valsartan/HCTZ

ANTIPLATELET AGENT

clopidogrel
cilostazol

BETA BLOCKERS

atenolol
carvedilol
labetalol
metoprolol
nadolol
propranolol
sotalol
bisoprolol

CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem
felodipine
nifedipine
verapamil

CENTRAL NERVOUS SYSTEM

ALZHEIMER AGENTS

donepezil Tabs
memantine Tabs
rivastigmine Caps

ANTICONVULSANTS

carbamazepine- ER Tabs
divalproex- ER Tabs
lamotrigine Tabs
levetiracetam Tabs
oxcarbazepine
phenytoin
topiramate
valproic Acid
zonisamide

ANTIDEPRESSANTS

amitriptyline
citalopram
escitalopram
desvenlafaxine
doxepin
duloxetine
fluoxetine
imipramine
mirtazapine
nortriptyline
paroxetine
sertraline
trazodone
venlafaxine

ANTIPARKINSON

carbidopa & levodopa tabs
ropinirole

CENTRAL NERVOUS SYSTEM
(continued)

NEUROPATHIC - PAIN

gabapentin

MIGRAINE

(Quantity Limits -Tabs only)

Fioricet (generic)

Fioricet/codeine (generic) prior authorization required

Fiorinal (generic)

Fiorinal/codeine (generic) prior authorization required

sumatriptan

rizatriptan

ENDOCRINE/METABOLIC

ANTIDIABETICS

glimepiride

glipizide/ extended-release

glipizide/ metformin

glyburide

glyburide/ metformin

metformin/ extended-release

arcobose

pioglitazone

INSULINS vials only-(requires PA)

Humulin - generic

Levemir-generic

Lantus-generic

Novolin-generic

Novolog-generic

OTHER ENDOCRINE DRUGS

alendronate

risedronate Tabs

ESTROGENS

estradiol

THYROID

euthyrox

liothyronine

levothyroxine

armour thyroid

GASTRO-INTESTINAL

H-2 ANTAGONISTS

famotidine

ranitidine

PROTON PUMP INHIBITORS

esomeprazole

lansoprazole

omeprazole

pantoprazole

MISC. ULCER

dicyclomine

misoprostol

sucralfate

MUSKULOSKELETAL

NSAIDS

celecoxib caps

diclofenac

etodolac

ibuprofen

indomethacin

ketorolac

meloxicam

nabumetone

naproxen

piroxicam

sulindac

OTHER MUSCLE RELAXANTS

baclofen

cyclobenzaprine

methocarbamol

tizanidine

RESPIRATORY

ALLERGY - nasal

flunisolide

fluticasone

ANTIASTHMATICS

albuterol nebulization

albuterol/ ipratropium neb

ipratropium nebulization

INHALERS

albuterol

Wixela-pa req

fluticasone/salmeterol

UROLOGICAL

ANTICHOLINERGICS/ ANTISPASMODICS

hyoscyamine subl

oxybutynin

BENIGN PROSTATIC HYPERTROPHY

doxazosin

finasteride

tamsulosin

terazosin

AGENDA ITEM # 12

Board Mtg.: 05/27/2025

Montgomery County Hospital District Financial Dashboard for April 2025 (dollars expressed in 000's)

	Apr 2025	Apr 2024	Var	Var %
Cash and Investments	68,639	68,154	485	0.7%

Legend	
Green	Favorable Variance
Red	Unfavorable Variance

Income Statement	April 2025				Year to Date			
	Act	Bud	Var	Var %	Act	Bud	Var	Var %
Revenue								
Tax Revenue	336	370	(33)	-9.0%	49,460	49,677	(216)	-0.4%
EMS Net Revenue	2,363	2,332	31	1.3%	16,470	16,412	59	0.4%
Other Revenue	1,577	1,410	167	11.9%	4,808	4,521	287	6.3%
Total Revenue	4,276	4,112	165	4.0%	70,738	70,609	129	0.2%
Expenses								
Payroll	4,559	4,744	(185)	-3.9%	31,292	32,248	(956)	-3.0%
Operating	1,789	2,574	(785)	-30.5%	9,968	13,337	(3,369)	-25.3%
Indigent Healthcare	369	406	(37)	-9.2%	2,257	2,844	(586)	-20.6%
Total Operating Expenses	6,717	7,724	(1,007)	-13.0%	43,517	48,428	(4,911)	-10.1%
Capital	1,016	65	951	1462.6%	6,942	8,427	(1,485)	-17.6%
Total Expenditures	7,733	7,789	(56)	-0.7%	50,459	56,855	(6,396)	-11.3%
Revenue Over / (Under) Expenses	(3,456)	(3,677)	221	6.0%	20,279	13,754	6,526	47.4%

Total Tax Revenue: Year-to-date, Total Tax Revenue is \$216k or 0.4% less than budget. In other words, 99.6% has been collected year-to-date. The monthly Tax Revenue budget is allocated based on a rolling three-year collection average.

EMS Net Revenue: Year-to-date, EMS Net Revenue is \$59k or 0.4% greater than budget.

Other Revenue: Year-to-Date, Other Revenue is \$287k or 6.3% greater than budget. Investment Income is more than expected compared to budget, but is offset by Proceeds from Capital Lease, which is less than budget.

Payroll: Year-to-date, overall payroll expenses are \$956k lower than budget with most of that variance occurring in EMS Operations and Alarm.

Operating Expenses: Operating Expenses are \$3.4M less than budget primarily due to a timing difference in Election Expenses along with expenses being less than expected in the following accounts:

- * Computer Software
- * Disposable Medical Supplies
- * Durable Medical Equipment
- * Fuel - Auto
- * Maintenance - Equipment
- * Professional Fees
- * Training & Continuing Education

Indigent Care Expenses: Year-to-data, Indigent Care Expenses are \$586 less than budget. Expenses related to uncompensated care have been less than expected.

Capital: Capital Expenditures are \$1.5M less than budget due timing issues related to the payment for Station 24 and the purchase of radio equipment offset by vehicle leases and ambulance module re-mounts.

Montgomery County Hospital District

Balance Sheet

As of 04/30/2025

Fund 10
04/30/2025

ASSETS

Cash and Equivalents

10-000-10100	Petty Cash-Admin-BS	\$1,400.00
10-000-11401	Operating Account-WF-BS	\$1,374,394.18
10-000-12500	Investments-MMDA-BS	\$22,248,915.27
10-000-13100	Texpool-District-BS	\$7,849,777.82
10-000-13300	Investments-WF Bank-BS	\$20,037,923.05
10-000-13400	Texstar Investment Pool-BS	\$7,832,532.16
10-000-13450	Investments-CDARS-BS	\$2,100,204.91
10-000-13500	Investments-BS	\$7,193,405.05

Total Cash and Equivalents		<u>\$68,638,552.44</u>
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Receivables

10-000-14100	A/R-EMS Billings-BS	\$12,731,722.44
10-000-14200	Allowance for Bad Debt-BS	(\$4,123,152.78)
10-000-14300	A/R-Other-BS	\$360,199.27
10-000-14305	A/R Employee-BS	\$20,176.29
10-000-14450	Capital Lease Receivable-BS	\$1,820,491.39
10-000-14525	Receivable from Component Unit-BS	\$137,917.57
10-000-14605	Capital Lease Interest Receivable-BS	\$7,699.85
10-000-14700	Taxes Receivable-BS	\$2,908,067.09
10-000-14750	Allowance for Bad Debt-Tax Rev-BS	(\$383,277.41)

Total Receivables		<u>\$13,479,843.71</u>
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Other Assets

10-000-14800	Deposits-BS	\$18,288.00
10-000-14900	Prepaid Expenses-BS	\$1,403,085.37
10-000-15000	Inventory-BS	\$1,172,854.55

Total Other Assets		<u>\$2,594,227.92</u>
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TOTAL ASSETS

\$84,712,624.07

LIABILITIES

Current Liabilities

10-000-20500	Accounts Payable-BS	\$382,312.53
10-000-20600	Accounts Payable-Other-BS	\$5,618.97
10-000-21000	Accrued Expenditures-BS	\$1,542,453.78
10-000-21400	Accrued Payroll-BS	\$1,254,756.86
10-000-21525	P/R-Charitable Deductions-BS	\$7,799.77
10-000-21585	P/R-Flexible Spending-BS	\$6,788.01
10-000-21590	P/R-Supplemental Insurance Premiums-BS	(\$63.84)
10-000-21650	TCDRS Defined Benefit Plan-BS	\$601,006.17

Total Current Liabilities		<u>\$3,800,672.25</u>
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Deferred Liabilities

10-000-23000	Deferred Tax Revenue-BS	\$2,524,789.68
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Montgomery County Hospital District

Balance Sheet

As of 04/30/2025

		Fund 10
		04/30/2025
10-000-23200	Deferred Revenue-BS	\$121,697.59
10-000-23300	Deferred Capital Lease Revenue-BS	\$1,692,988.79
Total Deferred Liabilities		\$4,339,476.06
TOTAL LIABILITIES		\$8,140,148.31
CAPITAL		
10-000-30225	Assigned - Open Purchase Orders-BS	\$5,878,304.60
10-000-30400	Nonspendable - Inventory-BS	\$1,172,854.55
10-000-30700	Nonspendable - Prepaids-BS	\$1,403,085.37
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	\$53,618,231.24
TOTAL CAPITAL		\$76,572,475.76
TOTAL LIABILITIES AND CAPITAL		\$84,712,624.07

Montgomery County Hospital District

Preliminary Income Statement - Actual vs. Budget

For the Period Ended 04/30/2025

	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	\$264,479.03	\$306,013.00	(\$41,533.97)	\$48,995,752.41	\$49,012,920.00	(\$17,167.59)	\$49,815,988.00	98.35%	\$820,235.59
Delinquent Tax Revenue	\$23,906.04	\$14,414.00	\$9,492.04	\$245,264.99	\$379,510.00	(\$134,245.01)	\$559,989.00	43.80%	\$314,724.01
Penalties and Interest	\$47,982.56	\$49,376.00	(\$1,393.44)	\$210,816.63	\$267,177.00	(\$56,360.37)	\$447,745.00	47.08%	\$236,928.37
Miscellaneous Tax Revenue	\$1.70	\$0.00	\$1.70	\$8,422.53	\$17,060.00	(\$8,637.47)	\$17,060.00	49.37%	\$8,637.47
Total Tax Revenue	\$336,369.33	\$369,803.00	(\$33,433.67)	\$49,460,256.56	\$49,676,667.00	(\$216,410.44)	\$50,840,782.00	97.28%	\$1,380,525.44
EMS Net Revenue									
Advanced Life Support Revenue	\$4,735,172.00	\$4,655,348.00	\$79,824.00	\$32,682,804.75	\$32,756,164.00	(\$73,359.25)	\$56,495,860.00	57.85%	\$23,813,055.25
Basic Life Support Revenue	\$794,046.00	\$793,962.00	\$84.00	\$5,770,228.90	\$5,586,452.00	\$183,776.90	\$9,633,326.00	59.90%	\$3,863,097.10
Transfer Service Fees	\$0.00	\$1,000.00	(\$1,000.00)	\$7,990.35	\$7,000.00	\$990.35	\$12,000.00	66.59%	\$4,009.65
Non-Transport Fees	\$32,752.00	\$32,364.00	\$388.00	\$228,077.27	\$228,904.00	(\$826.73)	\$394,320.00	57.84%	\$166,242.73
Contractual Allowance	(\$1,833,555.00)	(\$1,824,849.00)	(\$8,706.00)	(\$12,724,133.68)	(\$12,840,459.00)	\$116,325.32	(\$22,145,674.00)	57.46%	(\$9,421,540.32)
Charity Care	(\$1,120,196.00)	(\$1,093,046.00)	(\$27,150.00)	(\$7,776,515.94)	(\$7,691,160.00)	(\$85,355.94)	(\$13,264,786.00)	58.63%	(\$5,488,270.06)
Provision for Bad Debt	(\$256,363.00)	(\$253,802.00)	(\$2,561.00)	(\$1,783,820.11)	(\$1,785,863.00)	\$2,042.89	(\$3,080,041.00)	57.92%	(\$1,296,220.89)
Recovery of Bad Debt	\$11,146.00	\$21,424.00	(\$10,278.00)	\$65,719.75	\$150,440.00	(\$84,720.25)	\$259,708.00	25.31%	\$193,988.25
Total EMS Net Revenue	\$2,363,002.00	\$2,332,401.00	\$30,601.00	\$16,470,351.29	\$16,411,478.00	\$58,873.29	\$28,304,713.00	58.19%	\$11,834,361.71
Other Revenue									
Investment Income - MCHD	\$252,554.67	\$238,745.00	\$13,809.67	\$1,504,501.45	\$1,212,027.00	\$292,474.45	\$2,212,027.00	68.01%	\$707,525.55
Interest Income	\$172.49	\$272.00	(\$99.51)	\$3,105.12	\$2,142.00	\$963.12	\$3,322.00	93.47%	\$216.88
Interest Income-Capital Lease	\$5,448.90	\$5,451.00	(\$2.10)	\$39,823.36	\$39,966.00	(\$142.64)	\$66,515.00	59.87%	\$26,691.64
Tobacco Settlement Proceeds	\$1,108,126.97	\$800,000.00	\$308,126.97	\$1,108,126.97	\$800,000.00	\$308,126.97	\$800,000.00	138.52%	(\$308,126.97)
Weyland Bldg. Land Lease	\$2,150.11	\$2,150.00	\$0.11	\$6,785.28	\$15,050.00	(\$8,264.72)	\$25,800.00	26.30%	\$19,014.72
Miscellaneous Income	\$9,794.50	\$16,290.00	(\$6,495.50)	\$121,496.77	\$99,082.00	\$22,414.77	\$185,777.00	65.40%	\$64,280.23
Proceeds from Capital Lease	\$0.00	\$0.00	\$0.00	(\$14,855.08)	\$155,578.00	(\$170,433.08)	\$195,578.00	(7.60%)	\$210,433.08
Tenant Rent Income	\$9,263.33	\$9,298.00	(\$34.67)	\$64,948.58	\$65,087.00	(\$138.42)	\$111,580.00	58.21%	\$46,631.42
P.A. Processing Fees	\$0.00	\$0.00	\$0.00	\$125.00	\$10.00	\$115.00	\$20.00	625.00%	(\$105.00)
Contract Revenue	\$1,636.37	\$55,060.00	(\$53,423.63)	\$125,974.62	\$225,676.00	(\$99,701.38)	\$233,856.00	53.87%	\$107,881.38
Education/Training Revenue	\$10,795.90	\$8,704.00	\$2,091.90	\$146,075.21	\$162,934.00	(\$16,858.79)	\$226,250.00	64.56%	\$80,174.79

Montgomery County Hospital District

Preliminary Income Statement - Actual vs. Budget

For the Period Ended 04/30/2025

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Stand-By Fees	\$0.00	\$10,800.00	(\$10,800.00)	\$77,464.50	\$77,400.00	\$64.50	\$130,800.00	59.22%	\$53,335.50
EMS-Trauma Fund Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,000.00	0.00%	\$30,000.00
Ambulance Supplemental Payment Program	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000,000.00	0.00%	\$1,000,000.00
Management Fee Revenue	\$8,333.33	\$8,333.00	\$0.33	\$58,333.31	\$58,333.00	\$0.31	\$100,000.00	58.33%	\$41,666.69
Employee Medical Premiums	\$124,321.20	\$122,000.00	\$2,321.20	\$916,856.72	\$909,000.00	\$7,856.72	\$1,621,333.00	56.55%	\$704,476.28
Dispatch Fees	\$7,977.00	\$8,175.00	(\$198.00)	\$54,132.00	\$57,225.00	(\$3,093.00)	\$236,538.00	22.89%	\$182,406.00
MDC Revenue-First Responders	\$0.00	\$600.00	(\$600.00)	\$94,563.00	\$86,450.00	\$8,113.00	\$90,150.00	104.90%	(\$4,413.00)
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	\$10,695.82	\$10,868.00	(\$172.18)	\$74,616.99	\$76,079.00	(\$1,462.01)	\$130,420.00	57.21%	\$55,803.01
Tower Contract Revenue	\$25,494.47	\$22,859.00	\$2,635.47	\$178,458.08	\$158,729.00	\$19,729.08	\$275,082.00	64.87%	\$96,623.92
Gain/Loss on Sale of Assets	\$0.00	\$90,000.00	(\$90,000.00)	\$247,000.00	\$319,900.00	(\$72,900.00)	\$470,200.00	52.53%	\$223,200.00
Total Other Revenue	\$1,576,765.06	\$1,409,605.00	\$167,160.06	\$4,807,531.88	\$4,520,668.00	\$286,863.88	\$8,325,248.00	57.75%	\$3,517,716.12
Total Revenues	\$4,276,136.39	\$4,111,809.00	\$164,327.39	\$70,738,139.73	\$70,608,813.00	\$129,326.73	\$87,470,743.00	80.87%	\$16,732,603.27
Expenses									
Payroll Expenses									
Regular Pay	\$2,568,585.53	\$2,757,575.00	(\$188,989.47)	\$17,661,207.40	\$18,331,096.00	(\$669,888.60)	\$32,032,161.00	55.14%	\$14,370,953.60
Overtime Pay	\$332,047.80	\$302,741.00	\$29,306.80	\$2,036,761.71	\$2,128,842.00	(\$92,080.29)	\$3,746,704.00	54.36%	\$1,709,942.29
Paid Time Off	\$247,027.00	\$287,275.00	(\$40,248.00)	\$2,068,030.56	\$2,013,302.00	\$54,728.56	\$3,515,865.00	58.82%	\$1,447,834.44
Stipend Pay	\$17,798.62	\$33,128.00	(\$15,329.38)	\$124,007.74	\$208,336.00	(\$84,328.26)	\$355,202.00	34.91%	\$231,194.26
Payroll Taxes	\$226,719.86	\$243,082.00	(\$16,362.14)	\$1,574,215.33	\$1,644,410.00	(\$70,194.67)	\$2,879,327.00	54.67%	\$1,305,111.67
TCDRS Plan	\$297,227.28	\$320,264.00	(\$23,036.72)	\$2,058,471.74	\$2,141,510.00	(\$83,038.26)	\$3,746,609.00	54.94%	\$1,688,137.26
Health & Dental	\$157,655.35	\$68,550.00	\$89,105.35	\$748,315.52	\$659,626.00	\$88,689.52	\$1,002,376.00	74.65%	\$254,060.48
Health Insurance Claims	\$639,766.20	\$652,655.00	(\$12,888.80)	\$4,537,924.83	\$4,568,585.00	(\$30,660.17)	\$7,831,860.00	57.94%	\$3,293,935.17
Health Insurance Admin Fees	\$72,352.42	\$78,885.00	(\$6,532.58)	\$482,985.90	\$552,195.00	(\$69,209.10)	\$946,620.00	51.02%	\$463,634.10
Total Payroll Expenses	\$4,559,180.06	\$4,744,155.00	(\$184,974.94)	\$31,291,920.73	\$32,247,902.00	(\$955,981.27)	\$56,056,724.00	55.82%	\$24,764,803.27
Operating Expenses									
Unemployment Expense	\$1,500.00	\$1,500.00	\$0.00	\$3,176.04	\$10,500.00	(\$7,323.96)	\$18,000.00	17.64%	\$14,823.96

Montgomery County Hospital District

Preliminary Income Statement - Actual vs. Budget

For the Period Ended 04/30/2025

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Accident Repair	\$15,572.35	\$3,500.00	\$12,072.35	\$21,328.60	\$31,478.00	(\$10,149.40)	\$48,978.00	43.55%	\$27,649.40
Accounting/Auditing Fees	\$13,000.00	\$500.00	\$12,500.00	\$33,000.00	\$33,000.00	\$0.00	\$51,500.00	64.08%	\$18,500.00
Advertising	\$0.00	\$1,127.00	(\$1,127.00)	\$0.00	\$5,718.00	(\$5,718.00)	\$15,732.00	0.00%	\$15,732.00
Credit Card Processing Fee	\$10,364.65	\$4,011.00	\$6,353.65	\$35,381.60	\$26,929.00	\$8,452.60	\$46,460.00	76.16%	\$11,078.40
Bio-Waste Removal	\$4,481.65	\$4,158.00	\$323.65	\$30,071.72	\$28,662.00	\$1,409.72	\$49,452.00	60.81%	\$19,380.28
Books/Materials	\$4,670.21	\$13,063.00	(\$8,392.79)	\$69,096.97	\$119,971.00	(\$50,874.03)	\$211,546.00	32.66%	\$142,449.03
Business Licenses	\$833.00	\$5,385.00	(\$4,552.00)	\$10,550.94	\$42,760.00	(\$32,209.06)	\$53,105.00	19.87%	\$42,554.06
Capital Lease Expense	\$27,929.85	\$21,853.00	\$6,076.85	\$182,432.23	\$147,792.00	\$34,640.23	\$258,387.00	70.60%	\$75,954.77
Capital Lease Interest Expense	\$7,476.51	\$7,152.00	\$324.51	\$55,054.56	\$51,685.00	\$3,369.56	\$85,574.00	64.34%	\$30,519.44
Capital IT Subscription Assets Interest Expense	\$925.76	\$926.00	(\$0.24)	\$7,547.01	\$7,548.00	(\$0.99)	\$9,244.00	81.64%	\$1,696.99
Collection Fees	\$2,255.45	\$3,425.00	(\$1,169.55)	\$21,507.32	\$23,975.00	(\$2,467.68)	\$41,100.00	52.33%	\$19,592.68
Community Education	\$0.00	\$1,300.00	(\$1,300.00)	\$1,321.64	\$9,940.00	(\$8,618.36)	\$12,040.00	10.98%	\$10,718.36
Computer Maintenance	\$3,069.10	\$42,600.00	(\$39,530.90)	\$528,978.04	\$473,701.00	\$55,277.04	\$818,201.00	64.65%	\$289,222.96
Computer Software	\$130,866.04	\$264,263.00	(\$133,396.96)	\$839,838.72	\$1,218,029.00	(\$378,190.28)	\$1,814,944.00	46.27%	\$975,105.28
Computer Software-MDC First Responder	\$0.00	\$600.00	(\$600.00)	\$53,320.20	\$48,400.00	\$4,920.20	\$52,100.00	102.34%	(\$1,220.20)
Computer Supplies/Non-Capital	\$3,418.16	\$1,780.00	\$1,638.16	\$21,063.00	\$32,890.00	(\$11,827.00)	\$48,000.00	43.88%	\$26,937.00
Conferences - Fees, Travel, & Meals	\$36,576.10	\$48,380.00	(\$11,803.90)	\$107,636.09	\$141,018.00	(\$33,381.91)	\$226,586.00	47.50%	\$118,949.91
Contractual Obligations-County Appraisal	\$0.00	\$0.00	\$0.00	\$231,618.00	\$237,776.00	(\$6,158.00)	\$475,551.00	48.71%	\$243,933.00
Contractual Obligations-Tax Collector Assessc	\$38.89	\$40.00	(\$1.11)	\$122,051.59	\$121,012.00	\$1,039.59	\$121,077.00	100.80%	(\$974.59)
Contractual Obligations-Other	\$38,331.43	\$27,763.00	\$10,568.43	\$153,371.79	\$156,543.00	(\$3,171.21)	\$258,860.00	59.25%	\$105,488.21
Customer Property Damage	\$1,296.09	\$70.00	\$1,226.09	\$6,100.26	\$490.00	\$5,610.26	\$18,840.00	32.38%	\$12,739.74
Customer Relations	\$6,534.84	\$5,900.00	\$634.84	\$42,682.59	\$44,900.00	(\$2,217.41)	\$74,600.00	57.22%	\$31,917.41
Disposable Linen	\$8,178.83	\$6,177.00	\$2,001.83	\$40,804.44	\$43,239.00	(\$2,434.56)	\$74,124.00	55.05%	\$33,319.56
Disposable Medical Supplies	\$136,616.83	\$167,145.00	(\$30,528.17)	\$963,758.91	\$1,197,023.00	(\$233,264.09)	\$2,047,748.00	47.06%	\$1,083,989.09
Drug Supplies	\$44,659.15	\$35,000.00	\$9,659.15	\$222,114.91	\$250,316.00	(\$28,201.09)	\$425,316.00	52.22%	\$203,201.09
Dues/Subscriptions	\$12,138.97	\$3,480.00	\$8,658.97	\$71,638.48	\$89,562.00	(\$17,923.52)	\$120,909.00	59.25%	\$49,270.52
Durable Medical Equipment	\$134,634.81	\$372,528.00	(\$237,893.19)	\$307,220.54	\$667,179.00	(\$359,958.46)	\$817,179.00	37.60%	\$509,958.46
Election Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$725,000.00	(\$725,000.00)	\$725,000.00	0.00%	\$725,000.00
Employee Health/Wellness	\$3,130.53	\$1,500.00	\$1,630.53	\$22,120.94	\$79,250.00	(\$57,129.06)	\$86,750.00	25.50%	\$64,629.06
Employee Recognition	\$2,718.21	\$1,893.00	\$825.21	\$61,403.75	\$93,103.00	(\$31,699.25)	\$144,143.00	42.60%	\$82,739.25
Equipment Rental	\$0.00	\$8,300.00	(\$8,300.00)	\$14,255.77	\$30,800.00	(\$16,544.23)	\$36,259.00	39.32%	\$22,003.23

Montgomery County Hospital District

Preliminary Income Statement - Actual vs. Budget

For the Period Ended 04/30/2025

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Vehicle-Fluids & Additives	\$1,732.36	\$3,292.00	(\$1,559.64)	\$14,374.46	\$23,044.00	(\$8,669.54)	\$39,504.00	36.39%	\$25,129.54
Fuel-Auto	\$76,721.05	\$138,122.00	(\$61,400.95)	\$507,003.82	\$966,861.00	(\$459,857.18)	\$1,657,478.00	30.59%	\$1,150,474.18
Fuel-Non-Auto	\$2,473.77	\$400.00	\$2,073.77	\$4,079.15	\$2,000.00	\$2,079.15	\$4,000.00	101.98%	(\$79.15)
Hazardous Waste Removal	\$0.00	\$200.00	(\$200.00)	\$567.50	\$1,400.00	(\$832.50)	\$2,400.00	23.65%	\$1,832.50
Insurance	\$287,429.01	\$359,334.00	(\$71,904.99)	\$600,434.70	\$645,794.00	(\$45,359.30)	\$1,074,584.00	55.88%	\$474,149.30
Interest Expense	\$40,540.91	\$20,860.00	\$19,680.91	\$40,541.53	\$61,401.00	(\$20,859.47)	\$61,401.00	66.03%	\$20,859.47
Laundry Service & Purchase	\$156.91	\$175.00	(\$18.09)	\$1,085.32	\$1,225.00	(\$139.68)	\$2,100.00	51.68%	\$1,014.68
Leases/Contracts	\$4,989.34	\$5,810.00	(\$820.66)	\$32,251.32	\$40,670.00	(\$8,418.68)	\$79,720.00	40.46%	\$47,468.68
Legal Fees	\$5,726.08	\$4,300.00	\$1,426.08	\$44,710.48	\$80,100.00	(\$35,389.52)	\$126,600.00	35.32%	\$81,889.52
Maintenance & Repairs-Buildings	\$13,074.68	\$37,311.00	(\$24,236.32)	\$180,440.64	\$224,173.00	(\$43,732.36)	\$440,677.00	40.95%	\$260,236.36
Maintenance-Equipment	\$11,114.53	\$111,312.00	(\$100,197.47)	\$352,431.80	\$569,458.00	(\$217,026.20)	\$870,868.00	40.47%	\$518,436.20
Management Fees	\$11,901.64	\$11,050.00	\$851.64	\$69,106.90	\$78,350.00	(\$9,243.10)	\$134,100.00	51.53%	\$64,993.10
Meals-Business and Travel	\$0.00	\$255.00	(\$255.00)	\$45.00	\$1,710.00	(\$1,665.00)	\$3,050.00	1.48%	\$3,005.00
Meeting Expenses	\$416.05	\$1,700.00	(\$1,283.95)	\$9,963.17	\$20,621.00	(\$10,657.83)	\$43,171.00	23.08%	\$33,207.83
Mileage Reimbursements	\$667.05	\$400.00	\$267.05	\$3,295.04	\$4,170.00	(\$874.96)	\$6,470.00	50.93%	\$3,174.96
Office Supplies	\$852.30	\$1,439.00	(\$586.70)	\$4,632.80	\$10,264.00	(\$5,631.20)	\$17,309.00	26.77%	\$12,676.20
Vehicle-Oil & Lubricants	\$5,965.42	\$3,250.00	\$2,715.42	\$31,179.72	\$22,750.00	\$8,429.72	\$39,000.00	79.95%	\$7,820.28
Other Services	\$322.60	\$475.00	(\$152.40)	\$2,707.56	\$3,325.00	(\$617.44)	\$5,700.00	47.50%	\$2,992.44
Oxygen & Gases	\$7,929.56	\$8,243.00	(\$313.44)	\$55,910.74	\$58,301.00	(\$2,390.26)	\$99,541.00	56.17%	\$43,630.26
Postage	\$3,336.75	\$2,000.00	\$1,336.75	\$16,416.00	\$15,684.00	\$732.00	\$27,082.00	60.62%	\$10,666.00
Printing Services	\$127.40	\$9,899.00	(\$9,771.60)	\$7,717.13	\$20,548.00	(\$12,830.87)	\$27,980.00	27.58%	\$20,262.87
Professional Fees	\$327,587.68	\$387,576.00	(\$59,988.32)	\$1,290,912.62	\$1,515,790.00	(\$224,877.38)	\$2,379,830.00	54.24%	\$1,088,917.38
Radio Repairs-Outsourced	\$1,349.00	\$6,300.00	(\$4,951.00)	\$42,888.31	\$41,484.00	\$1,404.31	\$72,984.00	58.76%	\$30,095.69
Radio-Parts	\$3,224.43	\$1,500.00	\$1,724.43	\$33,208.87	\$42,402.00	(\$9,193.13)	\$77,487.00	42.86%	\$44,278.13
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	\$6,617.19	\$2,500.00	\$4,117.19	\$54,253.33	\$53,275.00	\$978.33	\$72,275.00	75.07%	\$18,021.67
Rent	\$12,427.90	\$12,522.00	(\$94.10)	\$86,411.67	\$87,070.00	(\$658.33)	\$150,112.00	57.56%	\$63,700.33
Repair-Equipment	\$8,486.70	\$7,506.00	\$980.70	\$36,228.64	\$50,274.00	(\$14,045.36)	\$91,220.00	39.72%	\$54,991.36
Shop Tools	\$1,717.33	\$1,521.00	\$196.33	\$8,608.67	\$19,068.00	(\$10,459.33)	\$27,500.00	31.30%	\$18,891.33
Shop Supplies	\$2,548.36	\$3,638.00	(\$1,089.64)	\$18,065.80	\$24,416.00	(\$6,350.20)	\$80,316.00	22.49%	\$62,250.20
Small Equipment & Furniture	\$28,541.99	\$56,222.00	(\$27,680.01)	\$378,264.86	\$429,044.00	(\$50,779.14)	\$786,108.00	48.12%	\$407,843.14

Montgomery County Hospital District

Preliminary Income Statement - Actual vs. Budget

For the Period Ended 04/30/2025

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Special Events Supplies	\$0.00	\$8,250.00	(\$8,250.00)	\$537.11	\$8,550.00	(\$8,012.89)	\$8,800.00	6.10%	\$8,262.89
Station Supplies	\$6,436.88	\$4,344.00	\$2,092.88	\$41,611.14	\$31,158.00	\$10,453.14	\$53,628.00	77.59%	\$12,016.86
Supplemental Food	(\$672.27)	\$0.00	(\$672.27)	(\$1,169.82)	\$0.00	(\$1,169.82)	\$3,000.00	(38.99%)	\$4,169.82
Telephones-Cellular	\$16,731.71	\$13,962.00	\$2,769.71	\$93,935.60	\$98,171.00	(\$4,235.40)	\$167,967.00	55.93%	\$74,031.40
Telephones-Service	\$32,780.12	\$28,295.00	\$4,485.12	\$238,377.07	\$198,065.00	\$40,312.07	\$340,540.00	70.00%	\$102,162.93
Training & Continuing Education	\$17,210.99	\$35,456.50	(\$18,245.51)	\$143,479.91	\$305,284.50	(\$161,804.59)	\$521,271.00	27.53%	\$377,791.09
Tuition Reimbursement	\$5,763.62	\$7,167.00	(\$1,403.38)	\$47,147.72	\$56,167.00	(\$9,019.28)	\$99,000.00	47.62%	\$51,852.28
Travel Expenses	\$575.00	\$3,550.00	(\$2,975.00)	\$3,372.69	\$15,165.00	(\$11,792.31)	\$31,660.00	10.65%	\$28,287.31
Uniforms	\$18,758.38	\$57,650.00	(\$38,891.62)	\$135,623.04	\$225,709.00	(\$90,085.96)	\$354,659.00	38.24%	\$219,035.96
Utilities	\$34,162.14	\$38,611.00	(\$4,448.86)	\$270,796.29	\$253,833.00	\$16,963.29	\$447,480.00	60.52%	\$176,683.71
Vehicle-Batteries	\$5,453.61	\$3,250.00	\$2,203.61	\$17,282.65	\$24,250.00	(\$6,967.35)	\$40,500.00	42.67%	\$23,217.35
Vehicle-Outside Services	\$950.00	\$2,500.00	(\$1,550.00)	\$6,540.44	\$17,500.00	(\$10,959.56)	\$30,000.00	21.80%	\$23,459.56
Vehicle-Parts	\$62,277.49	\$66,000.00	(\$3,722.51)	\$376,680.86	\$473,355.00	(\$96,674.14)	\$803,355.00	46.89%	\$426,674.14
Vehicle-Registration	\$117.00	\$208.00	(\$91.00)	\$701.00	\$1,456.00	(\$755.00)	\$2,496.00	28.08%	\$1,795.00
Vehicle-Tires	(\$4,337.41)	\$7,375.00	(\$11,712.41)	\$35,710.98	\$51,625.00	(\$15,914.02)	\$88,500.00	40.35%	\$52,789.02
Vehicle-Towing	\$1,355.00	\$950.00	\$405.00	\$7,717.80	\$6,650.00	\$1,067.80	\$11,400.00	67.70%	\$3,682.20
Worker's Compensation Insurance	\$71,925.56	\$41,527.00	\$30,398.56	\$341,401.13	\$262,027.00	\$79,374.13	\$469,662.00	72.69%	\$128,260.87
Total Operating Expenses	<u>\$1,788,683.22</u>	<u>\$2,573,526.50</u>	<u>(\$784,843.28)</u>	<u>\$9,967,929.81</u>	<u>\$13,336,826.50</u>	<u>(\$3,368,896.69)</u>	<u>\$21,267,790.00</u>	<u>46.87%</u>	<u>\$11,299,860.19</u>
Indigent Care Expenses									
1115 Medicaid Waiver-Uncompensated Care	\$248,284.00	\$248,284.00	\$0.00	\$1,196,064.49	\$1,737,991.00	(\$541,926.51)	\$2,979,413.00	40.14%	\$1,783,348.51
Specialty Healthcare Providers	\$120,740.40	\$157,929.00	(\$37,188.60)	\$1,061,039.28	\$1,105,504.00	(\$44,464.72)	\$1,895,150.00	55.99%	\$834,110.72
Total Indigent Care Expenses	<u>\$369,024.40</u>	<u>\$406,213.00</u>	<u>(\$37,188.60)</u>	<u>\$2,257,103.77</u>	<u>\$2,843,495.00</u>	<u>(\$586,391.23)</u>	<u>\$4,874,563.00</u>	<u>46.30%</u>	<u>\$2,617,459.23</u>
Capital Expenditures									
Capital Purchase-Building/Improvements	\$60,459.58	\$0.00	\$60,459.58	\$849,369.14	\$50,000.00	\$799,369.14	\$3,209,145.00	26.47%	\$2,359,775.86
Capital Purchase-Equipment	\$51,706.15	\$65,000.00	(\$13,293.85)	\$2,681,444.64	\$2,732,208.00	(\$50,763.36)	\$8,495,977.00	31.56%	\$5,814,532.36
Capital Purchase-Vehicles	\$902,184.90	\$0.00	\$902,184.90	\$3,420,900.00	\$5,489,112.00	(\$2,068,212.00)	\$6,430,887.00	53.19%	\$3,009,987.00
Capital Purchase-Leases	\$0.00	\$0.00	\$0.00	(\$14,855.08)	\$155,578.00	(\$170,433.08)	\$195,578.00	(7.60%)	\$210,433.08
Capital Purchase-Site Improvements	\$1,350.00	\$0.00	\$1,350.00	\$4,992.50	\$0.00	\$4,992.50	\$0.00	0.00%	(\$4,992.50)
Total Capital Expenditures	<u>\$1,015,700.63</u>	<u>\$65,000.00</u>	<u>\$950,700.63</u>	<u>\$6,941,851.20</u>	<u>\$8,426,898.00</u>	<u>(\$1,485,046.80)</u>	<u>\$18,331,587.00</u>	<u>37.87%</u>	<u>\$11,389,735.80</u>

Montgomery County Hospital District **Preliminary Income Statement - Actual vs. Budget** For the Period Ended 04/30/2025

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	%YTD Annual Budget	Annual Budget Remaining
Total Expenses	\$7,732,588.31	\$7,788,894.50	(\$56,306.19)	\$50,458,805.51	\$56,855,121.50	(\$6,396,315.99)	\$100,530,664.00	50.19%	\$50,071,858.49
Revenue over Expeditures	(\$3,456,451.92)	(\$3,677,085.50)	\$220,633.58	\$20,279,334.22	\$13,753,691.50	\$6,525,642.72	(\$13,059,921.00)	(155.28%)	(\$33,339,255.22)

Montgomery County Hospital District

Year-Over-Year Income Statement Comparison

For the Period Ended 04/30/2025

	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	\$336,369.33	\$281,068.53	\$55,300.80	19.68%	\$49,460,256.56	\$45,800,314.05	\$3,659,942.51	7.99%	\$50,840,782.00
EMS Net Revenue	\$2,363,002.00	\$2,280,633.02	\$82,368.98	3.61%	\$16,470,351.29	\$15,285,047.33	\$1,185,303.96	7.75%	\$28,304,713.00
Other Revenue	\$1,576,765.06	\$1,565,151.69	\$11,613.37	0.74%	\$4,807,531.88	\$5,954,487.29	(\$1,146,955.41)	(19.26%)	\$8,325,248.00
Total Revenues	\$4,276,136.39	\$4,126,853.24	\$149,283.15	3.62%	\$70,738,139.73	\$67,039,848.67	\$3,698,291.06	5.52%	\$87,470,743.00
Expenses									
Payroll Expenses	\$4,559,180.06	\$4,186,510.87	\$372,669.19	8.90%	\$31,291,920.73	\$28,349,508.17	\$2,942,412.56	10.38%	\$56,056,724.00
Operating Expenses	\$1,788,683.22	\$2,654,165.86	(\$865,482.64)	(32.61%)	\$9,967,929.81	\$10,456,626.58	(\$488,696.77)	(4.67%)	\$21,267,790.00
Indigent Care Expenses	\$369,024.40	\$322,227.38	\$46,797.02	14.52%	\$2,257,103.77	\$2,588,883.08	(\$331,779.31)	(12.82%)	\$4,874,563.00
Capital Expenditures	\$1,015,700.63	\$2,397,743.50	(\$1,382,042.87)	(57.64%)	\$6,941,851.20	\$8,976,491.96	(\$2,034,640.76)	(22.67%)	\$18,331,587.00
Total Expenses	\$7,732,588.31	\$9,560,647.61	(\$1,828,059.30)	(19.12%)	\$50,458,805.51	\$50,371,509.79	\$87,295.72	0.17%	\$100,530,664.00
Revenue over Expeditures	(\$3,456,451.92)	(\$5,433,794.37)	\$1,977,342.45	(36.39%)	\$20,279,334.22	\$16,668,338.88	\$3,610,995.34	21.66%	(\$13,059,921.00)

Montgomery County Hospital District

Year-Over-Year Income Statement Comparison

For the Period Ended 04/30/2025

	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	\$336,369.33	\$281,068.53	\$55,300.80	19.68%	\$49,460,256.56	\$45,800,314.05	\$3,659,942.51	7.99%	\$50,840,782.00
EMS Net Revenue	\$2,363,002.00	\$2,280,633.02	\$82,368.98	3.61%	\$16,470,351.29	\$15,285,047.33	\$1,185,303.96	7.75%	\$28,304,713.00
Other Revenue	\$1,576,765.06	\$1,565,151.69	\$11,613.37	0.74%	\$4,807,531.88	\$5,954,487.29	(\$1,146,955.41)	(19.26%)	\$8,325,248.00
Total Revenues	\$4,276,136.39	\$4,126,853.24	\$149,283.15	3.62%	\$70,738,139.73	\$67,039,848.67	\$3,698,291.06	5.52%	\$87,470,743.00
Expenses									
Payroll Expenses	\$4,559,180.06	\$4,186,510.87	\$372,669.19	8.90%	\$31,291,920.73	\$28,349,508.17	\$2,942,412.56	10.38%	\$56,056,724.00
Operating Expenses	\$1,788,683.22	\$2,654,165.86	(\$865,482.64)	(32.61%)	\$9,967,929.81	\$10,456,626.58	(\$488,696.77)	(4.67%)	\$21,267,790.00
Indigent Care Expenses	\$369,024.40	\$322,227.38	\$46,797.02	14.52%	\$2,257,103.77	\$2,588,883.08	(\$331,779.31)	(12.82%)	\$4,874,563.00
Capital Expenditures	\$1,015,700.63	\$2,397,743.50	(\$1,382,042.87)	(57.64%)	\$6,941,851.20	\$8,976,491.96	(\$2,034,640.76)	(22.67%)	\$18,331,587.00
Total Expenses	\$7,732,588.31	\$9,560,647.61	(\$1,828,059.30)	(19.12%)	\$50,458,805.51	\$50,371,509.79	\$87,295.72	0.17%	\$100,530,664.00
Revenue over Expeditures	(\$3,456,451.92)	(\$5,433,794.37)	\$1,977,342.45	(36.39%)	\$20,279,334.22	\$16,668,338.88	\$3,610,995.34	21.66%	(\$13,059,921.00)

AGENDA ITEM # 12

Board Mtg.: 05/27/2025

Montgomery County Hospital District Accounts Payable Analysis

Accounts Payable Aging by Dollars

Month	Current	Days					\$ Total minus Credits
		31-60	61-90	> 90	Credits	Total	
May-24	458,463	-	-	2	(2)	442,222	458,465
Jun-24	720,776	-	-	2	(2)	392,663	720,778
Jul-24	204,951	-	-	2	(2)	392,663	204,953
Aug-24	1,514,620	-	-	2	(2)	291,676	1,514,622
Sep-24	555,744	-	-	(2)	(2)	291,676	555,742
Oct-24	830,634	-	-	(2)	(2)	734,124	830,632
Nov-24	334,817	-	-	(2)	(2)	894,894	334,815
Dec-24	902,594	-	-	(2)	(2)	220,840	902,592
Jan-25	778,860	-	-	(2)	(2)	175,378	778,858
Feb-25	197,880	-	-	(2)	(2)	645,695	197,878
Mar-25	898,003	-	-	(2)	(2)	352,435	898,002
Apr-25	382,313	-	-	(2)	(2)	382,309	382,311

Accounts Payable Aging by Percentage without Credits

Month	Current	Days		
		31-60	61-90	> 90
May-24	100%	0%	0%	0%
Jun-24	100%	0%	0%	0%
Jul-24	100%	0%	0%	0%
Aug-24	100%	0%	0%	0%
Sep-24	100%	0%	0%	0%
Oct-24	100%	0%	0%	0%
Nov-24	100%	0%	0%	0%
Dec-24	100%	0%	0%	0%
Jan-25	100%	0%	0%	0%
Feb-25	100%	0%	0%	0%
Mar-25	100%	0%	0%	0%
Apr-25	100%	0%	0%	0%

AGENDA ITEM # 13

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

TOTAL FOR
INVOICES

\$3,494,568.88

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 05/27/2025 Paid Invoices

Vendor Name	Invoice Date	Invoice No.	Invoice Description	Account No.	Account Description	Amount
ABLE GLASS & MIRROR CO, INC.	04/01/2025	2-5965	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$11.00
					Totals for ABLE GLASS & MIRROR CO, INC.:	\$11.00
ACETECH CORP.	04/01/2025	2907	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$839.40
					Totals for ACETECH CORP.:	\$839.40
ALLEN, BRETT	04/22/2025	ALL*04222025	MILEAGE - (04/06/2025 - 04/08/2025)	10-001-56200	Mileage Reimbursements-Admin	\$117.60
					Totals for ALLEN, BRETT:	\$117.60
ALLEN'S SAFE AND LOCK	04/01/2025	66087	MAINTENANCE & REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$374.86
					Totals for ALLEN'S SAFE AND LOCK:	\$374.86
ALL-TEX CAPITAL EQUIPMENT LEASING CORP db:	04/01/2025	14704	SMALL EQUIPMENT	10-010-57750	Small Equipment & Furniture-Fleet	\$584.34
					Totals for ALL-TEX CAPITAL EQUIPMENT LEASING CORP dba NORTHSTAR EQUIP:	\$584.34
ALONTI CAFE & CATERING	04/01/2025	2080549	NEW HIRE LUNCHEON 03.26.2025	10-025-58500	Training & Continuing Education-Human	\$125.74
	04/01/2025	2079422	BILLING LUNCHEON 03.24.25	10-011-56100	Meeting Expenses-EMS B	\$294.36
					Totals for ALONTI CAFE & CATERING:	\$420.10
ALTEC PRODUCTS, INC.	04/01/2025	1240598	DEPOSIT SLIPS OPERATING ACCOUNT FOR BILLING	10-005-57000	Printing Services-Accou	\$92.00
					Totals for ALTEC PRODUCTS, INC.:	\$92.00
AMBASSADOR SERVICES, LLC	04/01/2025	INV105013	FLOOR SERVICES ON 11/15/2024	10-016-53330	Contractual Obligations-Other-Facil	\$5,868.80
	04/01/2025	INV106122	CARPET SERVICES PERFORMED ON 02.11.2025	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$418.00
	04/01/2025	INV105434	CARPET SERVICES PERFORMED ON 01.17.2025	10-016-53330	Contractual Obligations-Other-Facil	\$440.00
	04/01/2025	INV105422	CARPET CLEANING PERFORMED ON 12/23/2024	10-016-53330	Contractual Obligations-Other-Facil	\$2,960.10
	04/01/2025	100385A	SPECIAL FLOOR SERVICE PEFORMED 12/23/2023	10-016-53330	Contractual Obligations-Other-Facil	\$9,321.80
	04/01/2025	INV105424	FLOOR SERVICES PERFORMED ON 12.23.2024	10-016-53330	Contractual Obligations-Other-Facil	\$5,593.40
					Totals for AMBASSADOR SERVICES, LLC:	\$24,602.10
AMERICAN HEART ASSOCIATION, INC. (AHA)	04/05/2025	SCPR204847	CPR ECARDS	10-009-52600	Books/Materials-Clini	\$2,256.20
				10-000-14900	Prepaid Expenses-BS	\$4,692.00
					Totals for AMERICAN HEART ASSOCIATION, INC. (AHA):	\$6,948.20
AT&T (5001)	04/01/2025	7131652005 03.21.25	HISD T1 ISSI 03/21/25-04/20/25	10-004-58310	Telephones-Service-Radio	\$240.80
					Totals for AT&T (5001):	\$240.80
AT&T MOBILITY-ROC (6463)	04/19/2025	287283884314X0425A	ACCT# 287283884314 02/20/25-03/19/25	10-015-58200	Telephones-Cellular-Infor	\$310.51
				10-004-58200	Telephones-Cellular-Radio	\$50.87
					Totals for AT&T MOBILITY-ROC (6463):	\$361.38
ATLANTIC SIGNAL LLC	04/01/2025	INV5407	COMTAC HEADSETS	10-042-57750	Small Equipment & Furniture-EMS T	\$6,177.00
					Totals for ATLANTIC SIGNAL LLC:	\$6,177.00
B & H PHOTO & ELECTRONICS CORP	04/03/2025	233076270	SMALL EQUIPMENT	10-015-57750	Small Equipment & Furniture-Infor	\$83.38

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<i>Totals for B & H PHOTO & ELECTRONICS CORP:</i>						<u>\$83.38</u>
BCBS OF TEXAS (POB 731428)	04/01/2025	523325820602	BCBS PPO & HSA CLAIMS 03/22/25-03/28/25	10-025-51710	Health Insurance Claims-Human	\$68,627.64
	04/06/2025	523326997544	BCBS PPO & HSA CLAIMS 03/29/25-04/04/25	10-025-51710	Health Insurance Claims-Human	\$146,615.50
	04/01/2025	131648936781	ADMINISTRATION FEE 03/01/25-03/31/25	10-025-51720	Health Insurance Admin Fees-Human	\$74,635.14
	04/13/2025	523320935884	BCBS PPO & HSA CLAIMS 04/05/25 - 04/11/25	10-025-51710	Health Insurance Claims-Human	\$138,059.92
	04/27/2025	523323528022	BCBS PPO & HSA CLAIMS 04/19/25 - 04/25/25	10-025-51710	Health Insurance Claims-Human	\$129,482.47
	04/30/2025	131649756708	ADMINISTRATION FEE 04/01/25-04/30/25	10-025-51720	Health Insurance Admin Fees-Human	\$74,516.81
	04/20/2025	523328933954A	BCBS PPO & HSA CLAIMS 04/12/25-04/18/25	10-025-51710	Health Insurance Claims-Human	<u>\$94,038.92</u>
<i>Totals for BCBS OF TEXAS (POB 731428):</i>						<u>\$725,976.40</u>
BEASLEY, ALINA	04/02/2025	BEA*04022025	TUITION - 2025	10-025-58550	Tuition Reimbursement-Human	<u>\$1,570.40</u>
	<i>Totals for BEASLEY, ALINA:</i>					<u>\$1,570.40</u>
BELONZI, ALISON	04/04/2025	BEL*04042025	MILEAGE - (04/03/2025 - 04/03/2025)	10-007-56200	Mileage Reimbursements-EMS	<u>\$12.88</u>
	<i>Totals for BELONZI, ALISON:</i>					<u>\$12.88</u>
BHATT, MEGHNA	04/26/2025	BHA*04262025	WELLNESS	10-025-54350	Employee Health\Wellness-Human	<u>\$105.00</u>
	<i>Totals for BHATT, MEGHNA:</i>					<u>\$105.00</u>
BIDDLE CONSULTING GROUP, INC.	04/01/2025	79825	CRITICALL ANNUAL SOFTWARE EXPIRES MARCH 20	10-006-54100	Dues/Subscriptions-Alarm	<u>\$4,065.00</u>
	<i>Totals for BIDDLE CONSULTING GROUP, INC.:</i>					<u>\$4,065.00</u>
BLUE TRITON BRANDS INC dba READYREFRESH	04/12/2025	05D6708394182	STATION 15	10-008-57900	Station Supplies-Mater	\$20.06
	04/12/2025	05D6708394193	STATION 20	10-008-57900	Station Supplies-Mater	\$3.29
	04/12/2025	05D6708394198	STATION 21	10-008-57900	Station Supplies-Mater	\$3.29
	04/12/2025	05D6708394210	STATION 22	10-008-57900	Station Supplies-Mater	\$31.24
	04/12/2025	05D6708394225	STATION 25	10-008-57900	Station Supplies-Mater	\$3.29
	04/12/2025	05D6708394229	STATION 27	10-008-57900	Station Supplies-Mater	\$3.29
	04/12/2025	05D6708394237	STATION 31	10-008-57900	Station Supplies-Mater	\$20.06
	04/12/2025	05D6708394241	STATION 32	10-008-57900	Station Supplies-Mater	\$53.60
	04/12/2025	05D6708394247	STATION 33	10-008-57900	Station Supplies-Mater	\$53.60
	04/12/2025	05D6708394250	STATION 34	10-008-57900	Station Supplies-Mater	\$20.06
	04/12/2025	05D6708394255	STATION 35	10-008-57900	Station Supplies-Mater	\$14.47
	04/12/2025	05D6708394258	STATION 40	10-008-57900	Station Supplies-Mater	\$53.60
	04/12/2025	05D6708394304	STATION 41	10-008-57900	Station Supplies-Mater	\$20.06
	04/12/2025	05D6708394309	STATION 45	10-008-57900	Station Supplies-Mater	\$20.33
	04/12/2025	05D6708394307	STATION 42	10-008-57900	Station Supplies-Mater	\$14.47
	04/12/2025	05D6708403397	SERVICE CENTER	10-008-57900	Station Supplies-Mater	\$3.56
	04/12/2025	05D6708394233	STATION 30	10-008-57900	Station Supplies-Mater	\$59.19
	04/12/2025	05D6708577782	ADMIN-3RD FLOOR	10-008-57900	Station Supplies-Mater	\$16.77
	04/12/2025	05D6708394113	STATION 10	10-008-57900	Station Supplies-Mater	\$53.60
	04/12/2025	05D6708394151	ADMIN-MAIN	10-008-57900	Station Supplies-Mater	\$3.29
	04/01/2025	04K6708394140	STATION 11	10-008-57900	Station Supplies-Mater	\$3.29
	04/01/2025	05C6708394140	STATION 11	10-008-57900	Station Supplies-Mater	<u>\$36.83</u>

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	04/01/2025	04K6708394166	STATION 14	10-008-57900	Station Supplies-Mater	\$3.29
	04/01/2025	05C6708394166	STATION 14	10-008-57900	Station Supplies-Mater	\$14.47
	04/01/2025	05D6708394221	STATION 24	10-008-57900	Station Supplies-Mater	\$48.01
	04/01/2025	04L6708394216	ADMIN-ROOM 250	10-008-57900	Station Supplies-Mater	\$14.47
	04/01/2025	05A6708394216	ADMIN-ROOM 250	10-008-57900	Station Supplies-Mater	\$14.47
	04/01/2025	05B6708394216	ADMIN-ROOM 250	10-008-57900	Station Supplies-Mater	\$25.65
	04/01/2025	05C6708394216	ADMIN-ROOM 250	10-008-57900	Station Supplies-Mater	\$3.29
	04/01/2025	04K6708403396	SERVICE CENTER-FLEET BAY	10-008-57900	Station Supplies-Mater	\$3.56
	04/01/2025	04L6708403396	SERVICE CENTER-FLEET BAY	10-008-57900	Station Supplies-Mater	\$37.10
	04/01/2025	05A6708403396	SERVICE CENTER-FLEET BAY	10-008-57900	Station Supplies-Mater	\$37.10
	04/01/2025	05B6708403396	SERVICE CENTER-FLEET BAY	10-008-57900	Station Supplies-Mater	\$42.69
	04/01/2025	05C6708403396	SERVICE CENTER-FLEET BAY	10-008-57900	Station Supplies-Mater	\$3.56
	04/01/2025	04K6708403395	SERVICE CENTER-2ND FL KITCHEN	10-008-57900	Station Supplies-Mater	\$3.56
	04/01/2025	04L6708403395	SERVICE CENTER-2ND FL KITCHEN	10-008-57900	Station Supplies-Mater	\$20.33
	04/01/2025	05A6708403395	SERVICE CENTER-2ND FL KITCHEN	10-008-57900	Station Supplies-Mater	\$20.33
	04/01/2025	05B6708403395	SERVICE CENTER-2ND FL KITCHEN	10-008-57900	Station Supplies-Mater	\$53.87
	04/01/2025	05C6708403395	SERVICE CENTER-2ND FL KITCHEN	10-008-57900	Station Supplies-Mater	\$3.56
	04/01/2025	05D6708394140	STATION 11	10-008-57900	Station Supplies-Mater	\$59.19
	04/01/2025	05D6708394166	STATION 14	10-008-57900	Station Supplies-Mater	\$42.42
	04/01/2025	05D6708579806	ADMIN - 1ST FLOOR	10-008-57900	Station Supplies-Mater	\$61.49
	04/01/2025	05C6708577775	ADMIN - 3RD FLOOR	10-008-57900	Station Supplies-Mater	\$31.18
	04/01/2025	05D6708577775	ADMIN - 3RD FLOOR	10-008-57900	Station Supplies-Mater	\$36.77
	04/01/2025	05D6708394216	ADMIN - ROOM 250	10-008-57900	Station Supplies-Mater	\$3.29
				<i>Totals for BLUE TRITON BRANDS INC dba READYREFRESH:</i>		<u>\$1,094.89</u>
BONHAM, HEDDI	04/07/2025	BON*04072025	MILEAGE - (04/04/2025 - 04/04/2025)	10-005-56200	Mileage Reimbursements-Accou	\$67.76
					<i>Totals for BONHAM, HEDDI:</i>	<u>\$67.76</u>
BOON-CHAPMAN (Prime DX)	04/01/2025	S00300006521	MARCH 2025 PRIMEDX FEES	10-002-55700	Management Fees-HCAP	\$8,186.42
					<i>Totals for BOON-CHAPMAN (Prime DX):</i>	<u>\$8,186.42</u>
BOUND TREE MEDICAL, LLC	04/01/2025	85716478	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$2,200.00
	04/02/2025	85720525	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$399.90
	04/01/2025	85713078	MEDICAL SUPPLIES	10-008-54200	Durable Medical Equipment-Mater	\$235.40
	04/04/2025	85723647	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$399.90
	04/03/2025	85722200	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$72.48
	04/01/2025	85707869	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$703.17
	04/08/2025	85727332	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$25.80
	04/04/2025	85723649	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$1,230.00
	04/07/2025	85725293	MEDICAL SUPPLIERS	10-009-54000	Drug Supplies-Clini	\$705.60
	04/10/2025	85730581	MEDICAL SUPPLIES	10-008-54200	Durable Medical Equipment-Mater	\$1,083.50
	04/01/2025	85707869A	MEDICAL SUPPLIES/BAL DUE	10-009-54000	Drug Supplies-Clini	\$147.45
	04/14/2025	85733663	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$1,991.88
	04/03/2025	85722202	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$13,487.70
				10-009-54000	Drug Supplies-Clini	\$414.40

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				10-008-53800	Disposable Linen-Mater	\$1,889.60	
	04/01/2025	85693030	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$4,983.75	
	04/22/2025	85743791	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$326.16	
	04/24/2025	85747060	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$326.16	
	04/24/2025	85747061	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$32,357.50	
				10-009-54000	Drug Supplies-Clini	\$5,617.17	
				10-008-53800	Disposable Linen-Mater	\$1,974.00	
	04/01/2025	85714689	MEDICAL SUPPLIES	10-008-53800	Disposable Linen-Mater	\$1,974.00	
				10-009-54000	Drug Supplies-Clini	\$268.80	
				10-008-53900	Disposable Medical Supplies-Mater	\$3,903.00	
					Totals for BOUND TREE MEDICAL, LLC:	\$76,717.32	
	BRADSHAW CONSULTING SERVICES, INC.	04/02/2025	9790	THE ADDRESSER FIRST AID KIT MAINTENANCE 05/C	10-000-14900	Prepaid Expenses-BS	\$112.55
						Totals for BRADSHAW CONSULTING SERVICES, INC.:	\$112.55
	CANON FINANCIAL SERVICES, INC.	04/11/2025	39833260	CONTRACT CHARGE 04/01/25-04/30/25	10-015-55400	Leases/Contracts-Infor	\$4,608.00
						Totals for CANON FINANCIAL SERVICES, INC.:	\$4,608.00
	CARMICHAEL, MATTHEW	04/01/2025	CAR*03312025A	PER DIEM/EVT CONFERENCE 03/16/25-03/21/25	10-010-53150	Conferences-Fees, Travel, & Meals-Fleet	\$407.00
						Totals for CARMICHAEL, MATTHEW:	\$407.00
CASTELLANO, JOE	04/21/2025	CAS*04212025	5 Years of Service Award	10-025-54450	Employee Recognition-Human	\$100.00	
					Totals for CASTELLANO, JOE:	\$100.00	
CENTERPOINT ENERGY (REL109)	04/01/2025	98116148 04.01.25	STATION 14 02/12/25-03/13/25	10-016-58800	Utilities-Facil	\$76.02	
	04/10/2025	88820089 04.10.25	STATION 10 03/07/25-04/04/25	10-016-58800	Utilities-Facil	\$34.52	
	04/08/2025	88589239 04.08.25	ADMIN 03/06/25-04/03/25	10-016-58800	Utilities-Facil	\$1,051.66	
	04/10/2025	64018941639 04.10.25	STATION 15 03/06/25-04/04/25	10-016-58800	Utilities-Facil	\$31.02	
	04/17/2025	64006986422 04.17.25	STATION 43 03/14/25-04/11/25	10-016-58800	Utilities-Facil	\$45.84	
	04/01/2025	64013049610 03.19.25	STATION 45 02/12/25-03/14/25	10-016-58800	Utilities-Facil	\$30.00	
	04/01/2025	92013168 03.31.25	STATION 30 02/25/25-03/25/25	10-016-58800	Utilities-Facil	\$37.83	
	04/02/2025	88796735 04.02.25	STATION 20 02/27/25-03/28/25	10-016-58800	Utilities-Facil	\$128.49	
	04/01/2025	64015806066 04.01.25	ROBINSTON TOWER 02/25/25-03/26/25	10-004-58800	Utilities-Radio	\$30.00	
	04/17/2025	64013049610 04.17.25	STATION 45 03/14/25-04/11/25	10-016-58800	Utilities-Facil	\$31.92	
					Totals for CENTERPOINT ENERGY (REL109):	\$1,497.30	
	CHASE PEST CONTROL, INC.	04/01/2025	68519	EXTERIOR SERVICE BI MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$155.00
		04/01/2025	68514	EXTERIOR SERVICE BI MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$155.00
04/01/2025		68520	EXTERIOR SERVICE BI MONTHLY	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$145.00	
					Totals for CHASE PEST CONTROL, INC.:	\$455.00	
COBURN SUPPLY COMPANY, INC.	04/01/2025	536219764	MAINTENANCE & REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$7.08	
	04/01/2025	506259816	MAINTENANCE & REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,005.72	
					Totals for COBURN SUPPLY COMPANY, INC.:	\$1,012.80	

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COLORTECH DIRECT & IMPACT PRINTING	04/01/2025	41344	POSTER STROKE DIAGNOSTIC TOOL	10-009-57000	Printing Services-Clini	\$35.40
<i>Totals for COLORTECH DIRECT & IMPACT PRINTING:</i>						<u>\$35.40</u>
COMCAST (POB 37601)	04/01/2025	237934774	ACCT# 932705907 04/01/25-04/30/25	10-015-58310	Telephones-Service-Infor	\$1,522.58
	04/01/2025	236334565	ACCT# 980899942 03/15/25-04/14/25	10-015-58310	Telephones-Service-Infor	\$3,357.38
<i>Totals for COMCAST (POB 37601):</i>						<u>\$4,879.96</u>
COMCAST CORPORATION (POB 60533)	04/05/2025	2080546356 04.05.25	STATION 21 04/05/25-05/04/25	10-015-58310	Telephones-Service-Infor	\$79.59
<i>Totals for COMCAST CORPORATION (POB 60533):</i>						<u>\$79.59</u>
COMPEX LEGAL SERVICES, LLC	04/02/2025	COM*04022025	RETURN MONIES DUE COMPEX DUE TO NOT OURS	10-026-41500	Miscellaneous Income-Recor	\$58.04
<i>Totals for COMPEX LEGAL SERVICES, LLC:</i>						<u>\$58.04</u>
CONROE WELDING SUPPLY, INC.	04/01/2025	R03251065	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$37.50
	04/01/2025	R03251066	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$3.45
	04/01/2025	R03251068	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$6.90
	04/01/2025	R03251069	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$6.90
	04/01/2025	R03251070	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$6.90
	04/01/2025	R03251071	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$6.90
	04/01/2025	R03251073	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$6.90
	04/01/2025	R03251075	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$10.35
	04/01/2025	R03251076	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$6.90
	04/01/2025	R03251078	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$3.45
	04/01/2025	R03251079	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$3.45
	04/01/2025	R03251081	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$10.35
	04/01/2025	R03251084	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$6.90
	04/01/2025	R03251085	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$57.69
	04/01/2025	R03251088	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$128.85
	04/01/2025	R03251618	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$72.20
	04/01/2025	CT265638	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$214.20
	04/01/2025	CT265838	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$71.48
	04/01/2025	CT265897	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$40.56
	04/01/2025	PS539859	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$59.58
	04/01/2025	PS540362	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$118.74
	04/01/2025	CT266466	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$108.88
	04/01/2025	CT266572	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$100.14
	04/01/2025	CT266626	PROPANE	10-008-56600	Oxygen & Gases-Mater	\$121.92
	04/01/2025	CT266642	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$160.42
	04/01/2025	CT266764	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$161.54
	04/01/2025	PS540754	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$80.42
	04/01/2025	PS540755	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$102.38
	04/01/2025	PS540756	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$60.70
	04/01/2025	CT267659	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$120.98
	04/01/2025	CT267807	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$71.48
	04/01/2025	CT268008	TEST UE CYLINDER	10-008-56600	Oxygen & Gases-Mater	\$302.50

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	04/01/2025	PS540943	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$80.05
	04/01/2025	PS541106	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$106.94
	04/01/2025	CT267646	NITROUS OXIDE	10-008-56600	Oxygen & Gases-Mater	\$418.80
	04/01/2025	CT267533	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$376.44
	04/01/2025	CT268651	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$150.89
	04/01/2025	CT268703	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$139.93
	04/01/2025	CT268738	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$74.99
	04/01/2025	CT268980	ICE DRY CUBES	10-008-56600	Oxygen & Gases-Mater	\$16.64
	04/01/2025	CT271174	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$227.83
	04/01/2025	PS541107	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$73.96
	04/01/2025	PS541397	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$95.95
	04/01/2025	PS541398	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$106.94
	04/01/2025	PS541990	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$62.98
	04/01/2025	PS541992	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$51.99
	04/01/2025	CT270819	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$139.91
	04/01/2025	PS541989	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$62.98
	04/01/2025	CT270436	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$63.17
	04/01/2025	CT270451	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$106.96
	04/01/2025	CT270483	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$73.96
	04/01/2025	CT270409	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$150.89
	04/01/2025	CT270452	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$139.87
	04/01/2025	CT270559	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$73.95
	04/01/2025	CT270570	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$91.21
	04/01/2025	CT270627	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$172.89
	04/01/2025	PS541986	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$44.37
	04/01/2025	PS541774	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$106.93
	04/01/2025	CT270073	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$496.99
	04/01/2025	CT270287	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$326.78
	04/01/2025	CT270308	NITROUS OXIDE	10-008-56600	Oxygen & Gases-Mater	\$415.34
	04/01/2025	CT270435	NITROUS OXIDE	10-008-56600	Oxygen & Gases-Mater	\$415.34
	04/01/2025	PS541753	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$128.93
	04/01/2025	PS541768	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$127.65
	04/01/2025	PS541772	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$84.97
	04/01/2025	CT269607	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$216.85
	04/01/2025	CT269299	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$120.92
	04/01/2025	CT269682	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$106.94
	04/01/2025	CT269351	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$128.95
	04/01/2025	CT269622	ICE DRY CUBES	10-008-56600	Oxygen & Gases-Mater	\$19.97
	04/01/2025	CT269311	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$318.34
	04/01/2025	CT269081	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$128.92
	04/01/2025	CT271149	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$106.93
	04/01/2025	CT271419	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$106.93
	04/01/2025	CT271491	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$62.97
	04/04/2025	CT271688	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$95.95
	04/01/2025	CT259799	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$186.12

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	04/01/2025	CT260032	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$353.96
	04/01/2025	CT259934	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$54.58
	04/01/2025	PS538603	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$44.72
	04/01/2025	PS538434	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$106.12
	04/01/2025	CT261812	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$44.72
	04/01/2025	CT261002	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$340.52
	04/01/2025	PS538121	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$54.58
	04/01/2025	PS539862	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$59.58
	04/01/2025	CT264198	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$73.92
	04/01/2025	CT264104	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$100.14
	04/01/2025	CT263453	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$161.41
	04/01/2025	CT262922	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$100.14
	04/01/2025	R01251069	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$6.90
	04/01/2025	PS538120	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$80.42
	04/01/2025	CT268521	NITROUS OXIDE	10-008-56600	Oxygen & Gases-Mater	\$343.09
	04/01/2025	R02251091	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$135.12
	04/01/2025	R02251082	CYLINDER RENTAL	10-008-56600	Oxygen & Gases-Mater	\$3.45
					<i>Totals for CONROE WELDING SUPPLY, INC.:</i>	<u>\$11,142.09</u>
CONSOLIDATED COMMUNICATIONS-TXU	04/01/2025	93653911600 04.01.25	ADMIN 03/21/25-04/20/25	10-015-58310	Telephones-Service-Infor	\$16,813.51
					<i>Totals for CONSOLIDATED COMMUNICATIONS-TXU:</i>	<u>\$16,813.51</u>
COREBRIDGE FINANCIAL	04/10/2025	COR04102025	EMPLOYEE CONTRIBUTIONS FOR 04/10/2025	10-000-21600	Employee Deferred Comp.-BS	\$9,100.89
	04/25/2025	COR04242025	EMPLOYEE CONTRIBUTIONS FOR 04/24/2025	10-000-21600	Employee Deferred Comp.-BS	\$8,976.75
					<i>Totals for COREBRIDGE FINANCIAL:</i>	<u>\$18,077.64</u>
COTTRELL, RHONDA	04/21/2025	COT*04212025	10 Years of Service Award	10-025-54450	Employee Recognition-Human	\$200.00
					<i>Totals for COTTRELL, RHONDA:</i>	<u>\$200.00</u>
CRAWFORD ELECTRIC SUPPLY COMPANY, INC.	04/01/2025	S013740496.001	MAINTENANCE & REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,622.00
	04/03/2025	S013740496.002	MAINTENANCE & REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$298.00
	04/01/2025	S013742362.001	MAINTENANCE & REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$392.20
	04/07/2025	S013740496.003	MAINTENANCE & REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$298.00
					<i>Totals for CRAWFORD ELECTRIC SUPPLY COMPANY, INC.:</i>	<u>\$2,610.20</u>
CROCKER, JAMES KEVIN	04/10/2025	CRO*04102025	PER DIEM - IMAGETREND CONNECT 25 (04/28/202	10-045-58500	Training & Continuing Education-EMS Q	\$324.00
					<i>Totals for CROCKER, JAMES KEVIN:</i>	<u>\$324.00</u>
CROWN PAPER AND CHEMICAL	04/22/2025	165109	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$965.50
					<i>Totals for CROWN PAPER AND CHEMICAL:</i>	<u>\$965.50</u>
CUMMINS SOUTHERN PLAINS LLC	04/05/2025	85-250421878	FULL SERVICE/B080154319/#20	10-004-55650	Maintenance-Equipment-Radio	\$775.87
	04/01/2025	85-241196829	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,071.40
	04/01/2025	85-250112163	INSPECTION/ITEM 2	10-016-55650	Maintenance-Equipment-Facil	\$275.46
	04/01/2025	85-241197696	INSPECTION/ITEM 48	10-016-55650	Maintenance-Equipment-Facil	\$333.36

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	04/11/2025	85-250422564	FULL SERVICE/ITEM 24	10-004-55650	Maintenance-Equipment-Radio	\$992.78
	04/11/2025	85-250422562	FULL SERVICE/ ITEM 14	10-016-55650	Maintenance-Equipment-Facil	\$775.87
	04/17/2025	85-250423147	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$569.61
	04/16/2025	85-250423093	FULL SERVICE/ITEM 13	10-016-55650	Maintenance-Equipment-Facil	\$1,469.43
	04/30/2025	85-250424670	FULL SERVICE/ITEM 26	10-016-55650	Maintenance-Equipment-Facil	\$775.88
	04/30/2025	85-250424549	FULL SERVICE/ITEM 8	10-004-55650	Maintenance-Equipment-Radio	\$775.88
					<i>Totals for CUMMINS SOUTHERN PLAINS LLC:</i>	<u>\$7,815.54</u>
CustomInk PARENT, LLC dba CUSTOMINK, LLC	04/01/2025	79436479	EMS RECRUIT T-SHIRTS	10-007-57300	Recruit/Investigate-EMS	\$1,411.25
					<i>Totals for CustomInk PARENT, LLC dba CUSTOMINK, LLC:</i>	<u>\$1,411.25</u>
CWS PROPANE, LLC	04/01/2025	414792	PROPANE	10-004-54725	Fuel-Non-Auto-Radio	\$1,046.55
	04/01/2025	414791	PROPANE	10-004-54725	Fuel-Non-Auto-Radio	\$841.07
	04/01/2025	414793	PROPANE	10-004-54725	Fuel-Non-Auto-Radio	\$586.15
					<i>Totals for CWS PROPANE, LLC:</i>	<u>\$2,473.77</u>
DAILEY WELLS COMMUNICATION INC.	04/01/2025	00079348	RADIO REPAIR S/N A40300003586	10-004-57200	Radio Repairs-Outsourced-Radio	\$124.00
	04/01/2025	25MCHD06	ON SITE SYTEM SUPPORT MARCH 2025	10-004-57100	Professional Fees-Radio	\$12,628.17
	04/11/2025	25CC040904	SHIPPING	10-004-57225	Radio-Parts-Radio	\$23.00
					<i>Totals for DAILEY WELLS COMMUNICATION INC.:</i>	<u>\$12,775.17</u>
DEARBORN NATIONAL LIFE INS CO KNOWN AS B	04/01/2025	F021753 04.01.25	LIFE/DISABILITY 04/01/25-04/30/25	10-025-51700	Health & Dental-Human	\$40,599.88
	04/01/2025	F021753 03.01.25	LIFE/DISABILITY 03/01/25-03/31/25	10-025-51700	Health & Dental-Human	\$42,121.10
	04/01/2025	F021753 02.01.25	LIFE/DISABILITY 02/01/25-02/28/25	10-025-51700	Health & Dental-Human	\$39,521.68
					<i>Totals for DEARBORN NATIONAL LIFE INS CO KNOWN AS BCBS:</i>	<u>\$122,242.66</u>
DEMONTROND AUTO COUNTRY	04/02/2025	109525	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$402.60
	04/03/2025	109608	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$2.34
	04/01/2025	109378	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,889.12
	04/01/2025	109403	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,761.38
	04/01/2025	108310	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$175.68
	04/03/2025	109569	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$152.74
	04/11/2025	110027	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$489.50
	04/18/2025	110070	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,434.96
	04/14/2025	109959	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,131.34
	04/10/2025	109780	VEHICLE	10-010-59050	Vehicle-Parts-Fleet	\$10,111.79
	04/11/2025	109987	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$478.32
	04/14/2025	110096	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$2.34
	04/23/2025	110475	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$3,395.96
	04/23/2025	110311	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$7,262.37
				10-010-54550	Vehicle-Fluids & Additives-Fleet	\$217.44
	04/21/2025	110423	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,239.80
					<i>Totals for DEMONTROND AUTO COUNTRY:</i>	<u>\$30,147.68</u>
DIRECTV	04/01/2025	017903440X250412	MASER BILL ACCOUNT 017903440	10-016-58800	Utilities-Facil	\$173.99

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				10-016-58800	Utilities-Facil	\$202.98
				10-016-58800	Utilities-Facil	\$158.78
				10-016-58800	Utilities-Facil	\$173.99
				10-016-58800	Utilities-Facil	\$202.98
				10-016-58800	Utilities-Facil	\$180.98
				10-016-58800	Utilities-Facil	\$157.99
				10-016-58800	Utilities-Facil	\$157.99
				10-016-58800	Utilities-Facil	\$173.99
				10-016-58800	Utilities-Facil	\$157.99
				10-016-58800	Utilities-Facil	\$157.99
				10-016-58800	Utilities-Facil	\$315.98
Totals for DIRECTV:						\$2,215.63
EMPLOYEES RETIREMENT SYSTEM OF TEXAS	04/22/2025	9291660 04.22.2025	EMPLOYEE RETIREMENT SYSTEM ADMIN FEE	10-001-54100	Dues/Subscriptions-Admin	\$35.00
Totals for EMPLOYEES RETIREMENT SYSTEM OF TEXAS:						\$35.00
ENTERGY TEXAS, LLC	04/01/2025	420003453256	ROBINSON TOWER 02/27/25-03/28/25	10-016-58800	Utilities-Facil	\$448.29
	04/01/2025	395005156938	ROBINSON TOWER 02/27/25-03/28/25	10-016-58800	Utilities-Facil	\$32.94
	04/03/2025	30009899935	ADMIN 03/03/25-04/01/25	10-016-58800	Utilities-Facil	\$14,464.18
	04/03/2025	145008005752	STATION 32 03/03/25-04/01/25	10-016-58800	Utilities-Facil	\$309.88
	04/07/2025	335005634446	STATION 15 03/05/25-04/03/25	10-016-58800	Utilities-Facil	\$256.47
	04/10/2025	440003481799	STATION 20 03/10/25-04/08/25	10-016-58800	Utilities-Facil	\$651.16
	04/11/2025	60008801966	SPLENDORA TOWER 03/11/25-04/09/25	10-004-58800	Utilities-Radio	\$623.22
	04/08/2025	125008070929	STATION 14 03/06/25-04/04/25	10-016-58800	Utilities-Facil	\$217.82
	04/16/2025	240006402897	LAKE CONROE 03/14/25-04/14/25	10-004-58800	Utilities-Radio	\$480.73
	04/17/2025	85008387744	STATION 31 03/17/25-04/15/25	10-016-58800	Utilities-Facil	\$379.90
	04/16/2025	160006905815	THOMPSON TOWER 03/14/25-04/14/25	10-016-58800	Utilities-Facil	\$689.30
	04/15/2025	470003524391	STATION 30 03/13/25-04/11/25	10-016-58800	Utilities-Facil	\$721.98
	04/21/2025	285006799676	STATION 43 03/19/25-04/17/25	10-016-58800	Utilities-Facil	\$275.67
	04/21/2025	125008088292	STATION 10 03/19/25-04/17/25	10-016-58800	Utilities-Facil	\$751.24
Totals for ENTERGY TEXAS, LLC:						\$20,302.78
ENTERPRISE FM TRUST dba ENTERPRISE FLEET MC	04/01/2025	FBN5296738	MONTHLY LEASE CHARGES	10-010-52725	Capital Lease Expense-Fleet	\$29,908.84
Totals for ENTERPRISE FM TRUST dba ENTERPRISE FLEET MGNT EXCHANGE INC.:						\$29,908.84
EPCOR	04/08/2025	0884642 04.08.25	STATION 40 02/27/25-03/27/25	10-016-58800	Utilities-Facil	\$69.75
	04/08/2025	0884279 04.08.25	STATION 40 02/27/25-03/27/25	10-016-58800	Utilities-Facil	\$163.42
Totals for EPCOR:						\$233.17
ETHICS UNLIMITED, LLC dba VERIFY COMPLY	04/10/2025	VC-147738	PORTAL PRO MONTHLY 04/10/25-05/09/25	10-026-57100	Professional Fees-Recor	\$275.87
Totals for ETHICS UNLIMITED, LLC dba VERIFY COMPLY:						\$275.87
EVANS, JUSTIN	04/22/2025	EVA*04222025	EXPENSE - TRAVEL EXPENSES	10-016-58600	Travel Expenses-Facil	\$25.92
	04/22/2025	EVA*04222025B	EXPENSE - TRAVEL EXPENSES	10-016-58600	Travel Expenses-Facil	\$22.96
	04/22/2025	EVA*04222025C	EXPENSE - TRAVEL EXPENSES	10-004-58600	Travel Expenses-Radio	\$15.97

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<i>Totals for EVANS, JUSTIN:</i>						<i>\$64.85</i>
EZEE FIBER TEXAS, LLC dba ICTX LLC OR WAVE MI	04/01/2025	INV5988	ETHERNET MRR	10-015-58310	Telephones-Service-Infor	\$480.00
	04/01/2025	20250401	ETHERNET MRR	10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$480.00
				10-015-58310	Telephones-Service-Infor	\$750.00
				10-015-58310	Telephones-Service-Infor	\$750.00
				10-015-58310	Telephones-Service-Infor	\$750.00
				10-015-58310	Telephones-Service-Infor	\$995.00
				10-015-58310	Telephones-Service-Infor	\$300.00
<i>Totals for EZEE FIBER TEXAS, LLC dba ICTX LLC OR WAVE MEDIA:</i>						<i>\$11,015.00</i>
FIGUEROA, VIOLETA	04/28/2025	FIG*04282025	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-015-53150	Conferences-Fees, Travel, & Meals-Infor	\$114.50
	04/28/2025	FIG*04282025B	MILEAGE - (04/13/2025 - 04/17/2025)	10-015-56200	Mileage Reimbursements-Infor	\$118.09
<i>Totals for FIGUEROA, VIOLETA:</i>						<i>\$232.59</i>
FIRST RESPONSE FAMILY CLINIC	04/01/2025	2025-002-015	RECRUIT/INVESTIGATE	10-025-57300	Recruit/Investigate-Human	\$1,415.00
					<i>Totals for FIRST RESPONSE FAMILY CLINIC:</i>	<i>\$1,415.00</i>
FIRST SPECIALITY ENTERPRISES, LLC dba	04/01/2025	3137_3138	REPAIR ON NITRONOX UNIT	10-008-57650	Repair-Equipment-Mater	\$270.00
					<i>Totals for FIRST SPECIALITY ENTERPRISES, LLC dba:</i>	<i>\$270.00</i>
FISCHER, MICHEAL	04/02/2025	FIS*04022025	TUITION - 2025	10-025-58550	Tuition Reimbursement-Human	\$1,352.00
					<i>Totals for FISCHER, MICHEAL:</i>	<i>\$1,352.00</i>
FISCHER, TIFFANY	04/01/2025	FIS*02052025	PER DIEM TX EMS EDUCATORS SUMMIT 03/27/25-(10-009-51100	Regular Pay-Clini	\$239.00
					<i>Totals for FISCHER, TIFFANY:</i>	<i>\$239.00</i>
FIVE STAR SEPTIC SOLUTIONS, LLC	04/09/2025	1963	PUMPED OUT 2000 GALLON TANK 4.8.25	10-016-58800	Utilities-Facil	\$475.00
					<i>Totals for FIVE STAR SEPTIC SOLUTIONS, LLC:</i>	<i>\$475.00</i>
FORD, CHRISTIAN	04/15/2025	FOR*04152025	EXPENSE - TRAVEL EXPENSES	10-001-58600	Travel Expenses-Admin	\$40.00
	04/15/2025	FOR*04152025B	EXPENSE - TRAVEL EXPENSES	10-001-58600	Travel Expenses-Admin	\$40.00

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	04/15/2025	FOR*04152025C	MILEAGE - (04/09/2025 - 04/12/2025)	10-001-56200	Mileage Reimbursements-Admin	\$40.60
	04/28/2025	FOR*04282025	TUITION - 2025	10-025-58550	Tuition Reimbursement-Human	\$303.10
	<i>Totals for FORD, CHRISTIAN:</i>					<u>\$423.70</u>
FRAZER, LTD.	04/08/2025	99959	DURABLE MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$2,300.00
	<i>Totals for FRAZER, LTD.:</i>					<u>\$2,300.00</u>
FUDGE, STEPHANIE	04/30/2025	FUD*04302025	EXPENSE - TRAINING/RELATED EXPENSES-CE	10-007-58500	Training & Continuing Education-EMS	\$95.00
	<i>Totals for FUDGE, STEPHANIE:</i>					<u>\$95.00</u>
GEORGE, LINDSEY	04/05/2025	GEO*04052025	MILEAGE - (04/05/2025 - 04/05/2025)	10-007-56200	Mileage Reimbursements-EMS	\$7.00
	04/22/2025	GEO*04222025	WELLNESS	10-025-54350	Employee Health\Wellness-Human	\$25.00
	04/23/2025	GEO*04232025	MILEAGE - (04/23/2025 - 04/23/2025)	10-007-56200	Mileage Reimbursements-EMS	\$15.40
	<i>Totals for GEORGE, LINDSEY:</i>					<u>\$47.40</u>
GILSON, JOHNA	04/01/2025	GIL*03272025	Won Employee of the Month for March 2025	10-025-54450	Employee Recognition-Human	\$100.00
	04/21/2025	GIL*04212025	5 Years of Service Award	10-025-54450	Employee Recognition-Human	\$100.00
	<i>Totals for GILSON, JOHNA:</i>					<u>\$200.00</u>
GONZALES, KELLIE	04/22/2025	ERW*04222025	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-006-53150	Conferences-Fees, Travel, & Meals-Alarm	\$66.18
	04/22/2025	ERW*04222025B	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-006-53150	Conferences-Fees, Travel, & Meals-Alarm	\$49.13
	04/22/2025	ERW*04222025C	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-006-53150	Conferences-Fees, Travel, & Meals-Alarm	\$41.13
	04/22/2025	ERW*04222025D	MILEAGE - (04/13/2025 - 04/17/2025)	10-006-56200	Mileage Reimbursements-Alarm	\$33.60
	<i>Totals for GONZALES, KELLIE:</i>					<u>\$190.04</u>
GOODYEAR TIRE & RUBBER COMPANY	04/15/2025	253-1016113	VEHICLE TIRES	10-010-59150	Vehicle-Tires-Fleet	\$1,529.40
	<i>Totals for GOODYEAR TIRE & RUBBER COMPANY:</i>					<u>\$1,529.40</u>
GRACE & GUIDANCE PLLC	04/04/2025	MCHD02	EMPLOYEE HEALTH/WELLNESS	10-025-54350	Employee Health\Wellness-Human	\$375.00
	04/01/2025	MCHD01	EMPLOYEE HEALTH/WELLNESS	10-025-54350	Employee Health\Wellness-Human	\$125.00
	04/29/2025	MCHD04	COUNSELING SERVICES	10-025-54350	Employee Health\Wellness-Human	\$500.00
	04/15/2025	MCHD05	COUNSELING SERVICES	10-025-54350	Employee Health\Wellness-Human	\$625.00
	04/01/2025	MCHD03	COUNSELING SERVICES	10-025-54350	Employee Health\Wellness-Human	\$500.00
	04/21/2025	MCHD06	COUNSELING SERVICES	10-025-54350	Employee Health\Wellness-Human	\$375.00
	<i>Totals for GRACE & GUIDANCE PLLC:</i>					<u>\$2,500.00</u>
GRAINGER	04/01/2025	9457694561	MAINTENANCE & REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$397.00
	04/01/2025	9449445288	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$528.00
	<i>Totals for GRAINGER:</i>					<u>\$925.00</u>
GRIFFINS DOOR SERVICES LLC	04/17/2025	2025-028	MAINTENANCE & REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,100.00
	<i>Totals for GRIFFINS DOOR SERVICES LLC:</i>					<u>\$1,100.00</u>
HALL, KRISTEN	04/17/2025	HAL*04172025	MILEAGE - (04/17/2025 - 04/17/2025)	10-007-56200	Mileage Reimbursements-EMS	\$4.62
	<i>Totals for HALL, KRISTEN:</i>					<u>\$4.62</u>

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HAMMOND, MARANDA	04/06/2025	HAM*04062025	MILEAGE - (01/26/2025 - 04/06/2025)	10-007-56200	Mileage Reimbursements-EMS	\$42.07
					<i>Totals for HAMMOND, MARANDA:</i>	<i>\$42.07</i>
HARRIS, FLOYD	04/01/2025	HAR*01282025	PER DIEM EVT CONFERENCE 03/18/25-03/21/25	10-010-53150	Conferences-Fees, Travel, & Meals-Fleet	\$280.00
					<i>Totals for HARRIS, FLOYD:</i>	<i>\$280.00</i>
HENNERS-GRAINGER, SHAWN	04/22/2025	HEN*04222025	MILEAGE - (04/13/2025 - 04/17/2025)	10-015-56200	Mileage Reimbursements-Infor	\$48.44
					<i>Totals for HENNERS-GRAINGER, SHAWN:</i>	<i>\$48.44</i>
HENRY SCHEIN, INC.-MATRX MEDICAL	04/02/2025	39442821	MEDICAL SUPPLIES	10-008-54200	Durable Medical Equipment-Mater	\$825.48
	04/07/2025	39618298	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$8,686.50
				10-009-54000	Drug Supplies-Clini	\$1,340.53
	04/11/2025	39934381	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$304.54
	04/01/2025	39203985	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$5,262.85
				10-008-53900	Disposable Medical Supplies-Mater	\$2,377.50
	04/14/2025	39898157	MEDICAL SUPPLIES	10-008-54200	Durable Medical Equipment-Mater	\$1,212.58
	04/15/2025	40102094	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$427.05
	04/16/2025	40070402	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$304.54
	04/18/2025	40260686	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$913.62
	04/24/2025	40435959	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$379.26
	04/25/2025	40554964	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$304.54
	04/24/2025	40494289	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$9,509.39
				10-008-53900	Disposable Medical Supplies-Mater	\$7,515.90
				10-009-54000	Drug Supplies-Clini	\$479.52
	04/21/2025	40302252	MEDICAL SUPPLIES	10-008-54200	Durable Medical Equipment-Mater	\$917.20
					<i>Totals for HENRY SCHEIN, INC.-MATRX MEDICAL:</i>	<i>\$40,761.00</i>
HON, CALVIN	04/01/2025	HON*03042025	PER DIEM - INTERNATIONAL PUBLIC SAFETY CONSI	10-015-53150	Conferences-Fees, Travel, & Meals-Infor	\$115.00
					<i>Totals for HON, CALVIN:</i>	<i>\$115.00</i>
HOUSTON COMMUNITY NEWSPAPERS	04/01/2025	810059368	FCC REQUIRED NOTICE OF TELECOM ANTENNA STI	10-004-57100	Professional Fees-Radio	\$182.80
	04/01/2025	810059369	FCC REQUIRED NOTICE OF TELECOM ANTENNA STI	10-004-57100	Professional Fees-Radio	\$182.80
					<i>Totals for HOUSTON COMMUNITY NEWSPAPERS:</i>	<i>\$365.60</i>
HYDE, JUSTUS	04/05/2025	HYD*04052025	WELLNESS	10-025-54350	Employee Health\Wellness-Human	\$25.00
	04/09/2025	HYD*04092025	MILEAGE - (04/08/2025 - 04/08/2025)	10-007-56200	Mileage Reimbursements-EMS	\$6.23
	04/10/2025	HYD*04102025	MILEAGE - (04/10/2025 - 04/10/2025)	10-007-56200	Mileage Reimbursements-EMS	\$8.19
					<i>Totals for HYDE, JUSTUS:</i>	<i>\$39.42</i>
IBS OF GREATER CONROE & INTERSTATE BATTER	04/03/2025	101351365	VEHICLE BATTERIES	10-010-58900	Vehicle-Batteries-Fleet	\$343.90
	04/07/2025	140018442	VEHICLE BATTERIES	10-010-58900	Vehicle-Batteries-Fleet	\$2,195.02
	04/25/2025	50119133	VEHICLE BATTERIES	10-010-58900	Vehicle-Batteries-Fleet	\$1,143.54
					<i>Totals for IBS OF GREATER CONROE & INTERSTATE BATTERY SYSTEM:</i>	<i>\$3,682.46</i>

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IMAGE TREND INC.	04/01/2025	PS-INV109032	BILLING BRIDGE 06/13/24-06/13/24	10-011-53050	Computer Software-EMS B	\$54,675.00
	04/01/2025	PS-INV112736	BILLING BRIDGE ACCOUNT ADVISEMENT 11/21/24- 10-011-53050		Computer Software-EMS B	\$37,400.00
					<i>Totals for IMAGE TREND INC.:</i>	<i>\$92,075.00</i>
IMPAC FLEET	04/01/2025	SQLCD-1063497	FUEL PURCHASES FOR MARCH 2025	10-010-54700	Fuel-Auto-Fleet	\$75,703.43
					<i>Totals for IMPAC FLEET:</i>	<i>\$75,703.43</i>
IMPACT PROMOTIONAL SERVICES dba GOT YOU	04/01/2025	INV123490	UNIFORMS	10-007-58700	Uniforms-EMS	\$91.99
	04/01/2025	INV123488	UNIFORMS	10-007-58700	Uniforms-EMS	\$91.99
	04/01/2025	INV123486	UNIFORMS	10-007-58700	Uniforms-EMS	\$91.99
	04/01/2025	INV123489	UNIFORMS	10-007-58700	Uniforms-EMS	\$91.99
	04/01/2025	INV123487	UNIFORMS	10-007-58700	Uniforms-EMS	\$208.98
	04/01/2025	INV123479	UNIFORMS	10-007-58700	Uniforms-EMS	\$445.45
	04/01/2025	INV123485	UNIFORMS	10-007-58700	Uniforms-EMS	\$178.49
	04/01/2025	INV123482	UNIFORMS	10-007-58700	Uniforms-EMS	\$91.99
	04/01/2025	INV123483	UNIFORMS	10-007-58700	Uniforms-EMS	\$91.99
	04/01/2025	INV123476	UNIFORMS	10-007-58700	Uniforms-EMS	\$91.99
	04/01/2025	INV123480	UNIFORMS	10-007-58700	Uniforms-EMS	\$237.97
	04/01/2025	INV123481	UNIFORMS	10-007-58700	Uniforms-EMS	\$442.16
	04/01/2025	INV123468	UNIFORMS	10-007-58700	Uniforms-EMS	\$91.99
	04/01/2025	INV123478	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.99
	04/01/2025	INV123472	UNIFORMS	10-007-58700	Uniforms-EMS	\$168.48
	04/01/2025	INV123474	UNIFORMS	10-007-58700	Uniforms-EMS	\$91.99
	04/01/2025	INV123471	UNIFORMS	10-007-58700	Uniforms-EMS	\$97.09
	04/01/2025	INV123473	UNIFORMS	10-007-58700	Uniforms-EMS	\$188.49
	04/01/2025	INV123469	UNIFORMS	10-007-58700	Uniforms-EMS	\$351.46
	04/01/2025	INV123470	UNIFORMS	10-007-58700	Uniforms-EMS	\$91.99
	04/01/2025	INV123466	UNIFORMS	10-007-58700	Uniforms-EMS	\$97.09
	04/01/2025	INV123458	UNIFORMS	10-007-58700	Uniforms-EMS	\$178.48
	04/01/2025	INV123457	UNIFORMS	10-007-58700	Uniforms-EMS	\$358.65
	04/01/2025	INV123467	UNIFORMS	10-007-58700	Uniforms-EMS	\$124.28
	04/01/2025	INV123464	UNIFORMS	10-007-58700	Uniforms-EMS	\$186.95
	04/01/2025	INV123465	UNIFORMS	10-007-58700	Uniforms-EMS	\$589.18
	04/01/2025	INV123462	UNIFORMS	10-007-58700	Uniforms-EMS	\$503.14
	04/01/2025	INV123463	UNIFORMS	10-007-58700	Uniforms-EMS	\$386.71
	04/01/2025	INV123459	UNIFORMS	10-007-58700	Uniforms-EMS	\$522.04
	04/01/2025	INV121075	UNIFORMS	10-009-52600	Books/Materials-Clini	\$2,656.77
	04/01/2025	INV124124	UNIFORMS	10-007-58700	Uniforms-EMS	\$14.37
	04/01/2025	INV122142	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.96
	04/01/2025	INV122734	UNIFORMS	10-007-58700	Uniforms-EMS	\$97.71
	04/01/2025	INV122532	UNIFORMS	10-009-52600	Books/Materials-Clini	\$168.03
	04/01/2025	INV122571	UNIFORMS	10-007-58700	Uniforms-EMS	\$117.30
	04/01/2025	INV122609	UNIFORMS	10-007-58700	Uniforms-EMS	\$91.99
	04/01/2025	INV122614	UNIFORMS	10-007-58700	Uniforms-EMS	\$267.72
	04/01/2025	INV122681	UNIFORMS	10-007-58700	Uniforms-EMS	\$97.71

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	04/01/2025	INV122702	UNIFORMS	10-007-58700	Uniforms-EMS	\$315.73
	04/10/2025	INV125559	UNIFORMS	10-007-58700	Uniforms-EMS	\$214.50
	04/10/2025	INV125438	UNIFORMS	10-007-58700	Uniforms-EMS	\$119.84
	04/10/2025	INV125439	UNIFORMS	10-007-58700	Uniforms-EMS	\$292.17
	04/10/2025	INV125440	UNIFORMS	10-007-58700	Uniforms-EMS	\$248.48
	04/10/2025	INV125441	UNIFORMS	10-007-58700	Uniforms-EMS	\$366.98
	04/10/2025	INV125443	UNIFORMS	10-007-58700	Uniforms-EMS	\$181.23
	04/10/2025	INV125558	UNIFORMS	10-007-58700	Uniforms-EMS	\$106.99
	04/10/2025	INV125561	UNIFORMS	10-007-58700	Uniforms-EMS	\$545.70
	04/10/2025	INV125560	UNIFORMS	10-007-58700	Uniforms-EMS	\$214.50
	04/03/2025	INV124551	UNIFORMSD	10-007-58700	Uniforms-EMS	\$548.35
	04/01/2025	INV123493	UNIFORMS	10-007-58700	Uniforms-EMS	\$270.48
	04/01/2025	INV121074	UNIFORMS	10-007-58700	Uniforms-EMS	\$67.99
	04/01/2025	INV123108	UNIFORMS	10-007-58700	Uniforms-EMS	\$3,177.00
	04/24/2025	INV127254	UNIFORMS	10-007-58700	Uniforms-EMS	\$178.48
	04/24/2025	INV127253	UNIFORMS	10-007-58700	Uniforms-EMS	\$54.38
	04/24/2025	INV127252	UNIFORMS	10-007-58700	Uniforms-EMS	\$331.46
	04/24/2025	INV127148	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127147	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127146	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127145	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127155	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127141	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127138	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127151	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127152	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127137	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127149	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127154	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127140	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127156	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127132	UNIFORMS	10-007-58700	Uniforms-EMS	\$599.18
	04/24/2025	INV127142	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127153	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127127	UNIFORMS	10-007-58700	Uniforms-EMS	\$165.73
	04/24/2025	INV127150	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127135	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127143	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127125	UNIFORMS	10-007-58700	Uniforms-EMS	\$152.98
	04/24/2025	INV127124	UNIFORMS	10-007-58700	Uniforms-EMS	\$216.72
	04/24/2025	INV127130	UNIFORMS	10-007-58700	Uniforms-EMS	\$110.49
	04/24/2025	INV127129	UNIFORMS	10-007-58700	Uniforms-EMS	\$178.48
	04/24/2025	INV127133	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127144	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127122	UNIFORMS	10-008-58700	Uniforms-Mater	\$463.20

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	04/24/2025	INV127136	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127134	UNIFORMS	10-007-58700	Uniforms-EMS	\$33.99
	04/24/2025	INV127126	UNIFORMS	10-007-58700	Uniforms-EMS	\$592.39
	04/24/2025	INV127123	UNIFORMS	10-007-58700	Uniforms-EMS	\$267.72
	04/24/2025	INV127121	UNIFORMS	10-007-58700	Uniforms-EMS	\$331.46
	04/24/2025	INV127128	UNIFORMS	10-007-58700	Uniforms-EMS	\$106.99
<i>Totals for IMPACT PROMOTIONAL SERVICES dba GOT YOU COVERED WORK WEAR &:</i>						<u>\$21,101.91</u>
IMPERIAL UTILITIES & SUSTAINABILITY, INC.	04/04/2025	150082	2025 Q1 UTILITY ANALYSIS	10-016-58800	Utilities-Facil	\$1,800.00
<i>Totals for IMPERIAL UTILITIES & SUSTAINABILITY, INC.:</i>						<u>\$1,800.00</u>
INDIGENT HEALTHCARE SOLUTIONS	04/01/2025	79703	COMPUTER SOFTWARE	10-002-53050	Computer Software-HCAP	\$1,500.00
	04/01/2025	79628	PROFESSIONAL SERVICES FOR MAY 2025	10-000-14900	Prepaid Expenses-BS	\$12,951.27
	04/25/2025	79868	APRIL 2025 POWER SEARCH SERVICES	10-002-57100	Professional Fees-HCAP	\$209.50
<i>Totals for INDIGENT HEALTHCARE SOLUTIONS:</i>						<u>\$14,660.77</u>
INTEGRATED PRESCRIPTION MANAGEMENT INC	04/01/2025	1189775	SUPPLEMENT FEE	10-002-55700	Management Fees-HCAP	\$1,050.00
	04/01/2025	1191080	SUPPLEMENTAL FEE	10-002-55700	Management Fees-HCAP	\$1,050.00
	04/30/2025	1192362	MONTHLY SUPPLEMENTAL FEE	10-002-55700	Management Fees-HCAP	\$1,050.00
<i>Totals for INTEGRATED PRESCRIPTION MANAGEMENT INC:</i>						<u>\$3,150.00</u>
JAMES L. MILLER MECHANICAL, LLC	04/01/2025	008978	MAINTENANCE & REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$608.00
<i>Totals for JAMES L. MILLER MECHANICAL, LLC:</i>						<u>\$608.00</u>
JP MORGAN CHASE BANK	04/05/2025	00036741	04.05.25 JPM CREDIT CARD TRANSACTIONS APRIL 2025	10-000-14900	Prepaid Expenses-BS	\$9,451.14
				10-001-53050	Computer Software-Admin	\$107.90
				10-001-54100	Dues/Subscriptions-Admin	\$30.95
				10-004-53150	Conferences-Fees, Travel, & Meals-Radic	\$231.22
				10-004-54100	Dues/Subscriptions-Radio	\$9.99
				10-004-55600	Maintenance & Repairs-Buildings-Radio	\$805.01
				10-004-57250	Radios-Radio	\$1,930.44
				10-005-53150	Conferences-Fees, Travel, & Meals-Accou	\$605.00
				10-005-54100	Dues/Subscriptions-Accou	\$207.00
				10-005-54450	Employee Recognition-Accou	\$525.00
				10-005-58500	Training & Continuing Education-Accou	\$150.00
				10-007-53550	Customer Relations-EMS	\$944.00
				10-007-53150	Conferences-Fees, Travel, & Meals-EMS	\$174.67
				10-007-54100	Dues/Subscriptions-EMS	\$0.99
				10-007-58700	Uniforms-EMS	\$13.99
				10-008-54200	Durable Medical Equipment-Mater	\$93.00
				10-008-54450	Employee Recognition-Mater	\$600.00
				10-008-56300	Office Supplies-Mater	\$109.87
				10-008-56900	Postage-Mater	\$788.43
				10-008-57900	Station Supplies-Mater	\$3,726.88
				10-009-52600	Books/Materials-Clini	\$413.21

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				10-009-52700	Business Licenses-Clini	\$634.00
				10-009-54100	Dues/Subscriptions-Clini	\$143.64
				10-010-53150	Conferences-Fees, Travel, & Meals-Fleet	\$945.20
				10-008-56900	Postage-Mater	\$360.00
				10-010-57700	Shop Tools-Fleet	\$1,018.59
				10-010-57750	Small Equipment & Furniture-Fleet	\$179.94
				10-010-58600	Travel Expenses-Fleet	\$495.00
				10-010-59050	Vehicle-Parts-Fleet	\$2,486.58
				10-010-59100	Vehicle-Registration-Fleet	\$117.00
				10-011-57100	Professional Fees-EMS B	\$247.03
				10-015-53050	Computer Software-Infor	\$50.00
				10-015-53050	Computer Software-Infor	\$521.19
				10-015-53100	Computer Supplies/Non-Capital-Infor	\$2,840.56
				10-015-53150	Conferences-Fees, Travel, & Meals-Infor	\$1,534.88
				10-015-57650	Repair-Equipment-Infor	\$599.64
				10-015-57750	Small Equipment & Furniture-Infor	\$4,614.15
				10-008-57900	Station Supplies-Mater	\$74.50
				10-015-58200	Telephones-Cellular-Infor	\$500.00
				10-016-53150	Conferences-Fees, Travel, & Meals-Facil	\$2,539.52
				10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,908.40
				10-016-57700	Shop Tools-Facil	\$698.74
				10-016-57725	Shop Supplies-Facil	\$504.02
				10-016-57750	Small Equipment & Furniture-Facil	\$124.99
				10-016-58800	Utilities-Facil	\$1,573.52
				10-015-53050	Computer Software-Infor	\$5.98
				10-025-54350	Employee Health\Wellness-Human	\$82.53
				10-026-57100	Professional Fees-Recor	\$1,960.00
				10-026-58500	Training & Continuing Education-Recor	\$285.48
				10-045-54100	Dues/Subscriptions-EMS Q	\$0.99
				<i>Totals for JP MORGAN CHASE BANK:</i>		<i>\$47,964.76</i>
KAHL AC, HEATING & REFRIGERATION, INC.	04/18/2025	2504480	MAINTENANCE & REPAIRS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$129.00
				<i>Totals for KAHL AC, HEATING & REFRIGERATION, INC.:</i>		<i>\$129.00</i>
KATHLEEN A RYSZ dba RYSZ STORAGE BATTERY CO.	04/02/2025	198569	LITHIUM COIN CELL BATTERY (300)	10-008-54200	Durable Medical Equipment-Mater	\$330.00
				<i>Totals for KATHLEEN A RYSZ dba RYSZ STORAGE BATTERY CO.:</i>		<i>\$330.00</i>
KC KEATING, LLC dba KEATING CHEVROLET	04/08/2025	84847	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,442.19
	04/08/2025	83518	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,442.19
	04/11/2025	85034	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$259.33
	04/10/2025	84912	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$8.05
	04/09/2025	84615	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$4.67
	04/01/2025	84077	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$156.77
	04/01/2025	81996	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$20.23
	04/08/2025	84871	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$80.60

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	04/23/2025	85497	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$120.85
					<i>Totals for KC KEATING, LLC dba KEATING CHEVROLET:</i>	\$3,534.88
KEY PERFORMANCE PETROLEUM	04/01/2025	1180199-25	VEHICLE FLUIDS	10-010-54550	Vehicle-Fluids & Additives-Fleet	\$660.09
	04/01/2025	1180198-25	VEHICLE FLUIDS	10-010-54550	Vehicle-Fluids & Additives-Fleet	\$892.17
	04/01/2025	1180118-25	FUEL	10-010-54700	Fuel-Auto-Fleet	\$4,468.60
	04/17/2025	1181464-25	VEHICLE FLUIDS & ADDITIVES	10-010-54550	Vehicle-Fluids & Additives-Fleet	\$821.87
					<i>Totals for KEY PERFORMANCE PETROLEUM:</i>	\$6,842.73
LAKE SOUTH WATER SUPPLY CORPORATION	04/01/2025	LS-1108 03.24.25	STATION 45 02/18/25-03/18/25	10-016-58800	Utilities-Facil	\$484.57
	04/01/2025	LS-1108 02.24.25	STATION 45 01/27/25-02/17/25	10-016-58800	Utilities-Facil	\$484.57
					<i>Totals for LAKE SOUTH WATER SUPPLY CORPORATION:</i>	\$969.14
LANGE DISTRIBUTING COMPANY, INC.	04/01/2025	406691	5 GAL PURE LIFE/007345/STATION 44	10-008-57900	Station Supplies-Mater	\$32.96
	04/01/2025	410127	MONTHLY RENTAL APRIL/007346/STATION 46	10-008-57900	Station Supplies-Mater	\$6.99
	04/01/2025	410126	MONTHLY RENTAL APARIL/007346/STN 47	10-008-57900	Station Supplies-Mater	\$6.99
	04/01/2025	410125	MONTHLY RENTAL APRIL/STATION 44	10-008-57900	Station Supplies-Mater	\$6.99
	04/01/2025	409757	MONTHLY RENTAL APRIL/005376/STATION 13	10-008-57900	Station Supplies-Mater	\$6.99
	04/01/2025	409755	MONTHLY RENTAL APRIL/005368/STATION 43	10-008-57900	Station Supplies-Mater	\$6.99
	04/01/2025	408286	5 GAL PURE LIFE/007347/STATION 46	10-008-57900	Station Supplies-Mater	\$46.94
					<i>Totals for LANGE DISTRIBUTING COMPANY, INC.:</i>	\$114.85
LANTZ, SPENCER	04/01/2025	LAN*12052024	PER DIEM - IMAGETREND CONNECT 25 (04/28/2025-04/28/2025)	10-045-58500	Training & Continuing Education-EMS Q	\$324.00
					<i>Totals for LANTZ, SPENCER:</i>	\$324.00
LASHOMB, MICHAEL	04/11/2025	LAS*04112025	MILEAGE - (04/11/2025 - 04/11/2025)	10-007-56200	Mileage Reimbursements-EMS	\$24.50
					<i>Totals for LASHOMB, MICHAEL:</i>	\$24.50
LEAL, TIFFANY GAYLE	04/01/2025	GOR*01272025A	PER DIEM/TX PUBLIC SAFETY CONF 2025 4/1/25-4/1/25	10-045-53150	Conferences-Fees, Travel, & Meals-EMS C	\$212.00
					<i>Totals for LEAL, TIFFANY GAYLE:</i>	\$212.00
LEONARD V SCHNEIDER dbaLAW OFFICES OF LEC	04/01/2025	2783	PROFESSIONAL SERVICES MARCH 2025	10-001-55500	Legal Fees-Admin	\$4,445.00
					<i>Totals for LEONARD V SCHNEIDER dbaLAW OFFICES OF LEONARD SCHNEIDER PLLC:</i>	\$4,445.00
LEXISNEXIS RISK DATA MGMT, INC	04/01/2025	1100122023	DEMOGRAPHICS VERIFICATIONS	10-011-57100	Professional Fees-EMS B	\$1,133.00
					<i>Totals for LEXISNEXIS RISK DATA MGMT, INC:</i>	\$1,133.00
LIFE-ASSIST, INC.	04/29/2025	1594466	PO 76187 FACE MASK, 3 LAYER, DISPOSABLE	10-008-53900	Disposable Medical Supplies-Mater	(\$32.50)
	04/01/2025	1585624	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$860.00
	04/01/2025	1584450	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$88.50
	04/01/2025	1583335	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$177.00
	04/01/2025	1583238	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$400.80
	04/01/2025	1582792	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$3,141.32
	04/15/2025	1589907	MEDICAL SUPPLIES	10-008-53800	Disposable Linen-Mater	\$775.00
	04/11/2025	1589271	MEDICAL SUPPLIES	10-042-52600	Books/Materials-EMS T	\$741.00

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	04/04/2025	1587114	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$7,056.75
	04/01/2025	1581134	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$396.00
	04/01/2025	1551118A	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$76.00
	04/23/2025	1592567	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$20,440.76
				10-009-54000	Drug Supplies-Clini	\$180.00
	04/23/2025	1592346	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$1,865.58
	04/30/2025	1595223	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$1,674.72
	04/23/2025	1593137	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$60.18
	04/29/2025	1594010	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-Clini	\$1,505.00
	04/25/2025	1593337	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$32.50
	<i>Totals for LIFE-ASSIST, INC.:</i>					<u>\$43,045.43</u>
LIVELY, INC.	04/02/2025	LIV04022025	PLAN FUND REPLENISHMENT	10-000-21585	P/R-Flexible Spending-BS	\$10,485.24
	04/11/2025	LIV04112025	HSA PLAN FUNDING 04.11.2025	10-000-21595	P/R-Health Savings-BS	\$18,775.72
				10-025-51700	Health & Dental-Human	\$687.50
	04/04/2025	1227426	ADMIN FEES 03/01/25-03/31/25	10-025-57100	Professional Fees-Human	\$990.20
	04/28/2025	LIV04282025	HSA PLAN FUNDING 04.28.2025	10-000-21595	P/R-Health Savings-BS	\$18,568.03
				10-025-51700	Health & Dental-Human	\$18,562.50
	04/28/2025	LIV04282025B	HSA TRANSFER FROM WEX TO LIVELY	10-025-51700	Health & Dental-Human	\$675.00
	<i>Totals for LIVELY, INC.:</i>					<u>\$68,744.19</u>
MALDONADO, MARY	04/01/2025	MAL*03312025	WELLNESS	10-025-54350	Employee Health\Wellness-Human	\$88.00
	<i>Totals for MALDONADO, MARY:</i>					<u>\$88.00</u>
MARSH & MCLENNAN COMPANIES dba MCGRIFF	04/14/2025	5488405	POLICY RENEWAL (04/17/25-04/17/26) - J06536931	10-001-54900	Insurance-Admin	\$45,513.00
	04/14/2025	5488403	POLICY RENEWAL (04/17/25-04/17/28) - 106897006	10-001-54900	Insurance-Admin	\$3,994.00
	04/22/2025	5493430	RENEWAL - CYBER COVERAGE 04/15/25-04/17/26	10-001-54900	Insurance-Admin	\$45,324.01
	<i>Totals for MARSH & MCLENNAN COMPANIES dba MCGRIFF, A MARSH & MCLENNAN:</i>					<u>\$94,831.01</u>
MASHA, MARIAH	04/15/2025	MAS*04152025	WELLNESS	10-025-54350	Employee Health\Wellness-Human	\$25.00
	<i>Totals for MASHA, MARIAH:</i>					<u>\$25.00</u>
MATRIX CONSULTING GROUP, LTD	04/01/2025	1542-24 #2	FLEET MANAGEMENT REVIEW - 70 %	10-010-57100	Professional Fees-Fleet	\$21,581.00
	<i>Totals for MATRIX CONSULTING GROUP, LTD:</i>					<u>\$21,581.00</u>
MCCULLY, SCOTT	04/22/2025	MCC*04222025	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$68.84
	04/22/2025	MCC*04222025B	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$17.60
	<i>Totals for MCCULLY, SCOTT:</i>					<u>\$86.44</u>
MCMILLON, DAVID	04/21/2025	MCM*04212025	5 Years of Service Award	10-025-54450	Employee Recognition-Human	\$100.00
	<i>Totals for MCMILLON, DAVID:</i>					<u>\$100.00</u>
MED ONE EQUIPMENT SERVICES LLC	04/30/2025	ES17814	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$7,650.00
				10-008-53900	Disposable Medical Supplies-Mater	\$310.00
	<i>Totals for MED ONE EQUIPMENT SERVICES LLC:</i>					<u>\$7,960.00</u>

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MEDLINE INDUSTRIES, INC	04/05/2025	2365076934	LINEN/MEDICAL SUPPLIES	10-008-53800	Disposable Linen-Mater	\$912.75
				10-008-53900	Disposable Medical Supplies-Mater	\$378.78
	04/07/2025	2365185420	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$1,306.65
	04/26/2025	2368326468	LINEN/MEDICAL SUPPLIES	10-008-53800	Disposable Linen-Mater	\$653.48
				10-008-53900	Disposable Medical Supplies-Mater	\$1,114.67
	04/26/2025	2368213579	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$207.59
					<i>Totals for MEDLINE INDUSTRIES, INC:</i>	<u>\$4,573.92</u>
METROPOLITAN LIFE INSURANCE COMPANY (ME	04/04/2025	MET04042025	DENTAL AND VISION PREMIUMS FOR APRIL 2025	10-025-51700	Health & Dental-Human	\$31,251.90
					<i>Totals for METROPOLITAN LIFE INSURANCE COMPANY (METLIFE):</i>	<u>\$31,251.90</u>
MICHAEL DEPASQUALE dba NO PULSE NO PROBI	04/02/2025	250004	MEDICAL DIRECTION SERVICES 3/2/24-3/29/25 ON	10-009-57100	Professional Fees-Clini	\$14,400.00
					<i>Totals for MICHAEL DEPASQUALE dba NO PULSE NO PROBLEM LLC:</i>	<u>\$14,400.00</u>
MICRO INTEGRATION & PROGRAMMING SOLUTI	04/02/2025	240673	DNA FUSION - ACCESS CONTROL RENEWAL	10-016-55650	Maintenance-Equipment-Facil	\$4,940.00
					<i>Totals for MICRO INTEGRATION & PROGRAMMING SOLUTIONS, INC.:</i>	<u>\$4,940.00</u>
MID-SOUTH SYNERGY	04/16/2025	313046003 03/24/25	STATION 47 WATER TAP FEE 02/24/25-03/24/25	10-016-58800	Utilities-Facil	\$53.39
	04/16/2025	313046002 03/24/25	STATION 46 02/24/25-03/24/25	10-016-58800	Utilities-Facil	\$90.00
	04/16/2025	313046001 03/24/25	STATION 45 02/24/25-03/24/25	10-016-58800	Utilities-Facil	\$225.00
					<i>Totals for MID-SOUTH SYNERGY:</i>	<u>\$368.39</u>
MIDWEST MOTOR SUPPLY CO, INC dba KIMBALL	04/09/2025	103252514	VEHICLE PARTS	10-010-57725	Shop Supplies-Fleet	\$230.52
					<i>Totals for MIDWEST MOTOR SUPPLY CO, INC dba KIMBALL MIDWEST:</i>	<u>\$230.52</u>
MILLER TOWING & RECOVERY, LLC	04/03/2025	25-12946	VEHICLE TOWING	10-010-59200	Vehicle-Towing-Fleet	\$495.00
	04/15/2025	25-13032	VEHICLE TOWING	10-010-59200	Vehicle-Towing-Fleet	\$420.00
	04/20/2025	25-13064	VEHICLE TOWING	10-010-59200	Vehicle-Towing-Fleet	\$440.00
					<i>Totals for MILLER TOWING & RECOVERY, LLC:</i>	<u>\$1,355.00</u>
MILLER, BRIAN	04/03/2025	MIL*04032025	Property damage Invoice	10-016-53500	Customer Property Damage-Facil	\$74.63
					<i>Totals for MILLER, BRIAN:</i>	<u>\$74.63</u>
MISSION CRITICAL PARTNERS, LLC	04/09/2025	24446	PROFESSIONAL SERVICES - BIRCH 02/23/25-03/29/25	10-004-57100	Professional Fees-Radio	\$1,821.63
	04/11/2025	24490	PROFESSIONAL SERVICES-BIRCH,OSHAL 02/23/25-	10-004-57100	Professional Fees-Radio	\$6,636.00
					<i>Totals for MISSION CRITICAL PARTNERS, LLC:</i>	<u>\$8,457.63</u>
MONTGOMERY COUNTY ESD #1 (STN 12 & 13)	04/14/2025	MAY 2025-096	STATION 12 AND 13 RENT (\$1500.00 each)	10-000-14900	Prepaid Expenses-BS	\$1,500.00
				10-000-14900	Prepaid Expenses-BS	\$1,500.00
					<i>Totals for MONTGOMERY COUNTY ESD #1 (STN 12 & 13):</i>	<u>\$3,000.00</u>
MONTGOMERY COUNTY ESD #10, STN 42	04/14/2025	MAY 2025-219	STATION 42 RENT	10-000-14900	Prepaid Expenses-BS	\$950.00
					<i>Totals for MONTGOMERY COUNTY ESD #10, STN 42:</i>	<u>\$950.00</u>

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MONTGOMERY COUNTY ESD #2	04/14/2025	MAY 2025-076	STATION 47 RENT	10-000-14900	Prepaid Expenses-BS	\$1,000.00
	04/14/2025	MAY 2025-042	STATION 44 RENT	10-000-14900	Prepaid Expenses-BS	\$1,500.00
					<i>Totals for MONTGOMERY COUNTY ESD #2:</i>	<u>\$2,500.00</u>
MONTGOMERY COUNTY ESD #6, STN 34 & 35	04/14/2025	MAY 2025-242	STATION 34 AND 35 RENT	10-000-14900	Prepaid Expenses-BS	\$1,500.00
				10-000-14900	Prepaid Expenses-BS	\$1,500.00
					<i>Totals for MONTGOMERY COUNTY ESD #6, STN 34 & 35:</i>	<u>\$3,000.00</u>
MONTGOMERY COUNTY ESD #8, STN 21/22	04/14/2025	MAY 2025-244	STATION 21 & 22 RENT	10-000-14900	Prepaid Expenses-BS	\$3,000.00
					<i>Totals for MONTGOMERY COUNTY ESD #8, STN 21/22:</i>	<u>\$3,000.00</u>
MONTGOMERY COUNTY ESD #9, STN 33	04/14/2025	MAY 2025-240	STATION 33 RENT	10-000-14900	Prepaid Expenses-BS	\$1,000.00
					<i>Totals for MONTGOMERY COUNTY ESD #9, STN 33:</i>	<u>\$1,000.00</u>
MONTGOMERY COUNTY ESD#3 (STNT 46)	04/14/2025	MAY 2025-123	RENT STATION 46	10-000-14900	Prepaid Expenses-BS	\$600.00
					<i>Totals for MONTGOMERY COUNTY ESD#3 (STNT 46):</i>	<u>\$600.00</u>
MONTGOMERY COUNTY ESD#7	04/28/2025	2025-0100	ATV USE - IRONMAN	10-007-53330	Contractual Obligations-Other-EMS	\$1,300.00
					<i>Totals for MONTGOMERY COUNTY ESD#7:</i>	<u>\$1,300.00</u>
MOSLEY FIRE AND SAFETY, INC	04/15/2025	12988	ANNUAL MAINTENANCE OF FIRE EXTINGUISHERS	10-008-57650	Repair-Equipment-Mater	\$323.50
					<i>Totals for MOSLEY FIRE AND SAFETY, INC:</i>	<u>\$323.50</u>
NAPA AUTO PARTS	04/15/2025	557366	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,435.89
	04/15/2025	557367	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$393.00
	04/10/2025	556767	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$5.72
	04/08/2025	556543	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$44.50
	04/09/2025	556635	SHOP SUPPLIES	10-010-57725	Shop Supplies-Fleet	\$572.00
	04/14/2025	557125	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$150.72
	04/22/2025	558074	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$563.40
	04/23/2025	558170	VEHICLE PARTS/FLUIDS & ADDITIVES	10-010-59050	Vehicle-Parts-Fleet	\$217.70
				10-010-54550	Vehicle-Fluids & Additives-Fleet	\$126.96
	04/25/2025	558417	SHOP SUPPLIES	10-010-57725	Shop Supplies-Fleet	\$23.08
	04/25/2025	558417 A	VEHICLE PARTS/OIL & LUBRICANTS	10-010-59050	Vehicle-Parts-Fleet	\$7.10
				10-010-56400	Vehicle-Oil & Lubricants-Fleet	\$37.03
					<i>Totals for NAPA AUTO PARTS:</i>	<u>\$3,577.10</u>
NATIONWIDE INSURANCE DVM INSURANCE AGE	04/01/2025	DVM041525	VETERINARY PET INSURANCE GROUP 4620/MAR '21	10-000-21590	P/R-Supplemental Insurance Premiums-E	\$3,267.54
					<i>Totals for NATIONWIDE INSURANCE DVM INSURANCE AGENCY (PET):</i>	<u>\$3,267.54</u>
NEW CANEY MUD	04/16/2025	1042826200 03/31/25	STATION 30 02/18/25-03/18/25	10-016-58800	Utilities-Facil	\$62.10
					<i>Totals for NEW CANEY MUD:</i>	<u>\$62.10</u>
NEW LONDON TECHNOLOGY, INC.	04/25/2025	AL-0383	PA REPAIR SN 12431338	10-004-57200	Radio Repairs-Outsourced-Radio	\$1,225.00
					<i>Totals for NEW LONDON TECHNOLOGY, INC.:</i>	<u>\$1,225.00</u>

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NIXON, CASSIE	04/01/2025	NIX*03272025	Won Employee of the Month for March	10-025-54450	Employee Recognition-Human	\$100.00
					<i>Totals for NIXON, CASSIE:</i>	<i>\$100.00</i>
OH, SOO	04/17/2025	OH1*04172025	MILEAGE - (04/17/2025 - 04/17/2025)	10-007-56200	Mileage Reimbursements-EMS	\$23.80
					<i>Totals for OH, SOO:</i>	<i>\$23.80</i>
OPTIMUM COMPUTER SOLUTIONS, INC.	04/01/2025	119766	STANDARD SERVICE LABOR 03/10/25-03/16/25	10-015-57100	Professional Fees-Infor	\$13,027.50
	04/01/2025	119767	STANDARD SERVICE LABOR 03/17/25-03/23/25	10-015-57100	Professional Fees-Infor	\$13,297.50
	04/01/2025	119896	STANDARD SERVICE LABOR 03/24/25-03/30/25	10-015-57100	Professional Fees-Infor	\$11,171.25
	04/06/2025	119967	STANDARD SERVICE LABOR	10-015-57100	Professional Fees-Infor	\$12,318.75
	04/20/2025	120067	STANDARD SERVICE LABOR	10-015-57100	Professional Fees-Infor	\$9,888.75
	04/13/2025	120069	STANDARD SERVICE LABOR	10-015-57100	Professional Fees-Infor	\$9,686.25
					<i>Totals for OPTIMUM COMUTER SOLUTIONS, INC.:</i>	<i>\$69,390.00</i>
OPTIMUM	04/16/2025	327463-07-7 04/02/25	STATION 15 04/02/25-05/01/25	10-016-58800	Utilities-Facil	\$79.07
	04/16/2025	109949-01-3 04/01/25	STATION 13 04/01/25-04/30/25	10-016-58800	Utilities-Facil	\$60.51
	04/25/2025	128957-01-3 04/21/25	ADMIN 04/21/25-05/20/25	10-016-58800	Utilities-Facil	\$212.80
					<i>Totals for OPTIMUM:</i>	<i>\$352.38</i>
OPTIQUEST INTERNET SERVICES, INC.	04/23/2025	86926	SSL CERTIFICATION	10-015-52700	Business Licenses-Infor	\$95.00
					<i>Totals for OPTIQUEST INTERNET SERVICES, INC.:</i>	<i>\$95.00</i>
ORACLE AMERICA, INC	04/15/2025	101742748	QUARTERLY CLOUD SERVICE 01/16/25-04/15/25	10-005-53050	Computer Software-Accou	\$17,444.35
	04/22/2025	101894294	TIME AND MATERIALS LABOR: CALLAGY, REED, SMI	10-005-53050	Computer Software-Accou	\$6,401.80
					<i>Totals for ORACLE AMERICA, INC:</i>	<i>\$23,846.15</i>
ORTON, CATHERINE	04/21/2025	ORT*04212025	5 Years of Service Award	10-025-54450	Employee Recognition-Human	\$100.00
					<i>Totals for ORTON, CATHERINE:</i>	<i>\$100.00</i>
OWEN, SIERRA	04/02/2025	OWE*04022025	MILEAGE - (03/23/2025 - 03/23/2025)	10-007-56200	Mileage Reimbursements-EMS	\$18.20
					<i>Totals for OWEN, SIERRA:</i>	<i>\$18.20</i>
PANORAMA, CITY OF	04/02/2025	1020159006 03/26/25	STATION 14 02/21/25-03/20/25	10-016-58800	Utilities-Facil	\$106.19
					<i>Totals for PANORAMA, CITY OF:</i>	<i>\$106.19</i>
PARKER, MICHAEL	04/14/2025	PAR*04142025	MILEAGE - (04/13/2025 - 04/13/2025)	10-007-56200	Mileage Reimbursements-EMS	\$8.40
					<i>Totals for PARKER, MICHAEL:</i>	<i>\$8.40</i>
PATRICK, CASEY B	04/01/2025	PAT*02042025	PER DIEM - 6TH ANNUAL TEXAS CHAPTER OF NAEI	10-009-53150	Conferences-Fees, Travel, & Meals-Clini	\$152.00
					<i>Totals for PATRICK, CASEY B:</i>	<i>\$152.00</i>
PAYSCALE, INC	04/01/2025	158628	BENCHMARK 03/21/25-03/20/26	10-025-54100	Dues/Subscriptions-Human	\$4,960.00
					<i>Totals for PAYSCALE, INC:</i>	<i>\$4,960.00</i>

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PCTEL, INC.	04/10/2025	43174	COMPUTER MAINTENANCE	10-004-57650	Repair-Equipment-Radio	\$4,798.00
				10-004-53000	Computer Maintenance-Radio	\$2,290.50
				10-004-53000	Computer Maintenance-Radio	\$30.00
				<i>Totals for PCTEL, INC.:</i>		<i>\$7,118.50</i>
PEACHEE, ASHLEY	04/02/2025	PRE*04022025	TUITION - 2025	10-025-58550	Tuition Reimbursement-Human	\$1,215.80
					<i>Totals for PEACHEE, ASHLEY:</i>	<i>\$1,215.80</i>
PERFORMANCE TINTERS	04/24/2025	36845	WINDOW TINT	10-010-59000	Vehicle-Outside Services-Fleet	\$475.00
	04/28/2025	36883	WINDOW TINT	10-010-59000	Vehicle-Outside Services-Fleet	\$475.00
	<i>Totals for PERFORMANCE TINTERS:</i>					<i>\$950.00</i>
PILLING, JAKE	04/24/2025	PIL*04242025	MILEAGE - (04/24/2025 - 04/24/2025)	10-007-56200	Mileage Reimbursements-EMS	\$11.69
					<i>Totals for PILLING, JAKE:</i>	<i>\$11.69</i>
PITNEY BOWES INC (POB 371874)postage	04/01/2025	04765611 03/13/25	ACCT #8000-9090-0476-5611 03/13/25	10-008-56900	Postage-Mater	\$1,024.75
	04/01/2025	04765611 02/25/25	ACCT #8000-9090-0476-5611 02/25/25	10-008-56900	Postage-Mater	\$1,000.00
	<i>Totals for PITNEY BOWES INC (POB 371874)postage:</i>					<i>\$2,024.75</i>
POPE, CALISTA	04/18/2025	POP*04182025	WELLNESS	10-025-54350	Employee Health\Wellness-Human	\$30.00
	04/30/2025	POP*04302025	EXPENSE - TRAINING/RELATED EXPENSES-CE	10-007-58500	Training & Continuing Education-EMS	\$95.00
	04/30/2025	POP*04302025B	EXPENSE - TRAINING/RELATED EXPENSES-CE	10-007-58500	Training & Continuing Education-EMS	\$90.00
	<i>Totals for POPE, CALISTA:</i>					<i>\$215.00</i>
PRIORITY DISPATCH NATIONAL ACADEMIES OF E	04/01/2025	SIN395139	AI SKILL LAB: TIER 2 (EMD)	10-006-53050	Computer Software-Alarm	\$5,000.00
					<i>Totals for PRIORITY DISPATCH NATIONAL ACADEMIES OF EMERGENCY DISPATCH:</i>	<i>\$5,000.00</i>
PROFESSIONAL AMBULANCE SALES & SERVICE, LI	04/08/2025	INV107-2383	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$4,128.33
			Invoice	10-010-59050	Vehicle-Parts-Fleet	\$32.64
			<i>Totals for PROFESSIONAL AMBULANCE SALES & SERVICE, LLC dba SERV:</i>			<i>\$4,160.97</i>
PS LIGHTWAVE, INC DBA PURE SPEED LIGHTWAVI	04/01/2025	35739	ONE TIME FIBER CONSTRUCTION FEE - STATION 30	10-015-57100	Professional Fees-Infor	\$4,521.00
	04/10/2025	37662	STATION 31 - MAY 2025	10-015-58310	Telephones-Service-Infor	\$741.26
	<i>Totals for PS LIGHTWAVE, INC DBA PURE SPEED LIGHTWAVE:</i>					<i>\$5,262.26</i>
PVW SERVICES	04/01/2025	55206426	MARCH LAWN MAINTENANCE	10-016-53330	Contractual Obligations-Other-Facil	\$5,972.00
				10-004-55600	Maintenance & Repairs-Buildings-Radio	\$864.00
				<i>Totals for PVW SERVICES:</i>		<i>\$6,836.00</i>
RAY MART, INC.dba TRI-SUPPLY CO	04/01/2025	CON0001896402-001	REFRIGERATOR FOR STOCK	10-016-57750	Small Equipment & Furniture-Facil	\$1,393.00
					<i>Totals for RAY MART, INC.dba TRI-SUPPLY CO:</i>	<i>\$1,393.00</i>
REDMOND, ALLISON	04/03/2025	RED*04032025	MILEAGE - (04/03/2025 - 04/03/2025)	10-007-56200	Mileage Reimbursements-EMS	\$4.48
	04/03/2025	RED*04032025B	MILEAGE - (04/03/2025 - 04/03/2025)	10-007-56200	Mileage Reimbursements-EMS	\$4.48
	<i>Totals for REDMOND, ALLISON:</i>					<i>\$8.96</i>

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RELIANT ENERGY	04/01/2025	165003974947	MAGNOLIA TOWER SECURITY 02/03/25-03/04/25	10-004-58800	Utilities-Radio	\$416.86
	04/01/2025	164004040305	STATION 40 OUTDOOR LIGHTING 02/04/25-03/05/25	10-016-58800	Utilities-Facil	\$81.14
	04/16/2025	165003983608	STATION 41 03/06/25-04/06/25	10-016-58800	Utilities-Facil	\$450.21
	04/15/2025	406000580330	MAGNOLIA TOWER 03/04/25-04/02/25	10-004-58800	Utilities-Radio	\$563.77
	04/15/2025	118012240147	STATION 40 03/04/25-04/02/25	10-016-58800	Utilities-Facil	\$531.58
	04/15/2025	406000580329	MAGNOLIA TOWER SECURITY 03/04/25-04/02/25	10-004-58800	Utilities-Radio	\$441.48
	04/15/2025	193001739781	STATION 27 03/03/25-04/01/25	10-016-58800	Utilities-Facil	\$370.56
	04/30/2025	328001412906	STATION 40 OUTDOOR LIGHTING 03/05/25-04/03/25	10-016-58800	Utilities-Facil	\$81.14
<i>Totals for RELIANT ENERGY:</i>						<u>\$2,936.74</u>
REUTTER, JASON	04/21/2025	REU*04212025	5 Years of Service Award	10-025-54450	Employee Recognition-Human	\$100.00
					<i>Totals for REUTTER, JASON:</i>	<u>\$100.00</u>
REVSPRING, INC.	04/08/2025	INV1379777	MAILING FEE/ACCT PPMMHD01 03/01/25-03/31/25	10-011-57100	Professional Fees-EMS B	\$15,175.85
					<i>Totals for REVSPRING, INC.:</i>	<u>\$15,175.85</u>
REYNA PAINTING AND DRYWALL	04/08/2025	5	PATCH, PRIME & PAINT THE I-WALL IN ALARM	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$3,000.00
					<i>Totals for REYNA PAINTING AND DRYWALL:</i>	<u>\$3,000.00</u>
ROBERTS, JAY	04/01/2025	ROB*12162024A	PER DIEM/TX EMS EDUCATORS SUMMIT 3/26/25-04/01/25	10-009-58500	Training & Continuing Education-Clinical	\$313.00
					<i>Totals for ROBERTS, JAY:</i>	<u>\$313.00</u>
ROTARY CLUB OF THE WOODLANDS	04/15/2025	ROT*04152025	MEMBERSHIP DUES FOR RANDY JOHNSON APRIL/MAY 2025	10-001-54100	Dues/Subscriptions-Admin	\$300.00
					<i>Totals for ROTARY CLUB OF THE WOODLANDS:</i>	<u>\$300.00</u>
RYMAL, RYAN	04/01/2025	RYM*12192024	PER DIEM - CENTRAL SQUARE ENGAGE 2025 (04/27/25-05/01/25)	10-015-53150	Conferences-Fees, Travel, & Meals-Infor	\$55.00
					<i>Totals for RYMAL, RYAN:</i>	<u>\$55.00</u>
SANDERS, SUSIE	04/17/2025	SAN*04172025	WELLNESS	10-025-54350	Employee Health\Wellness-Human	\$75.00
					<i>Totals for SANDERS, SUSIE:</i>	<u>\$75.00</u>
SCHAEFFER MANUFACTURING COMPANY	04/10/2025	CRJ4889-INV1	VEHICLE OIL	10-010-56400	Vehicle-Oil & Lubricants-Fleet	\$4,576.02
					<i>Totals for SCHAEFFER MANUFACTURING COMPANY:</i>	<u>\$4,576.02</u>
SERVER SUPPLY, INC.	04/18/2025	4350064	CISCO GLC-T 1000BASE-T SFP TRANSCEIVER MODL	10-015-53100	Computer Supplies/Non-Capital-Infor	\$577.60
					<i>Totals for SERVER SUPPLY, INC.:</i>	<u>\$577.60</u>
SHI GOVERNMENT SOLUTIONS, INC.	04/08/2025	GB00556288	HP ELITE MINI DESKTOP	10-015-57750	Small Equipment & Furniture-Infor	\$1,058.31
	04/01/2025	GB00544320	COMPUTER MAINTENANCE	10-015-53000	Computer Maintenance-Infor	\$748.60
	04/15/2025	GB00556799	DOCUMENT SCANNER/MINI DESKTOP	10-015-57750	Small Equipment & Furniture-Infor	\$2,116.31
	04/17/2025	GB00556920	LENOVO THINKPAD	10-015-57750	Small Equipment & Furniture-Infor	\$2,031.00
	04/15/2025	GB00556809	LENOVO THINKPAD/MINI DESKTOP/MONITOR	10-015-57750	Small Equipment & Furniture-Infor	\$2,786.60
	04/15/2025	GB00556805	LENOVO THINKPAD	10-015-57750	Small Equipment & Furniture-Infor	\$2,322.00
	04/16/2025	GB00556866	MINI DESKTOP (2)	10-015-57750	Small Equipment & Furniture-Infor	\$2,000.00

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	04/17/2025	GB00556987	LENOVO THINKPAD	10-015-57750	Small Equipment & Furniture-Infor	\$2,031.00
	04/15/2025	GB00556807	DOCKING STATION	10-015-57750	Small Equipment & Furniture-Infor	\$206.39
	04/01/2025	GB00553415	ADOBE ACROBAT PRO - TEAMS	10-015-53050	Computer Software-Infor	\$1,359.50
	04/01/2025	GB00553658	COMPUTER SOFTWARE	10-015-53050	Computer Software-Infor	\$834.41
	04/01/2025	GB00553722	ADOBE CREATIVE CLOUD ALL APPS PRO TEAMS	10-009-54100	Dues/Subscriptions-Clini	\$2,386.40
	04/23/2025	GB00557447	HP ELITE T655	10-015-57750	Small Equipment & Furniture-Infor	\$833.58
					<i>Totals for SHI GOVERNMENT SOLUTIONS, INC.:</i>	<u>\$20,714.10</u>
SHIRLEY, KIM	04/01/2025	SHI*04012025	WELLNESS	10-025-54350	Employee Health\Wellness-Human	\$21.00
					<i>Totals for SHIRLEY, KIM:</i>	<u>\$21.00</u>
SIMPSON, JARED	04/14/2025	SIM*04142025	WELLNESS	10-025-54350	Employee Health\Wellness-Human	\$50.00
					<i>Totals for SIMPSON, JARED:</i>	<u>\$50.00</u>
SMITH, CLAYTON	04/21/2025	CLA*04212025	5 Years of Service Award	10-025-54450	Employee Recognition-Human	\$100.00
					<i>Totals for SMITH, CLAYTON:</i>	<u>\$100.00</u>
SMITH, NICOLAS	04/01/2025	SMI*02062025	PER DIEM - 6TH ANNUAL TEXAS CHAPTER OF NAE	10-009-53150	Conferences-Fees, Travel, & Meals-Clini	\$152.00
					<i>Totals for SMITH, NICOLAS:</i>	<u>\$152.00</u>
SPLENDORA, CITY OF	04/18/2025	06370301 03/26/25	STATION 31 02/25/25-03/26/25	10-016-58800	Utilities-Facil	\$33.77
					<i>Totals for SPLENDORA, CITY OF:</i>	<u>\$33.77</u>
STANLEY LAKE M.U.D.	04/16/2025	00009834 04/03/25	STATION 43 02/28/25-03/31/25	10-016-58800	Utilities-Facil	\$37.63
	04/16/2025	00009836 04/03/25	STATION 43 02/28/25-03/31/25	10-016-58800	Utilities-Facil	\$7.99
					<i>Totals for STANLEY LAKE M.U.D.:</i>	<u>\$45.62</u>
STAPLES ADVANTAGE	04/01/2025	6025495598	CREDIT	10-008-56300	Office Supplies-Mater	(\$21.46)
	04/01/2025	6025495597	CREDIT	10-008-56300	Office Supplies-Mater	(\$18.99)
	04/01/2025	6028111606	OFFICE SUPPLIES	10-008-56300	Office Supplies-Mater	\$689.85
	04/01/2025	6003560181 A	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$31.93
	04/01/2025	3546012306	OFFICE SUPPLIES	10-008-56300	Office Supplies-Mater	\$34.18
	04/30/2025	6030730941	OFFICE/STATION SUPPLIES	10-008-56300	Office Supplies-Mater	\$58.85
				10-008-57900	Station Supplies-Mater	\$423.74
					<i>Totals for STAPLES ADVANTAGE:</i>	<u>\$1,198.10</u>
STERICYCLE, INC	04/02/2025	8010025017	STERI-SAFE OSHA COMPLIANCE SUSCRIPTION 03/0	10-008-52500	Bio-Waste Removal-Mater	\$118.73
				10-008-52500	Bio-Waste Removal-Mater	\$1,268.75
				10-008-52500	Bio-Waste Removal-Mater	\$118.73
				10-008-52500	Bio-Waste Removal-Mater	\$118.73
				10-008-52500	Bio-Waste Removal-Mater	\$125.31
				10-008-52500	Bio-Waste Removal-Mater	\$125.31
				10-008-52500	Bio-Waste Removal-Mater	\$125.31
				10-008-52500	Bio-Waste Removal-Mater	\$118.73
				10-008-52500	Bio-Waste Removal-Mater	\$118.73

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				10-008-52500	Bio-Waste Removal-Mater	\$125.31
					<i>Totals for STERICYCLE, INC:</i>	\$9,326.58
STEWART ORGANIZATION INC.	04/01/2025	2493713	ACCT #1110518 SCANNER USAGE 03/25/25-04/24/	10-015-55400	Leases/Contracts-Infor	\$155.00
	04/01/2025	2493714	ACCT #1110518 COPIER USAGE 02/25/25-03/24/25	10-015-55400	Leases/Contracts-Infor	\$975.61
	04/30/2025	2507929	ACCT #1110518 COPIER USAGE 03/25/25-04/24/25	10-015-55400	Leases/Contracts-Infor	\$975.63
	04/30/2025	2507928	ACCT #1110518 SCANNER USAGE 04/25/25-05/24/	10-015-55400	Leases/Contracts-Infor	\$155.00
					<i>Totals for STEWART ORGANIZATION INC.:</i>	\$2,261.24
STIBBS & CO. P.C.	04/01/2025	39156	LEGAL FEES FOR FEBRUARY 2024	10-001-55500	Legal Fees-Admin	\$830.89
	04/01/2025	39558	LEGAL FEES FOR MARCH 2025	10-001-55500	Legal Fees-Admin	\$1,986.89
					<i>Totals for STIBBS & CO. P.C.:</i>	\$2,817.78
STRYKER SALES CORPORATION	04/03/2025	9208917280	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$4,488.00
				10-008-54200	Durable Medical Equipment-Mater	\$179.52
	04/03/2025	9208917915	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$1,122.00
				10-008-54200	Durable Medical Equipment-Mater	\$44.88
					<i>Totals for STRYKER SALES CORPORATION:</i>	\$5,834.40
TARGETSOLUTIONS LEARNING (CENTRELEARN SC	04/09/2025	INV114785	RECORDS MANAGEMENT 05/09/25-06/08/25	10-000-14900	Prepaid Expenses-BS	\$8,461.86
					<i>Totals for TARGETSOLUTIONS LEARNING (CENTRELEARN SOLUTIONS, LLC):</i>	\$8,461.86
TCDRS	04/15/2025	TCD041525	TCDRS TRANSMISSION MARCH 2025	10-000-21650	TCDRS Defined Benefit Plan-BS	\$214,216.10
				10-000-21650	TCDRS Defined Benefit Plan-BS	\$290,721.97
					<i>Totals for TCDRS:</i>	\$504,938.07
TESSCO TECHNOLOGIES INC.	04/17/2025	9400413980	REPLACEMENT 35' COAX KITS	10-004-57225	Radio-Parts-Radio	\$1,270.99
					<i>Totals for TESSCO TECHNOLOGIES INC.:</i>	\$1,270.99
TEXAS AIR FILTRATION INC.	04/01/2025	80297	AIR FILTER REPLACEMENTS - APRIL 2025	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,954.07
	04/01/2025	80158	AIR FILTER REPLACEMENTS - MARCH 2025	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$441.00
					<i>Totals for TEXAS AIR FILTRATION INC.:</i>	\$2,395.07
TEXAS LIFT SERVICE LLC	04/24/2025	12351	MOBILE COLUMN & STRING POT REPAIR	10-010-57650	Repair-Equipment-Fleet	\$2,463.00
				10-010-57650	Repair-Equipment-Fleet	\$32.56
					<i>Totals for TEXAS LIFT SERVICE LLC:</i>	\$2,495.56
TEXAS WORKFORCE COMMISSION	04/01/2025	99-991956-1 01/31/25	UNEMPLOYMENT QUARTER ENDING 12/31/24	10-025-51800	Unemployment Expense-Human	\$1,676.04
					<i>Totals for TEXAS WORKFORCE COMMISSION:</i>	\$1,676.04
THE CYNTHIA WOODS MITCHELL PAVILLION	04/21/2025	THE*04212025	Property Damage	10-016-53500	Customer Property Damage-Facil	\$1,221.46
					<i>Totals for THE CYNTHIA WOODS MITCHELL PAVILLION:</i>	\$1,221.46
THE WOODLANDS TOWNSHIP (23/24/25)	04/14/2025	MAY 2025-239	STATION 23, 24, & 25 RENT	10-000-14900	Prepaid Expenses-BS	\$1,000.00
				10-000-14900	Prepaid Expenses-BS	\$1,000.00

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				10-000-14900	Prepaid Expenses-BS	\$1,000.00
				<i>Totals for THE WOODLANDS TOWNSHIP (23/24/25):</i>		<i>\$3,000.00</i>
TK ELEVATOR CORPORATION	04/01/2025	6000789881	ANNUAL ELEVATOR INSPECTIONS	10-016-55600	Maintenance & Repairs-Buildings-Facil	\$1,250.00
				<i>Totals for TK ELEVATOR CORPORATION:</i>		<i>\$1,250.00</i>
TOMMY'S PAINT & BODY INC dba TOMMY'S WRECKER	04/04/2025	26294	ACCIDENT REPAIR	10-010-52000	Accident Repair-Fleet	\$15,572.35
				<i>Totals for TOMMY'S PAINT & BODY INC dba TOMMY'S WRECKER:</i>		<i>\$15,572.35</i>
TRAINOR, SHAWN	04/01/2025	TRA*03032025	PER DIEM - INTERNATIONAL PUBLIC SAFETY CONSULTING	10-015-53150	Conferences-Fees, Travel, & Meals-Infor	\$115.00
	04/01/2025	TRA*12202024	PER DIEM - CENTRAL SQUARE ENGAGE 2025 (04/27/2024-03/31/25)	10-015-53150	Conferences-Fees, Travel, & Meals-Infor	\$55.00
				<i>Totals for TRAINOR, SHAWN:</i>		<i>\$170.00</i>
TRANSUNION RISK & ALTERNATIVE DATA SOLUTIONS, INC.	04/01/2025	6130832-202503-1	03/01/25-03/31/25	10-002-57100	Professional Fees-HCAP	\$330.00
				<i>Totals for TRANSUNION RISK & ALTERNATIVE DATA SOLUTIONS, INC.:</i>		<i>\$330.00</i>
TRIZETTO PROVIDER SOLUTIONS	04/01/2025	5HAV042500	INSTAMED FEE/INTEGRATED ELIG/WORK COMP/ELIGIBILITY REVIEW	10-011-57100	Professional Fees-EMS B	\$1,863.08
				<i>Totals for TRIZETTO PROVIDER SOLUTIONS:</i>		<i>\$1,863.08</i>
UNUM LIFE INSURANCE COMPANY OF AMERICA	04/01/2025	33876100314027	CONTROL NO. E338761 MARCH 2025	10-000-21590	P/R-Supplemental Insurance Premiums-F	\$3,442.30
				<i>Totals for UNUM LIFE INSURANCE COMPANY OF AMERICA (COLONIAL LIFE):</i>		<i>\$3,442.30</i>
VERIZON WIRELESS (POB 660108)	04/09/2025	6110618348	ACCT# 92016135-001 MAR 10 - APRIL 09	10-001-58200	Telephones-Cellular-Admin	\$236.12
				10-002-58200	Telephones-Cellular-HCAP	\$196.67
				10-004-58200	Telephones-Cellular-Radio	\$235.60
				10-005-58200	Telephones-Cellular-Accou	\$120.67
				10-006-58200	Telephones-Cellular-Alarm	\$158.68
				10-007-58200	Telephones-Cellular-EMS	\$1,235.35
				10-008-58200	Telephones-Cellular-Mater	\$201.15
				10-009-58200	Telephones-Cellular-Clini	\$279.35
				10-010-58200	Telephones-Cellular-Fleet	\$201.67
				10-011-58200	Telephones-Cellular-EMS B	\$80.46
				10-015-58200	Telephones-Cellular-Infor	\$12,012.04
				10-016-58200	Telephones-Cellular-Facil	\$290.61
				10-025-58200	Telephones-Cellular-Human	\$157.88
				10-027-58200	Telephones-Cellular-Emerg	\$78.22
				10-039-58200	Telephones-Cellular-Commu	\$291.17
				10-042-58200	Telephones-Cellular-EMS T	\$80.46
				10-045-58200	Telephones-Cellular-EMS Q	\$193.75
				<i>Totals for VERIZON WIRELESS (POB 660108):</i>		<i>\$16,049.85</i>
WALDING, BRADY	04/01/2025	WAL*03312025	WELLNESS	10-025-54350	Employee Health\Wellness-Human	\$52.10
	04/28/2025	WAL*04282025	WELLNESS	10-025-54350	Employee Health\Wellness-Human	\$51.90
				<i>Totals for WALDING, BRADY:</i>		<i>\$104.00</i>

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WASTE MANAGEMENT OF TEXAS	04/24/2025	5881647-1792-2	STATION 14 04/01/25-04/30/25	10-016-58800	Utilities-Facil	\$51.65
	04/24/2025	5881723-1792-2	STATION 27 04/01/25-04/30/25	10-016-58800	Utilities-Facil	\$168.65
	04/24/2025	5881350-1792-3	STATION 43 04/01/25-04/30/25	10-016-58800	Utilities-Facil	\$143.23
	04/24/2025	5881352-1792-9	STATION 41 04/01/25-04/30/25	10-016-58800	Utilities-Facil	\$143.23
	04/24/2025	5881016-1792-0	VARIOUS STATIONS 04/01/25-04/30/25	10-016-58800	Utilities-Facil	\$138.79
				10-016-58800	Utilities-Facil	\$134.73
				10-016-58800	Utilities-Facil	\$8.50
				10-016-58800	Utilities-Facil	\$134.73
				10-016-58800	Utilities-Facil	\$1,120.28
				10-016-58800	Utilities-Facil	\$134.73
				10-016-58800	Utilities-Facil	\$134.73
				10-016-58800	Utilities-Facil	\$134.73
				10-016-58800	Utilities-Facil	\$134.73
				10-016-58800	Utilities-Facil	\$134.73
				10-016-58800	Utilities-Facil	\$134.73
				10-016-58800	Utilities-Facil	\$134.73
		04/07/2025	1465063-1792-5	STATION 46 @ FM 2854 03/16/25-03/31/25	10-016-58800	Utilities-Facil
					Totals for WASTE MANAGEMENT OF TEXAS:	\$2,649.88
WAYTEK, INC.	04/09/2025	3858784	SHOP SUPPLIES	10-010-57725	Shop Supplies-Fleet	\$624.41
						Totals for WAYTEK, INC.:
WEAVER AND TIDWELL, LLP	04/02/2025	10847851	PROGRESS BILL FY 2024/SINGLE AUDIT	10-005-52100	Accounting/Auditing Fees-Accou	\$13,000.00
						Totals for WEAVER AND TIDWELL, LLP:
WELLS, MICHAEL	04/24/2025	WEL*04242025	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$100.00
	04/24/2025	WEL*04242025B	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$51.75
	04/24/2025	WEL*04242025C	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$9.92
	04/24/2025	WEL*04242025D	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$17.07
	04/24/2025	WEL*04242025E	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$47.30
	04/24/2025	WEL*04242025F	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$0.90
	04/24/2025	WEL*04242025H	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$1.20
	04/24/2025	WEL*04242025J	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$1.20
	04/24/2025	WEL*04242025L	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$1.50
	04/24/2025	WEL*04242025N	MILEAGE - (04/14/2025 -)	10-045-56200	Mileage Reimbursements-EMS Q	\$44.54
	04/29/2025	WEL*04292025	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$40.00
	04/29/2025	WEL*04292025B	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$29.69
	04/29/2025	WEL*04292025C	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$18.22
	04/29/2025	WEL*04292025D	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$10.34
	04/29/2025	WEL*04292025E	EXPENSE - CONFERENCES - FEES TRAVEL & MEALS	10-045-53150	Conferences-Fees, Travel, & Meals-EMS	\$34.49
						Totals for WELLS, MICHAEL:
WEST, JORDYN	04/24/2025	WES*04242025	EXPENSE - BUSINESS LICENSES	10-006-52700	Business Licenses-Alarm	\$104.00
						Totals for WEST, JORDYN:
WEX HEALTH, INC.	04/25/2025	0002134641-IN	FSA MONTHLY	10-025-57100	Professional Fees-Human	\$183.75
						Totals for WEX HEALTH, INC.:

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WILKINS LINEN & DUST CONTROL SERVICE	04/03/2025	426142	LAUNDRY SERVICE - FLEET	10-010-55100	Laundry Service & Purchase-Fleet	\$79.59
	04/01/2025	423440	LAUNDRY SERVICE - FLEET	10-010-55100	Laundry Service & Purchase-Fleet	\$77.32
	<i>Totals for WILKINS LINEN & DUST CONTROL SERVICE:</i>					<u>\$156.91</u>
WINZER FRANCHISE COMPANY	04/02/2025	3169346	SHOP SUPPLIES	10-010-57725	Shop Supplies-Fleet	\$210.27
	04/23/2025	3255223	SHOP SUPPLIES	10-010-57725	Shop Supplies-Fleet	\$384.06
	<i>Totals for WINZER FRANCHISE COMPANY:</i>					<u>\$594.33</u>
WOLEBEN, SHANNON	04/14/2025	WOL*04142025	MILEAGE - (04/06/2025 - 04/08/2025)	10-005-53150	Conferences-Fees, Travel, & Meals-Accou	\$242.20
	04/21/2025	WOL*04212025	EXPENSE - TRAINING/RELATED EXPENSES-CE	10-005-58500	Training & Continuing Education-Accou	\$200.00
	<i>Totals for WOLEBEN, SHANNON:</i>					<u>\$442.20</u>
WOODLANDS WATER (MUD #39)	04/23/2025	3021061 03/31/25	STATION 20 02/28/25-03/31/25	10-016-58800	Utilities-Facil	\$70.42
	<i>Totals for WOODLANDS WATER (MUD #39):</i>					<u>\$70.42</u>
XIE, CLAIRE	04/23/2025	XIE*04232025	MILEAGE - (04/23/2025 - 04/23/2025)	10-007-56200	Mileage Reimbursements-EMS	\$4.48
	<i>Totals for XIE, CLAIRE:</i>					<u>\$4.48</u>
ZOLL DATA SYSTEMS	04/01/2025	INV00199203	COMPUTER SOFTWARE 05/01/25-07/31/25	10-015-53050	Computer Software-Infor	\$10,057.00
	04/01/2025	INV00199202	HOSTED BILLING PRO-3 YEAR (05/01/25-05/31/25)	10-011-57100	Professional Fees-EMS B	\$10,501.31
	<i>Totals for ZOLL DATA SYSTEMS:</i>					<u>\$20,558.31</u>
ZOLL MEDICAL CORPORATION	04/01/2025	4170081	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$7,337.20
	04/01/2025	4172548	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$3,242.81
	04/01/2025	4173107	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$336.15
	04/03/2025	4174609	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$9,538.83
	04/07/2025	4176767	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$1,539.65
	04/04/2025	4174991	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$4,088.07
	04/15/2025	4182584	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$580.80
	04/10/2025	4179593	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-Mater	\$112.05
	04/01/2025	4172709	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$1,406.02
	04/01/2025	4173384	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$924.48
	04/07/2025	4176093	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$1,506.68
	04/18/2025	4185747	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$1,406.02
	04/22/2025	4187003	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$2,115.20
	04/18/2025	4185282	MEDICAL EQUIPMENT	10-008-54200	Durable Medical Equipment-Mater	\$430.77
	<i>Totals for ZOLL MEDICAL CORPORATION:</i>					<u>\$34,564.73</u>

CAPITAL PURCHASES

Vendor Name	Invoice Date	Invoice No.	Invoice Description	Account No.	Account Description	Amount
BOUND TREE MEDICAL, LLC	04/16/2025	70365972	PO 75906 SAPPHIRE MULTI THERAPY INFUSI	10-008-52754	Capital Purchase-Equipment-Mater	(\$1,850.00)
	04/02/2025	85720526	SAPPHIRE INFUSION PUMP KITS	10-008-52754	Capital Purchase-Equipment-Mater	\$121,650.00
	04/04/2025	85723648	MEDICAL SAPPHIRE USB & INFUSION	10-008-52754	Capital Purchase-Equipment-Mater	\$1,388.00
	04/03/2025	85722201	SAPPHIRE MULTI THERAPY INFUSION PUMP	10-008-52754	Capital Purchase-Equipment-Mater	\$1,850.00
Totals for BOUND TREE MEDICAL, LLC:						\$123,038.00
CATALINO E SOLIS/SOLIS MOBILE HOM	04/29/2025	701	LAKE CONROE TOWER SCREW ANCHOR BOI	10-004-52753	Capital Purchase-Building/Improvements-Radio	\$1,800.00
					Totals for CATALINO E SOLIS/SOLIS MOBILE HOME TRANSPORT:	\$1,800.00
DAVID MESSECAR dba MESSECAR'S EN	04/21/2025	084503	30 TONS 1" ROCK	10-004-52753	Capital Purchase-Building/Improvements-Radio	\$1,350.00
					Totals for DAVID MESSECAR dba MESSECAR'S ENTERPRISES:	\$1,350.00
DIGITAL BUYER LLC	04/01/2025	1029237	WESCO COUNTERBLANCE 76" LIFT FULLY PC	10-010-52754	Capital Purchase-Equipment-Fleet	\$7,788.00
					Totals for DIGITAL BUYER LLC:	\$7,788.00
FRAZER, LTD.	04/14/2025	RG230810	TYPE I 14' MODULE /VIN RG230810 E-4293	10-010-52755	Capital Purchase-Vehicles-Fleet	\$284,525.00
	04/21/2025	PG514311	TYPE I 12' MODULE S/N PG514311 E-4576	10-010-52755	Capital Purchase-Vehicles-Fleet	\$285,925.00
	Totals for FRAZER, LTD.:					\$570,450.00
HONEYWELL INTERNATIONAL, INC.	04/26/2025	5269796696	USDD STATION ALERTING SYSTEM - STATIO	10-004-52754	Capital Purchase-Equipment-Radio	\$2,700.00
					Totals for HONEYWELL INTERNATIONAL, INC.:	\$2,700.00
HUMURCO INC dba GABBYS CRANE A	04/01/2025	34418	MOBILE CRANE & GOOSENECK FOR STATIO	10-016-52753	Capital Purchase-Building/Improvements-Facil	\$1,211.00
					Totals for HUMURCO INC dba GABBYS CRANE AND RIGGING COMPANY:	\$1,211.00
MARTINEZ ARCHITECTS, LP	04/01/2025	24022-2 INV	STATION RENOVATION - 1ST QUARTER 2021	10-016-52753	Capital Purchase-Building/Improvements-Facil	\$25,000.00
	04/01/2025	24022-5 INV	SEPTIC DESIGN - STATION 2854	10-004-52753	Capital Purchase-Building/Improvements-Radio	\$6,000.00
	Totals for MARTINEZ ARCHITECTS, LP:					\$31,000.00
MID-SOUTH SYNERGY	04/08/2025	10000830	INSTALL 4" FIRE LINE AT STATION 2854	10-016-52753	Capital Purchase-Building/Improvements-Facil	\$7,636.83
					Totals for MID-SOUTH SYNERGY:	\$7,636.83
ZOLL MEDICAL CORPORATION	04/01/2025	4171150	X SERIES ADVANCED MONITOR/DEFIBRILLA	10-008-52754	Capital Purchase-Equipment-Mater	\$83,469.84
	04/17/2025	4184396	ONESTEP CABLE, XSERIES	10-008-52754	Capital Purchase-Equipment-Mater	\$892.16
	Totals for ZOLL MEDICAL CORPORATION:					\$84,362.00

Account Summary

Account Number	Description	Net Amount
10-000-14100	Patient Refunds-BS	\$18,758.41
10-000-14900	Prepaid Expenses-BS	\$52,718.82
10-000-21585	P/R-Flexible Spending-BS	\$10,485.24
10-000-21590	P/R-Supplemental Insurance Premiums-BS	\$6,709.84
10-000-21595	P/R-Health Savings-BS	\$37,343.75
10-000-21600	Employee Deferred Comp.-BS	\$18,077.64
10-000-21650	TCDRS Defined Benefit Plan-BS	\$504,938.07
10-001-53050	Computer Software-Admin	\$107.90
10-001-54100	Dues/Subscriptions-Admin	\$365.95
10-001-54900	Insurance-Admin	\$94,831.01
10-001-55500	Legal Fees-Admin	\$7,262.78
10-001-56200	Mileage Reimbursements-Admin	\$158.20
10-001-58200	Telephones-Cellular-Admin	\$236.12
10-001-58600	Travel Expenses-Admin	\$80.00
10-002-53050	Computer Software-HCAP	\$1,500.00
10-002-55700	Management Fees-HCAP	\$11,336.42
10-002-57100	Professional Fees-HCAP	\$539.50
10-002-58200	Telephones-Cellular-HCAP	\$196.67
10-004-52753	Capital Purchase-Building/Improvements-Radio	\$9,150.00
10-004-52754	Capital Purchase-Equipment-Radio	\$2,700.00
10-004-53000	Computer Maintenance-Radio	\$2,320.50
10-004-53150	Conferences-Fees, Travel, & Meals-Radio	\$231.22
10-004-54100	Dues/Subscriptions-Radio	\$9.99
10-004-54725	Fuel-Non-Auto-Radio	\$2,473.77
10-004-55600	Maintenance & Repairs-Buildings-Radio	\$1,669.01
10-004-55650	Maintenance-Equipment-Radio	\$2,544.53
10-004-57100	Professional Fees-Radio	\$21,451.40
10-004-57200	Radio Repairs-Outsourced-Radio	\$1,349.00
10-004-57225	Radio-Parts-Radio	\$1,293.99
10-004-57250	Radios-Radio	\$1,930.44
10-004-57650	Repair-Equipment-Radio	\$4,798.00
10-004-58200	Telephones-Cellular-Radio	\$286.47
10-004-58310	Telephones-Service-Radio	\$240.80
10-004-58600	Travel Expenses-Radio	\$15.97
10-004-58800	Utilities-Radio	\$2,556.06
10-005-52100	Accounting/Auditing Fees-Accou	\$13,000.00
10-005-53050	Computer Software-Accou	\$23,846.15
10-005-53150	Conferences-Fees, Travel, & Meals-Accou	\$847.20
10-005-54100	Dues/Subscriptions-Accou	\$207.00
10-005-54450	Employee Recognition-Accou	\$525.00
10-005-56200	Mileage Reimbursements-Accou	\$67.76
10-005-57000	Printing Services-Accou	\$92.00
10-005-58200	Telephones-Cellular-Accou	\$120.67
10-005-58500	Training & Continuing Education-Accou	\$350.00
10-006-52700	Business Licenses-Alarm	\$104.00
10-006-53050	Computer Software-Alarm	\$5,000.00
10-006-53150	Conferences-Fees, Travel, & Meals-Alarm	\$156.44
10-006-54100	Dues/Subscriptions-Alarm	\$4,065.00
10-006-56200	Mileage Reimbursements-Alarm	\$33.60
10-006-58200	Telephones-Cellular-Alarm	\$158.68
10-007-53150	Conferences-Fees, Travel, & Meals-EMS	\$174.67
10-007-53330	Contractual Obligations-Other-EMS	\$1,300.00
10-007-53550	Customer Relations-EMS	\$944.00

Account Summary

Account Number	Description	Net Amount
10-007-54100	Dues/Subscriptions-EMS	\$0.99
10-007-56200	Mileage Reimbursements-EMS	\$196.42
10-007-57300	Recruit/Investigate-EMS	\$1,411.25
10-007-58200	Telephones-Cellular-EMS	\$1,235.35
10-007-58500	Training & Continuing Education-EMS	\$280.00
10-007-58700	Uniforms-EMS	\$17,827.90
10-008-52500	Bio-Waste Removal-Mater	\$8,996.52
10-008-52754	Capital Purchase-Equipment-Mater	\$207,400.00
10-008-53800	Disposable Linen-Mater	\$8,178.83
10-008-53900	Disposable Medical Supplies-Mater	\$136,616.83
10-008-54200	Durable Medical Equipment-Mater	\$25,983.99
10-008-54450	Employee Recognition-Mater	\$600.00
10-008-56300	Office Supplies-Mater	\$852.30
10-008-56600	Oxygen & Gases-Mater	\$11,142.09
10-008-56900	Postage-Mater	\$3,173.18
10-008-57650	Repair-Equipment-Mater	\$593.50
10-008-57900	Station Supplies-Mater	\$6,432.29
10-008-58200	Telephones-Cellular-Mater	\$201.15
10-008-58700	Uniforms-Mater	\$463.20
10-009-51100	Regular Pay-Clini	\$239.00
10-009-52600	Books/Materials-Clini	\$5,494.21
10-009-52700	Business Licenses-Clini	\$634.00
10-009-53150	Conferences-Fees, Travel, & Meals-Clini	\$304.00
10-009-54000	Drug Supplies-Clini	\$44,659.15
10-009-54100	Dues/Subscriptions-Clini	\$2,530.04
10-009-57000	Printing Services-Clini	\$35.40
10-009-57100	Professional Fees-Clini	\$14,400.00
10-009-58200	Telephones-Cellular-Clini	\$279.35
10-009-58500	Training & Continuing Education-Clini	\$313.00
10-010-52000	Accident Repair-Fleet	\$15,572.35
10-010-52725	Capital Lease Expense-Fleet	\$29,908.84
10-010-52754	Capital Purchase-Equipment-Fleet	\$7,788.00
10-010-52755	Capital Purchase-Vehicles-Fleet	\$570,450.00
10-010-53150	Conferences-Fees, Travel, & Meals-Fleet	\$1,632.20
10-010-54550	Vehicle-Fluids & Additives-Fleet	\$2,718.53
10-010-54700	Fuel-Auto-Fleet	\$80,172.03
10-010-55100	Laundry Service & Purchase-Fleet	\$156.91
10-010-56400	Vehicle-Oil & Lubricants-Fleet	\$4,613.05
10-010-57100	Professional Fees-Fleet	\$21,581.00
10-010-57650	Repair-Equipment-Fleet	\$2,495.56
10-010-57700	Shop Tools-Fleet	\$1,018.59
10-010-57725	Shop Supplies-Fleet	\$2,044.34
10-010-57750	Small Equipment & Furniture-Fleet	\$764.28
10-010-58200	Telephones-Cellular-Fleet	\$201.67
10-010-58600	Travel Expenses-Fleet	\$495.00
10-010-58900	Vehicle-Batteries-Fleet	\$3,682.46
10-010-59000	Vehicle-Outside Services-Fleet	\$950.00
10-010-59050	Vehicle-Parts-Fleet	\$45,950.11
10-010-59100	Vehicle-Registration-Fleet	\$117.00
10-010-59150	Vehicle-Tires-Fleet	\$1,529.40
10-010-59200	Vehicle-Towing-Fleet	\$1,355.00
10-011-53050	Computer Software-EMS B	\$92,075.00
10-011-56100	Meeting Expenses-EMS B	\$294.36

Account Summary

Account Number	Description	Net Amount
10-011-57100	Professional Fees-EMS B	\$28,920.27
10-011-58200	Telephones-Cellular-EMS B	\$80.46
10-015-52700	Business Licenses-Infor	\$95.00
10-015-53000	Computer Maintenance-Infor	\$748.60
10-015-53050	Computer Software-Infor	\$12,828.08
10-015-53100	Computer Supplies/Non-Capital-Infor	\$3,418.16
10-015-53150	Conferences-Fees, Travel, & Meals-Infor	\$1,989.38
10-015-55400	Leases/Contracts-Infor	\$6,869.24
10-015-56200	Mileage Reimbursements-Infor	\$166.53
10-015-57100	Professional Fees-Infor	\$73,911.00
10-015-57650	Repair-Equipment-Infor	\$599.64
10-015-57750	Small Equipment & Furniture-Infor	\$20,082.72
10-015-58200	Telephones-Cellular-Infor	\$12,822.55
10-015-58310	Telephones-Service-Infor	\$33,529.32
10-016-52753	Capital Purchase-Building/Improvements-Facil	\$33,847.83
10-016-53150	Conferences-Fees, Travel, & Meals-Facil	\$2,539.52
10-016-53330	Contractual Obligations-Other-Facil	\$30,156.10
10-016-53500	Customer Property Damage-Facil	\$1,296.09
10-016-55600	Maintenance & Repairs-Buildings-Facil	\$15,658.33
10-016-55650	Maintenance-Equipment-Facil	\$8,570.00
10-016-57700	Shop Tools-Facil	\$698.74
10-016-57725	Shop Supplies-Facil	\$504.02
10-016-57750	Small Equipment & Furniture-Facil	\$1,517.99
10-016-58200	Telephones-Cellular-Facil	\$290.61
10-016-58600	Travel Expenses-Facil	\$48.88
10-016-58800	Utilities-Facil	\$33,135.97
10-025-51700	Health & Dental-Human	\$173,419.56
10-025-51710	Health Insurance Claims-Human	\$576,824.45
10-025-51720	Health Insurance Admin Fees-Human	\$149,151.95
10-025-51800	Unemployment Expense-Human	\$1,676.04
10-025-54100	Dues/Subscriptions-Human	\$4,960.00
10-025-54350	Employee Health\Wellness-Human	\$3,130.53
10-025-54450	Employee Recognition-Human	\$1,000.00
10-025-57100	Professional Fees-Human	\$1,173.95
10-025-57300	Recruit/Investigate-Human	\$1,415.00
10-025-58200	Telephones-Cellular-Human	\$157.88
10-025-58500	Training & Continuing Education-Human	\$125.74
10-025-58550	Tuition Reimbursement-Human	\$4,441.30
10-026-41500	Miscellaneous Income-Recor	\$58.04
10-026-56500	Other Services-Recor	\$330.06
10-026-57100	Professional Fees-Recor	\$2,235.87
10-026-58500	Training & Continuing Education-Recor	\$285.48
10-027-58200	Telephones-Cellular-Emerg	\$78.22
10-039-58200	Telephones-Cellular-Commu	\$291.17
10-042-52600	Books/Materials-EMS T	\$741.00
10-042-57750	Small Equipment & Furniture-EMS T	\$6,177.00
10-042-58200	Telephones-Cellular-EMS T	\$80.46
10-045-53150	Conferences-Fees, Travel, & Meals-EMS Q	\$662.02
10-045-54100	Dues/Subscriptions-EMS Q	\$0.99
10-045-56200	Mileage Reimbursements-EMS Q	\$44.54
10-045-58200	Telephones-Cellular-EMS Q	\$193.75
10-045-58500	Training & Continuing Education-EMS Q	\$648.00

Account Summary

Account Number	Description	Net Amount
	GRAND TOTAL:	\$3,494,568.88

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VENDOR NAME	INVOICE DATE	DESCRIPTION	AMOUNT
UNITED AIRLINES	04/07/2025	UNITED AIRLINES	\$280.48
UNITED AIRLINES	04/07/2025	UNITED AIRLINES	\$35.99
EMBASSY SUITES	04/07/2025	EMBASSY SUITES	\$993.00
LA QUINTA INN AND SUITES	04/07/2025	LA QUINTA INN AND SUITES	\$639.40
LA QUINTA INN AND SUITES	04/07/2025	LA QUINTA INN AND SUITES	\$248.60
LA QUINTA INN AND SUITES	04/07/2025	LA QUINTA INN AND SUITES	\$639.40
LA QUINTA INN AND SUITES	04/07/2025	LA QUINTA INN AND SUITES	\$639.40
SOUTH SHORE HARBOUR RE	04/01/2025	SOUTH SHORE HARBOUR RE	\$505.11
SOUTH SHORE HARBOUR RE	04/01/2025	SOUTH SHORE HARBOUR RE	\$673.48
MARRIOTT	04/01/2025	MARRIOTT	\$1,192.40
NATIONAL ACADEMY OF EM	03/31/2025	NATIONAL ACADEMY OF EM	-\$605.00
JASONSDELI	03/28/2025	JASONSDELI	\$177.42
WESTIN	03/27/2025	WESTIN	\$856.44
JASONSDELI	03/26/2025	JASONSDELI	\$121.69
UNITED AIRLINES	03/24/2025	UNITED AIRLINES	\$368.09
TIFF'S TREATS	03/19/2025	TIFF'S TREATS	\$85.79
HAMPTON INN HOTELS	03/17/2025	HAMPTON INN HOTELS	\$947.96
HAMPTON INN HOTELS	03/17/2025	HAMPTON INN HOTELS	\$974.65
WLV ADV DEPOSIT	03/10/2025	WLV ADV DEPOSIT	\$676.84
APPLE.COM/BILL	04/07/2025	APPLECARE+ WITH THEFT AND LOSS FOR M. WILLINGHAM IPHC	\$14.31
APPLE.COM/BILL	03/31/2025	APPLE.COM/BILL	\$9.99
EIG*CONSTANTCONTACT.C	03/17/2025	MONTHLY CHARGE FOR E-MAIL MARKETING TOOL FOR M. WILL	\$83.60
HOUSTON CHRONICLE CIRC	03/17/2025	MONTHLY CHARGE FOR DIGITAL CONROE COURIER FOR M. WIL	\$19.96
SQ *LEADERSHIP MONTGOM	03/21/2025	SQ *LEADERSHIP MONTGOM	\$10.00
APPLE.COM/BILL	03/10/2025	APPLE.COM/BILL	\$0.99
THEPARKINGSPOT-ECW538	04/02/2025	THEPARKINGSPOT-ECW538	\$69.71
VEGAS LOOP	03/21/2025	VEGAS LOOP	\$6.25
VEGAS LOOP	03/20/2025	VEGAS LOOP	\$6.25
VEGAS LOOP	03/19/2025	VEGAS LOOP	\$6.25
THEPARKINGSPOT-ECW538	03/18/2025	THEPARKINGSPOT-ECW538	\$111.79
UBER *TRIP	03/18/2025	UBER *TRIP	\$30.97
APPLE.COM/BILL	04/03/2025		\$9.99
THE HOME DEPOT #0508	03/24/2025	STRIP BOARDS	\$22.96
CONROE BOLT & FASTENER	03/27/2025	CONROE BOLT & FASTENER	\$80.10
TRACTOR-SUPPLY-CO #048	03/26/2025	TRACTOR-SUPPLY-CO #048	\$28.98
TRACTOR SUPPLY #2463	03/26/2025	TRACTOR SUPPLY #2463	\$7.99
CONROE MILL SUPPLY INC	03/26/2025	CONROE MILL SUPPLY INC	\$494.00
RX USA	03/19/2025	RX USA	\$150.00
LOWES #00232*	03/12/2025	LOWES #00232*	\$20.98
AMAZON MKTPL*FC7MY7NR3	03/31/2025	75947-PLANTRONICS HEADSET AMPLIFIER FOR ALARM	\$1,930.44
KALAHARI RESORT - TX	04/07/2025	GFOT HOTEL - BA	\$302.50
KALAHARI RESORT - TX	04/07/2025	GFOT HOTEL - SW	\$302.50
TEXAS PUBLIC PURCHASIN	03/26/2025	TEXAS PUBLIC PURCHASING ASSOCIATION ANNUAL DUES FOR I	\$95.00
TSBPA IND LIC RENEW	03/19/2025	75889-TSBPA CPA RENEWAL FOR S. WOLEBEN	\$112.00
TARGET.COM	03/28/2025	75944-TARGET - GIFT CARDS FOR EMPLOYEE RECOGNITION (S. \	\$75.00
TARGET.COM	03/28/2025	75944-TARGET - GIFT CARDS FOR EMPLOYEE RECOGNITION (S. \	\$75.00
TARGET.COM	03/28/2025	75944-TARGET - GIFT CARDS FOR EMPLOYEE RECOGNITION (S. \	\$75.00
AMAZON.COM*9K89528A3	03/28/2025	75944-EMPLOYEE APPRECIATION GC FOR ACCOUNTING	\$300.00
TEXAS MUNICIPAL LEAGUE	04/03/2025	76062-CFGO EXAM (VIRTUAL) FOR S. WOLEBEN ON 04/25/2025	\$150.00
SAMSLUB.COM	04/03/2025	75961-TC WEEK PSAP BASKETS ADDITIONAL ITEMS	\$339.12
SAMSLUB.COM	03/31/2025	75942-TELECOMMUNICATOR'S WEEK PSAP BASKETS SUPPLIES	\$604.88
HOUSTON AIRPORTS RESER	04/07/2025	PARKING FDIC/JEMS	\$92.00
UBER *TRIP	03/20/2025	PWW AIRPORT TO HOTEL	\$3.00

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VENDOR NAME	INVOICE DATE	DESCRIPTION	AMOUNT
UBER *TRIP	03/19/2025	PWW AIRPORT TO HOTEL	\$17.33
UBER *TRIP	03/18/2025	PWW MCHD TO AIRPORT	\$62.34
APPLE.COM/BILL	03/17/2025	HIPAA COMPLIANCE ADDITIONAL STORAGE	\$0.99
AMAZON MKTPL*E18TZ2HN3	03/21/2025	75896-CLEAR LUGGAGE TAGS FOR NEOP GEAR BAGS MARCH 20	\$13.99
WALMART.COM	03/28/2025	75938- HISENSE 1.6 CU FT SINGLE DOOR MINI FRIDGE, BLACK FC	\$93.00
WAL-MART #0400	03/10/2025	75694-EMPLOYEE APPRECIATION GC FROM WALMART FOR CAS	\$75.00
LOWES #00232*	03/10/2025	75694-EMPLOYEE APPRECIATION GC FOR MATERIALS MANAGEM	\$525.00
AMAZON.COM*LV1PJ04E3	03/21/2025	75804-REPLACEMENT FILE FOR L. BEDAIR DOOR (ORIGINAL CHIF	\$12.83
AMAZON.COM*W61JJ7UF3	03/21/2025	75897-FILE FOLDER FRAMES FOR HR	\$33.98
AMAZON MKTPL*7X1V143J3	03/17/2025	75803-POSTAGE METER TAPE FOR PITNEY BOWES 625-0	\$37.70
AMAZON.COM*KJ3BY4YC3	03/14/2025	75804-WALL FILES FOR AP DOORS	\$25.36
UPS*BILLING CENTER	03/11/2025	SHIPPING CHARGES	\$788.43
SAMSClub.COM	04/07/2025	75995-VENDING MACHINE RESTOCK AND \$10 DELIVERY CHARG	\$168.10
SAMSClub #6421	04/01/2025	SAM'S - MEMBER'S MARK MOISTURIZING HAND SOAP 80 FL	\$7.93
SAMSClub.COM	03/31/2025	75933-MATERIALS MANAGEMENT WAREHOUSE RESTOCKING FC	\$1,032.94
SAMSClub #6421	03/26/2025	75941-MATERIALS MANAGEMENT VENDING MACHINE RESTOCK	\$391.24
SAMSClub.COM	03/24/2025	75859 - RESTOCKING OF SUPPLIES FOR MM WAREHOUSE	\$382.10
SAMSClub.COM	03/17/2025	75796-VENDING MACHINE RESTOCKING	\$256.70
WALMART.COM	03/17/2025	75645-SUNCAST 175 FT. HOSEMOBILE HOSE REEL CARTS FOR ST	\$199.40
SAMSClub.COM	03/10/2025	75698-VENDING MACHINE RESTOCK	\$116.34
SAMSClub.COM	03/10/2025	76164 - STATION SUPPLIES STOCK FOR MATERIALS MANAGEME	\$420.06
AMAZON MKTPL*XE6VA3NM3	04/03/2025	75990-VENDING MACHINE RESTOCK	\$47.90
AMAZON.COM*EM6X20IT3	04/02/2025	75882A-SUBSTITUTION FOR RED BULL ENERGY DRINK FOR ORD	\$56.88
AMAZON.COM*ER1Q700W3	03/27/2025	75932-HAND SOAP FOR STATIONS/WAREHOUSE RESTOCK	\$22.32
AMAZON.COM*3X7F48NH3	03/24/2025	75898-STATION 20 SUPPLIES (RESOURCE TICKET #70310) POT AI	\$79.45
AMAZON MKTPL*7V4BF5BL3	03/20/2025	75861-RUBBERMAID COMMERCIAL WOOD BROOM HANDLES W	\$59.95
AMAZON.COM*IJ1EN9Q73	03/20/2025	75882-VENDING MACHINE SUPPLIES	\$101.52
AMAZON.COM*QO4Z35GS3	03/20/2025	75861-SOFTSOAP HAND SOAP AND TAPE MEASURES FOR STATI	\$30.91
AMAZON MKTPL*ZN11U35Q3	03/20/2025	75882-VENDING MACHINE SNACKS	\$45.00
AMAZON MKTPL*X57WF0HA3	03/14/2025	75787-LEAF BLOWER FOR CLEANING BAYS	\$84.98
AMAZON MKTPL*VU84W0EE3	03/10/2025	75498-BASIC CALCULATOR DUAL POWER 8 DIGIT DESKTOP CAL	\$26.94
AMAZON.COM*ZV88R1YT1	03/07/2025	75715-LED LIGHT BULBS RESTOCKING FOR MM	\$58.20
AMAZON MKTPL*E33AW3523	03/07/2025	75690 - VENDING MACHINES SNACKS	\$25.69
AMAZON.COM*YK5JL21Q3	03/06/2025	75690 - VENDING MACHINES SNACKS	\$112.33
NAEMT	03/18/2025	NAEMT INVOICE NO. 012501352201000 COURSE_NO_PH-25-013	\$160.00
NAEMT	03/18/2025	NAEMT INVOICE NO. 012501353101000 COURSE_NO_PH-25-013	\$110.00
AMAZON MKTPL*1U7P963B3	03/07/2025	75680-CHARGING BRICKS AND CABLES FOR ISTIMULATE	\$143.21
DSHS REGULATORY PROG	04/04/2025	W. CHEN RENEWAL	\$96.00
DSHS REGULATORY PROG	03/21/2025	A. LUCUS RENEWAL	\$64.00
DSHS REGULATORY PROG	03/14/2025	L. NOAL RENEWAL	\$126.00
DSHS REGULATORY PROG	03/11/2025	E. MARTINEZ RENEWAL	\$96.00
DSHS REGULATORY PROG	03/11/2025	M. AYERS RENEWAL	\$126.00
DSHS REGULATORY PROG	03/06/2025	M. FISCHER RENEWAL	\$126.00
SOUNDCLOUD INC	03/10/2025	76185-ANNUAL SOUND CLOUD SUBSCRIPTION (USED FOR THE	\$143.64
RADISSON	03/24/2025	EVT CONFERENCE - FH	\$354.45
RADISSON	03/24/2025	EVT CONFERENCE - MC	\$590.75
USPS PO BOXES ONLINE	03/17/2025	PO BOX RENEWAL	\$360.00
AMAZON MKTPL*KP5YQ6753	04/03/2025	75991-TOOL STIPEND FOR W. HARRIS	\$73.79
AMAZON MKTPL*QW55817U3	03/28/2025	75921-VARIABLE HEAT GUN AND TUBE SHOP LIGHTS FOR FLEET	\$395.46
AMAZON.COM*SZ5PD8J43	03/27/2025	75921-VEVOR RETRACTABLE AIR HOSE REEL FOR FLEET	\$478.38
LOWES #00232*	03/18/2025	TOOL ALLOWANCE FOR K. LEE (3 GAL. COMPRESSOR)	\$70.96
AMAZON MKTPL*856FF4R93	03/26/2025	75921-CONTINUOUS DUTY SOLENOID RELAY DC CONTACTOR F	\$179.94
OCEAN EXPRESS CAR WASH	03/20/2025		\$15.00

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VENDOR NAME	INVOICE DATE	DESCRIPTION	AMOUNT
HCTRA EZ TAG REBILL	03/14/2025	HCTRA AUTO CHARGE	\$480.00
AMICO CORPORATION	04/04/2025	76186-OXYGEN REGULATOR W/TRANSDUCER FOR AMBULANCE	\$2,486.58
MONTGOMERY VEHREG	03/13/2025	REGISTRATION OF SHOPS 23, 43, 67, 604, 611, 612, 613, 614, 615	\$97.00
TX.GOV*SERVICEFEE-DIR	03/12/2025	REGISTRATION OF SHOPS 23, 43, 67, 604, 611, 612, 613, 614, 615	\$20.00
GOOGLE *CLOUD G22CV8	04/02/2025	GOOGLE MAPS API MILEAGE VERIFICATION	\$47.03
GOOGLE *CLOUD JQ5WXL	03/31/2025	GOOGLE MAPS API MILEAGE VERIFICATION	\$200.00
AUTHORIZE.NET	04/04/2025	MONTHLY CHARGE FOR AUTHORIZE.NET A PAYMENT SERVICE T	\$25.00
AUTHORIZE.NET	03/06/2025	MONTHLY CHARGE FOR AUTHORIZE.NET A PAYMENT GATEWA	\$25.00
BGP.TOOLS SUB	04/03/2025	MONTHLY CHARGE FOR BGP MONITORING AS A SERVICE, USIN	\$32.36
EXCHANGE RATE CHARGE ASSOCIATED	04/03/2025	EXCHANGE RATE CHARGE ASSOCIATED WITH BGP	\$0.32
DNS MADE EASY	03/21/2025	75771- DNS MADE EASY MEMBERSHIP RENEWAL (4/26/25-4/26/	\$187.90
BOX, INC.	03/13/2025	75728-CLOUD-BASED CONTENT MANAGEMENT, COLLABORATIC	\$300.61
AMAZON.COM*OS3XD6783	03/12/2025	75475-WESTERN DIGITAL 16TB WD RED PRO NAS INTERNAL HA	\$1,399.96
AMAZON MKTPL*FG1QN76T3	03/10/2025	75722-RACK MOUNTING KIT FOR FORTIGATE (QTY:12) FOR FIRE	\$1,440.60
UNITED AIRLINES	03/06/2025	INTERNATIONAL CAD CONSORTIUM FLIGHT - ST	\$404.96
UNITED AIRLINES	03/06/2025	LF EMPOWER - CF	\$422.96
UNITED AIRLINES	03/06/2025	INTERNATIONAL CAD CONSORTIUM FLIGHT - CH	\$404.96
UNITED AIRLINES	03/06/2025	INTERNATIONAL CAD CONSORTIUM FLIGHT CHANGE - CH	\$46.00
UNITED AIRLINES	03/06/2025	INTERNATIONAL CAD CONSORTIUM FLIGHT CHANGE - ST	\$46.00
UNITED AIRLINES	03/06/2025	INTERNATIONAL CAD CONSORTIUM BAGS - ST	\$35.00
UNITED AIRLINES	03/06/2025	LF EMPOWER BAGS - CF	\$35.00
UNITED AIRLINES	03/06/2025	INTERNATIONAL CAD CONSORTIUM BAGS - ST	\$35.00
UNITED AIRLINES	03/06/2025	INTERNATIONAL CAD CONSORTIUM BAGS - CH	\$35.00
UNITED AIRLINES	03/06/2025	INTERNATIONAL CAD CONSORTIUM BAGS - CH	\$35.00
UNITED AIRLINES	03/06/2025	LF EMPOWER BAGS - CF	\$35.00
APPLE.COM/US	03/17/2025	75753-APPLE-IPAD REPAIR - SERIAL NO. JC4R3JM60X MEDIC 05	\$53.04
APPLE.COM/US	03/13/2025	75706-IPHONE REPAIR TO SERIAL @WXC6XH9X3R FOR FACILITIE	\$493.56
APPLE.COM/US	03/13/2025	75676-APPLE-IPAD REPAIR - SERIAL NO. DD2VHG4G53 MEDIC 2	\$53.04
AMAZON MKTPL*NW6B05XY3	03/31/2025	75707-CHARGER BRICK RESTOCK FOR IT CLOSET	\$559.60
AMAZON MKTPL*ZA63A9IR3	03/28/2025	75945-DOCKING STATION FOR IT	\$125.99
AMAZON MKTPL*9978I62F3	03/24/2025	75891-DESK LAMP FOR IT	\$48.99
AMAZON MKTPL*TCOLT4N23	03/19/2025	75827A-POWER BRICK RESTOCK FOR IRONMAN (NOTE: HAD TO	\$99.95
AMAZON MKTPL*Q84YP2AG3	03/19/2025	75835-MEDIC IPAD CABLE RESTOCK FOR IT CLOSET	\$179.80
AMAZON.COM*H47NE7OI3	03/19/2025	75818-MEDICA IPAD CASE RESTOCK FOR IT CLOSET	\$1,682.80
AMAZON MKTPL*JA2A86UL3	03/19/2025	75828-CISCO WAP MOUNTS FOR AMBULANCES	\$195.36
AMAZON MKTPL*5C93R7413	03/19/2025	75827-POWER BRICK RESTOCK FOR IRONMAN (NOTE: HAD TO S	\$99.95
AMAZON MKTPL*854NF8YR3	03/19/2025	75834-REPLACEMENT SERVER RACK SCREWS	\$56.74
AMAZON MKTPL*FD4AZ69F3	03/17/2025	75816-IPAD ACCESSORIS FOR NEW IPAD AIRS FOR FACILITIES	\$1,315.79
AMAZON MKTPL*FX98M8SP3	03/07/2025	75689-RESTOCKING OF USB ADAPTERS, USB-C CABLES, LAPTOP	\$249.18
AMAZON MKTPL*XU57Z7L83	03/20/2025	75855-MOP HANDLE/HEAD FOR STATION SUPPLIES	\$74.50
STARLINK INTERNET	03/10/2025	74859-MONTHLY INTERNET SERVICES (MOBILE SATELLITE)	\$500.00
TRUMP INTERNATIONAL HO	03/31/2025	ICS WEST CONFERENCE HOTEL BALANCE- JM	\$360.00
TRUMP INTERNATIONAL HO	03/31/2025	ICS WEST CONFERENCE HOTEL BALANCE- JE	\$44.77
TRUMP INTERNATIONAL HO	03/31/2025	ICS WEST CONFERENCE HOTEL BALANCE- JE	\$404.77
TRUMP INTERNATIONAL HO	03/28/2025	ICS WEST CONFERENCE HOTEL DEPOSIT- JE	\$373.02
TRUMP INTERNATIONAL HO	03/28/2025	ICS WEST CONFERENCE HOTEL DEPOSIT- JM	\$373.02
UNITED AIRLINES	03/28/2025	ICS WEST CONFERENCE BAGS - JE	\$35.00
UNITED AIRLINES	03/28/2025	ICS WEST CONFERENCE BAGS - JE	\$35.00
UNITED AIRLINES	03/28/2025	ICS WEST CONFERENCE FLIGHT - JE	\$456.97
UNITED AIRLINES	03/28/2025	ICS WEST CONFERENCE FLIGHT - JM	\$456.97
THE HOME DEPOT 508	04/07/2025	STATION 14 MEDICAL CLOSET SUPPLIES	\$147.08
THE HOME DEPOT 508	04/07/2025	ADMIN BUILDING VALVE CHANGE SUPPLIES	\$268.63
THE HOME DEPOT 508	04/04/2025	MISC SUPPLIES FOR STATIONS	\$257.38
KLEEN RITE CORP	04/04/2025	REGULATORS FOR FLEET BAY	\$173.33
THE HOME DEPOT 508	04/03/2025	STATION 41 DEHUMIDIFIER SUPPLIES FOR INSTALL	\$187.29
LOWES #01052*	04/02/2025	STATION 41 DEHUMIDIFIER SUPPLIES	\$84.86
LOWES #00232*	04/01/2025	METAL HOSE REPAIR	\$47.84
THE HOME DEPOT 508	03/28/2025	SALT FOR STATION 32 & CERAMIC TILES FOR STATIONS	\$103.90
LOWES #00232*	03/27/2025	SPLIT - 57750 (57.18%)	\$199.00
LOWES #00232*	03/27/2025	SPLIT - 57700 (42.82%)	\$149.00

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VENDOR NAME	INVOICE DATE	DESCRIPTION	AMOUNT
THE HOME DEPOT #6819	03/26/2025	TOILET PARTS FOR ST. 27	\$111.38
THE HOME DEPOT #0508	03/12/2025	CLEANING SUPPLIES FOR STATIONS	\$131.76
THE HOME DEPOT #0508	03/06/2025	SPRAYER FOR STATION 40	\$46.95
THE HOME DEPOT 508	03/28/2025	TOOLS FOR SHOP 638	\$129.88
THE HOME DEPOT #0508	03/24/2025	TOOLS	\$568.86
AMAZON MKTPL*IH0UH6KI3	03/31/2025	75954-FAUCET CONTROL MODULE FOR STOCK	\$323.62
AMAZON.COM*NQ7CM6II3	03/06/2025	75661 - DOORMATS FOR STOCK FOR FACILITIES	\$180.40
AMAZON.COM*NN6EX95Z3	03/25/2025	75890-REPLACEMENT DESK CHAIR FOR STATION 25	\$124.99
MUNICIPAL ONLINE PAYME	04/03/2025	ADMIN 02/14/25-03/17/25 - ONLINE PYMT FEE	\$0.85
CITY OF CONROE UTILITY	04/03/2025	STATION 10 02/25/25-03/24/25	\$100.77
CITY OF CONROE UTILITY	04/03/2025	ADMIN 02/14/25-03/17/25	\$1,177.18
MUNICIPAL ONLINE PAYME	04/03/2025	STATION 10 02/25/25-03/24/25 - ONLINE PYMT FEE	\$0.85
CITY OF CONROE UTILITY	04/03/2025	STATION 15 02/25/25-03/24/25	\$123.80
MUNICIPAL ONLINE PAYME	04/02/2025	STATION 15 02/14/25-03/17/25 - ONLINE PYMT FEE	\$0.85
UNIVERSAL NAT GAS PYMT	03/17/2025	STATION 27 01/30/25-02/27/25	\$169.22
APPLE.COM/BILL	04/07/2025	MONTHLY CHARGE FOR ICLOUD+ WITH 200 GB STORAGE FOR E	\$2.99
APPLE.COM/BILL	03/10/2025	MONTHLY CHARGE FOR ICLOUD+ WITH 200 GB STORAGE FOR E	\$2.99
*PERKSATWORK*FTD	03/12/2025	75830-SYMPATHY FLOWERS FOR H. LEMELIN	\$82.53
REV.COM	03/28/2025	LEVEL I TRANSCRIPTION	\$42.12
REV.COM	03/27/2025	HR TRANSCRIPTION	\$143.28
PWWMINC*	03/27/2025	MARCH BOD TRANSCRIPTION	\$1,415.00
DIGITAL COMPLIANCE	03/19/2025	HR TRANSCRIPTION	\$359.60
REV.COM	03/21/2025	ABC360 COMPLIANCE OFFICER CONFERENCE	\$87.48
PAYPAL *WEBCOURSE CONF	03/14/2025	HIPAA COMPLIANCE COURSES - TWFD	\$198.00
APPLE.COM/BILL	04/02/2025	M. WELLS MONTHLY ICLOUD STORAGE	\$0.99
Grand Total			\$47,964.76

Montgomery County Hospital District
Bank Register - Operating Acct-WF
Patient Refunds - One Time Checks (04/01/2025 - 04/30/2025)

Payment number	Payment type	Invoice date	Vendor name	Invoice amount	Cleared?	Post date
120918	Computer Check	4/7/2025	PATIENT REFUND	\$125.00	Yes	4/7/2025
120988	Computer Check	4/21/2025	PATIENT REFUND	\$109.42	Yes	4/21/2025
120917	Computer Check	4/7/2025	PATIENT REFUND	\$20.00	No	4/7/2025
121035	Computer Check	4/28/2025	PATIENT REFUND	\$150.00	No	4/28/2025
121026	Computer Check	4/28/2025	PATIENT REFUND	\$88.36	No	4/28/2025
121037	Computer Check	4/28/2025	PRESBYTERIAN INSURANCE COMPANY INC.	\$599.23	No	4/28/2025
121047	Computer Check	4/28/2025	PRESBYTERIAN INSURANCE COMPANY INC.	\$599.23	No	4/28/2025
120986	Computer Check	4/21/2025	PATIENT REFUND	\$112.44	Yes	4/21/2025
120984	Computer Check	4/21/2025	PATIENT REFUND	\$50.00	No	4/21/2025
120967	Computer Check	4/21/2025	BCBS OF TEXAS	\$1,165.51	Yes	4/21/2025
120971	Computer Check	4/21/2025	PATIENT REFUND	\$536.29	Yes	4/21/2025
121028	Computer Check	4/28/2025	PATIENT REFUND	\$84.23	Yes	4/28/2025
121044	Computer Check	4/28/2025	UNITED HEALTHCARE (POB 101760)	\$1,083.33	Yes	4/28/2025
121030	Computer Check	4/28/2025	PATIENT REFUND	\$252.77	Yes	4/28/2025
121046	Computer Check	4/28/2025	WELLCARE	\$396.27	Yes	4/28/2025
121025	Computer Check	4/28/2025	PATIENT REFUND	\$1,642.98	Yes	4/28/2025
120919	Computer Check	4/7/2025	THE RAWLINGS COMPANY LLC (POB 589)	\$242.24	Yes	4/7/2025
120976	Computer Check	4/21/2025	PATIENT REFUND	\$133.86	Yes	4/21/2025
120978	Computer Check	4/21/2025	PATIENT REFUND	\$250.00	No	4/21/2025
121033	Computer Check	4/28/2025	PATIENT REFUND	\$29.54	No	4/28/2025
121045	Computer Check	4/28/2025	PATIENT REFUND	\$150.00	No	4/28/2025
121024	Computer Check	4/28/2025	PATIENT REFUND	\$25.00	Yes	4/28/2025
120975	Computer Check	4/21/2025	PATIENT REFUND	\$114.94	No	4/21/2025
120979	Computer Check	4/21/2025	PATIENT REFUND	\$90.00	Yes	4/21/2025
120993	Computer Check	4/21/2025	PATIENT REFUND	\$372.33	No	4/21/2025
120983	Computer Check	4/21/2025	PATIENT REFUND	\$526.73	No	4/21/2025
120994	Computer Check	4/21/2025	PATIENT REFUND	\$100.00	Yes	4/21/2025
120977	Computer Check	4/21/2025	PATIENT REFUND	\$85.76	No	4/21/2025
120914	Computer Check	4/7/2025	BLUE CROSS AND BLUE SHIELD OF TEXAS	\$67.48	Yes	4/7/2025
121039	Computer Check	4/28/2025	PATIENT REFUND	\$40.23	Yes	4/28/2025
121038	Computer Check	4/28/2025	PATIENT REFUND	\$15.43	No	4/28/2025
120972	Computer Check	4/21/2025	PATIENT REFUND	\$777.68	No	4/21/2025
120968	Computer Check	4/21/2025	BCBS OF TEXAS	\$1,003.24	Yes	4/21/2025
121032	Computer Check	4/28/2025	KELSEY CARE	\$477.07	Yes	4/28/2025
120985	Computer Check	4/21/2025	PATIENT REFUND	\$112.44	Yes	4/21/2025
121042	Computer Check	4/28/2025	PATIENT REFUND	\$842.85	Yes	4/28/2025
120969	Computer Check	4/21/2025	PATIENT REFUND	\$576.58	Yes	4/21/2025
120916	Computer Check	4/7/2025	PATIENT REFUND	\$549.76	No	4/7/2025
121040	Computer Check	4/28/2025	PATIENT REFUND	\$20.00	No	4/28/2025
121029	Computer Check	4/28/2025	PATIENT REFUND	\$914.69	Yes	4/28/2025
121023	Computer Check	4/28/2025	PATIENT REFUND	\$657.85	Yes	4/28/2025
120991	Computer Check	4/21/2025	NOVITAS SOLUTIONS (POB 3106)	\$410.62	No	4/21/2025
120995	Computer Check	4/21/2025	PATIENT REFUND	\$229.85	No	4/21/2025
120996	Computer Check	4/21/2025	UNITED HEALTHCARE (POB 101760)	\$225.58	Yes	4/21/2025
121043	Computer Check	4/28/2025	UNITED HEALTHCARE (POB 101760)	\$1,083.33	Yes	4/28/2025
120992	Computer Check	4/21/2025	PATIENT REFUND	\$620.89	No	4/21/2025
120982	Computer Check	4/21/2025	PATIENT REFUND	\$20.00	Yes	4/21/2025
121023	Computer Check	4/28/2025	PATIENT REFUND	\$623.88	Yes	4/28/2025
120973	Computer Check	4/21/2025	PATIENT REFUND	\$111.18	No	4/21/2025
120997	Computer Check	4/21/2025	PATIENT REFUND	\$125.00	Yes	4/21/2025
121022	Computer Check	4/28/2025	PATIENT REFUND	\$7.37	No	4/28/2025
120987	Computer Check	4/21/2025	PATIENT REFUND	\$109.95	Yes	4/21/2025
TOTAL				<u>\$18,758.41</u>		

MCHD Surplus/Salvage
May 2025

Qty	Serial Number	MCHD Tag	Product Description	S/S	Reason	Submitter
270	N/A	N/A	MCHD Blue T-Shirts	salvage	worn/torn	E Mejia
1	4670	N/A	Sweater	salvage	worn/torn	E Mejia
13	8675	N/A	Class B Shirts	salvage	worn/torn	E Mejia
29	8657	N/A	Class B Pants	salvage	worn/torn	E Mejia
27	N/A	N/A	Boots	salvage	worn/torn	E Mejia
1	3C7WRKBL9GG179845	Old shop 18	2016 RAM 4500 Ambulance	Surplus	Replaced - Mileage 384,337 / Hour 19,388	W.Sullivan
1	3C7WRKBL5HG572467	Old shop 26	2017 RAM 4500 Ambulance	Surplus	Replaced - Mileage 369,531/ Hour 18,021	W.Sullivan
1	3C7WRKBL7GG162817	Old shop 30	2016 RAM 4500 Ambulance	Surplus	Replaced - Mileage 371,160 / Hour 23,951	W.Sullivan
1	I140738205	Generator 03	Onan 5.5 KW generator	Surplus	End of life: generator hours = 17,242	W.Sullivan

AGENDA ITEM # 14

Board Mtg.: 05/27/2025

Montgomery County Hospital District
Proceeds from Sale of Vehicles
10/01/2024 - 04/30/2025

Account Name	Shop No.	Description	Mileage	Engine Hrs	Sale Date	Sale of Surplus
Vehicles	635	2015 Dodge Ram 2500	141,309	5,095	10/22/24	20,100.00
Vehicles Total						20,100.00
Total Proceeds						20,100.00

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

The regular meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 4:00 p.m., April 22, 2025 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. Walker

3. Pledge of Allegiance

Led by Mr. Grice

4. Roll Call

Present:

Robert Hudson
Charles Shirley
Kelly Inman
Chris Grice
Jackie Williams
Jason Walker

Not Present

Bob Bagley

5. Public Comment

No one from the public made a comment.

6. Special Recognition

Service Awards:

5 Years - Joe Castellano, David McMillon, Catherine Orton, Clayton Smith, Johna Gilson and Jason Reutter

10 Years - Rhonda Cottrell

20 Years - Rebecca Hoots

NonField Employee – Shelene Rayburn

7. Presentation of Investment Report for the quarter ended March 31, 2025. (Mr. Shirley, Treasurer – MCHD Board)

Ms. Jamie Hobbs with Valleyview Consulting presented the Investment report to the board for the quarter ended March 31, 2025.

8. 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.**
- e. **Update on Accounting and Billing departments.**

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

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

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.

9. Presentation of Quarterly Employee Turnover Report. (Mrs. Williams, Chair – Personnel Committee)

Mrs. Emily Fitzgerald, HR Manager presented the Quarterly Employee Turnover Report to the board

10. Consider and act on District Policies:

- a. **FLT 10-102 MCHD Fuel and Fuel Card Usage. (Mr. Hudson, Chair – EMS Committee)**
- b. **HR 25-407 Dress and Personal Appearance. (Mrs. Williams, Chair – Personnel Committee)**

Mr. Hudson made a motion to consider and act on District Policy FLT 10-102 MCHD Fuel and Fuel Card Usage. Mr. Shirley offered a second and motion passed unanimously.

Mrs. Williams made a motion to consider and act on District Policy HR 25-407 Dress and Personal Appearance. Mr. Walker offered a second and motion passed unanimously.

11. Consider and act on Proclamation in support of EMS Week, May 18-24, 2025. (Mr. Hudson, Chair – EMS Committee)

Mr. Hudson made a motion to consider and act on Proclamation in support of EMS Week, May 18-24, 2025. Mrs. Williams offered a second and motion passed unanimously.

12. Consider and act on approval for Boardroom Audio and Video Equipment Upgrade. (Mr. Walker, Chair – PADCOM Committee)

Mr. Walker made a motion to consider and act on approval for Boardroom Audio and Video Equipment Upgrade. Mr. Hudson offered a second and motion passed unanimously.

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

Mrs. Inman made a motion to consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers. Mr. Hudson offered a second and motion passed unanimously.

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

Mrs. Inman 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. Hudson offered a second and motion passed unanimously.

15. Consider and act on ratification of contracts with additional network providers for indigent care. (Mrs. Inman, Chair – Indigent Care Committee)

Mrs. Inman made a motion to consider and act on ratification of contracts with additional network providers for indigent care. Mr. Shirley offered a second and motion passed unanimously.

16. CFO report of preliminary financials for six months ended March 31, 2025, and report updates on financial statements and investment.

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

17. 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)

Mr. Shirley made a motion to consider and act on engagement of auditor Weaver and Tidwell, LLP for audit to include, if necessary, a single audit. Mr. Hudson offered a second and motion passed unanimously.

18. Consider and act upon recommendation for amendment(s) to the budget for fiscal year ending September 30, 2025. (Mr. Shirley, Treasurer – MCHD Board)

Mr. Shirley made a motion to consider and act upon recommendation for amendment(s) to the budget for fiscal year ending September 30, 2025. Mrs. Williams offered a second. After discussion motion passed unanimously.

19. 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. Mrs. Williams offered a second and motion passed unanimously.

20. Consider and act on salvage and surplus. (Mr. Shirley, Treasurer – MCHD Board)

Mr. Shirley made a motion to consider and act on salvage and surplus. Mr. Hudson offered a second and motion passed unanimously.

21. Consider and act on Secretary's Report – Minutes from the March 25, 2025 Regular BOD meeting. (Mrs. Williams, Secretary – MCHD Board)

Mrs. Williams made a motion to consider and act on Minutes from the March 25, 2025 Regular BOD meeting. Mr. Shirley offered a second and motion passed unanimously.

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

- a. **In regards to section 551.071 to receive legal advice on the Montgomery County Public Health District Cooperative Agreement and the Interlocal Cooperative agreement between the MCHD and Montgomery County. (Mr. Grice, Chairman - MCHD Board)**
- b. **In regards to section 551.072 of the Texas Government Code for deliberations about real estate property and Section 551.071 to receive legal advice, both regarding the use of District Facilities by third party groups. (Mr. Shirley, Treasurer - MCHD Board)**
- c. **In regards to section 551.072 of the Texas Government code for deliberations about real estate property and under 551.071 to receive legal advice, both regarding the lease of real property by Park Place Professional Building, LLC for property located at 100 Medical Center Blvd, Conroe, Texas 77304 and sale of property at this location. (Mr. Grice, Chairman - MCHD Board)**
- d. **In regards to section 551.072 of the Texas Government code for deliberations about real estate property regarding the financial contribution and lease of real property at new ESD 1 Fire Station 91 and comparable locations in Willis, Texas. (Mr. Grice, Chairman - MCHD Board)**

The Board of Directors convened into executive session at 4:42 p.m. as authorized by the Texas Open Meetings Act to deliberate in closed session on the following matters authorized under the Texas Open Meetings Act:

- a. In regards to section 551.071 to receive legal advice on the Montgomery County Public Health District Cooperative Agreement and the Interlocal Cooperative agreement between the MCHD and Montgomery County, (Mr. Grice, Chairman - MCHD Board)
- b. In regards to section 551.072 of the Texas Government Code for deliberations about real estate property and Section 551.071 to receive legal advice, both regarding the use of District Facilities by third party groups. (Mr. Shirley, Treasurer - MCHD Board)
- c. In regards to section 551.072 of the Texas Government code for deliberations about real estate property and under 551.071 to receive legal advice, both regarding the lease of real property by Park Place Professional Building, LLC for property located at 100 Medical Center Blvd, Conroe, Texas 77304 and sale of property at this location. (Mr. Grice, Chairman - MCHD Board)
- d. In regards to section 551.072 of the Texas Government code for deliberations about real estate property regarding the financial contribution and lease of real property at new ESD 1 Fire Station 91 and comparable locations in Willis, Texas. (Mr. Grice, Chairman - MCHD Board)

23. Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Mr. Grice, Chairman - MCHD Board)

Mr. Grice reconvened the board from executive session at 5:55 p.m.

Mr. Shirley made a motion to accept the proposal to set the fair market value at \$1.7 million for the real property subject to the lease with Park Place Professional Building as authorized by the lease, subject to an approved written agreement with Park Place. Mrs. Williams offered a second and motion passed unanimously.

Mr. Shirley made a motion to set the proposed annual rent on the lease with Park Place Professional Building LLC effective January, 2025 subject to an approved written agreement with Park Place. Mr. Walker offered a second and motion passed unanimously.

Mr. Shirley made a motion to have the staff prepare a final agreement for amendments to the lease with Park Place Professional Building, LLC. Mr. Walker offered a second and motion passed unanimously.

24. Adjourn.

The board adjourned 5:56 p.m.

Jackie Williams, Secretary

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

The special meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 4:00 p.m., May 20, 2025, in the Administrative offices of the Montgomery County Hospital District, 1400 South Loop 336 West, Conroe, Montgomery County, Texas

1. Call to Order

Meeting called to order at 4:00 p.m.

2. Roll Call

Present

Bob Bagley
Jason Walker
Chris Grice
Kelly Inman
Charles Shirley
Robert Hudson

Not Present

Jackie Williams

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

- **In regards to section 551.072 of the Texas Government code for deliberations about real estate property and under 551.071 to receive legal advice, both regarding the property located at 315 Industrial Park Blvd., Willis, Texas 77378 and Comps. (Mr. Grice, Chairman - MCHD Board)**

The board convened into executive session at 4:01p.m. session pursuant to the Texas Open Meetings Act to deliberate in closed session on the following matters:

- In regards to section 551.072 of the Texas Government code for deliberations about real estate property and under 551.071 to receive legal advice, both regarding the property located at 315 Industrial Park Blvd., Willis, Texas 77378 and Comps.

4. Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Mr. Grice, Chairman - MCHD Board)

The board reconvened from executive session at 4:31 p.m..

Mr. Grice made a motion to authorize staff to continue due diligence and purchase of property at 315 Industrial Park Blvd. Mr. Shirley offered a second and motion passed unanimously.

5. **Adjourn**

Meeting adjourned at 4:31 p.m.

Jackie Williams, Secretary

Agenda Item # 16



We Make a Difference!

To: Board of Directors
From: Randy Johnson, CEO
Date: May 27, 2025
Re: Convene into Executive Session

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

- a. In regards to section 551.072 of the Texas Government code for deliberations about real estate property and under 551.071 to receive legal advice, both regarding the lease of real property by Park Place Professional Building, LLC for property located at 100 Medical Center Blvd, Conroe, Texas 77304 and sale of property at this location. (Mr. Grice, Chairman - MCHD Board)
- b. In regards to section 551.072 of the Texas Government code for deliberations about real estate property and under 551.071 to receive legal advice, both regarding the property located at 315 Industrial Park Blvd., Willis, Texas 77378 and Comps. (Mr. Grice, Chairman - MCHD Board)

Agenda Item # 17



We Make a Difference!

To: Board of Directors
From: Randy Johnson, CEO
Date: May 27, 2025
Re: Reconvene from Executive Session

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

Agenda Item # 18



We Make a Difference!

To: Board of Directors

From: Randy Johnson, CEO

Date: May 27, 2025

Re: Agreement – Park Place Professional Building

Consideration and possible action to approve letter agreement with Park Place Professional Building, LLC for property located at 100 Medical Center Blvd, Conroe, Texas 77304. (Mr. Grice, Chairman - MCHD Board)

Agenda Item # 19



We Make a Difference!

To: Board of Directors

From: Randy Johnson, CEO

Date: May 27, 2025

Re: **2nd Amendment to Lease Agreement – Park Place Professional Building**

Consideration and possible action to approve 2nd Amendment to the Lease Agreement for the property located at 100 Medical Center Blvd, Conroe, Texas 77304. (Mr. Grice, Chairman - MCHD Board)