

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

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

Date: April 28, 2026

Time: 4:00 P.M. OR IMMEDIATELY FOLLOWING THE SPECIAL BOD MEETING

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 three business days prior to the beginning of said meeting with the County Clerk's Office and is on the Bulletin Board of the Courthouse and in the District's Administrative Office.

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

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

Items Involving Visitors

7. Consider and take action on election of replacement for board officer, Treasurer. (Mr. Shirley, Chairman - MCHD Board)
8. Presentation of Investment Report for the quarter ended March 31, 2026. (Mr. Shirley, Chairman – MCHD Board)

District

9. 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, IT and Public Health.
 - d. Health Care Services Report to include regulatory update, outreach, eligibility, service, utilization, community education and clinical services.
 - e. Update on Accounting, Billing and Procurement departments.

10. Presentation of Quarterly Employee Turnover Report. (Mrs. Williams, Chair – Personnel Committee)
11. Consider and act on Proclamation in support of EMS Week, May 17-23, 2026. (Mr. Bagley, Chair – EMS Committee)
12. Consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers. (Mrs. Inman, Chair – Indigent Care Committee)
13. 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)
14. 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)
15. CFO report of preliminary financials for six months ended March 31, 2026, and report updates on financial statements and investment.
16. Consider and act on engagement of auditor Weaver and Tidwell, LLP for audit to include, if necessary, a single audit. (Mr. Shirley, Chairman – MCHD Board)
17. Consider and act upon recommendation for amendment(s) to the budget for fiscal year ending September 30, 2026. (Mr. Shirley, Chairman – MCHD Board)
18. Consider and ratify the payment of the Impac Fleet monthly invoice for fuel charges for the month of March 2026. (Mr. Shirley, Chairman – MCHD Board)
19. Consider and act on ratification of payment of District invoices. (Mr. Shirley, Chairman – MCHD Board)
20. Consider and act on salvage and surplus. (Mr. Shirley, Chairman – MCHD Board)
21. Consider and act on Secretary’s Report – Minutes from the March 24, 2026 Regular BOD and April 9, 2026 Special BOD meeting. (Mrs. Williams, Secretary – MCHD Board)

Executive Session

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 551.072 of the Texas Government code for deliberations about real estate property and under 551.071 to receive legal advice, both regarding property on 200 South Kennedy, Willis, TX and other comparable properties. (Mr. Shirley, 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 purchase of 809 West Semands Street. (Mr. Shirley, Chairman – MCHD Board)
 - c. In regards to section 551.074 of the Texas Government code to deliberate the appointment, employment, evaluation, reassignment, duties, of a public officer or employee; Chief executive office, Randy Johnson. (Mr. Shirley, Chairman – MCHD Board)
23. Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Mr. Shirley, Chairman - MCHD Board)
24. 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 # 7



We Make a Difference!

To: Board of Directors

From: Randy Johnson, CEO

Date: April 28, 2026

Re: Treasurer

Consider and take action on election of replacement for board officer, Treasurer. (Mr. Shirley, Chairman - MCHD Board)



QUARTERLY INVESTMENT REPORT

For the Quarter Ended

March 31, 2026

Prepared by

Valley View Consulting, L.L.C.

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

Chief Executive Officer
Investment Officer,
Montgomery County Hospital District

Chief Financial Officer
Investment Officer,
Montgomery County Hospital District

Treasurer, MCHD Board
Investment Officer,
Montgomery County Hospital District

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

Summary

Quarter End Results by Investment Category:

Asset Type	December 31, 2025		March 31, 2026		
	Book Value	Market Value	Book Value	Market Value	Ave. Yield
DDA	\$ 2,705,056	\$ 2,705,056	\$ 2,036,902	\$ 2,036,902	2.46%
MMA	37,285,473	37,285,473	43,319,144	43,319,144	3.85%
MMF/LGIP	2,101,365	2,101,365	21,897,415	21,897,415	3.66%
CD/Security	9,088,808	9,088,808	9,180,323	9,180,323	4.10%
Totals	\$ 51,180,701	\$ 51,180,701	\$ 76,433,784	\$ 76,433,784	3.79%

Current Quarter Portfolio Performance: (1)

Average Quarterly Yield	3.79%
Rolling Three Month Treasury	3.69%
Rolling Six Month Treasury	3.69%
TexPool	3.67%

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

Average Quarter End Yield	3.84%
Rolling Three Month Treasury	3.77%
Rolling Six Month Treasury	3.79%
TexPool	3.75%

Interest Earnings (Approximate)

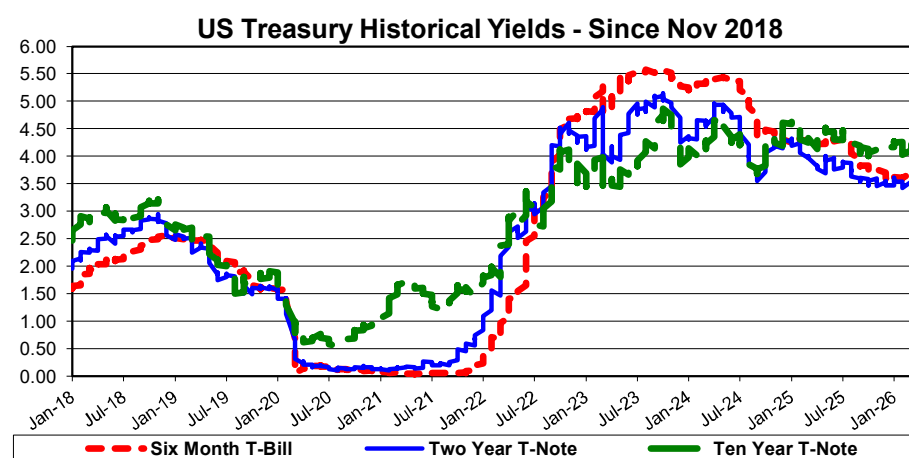
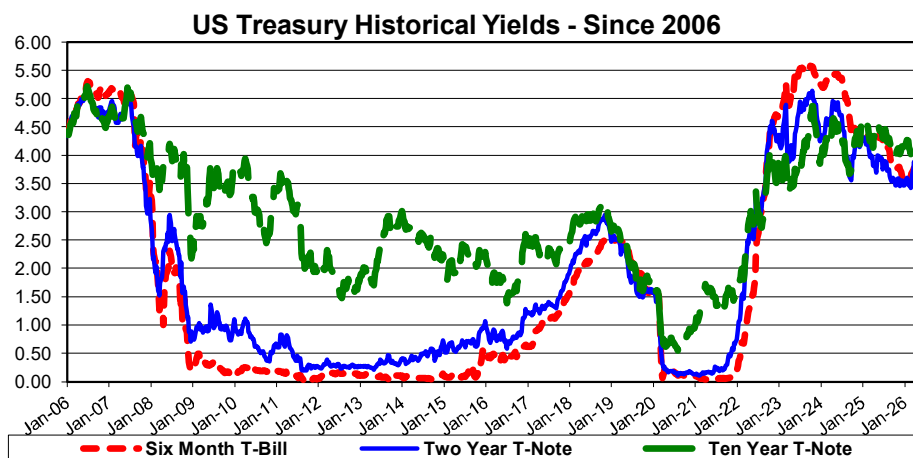
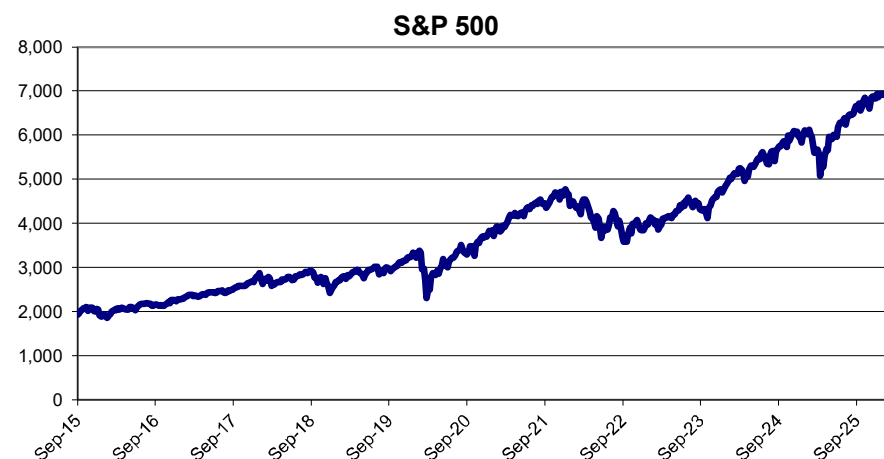
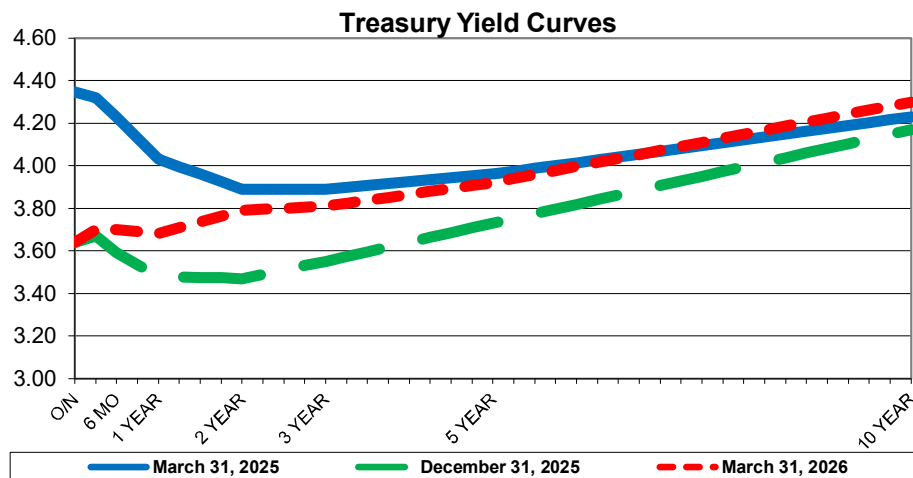
Quarterly Interest Earnings	\$ 671,237
Fiscal YTD Interest Earnings	\$ 1,151,248

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

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

Economic Overview

The Federal Open Market Committee (FOMC) maintained the Fed Funds target 3.50% - 3.75% (Effective Fed Funds trade +/-3.64%) at their Jan meeting. Additional rate cuts during 2026 are uncertain, but could include one late fall. March Non-Farm Payroll added 178k (exceeding the +60k expectation) raising the three month average to +68k. The S&P 500 Stock Index retrenched +/-8% since touching 7,000. The yield curve is almost fully positive. With the Middle East conflict, Crude Oil continues \$100+. Inflation continues above the FOMC 2% target (Core CPI 2.5% and Core PCE +/-3.1%). The uncertain world events still influence volatility.



Investment Holdings

March 31, 2026



Description	Rating	Coupon/ Discount	Maturity Date	Settlement Date	Original Face\ Par Value	Book Value	Market Price	Market Value	Life (Days)	Yield
Woodforest Bank DDA		2.46%	04/01/26	03/31/26	\$ 2,036,902	\$ 2,036,902	1.00	\$ 2,036,902	1	2.46%
Woodforest Bank MMA		3.82%	04/01/26	03/31/26	18,126,139	18,126,139	1.00	18,126,139	1	3.82%
NexBank IntraFi MMA		3.86%	04/01/26	03/31/26	23,118,977	23,118,977	1.00	23,118,977	1	3.86%
InterBank MMA		3.97%	04/01/26	03/31/26	240,795	240,795	1.00	240,795	1	3.97%
InterBank ICS		3.98%	04/01/26	03/31/26	1,833,232	1,833,232	1.00	1,833,232	1	3.98%
TexPool	AAAm	3.67%	04/01/26	03/31/26	10,958,548	10,958,548	1.00	10,958,548	1	3.67%
TexSTAR	AAAm	3.65%	04/01/26	03/31/26	10,938,867	10,938,867	1.00	10,938,867	1	3.65%
Origin Bank CD		4.38%	05/19/26	05/19/25	2,066,974	2,066,974	100.00	2,066,974	49	4.45%
Origin Bank CD		4.25%	05/27/26	05/27/25	2,066,974	2,066,974	100.00	2,066,974	57	4.45%
SouthState Bank CD		3.75%	12/08/26	12/08/25	5,046,375	5,046,375	100.00	5,046,375	252	3.82%
					\$ 76,433,784	\$ 76,433,784		\$ 76,433,784	20	3.79%

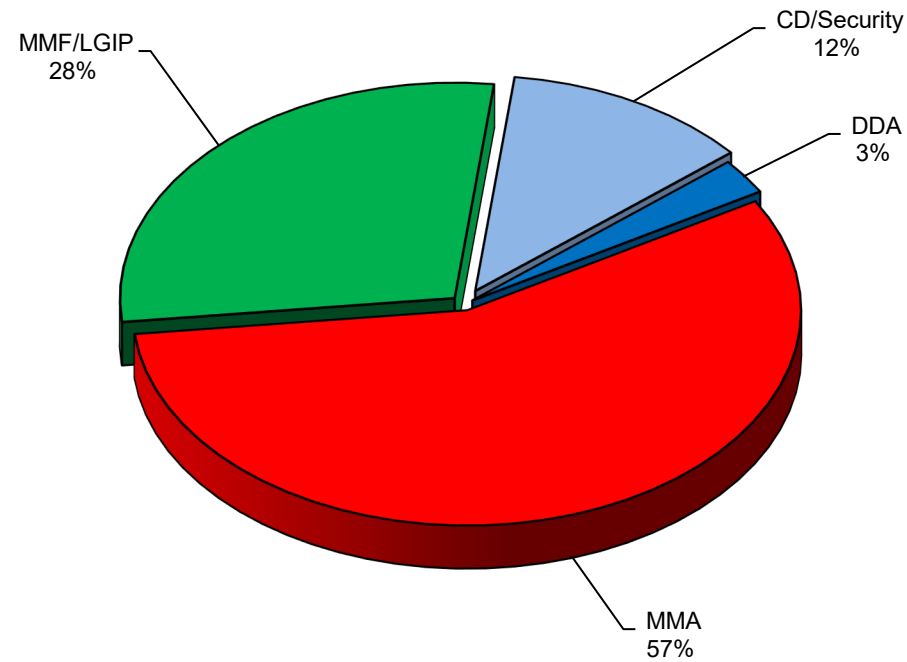
(1) (2)

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

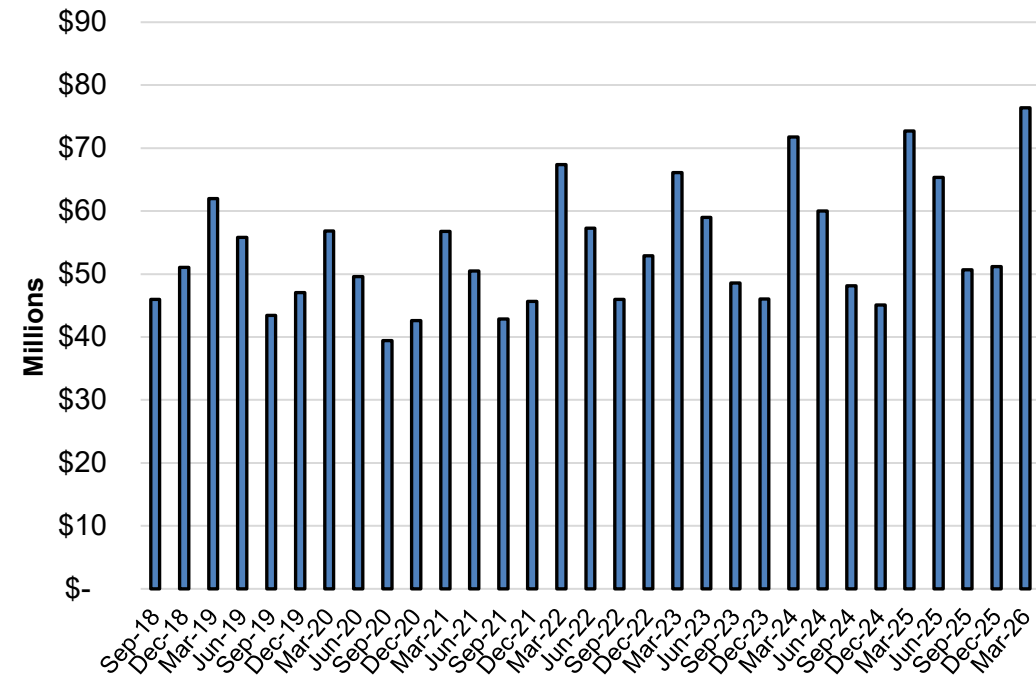
(2) **Weighted average yield to maturity** - The weighted average yield to maturity is based on Book Value, adviser fees and realized and unrealized gains/losses are not considered. The pool and mutual fund yields are the average for the last month of the quarter. Bank deposit yields are estimated from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

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

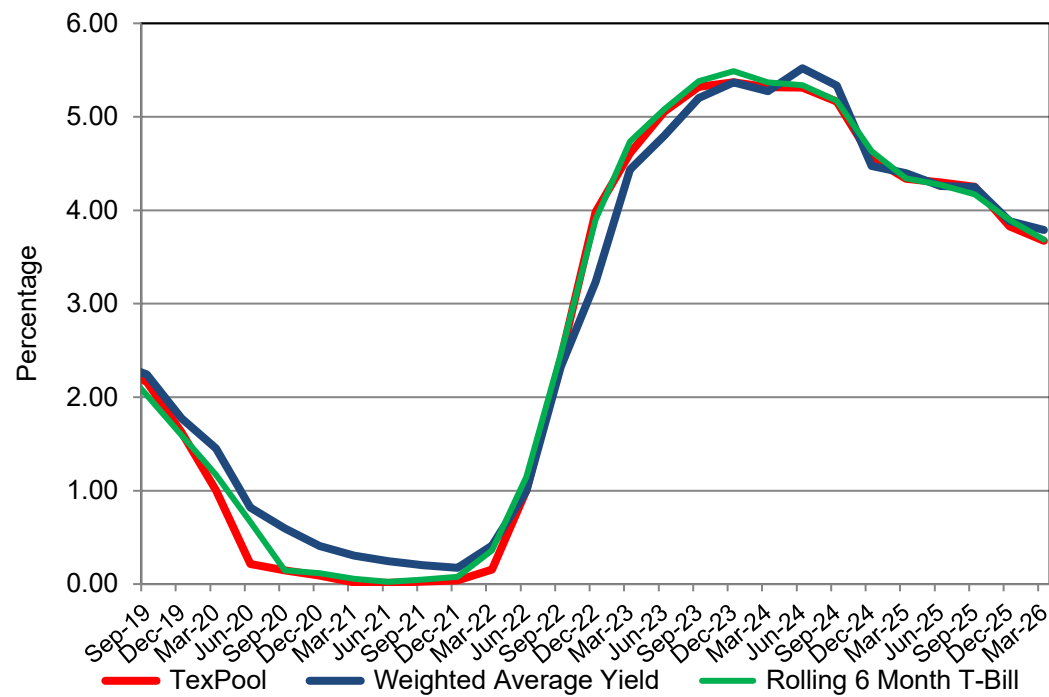
Portfolio Composition



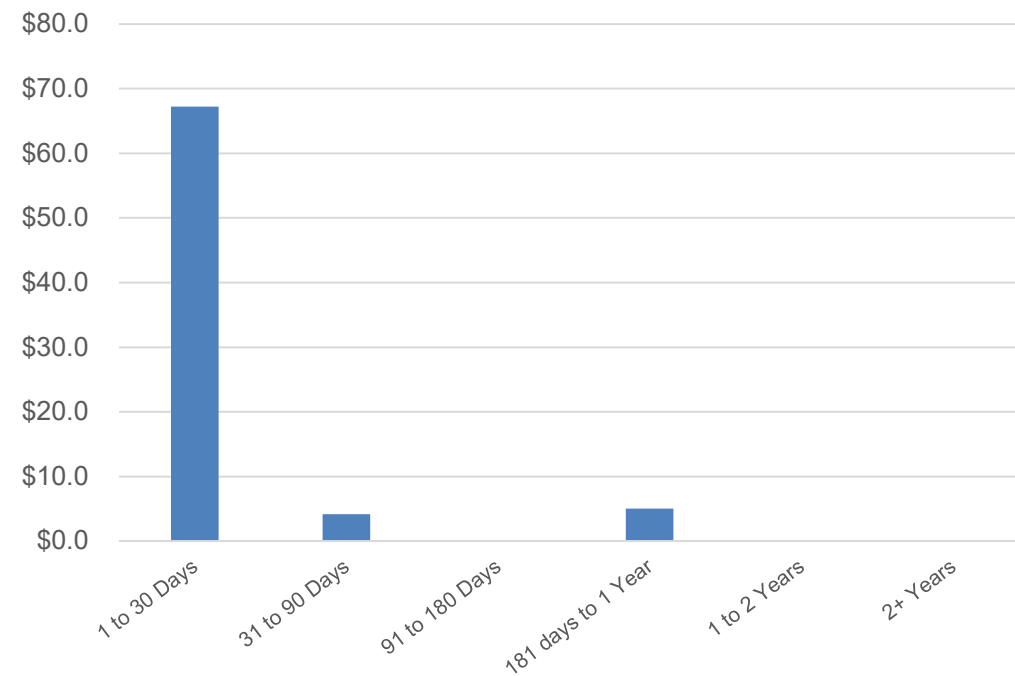
Quarter End Book Value



Total Portfolio Performance



Distribution by Maturity (Millions)



Book & Market Value Comparison



Issuer/Description	Yield	Maturity Date	Book Value 12/31/25	Increases	Decreases	Book Value 03/31/26	Market Value 12/31/25	Change in Market Value	Market Value 03/31/26
Woodforest Bank DDA	2.46%	04/01/26	\$ 2,705,056	\$ -	\$ (668,154)	\$ 2,036,902	\$ 2,705,056	\$ (668,154)	\$ 2,036,902
Woodforest Bank MMA	3.82%	04/01/26	12,328,850	5,797,289	-	18,126,139	12,328,850	5,797,289	18,126,139
NexBank IntraFi MMA	3.86%	04/01/26	22,902,439	216,538	-	23,118,977	22,902,439	216,538	23,118,977
InterBank MMA	3.97%	04/01/26	240,811	-	(16)	240,795	240,811	(16)	240,795
InterBank ICS	3.98%	04/01/26	1,813,372	19,860	-	1,833,232	1,813,372	19,860	1,833,232
TexPool	3.67%	04/01/26	1,059,693	9,898,855	-	10,958,548	1,059,693	9,898,855	10,958,548
TexSTAR	3.65%	04/01/26	1,041,672	9,897,195	-	10,938,867	1,041,672	9,897,195	10,938,867
Origin Bank CD	4.45%	05/19/26	2,044,404	22,570	-	2,066,974	2,044,404	22,570	2,066,974
Origin Bank CD	4.45%	05/27/26	2,044,404	22,570	-	2,066,974	2,044,404	22,570	2,066,974
SouthState Bank CD	3.82%	12/08/26	5,000,000	46,375	-	5,046,375	5,000,000	46,375	5,046,375
TOTAL /AVERAGE	3.79%		\$ 51,180,701	\$ 25,921,253	\$ (668,170)	\$ 76,433,784	\$ 51,180,701	\$ 25,253,083	\$ 76,433,784

Allocation
March 31, 2026
Book & Market Value

	Total	General Fund	Public Health Fund
Demand Deposits–Woodforest Nat'l Bank	\$ 2,036,902	\$ 1,660,973	\$ 375,929
Woodforest Nat'l Bank MMA	18,126,139	16,206,694	1,919,446
NexBank IntraFi MMA	23,118,977	23,118,977	–
InterBank MMA	240,795	240,795	–
InterBank ICS	1,833,232	1,833,232	–
TexPool	10,958,548	10,958,548	–
TexSTAR	10,938,867	10,938,867	–
05/19/26–Origin Bank CD	2,066,974	2,066,974	–
05/27/26–Origin Bank CD	2,066,974	2,066,974	–
12/08/26–SouthState Bank CD	5,046,375	5,046,375	–
Totals	\$ 76,433,784	\$ 74,138,409	\$ 2,295,375

Agenda Item # 9a



We Make a Difference!

To: Board of Directors
From: Randy Johnson, CEO
Date: April 28, 2026
Re: **CEO Report**

Current Significant Activities:

- MCHD is reviewing building survey evaluations (roof, plumbing, HVA, sprinklers system, etc.) to determine the acquisition and total cost of transitioning Station 13 to a multi-unit ambulance station and radio department location in 2027.
- MCHD is preparing to expand the footprint of Station 15, located in central Conroe to accommodate three additional twelve-hour ambulances.
- Station 46, located on FM2854 will accommodate multiple EMS units when it opens in August, 2026.
- We just completed providing EMS services for Iron Man. Tragically, one woman drowned in the swimming event. The remainder of the event was completed with no unexpected significant injuries.
- I attended the Station 16 Grand Opening Exercises with Command Staff and Mr. Shirley. The event was well done and the station is helping backfill our busy ambulance located in Willis.
- Executive staff met Dr. Peacock for a tour and an orientation discussion. I believe she will be a very good addition to our board.
- I met all the department managers for our Quarterly Budget, Capital, Staff, and Operational Concerns Review. The managers did well, sharing their operations updates with Executive Staff.
- I reviewed the EMS Deployment Plan and Contingency Plan for 2027 with Chief Seek. I believe he has a good plan for covering EMS services in Montgomery County through 2030.
- I was involved in interviewing the Alarm Deputy Chief and the potential Division Chief of Clinical Services. Ms. Amanda Carter has been named Deputy Chief of Alarm and the Division Chief of Clinical Services should be named this week.
- I attended and participated in the EMS Tissue Lab at Sam Houston School of Osteopathic Medicine last week. There, with thirty-five medics, we reviewed anatomy and pathology, and

had an excellent opportunity to perform hands-on procedures under the review of senior Ems staff and medical directors.

- Last week, the Alarm staff celebrated EMS Calltaker's Week.

Plans for the Next Ninety Days:

- Complete the Oracle software transition in Accounting and Procurement.
- Purchase the Willis property and purchase the Conroe property expansion.
- Focus on the procurement and payables process to create a more functional and consistent acquisitions process for all MCHD users.

Thank you,

Randy

Agenda Item #9b



We Make a Difference!

To: Board of Directors

From: James Campbell

Date: April 28, 2026

RE: EMS Division Report

Executive Summary

Welcome to the MCHD Board of Directors Mrs. Tanya Peacock! If you have any questions regarding this report, please let me know, we are happy to discuss further.

- The MCHD EMS overall Customer Service score for Q1 – 2026 (January – March) was 95.90. There were 928 patient surveys returned between 1/1/2026 and 3/31/2026. Our overall Top Box score, which represents the percentage of the highest possible rating of ‘Very Good,’ was 88%. In addition, our rolling 12-month score of 95.52 is 1.39 points higher than the national database score of 94.13.
 - Nationally, there are a total of 256 organizations using EMS Survey team, which includes various organizational sizes and call volumes. For Q1 - 2026 we ranked 12th, which is in the top 5%.
- In March, we responded to 8,762 calls and transported 4,723 patients to the hospital. That averages 273 responses and 152 transports per day.
- Quarterly, we like to show a six-year review of quarterly EMS response and transport data for tracking, trending, planning, and overall awareness. Below is that information for review:

First Quarter Data from 2021 - 2026					
2021	Responses	Transports	2022	Responses	Transports
January	6218	3306	January	6881	3736
Feb	6352	3140	Feb	5915	3236
March	6523	3398	March	6555	3673
2023	Responses	Transports	2024	Responses	Transports
January	6909	4103	January	7633	4546
Feb	6511	3834	Feb	6706	4053
March	7253	4186	March	7165	4342
2025	Responses	Transports	2026	Responses	Transports
January	7718	4505	January	8362	4561
Feb	7186	4098	Feb	7857	4370
March	8258	4609	March	8762	4723

- Q1 – 2025 a total of 13,212 transports
- Q1 – 2026 a total of 13,654 transports
- 3% increase Q1 – 2025 compared to Q1 – 2026

- The Quality team is happy to welcome Sandeep Vadlamudi as the new EMS Data Analyst. He comes to MCHD from the Oklahoma University health system where he worked on projects to improve patient flow and bed management. We're excited to have him on the team, and look forward to the great work he is going to do at MCHD.
- Chief Campbell attended the March Woodlands Township Board meeting to continue the conversation and share updated data on e-scooter/bike accidents. Chief Buck and Chief Campbell discussed the data specific to The Woodlands and The Township remains focused on a message of safety. The data shows that bicycle accidents happen more frequently than e-scooter/bike accidents. However, the injury pattern from e-scooter/bikes is more significant than those we have seen with traditional bikes, which leans towards e-scooter/bike speeds as a contributing factor.
- In November, 2025 we placed an order with Enterprise for replacement trucks and Tahoes. We received the first vehicle from that order this month, a truck for support services. We have another truck arriving in May, and hope to have four Tahoes in Q3. The timing of the Tahoes will be good, we can get them readied for service before our next batch of replacement ambulances arrive in July.
- We are happy to announce that Cpt. Amanda Parent successfully promoted to ALARM Deputy Chief – Operations. Congratulations Chief Parent!
- We are very thankful for everyone who helped roll out cell phones to all of our units this month. This was a conversation that we started having in January of this year, with the goal of having the phones out before the end of April. That was a lofty goal for a project of this size, but it was able to be accomplished.

Assistant Chief James Seek Update

Hiring, Onboarding & Training

The Education and Hiring teams have sustained high operational and clinical standards while managing a significant increase in onboarding volume. Their work this period directly supports MCHD's provider growth strategy without compromising the quality of who we bring in or how we prepare them.

- 6 EMTs completed classroom NEOP and advanced to Phase 1 of field evaluations, on track to fill open attendant positions by mid-May
- 54 total Attendant Paramedic applicants received; 39 attempted the written exam; 18 advanced to interviews, and we anticipate hiring 10 to 12
- Our newest ALARM team members are progressing through telecommunications training, currently in the call-taking phase
- Phase 1 of annual Advanced Skills Lab was hosted the first week of April, over 150 providers attended; the focus was on low-frequency, high-risk procedures including surgical airway; remaining providers scheduled for June offering; MCHD recognizes Sam Houston State University Medical School for hosting
- The In-Charge Academy was completed by 14 Attendant Paramedics; 8 passed the written exam; remaining candidates preparing for oral boards or entered Phase 1 ICE.
- EMT Bootcamp hosted by Education, Professional Development, and Captains — prepares EMTs with 6 months of service to operate independently on the EMT unit
- 8 providers accepted into Lone Star College – Montgomery paramedic program beginning early June. This is part of the broader EMS service delivery growth strategy
- Recruitment Committee reestablished by Elvia with formal charter, elected co-chairs, new members, and scheduled events. This is a collaborative effort between field and administrative staff
- Division Chief – Clinical interviews concluded; 4 strong candidates interviewed; offer anticipated this week; expected start date May 4th pending acceptance

Staffing

Staffing has been more complex this period than in prior months, consistent with the District's seasonal pattern of first-quarter gaps. The number of staff on extended leave has increased, adding pressure to daily deployment. The release of 16 EMTs to attendant status in mid-May is expected to provide meaningful relief. Unit conversions have been an effective tool in maintaining unit availability during this period.

Full-time staffing reflects current headcount by role, net change since the March report, and the number of open positions actively being worked.

- Deputy Chief: 3 — no change, 0 openings
- District Chief: 14 — no change, 2 openings
- Captain: 16 — no change
- In-Charge Paramedic: 98 — no change, 8 openings
- Attendant Paramedic: 105 — down 3 (2 promoted to In-Charge), 15 openings
- EMT Basic Attendant: 48 — down 1, surplus of 24
- EMT Cohort: 11 — no change

EMS System Performance

- Incident volume increased 212 incidents (3% YoY); medical standby events accounted for 3% of total incidents
- Ambulance units handled 13% of incident volume while representing 10% of total daily system hours
- Transports increased 114 (3% YoY) for March
- Low unit availability events (8 or fewer In-Charge units) declined to 0.67% in March, down from 3.24% in March 2025.
- UHU at 41.2% for March (9.88 hours/unit/day), down from 45.7% in March 2025 — within target range of 40 to 42%; improvement driven by unit additions, unit conversions, Navigator oversight, and discontinuation of home-assigned vehicles
- Priority 1 response time averaged 10:39 for March excluding fire responses, against a goal of 9:59; call processing averaged 2:17; first medical contact stable at 7:00
- 38.5 units staff, on average, during peak demand times. An increase of 3.5 YoY but still below the expected 39 daily units staffed.

Staff Engagement

- 120-day EMT interviews reflect positive onboarding experience. New staff cited organizational structure, NEOP thoroughness, and administrative support as strengths; concern noted regarding negative In-Charge sentiment toward EMT integration. To be addressed at CE to align with organizational values as EMTs have been a significant contributor to the growth in service delivery.
- Leadership team hosted breakfast for ALARM staff during Telecommunicators Week; Operations attended monthly ALARM Captain meeting to provide EMS updates and discuss 2027 Deployment Plan
- Monthly District Chief meeting covered clinical updates, unit cell phone rollout, station restock procedure changes, and 2027 operational planning and organizational alignment
- EMS Navigators meeting produced formalized BLS posting plan; Navigators remain critical to tiered response model. They are responsible for managing resource alignment, system integrity, extended response time risk, and unit call-in coordination
- 2027 EMS Operational Plan presented to MCHD Support Department Managers — plan includes two 12-hour units (870 additional annual transport hours) and one to two Squad Intercept Tahoes, representing a 3% increase in transport unit availability against a projected 4% annual incident growth rate

Upcoming Focus

- Fill key leadership vacancies at field supervisor level and within Clinical and Quality departments
- Complete paramedic onboarding late May
- Open EMT and paramedic applications May 15th in alignment with 2027 operational planning
- Refocus telehealth efforts to increase patient engagement
- Begin FIFA 2026 preparation to ensure 911 EMS system integrity
- Initiate resource alignment for 2027 service delivery expansion

Special Event Recap

Ironman Recap

- 8 MCHD Medic Units
- 2 HCEC Medic Units
- 2 HCESD 11 Medic Units
- 13 UTVs – 1 FD Operator, 1 MCHD Paramedic
- 6 Bike Teams

- Personnel from 4 EMS agencies and 11 fire departments
- 296 Total patient contacts between EMS and Memorial Hermann staff
- 77 treated at aid tents
- 213 treated at main medical
- 10 transports to the hospital
- 1 death
- Minimal impact on the 911 system which occurs after contestants have returned home or to their hotel; zero impact on the 911 during the event, by design.

Montgomery County Fair, Rodeo, and Cookoff

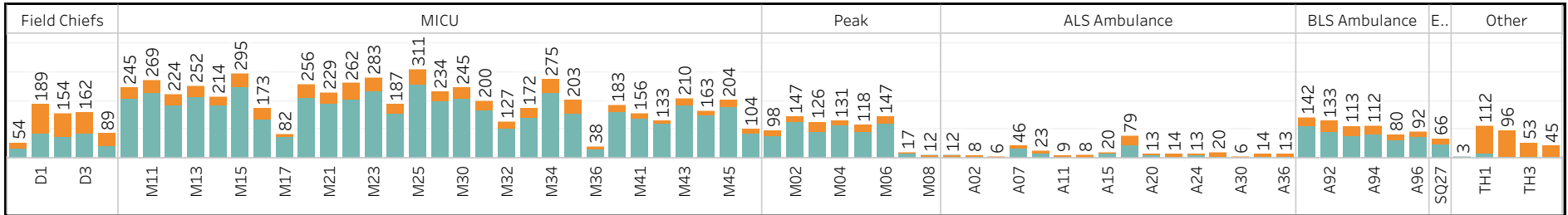
- 1 medic unit each day for 14-days
- 1 Bike team present during cookoff weekend
- Generally, generates 10-20 transports per year



Dispatched Incident Review

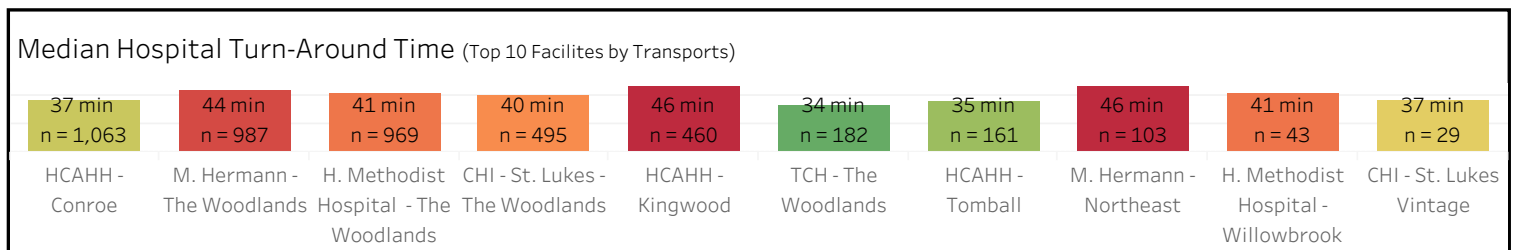
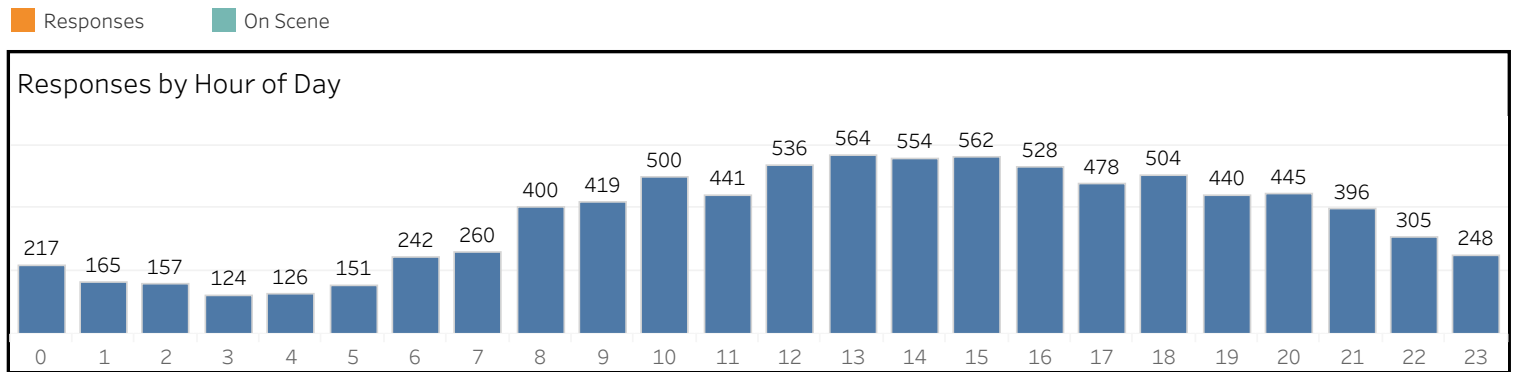
March 1, 2026 to March 31, 2026

Dispatched		On Scene		Transports		Response Times			
Incidents	6,702	Incidents	6,313	Incidents	4,648	Priority 1	Priority 2	Priority 3	Overall
Responses	8,762	Responses	6,949	Transports	4,723	77.66%	82.45%	74.38%	79.23%



Incident Types (Top 20)

Problem Category	Count
Fall	918
Breathing Problems	516
Sick Person	506
Chest Pain	492
MVC	486
Unconscious/Fainting	448
Transfer/Evaluation	435
SEND	352
Stroke	341
Seizures	271
Emotional Crisis	220
Hemorrhage	173
Abdominal Pain	163
Unknown Problem	153
Traumatic Injury	152
Assault	138
Heart Problems	122
Overdose Ingestion	101
Medical Alarm	78
Diabetic	69



Hospital Patient Transports

03/01/26 - 3/31/2026

Total Transports
to All Facilities

5,000

	Sepsis	STEMI	Stroke	Trauma	Grand Total
HCAHH - Conroe	6	5	29	10	49
H. Methodist - The Woodlands	7	5	28		40
M.Hermann - The Woodlands	8	6	21	5	39
HCAHH - Kingwood	4	2	21	6	33
CHI - St. Lukes - The Woodlands	5	3	13		21
M.Hermann - Northeast	2		1		3
H.Methodist Hospital - Willowbrook	1	1	1		3
TCH - The Woodlands	2				2
HCAHH - Tomball	1		1		2
H. Methodist Hospital - TMC	1				1
H. Methodist Hospital - Cypress	1				1
CHI - St. Luke's Vintage		1			1
Baylor Scott & White College Station	1				1
Grand Total	39	23	115	21	196

Avg. Turnaround Time Main Facilities (Minutes)

Patients Per Facility Main Facilities (Count)

M. Hermann - Children's TMC	67.00	HCAHH - Conroe	1,139
M.Hermann - Northeast	61.61	M.Hermann - The Woodlands	1,052
Ben Taub General	60.00	H. Methodist - The Woodlands	1,019
M.Hermann - TMC	54.63	CHI - St. Lukes - The Woodlands	522
HCAHH - Northwest	51.78	HCAHH - Kingwood	489
HCAHH - Kingwood	50.04	TCH - The Woodlands	197
St. Joseph Medical Center	50.00	HCAHH - Tomball	163
TCH - TMC	49.00	M.Hermann - Northeast	110
M.Hermann - The Woodlands	48.01	H.Methodist Hospital - Willowbrook	45
CHI - St. Luke's - TMC	47.33	CHI - St. Luke's Vintage	28
H.Methodist Hospital - Willowbrook	46.31	M. Hermann - Cypress	16
M.Hermann - Katy	45.00	H. Methodist Hospital - TMC	11
H. Methodist - The Woodlands	44.53	MD Anderson Cancer Center - TMC	11
MD Anderson Cancer Center - TMC	44.36	HCAHH - Northwest	9
HCAHH - North Cypress	43.00	M.Hermann - TMC	8
CHI - St. Lukes - The Woodlands	42.50	Michael E. DeBakey VA Medical Center	8
HCAHH - Conroe	40.90	CHI - St. Luke's - TMC	6
CHI - St. Luke's Vintage	39.75	Huntsville Memorial	3
HCAHH - Tomball	39.63	Lyndon B Johnson General	3
H. Methodist Hospital - TMC	39.36	TCH - TMC	3
Baylor Scott & White College Station	36.00	Baylor Scott & White College Station	1
M. Hermann - Cypress	34.94	Ben Taub General	1
TCH - The Woodlands	34.66	HCAHH - North Cypress	1
Huntsville Memorial	34.33	M. Hermann - Children's TMC	1
Michael E. DeBakey VA Medical Center	33.13	M.Hermann - Katy	1
St. Joseph Health College Station Hosp..	33.00	St. Joseph Health College Station Hos..	1
Lyndon B Johnson General	29.33	St. Joseph Medical Center	1

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

Avg. Turnaround Time Support Facilities (Minutes)

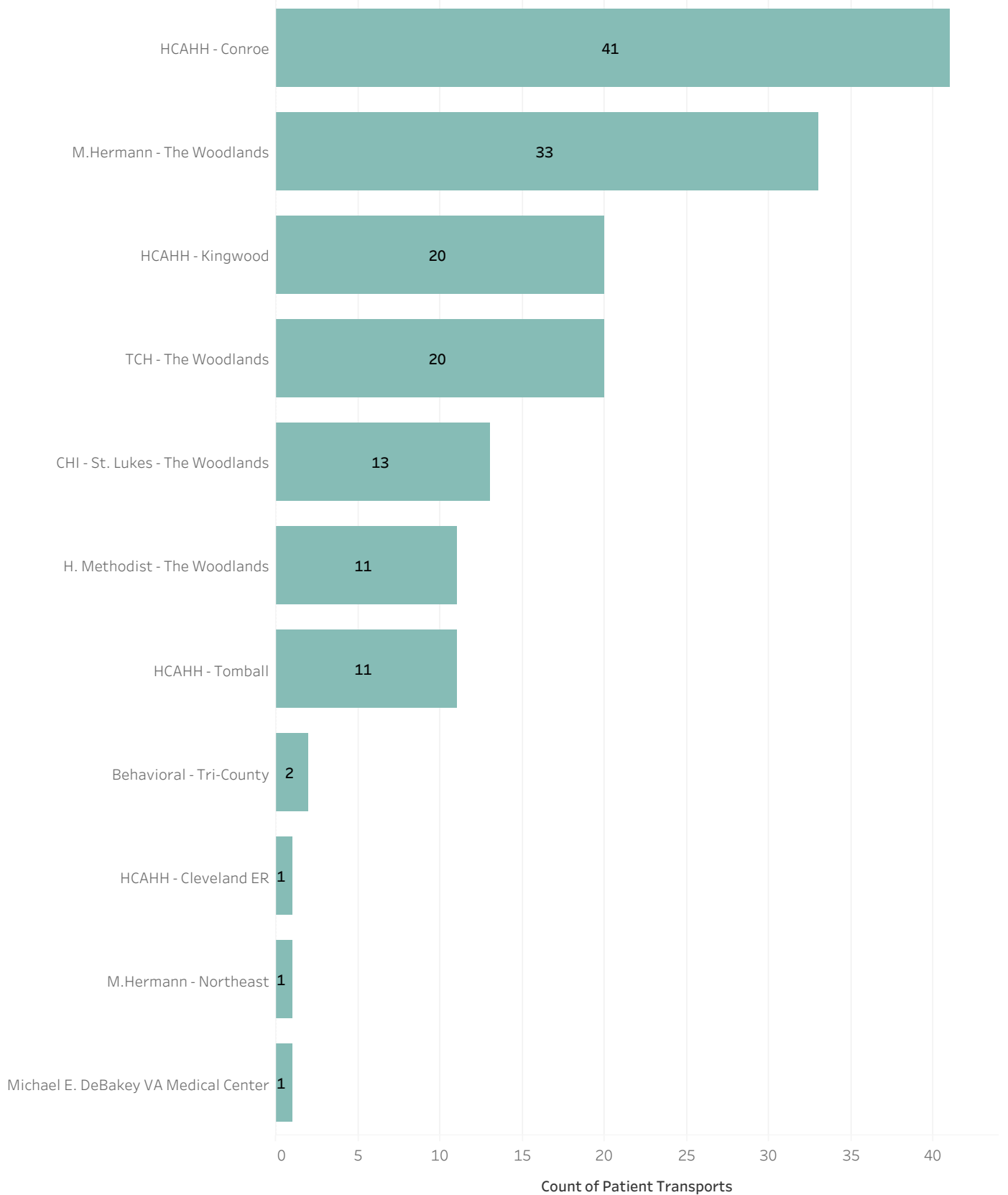
Patients Per Facility Support Facilities (Count)

Elite Hospital Kingwood	47.00	HCAHH - Cleveland ER	35
H. Methodist Hospital - Cypress	34.92	M.Hermann - Woodlands West	26
CHI - St. Luke's - Lakeside	32.63	H. Methodist ECC - The Woodlands	16
CHI - St. Luke's - Memorial Livingston	31.00	HCAHH - Spring Freestanding	15
M.Hermann - Woodlands West	30.58	M. Hermann CCC - Kingwood	15
CHI - St. Luke's - Springwoods Village	30.00	H. Methodist Hospital - Cypress	12
H. Methodist ECC - The Woodlands	27.94	CHI - St. Luke's - Lakeside	8
M. Hermann CCC - Kingwood	26.67	CHI - St. Luke's - Springwoods Village	8
America's ER Magnolia	26.33	H. Methodist ECC - Magnolia	8
HCAHH - Cleveland ER	24.20	America's ER Magnolia	3
H. Methodist ECC - Magnolia	22.00	Behavioral - Tri-County	2
HCAHH - Spring Freestanding	21.80	Behavioral - Woodland Springs	1
Behavioral - Tri-County	12.00	CHI - St. Luke's - Memorial Livingston	1
Behavioral - Woodland Springs	11.00	Elite Hospital Kingwood	1

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

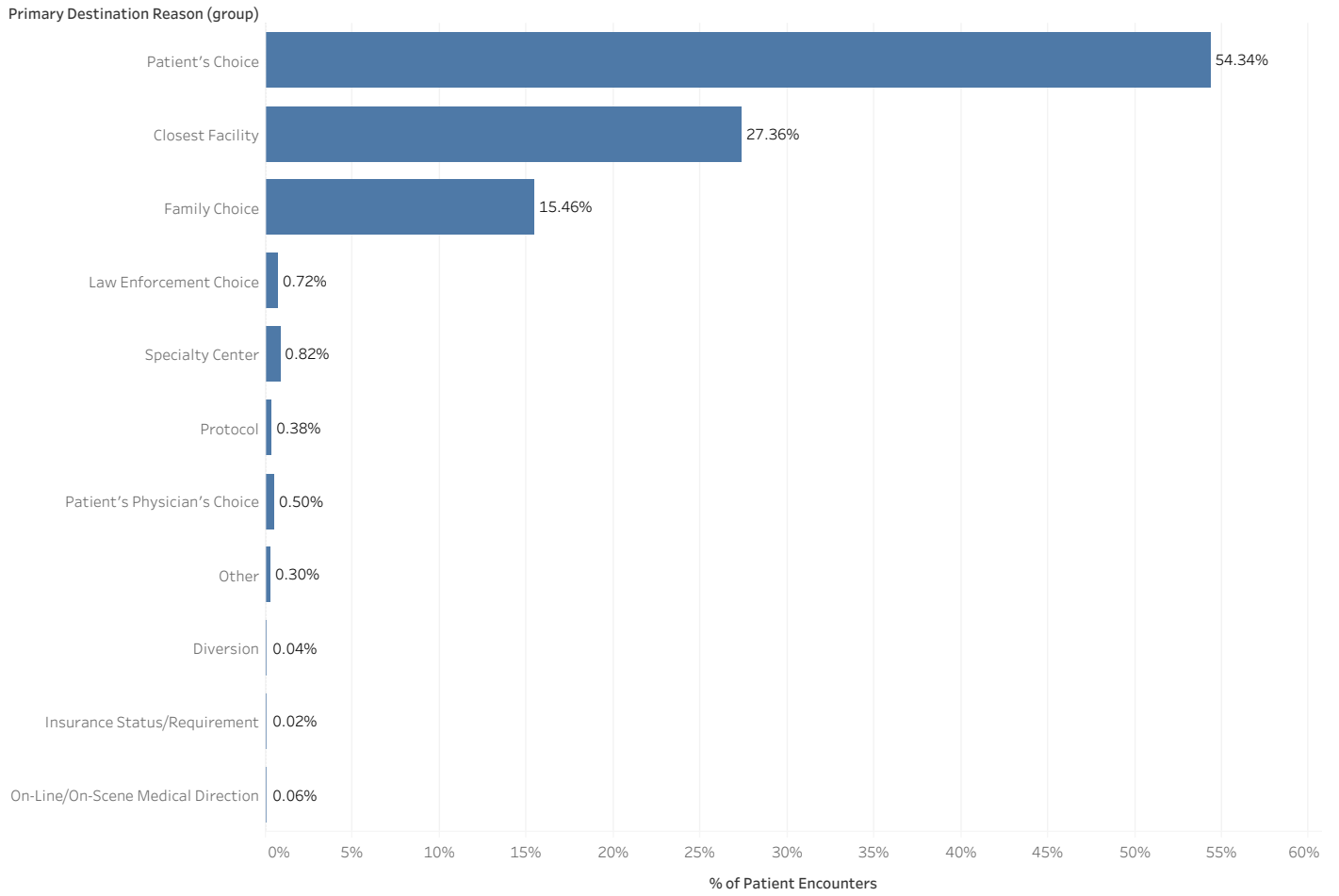
Psychiatric / Behavioral Patients per Facility

03/01/26 - 3/31/2026



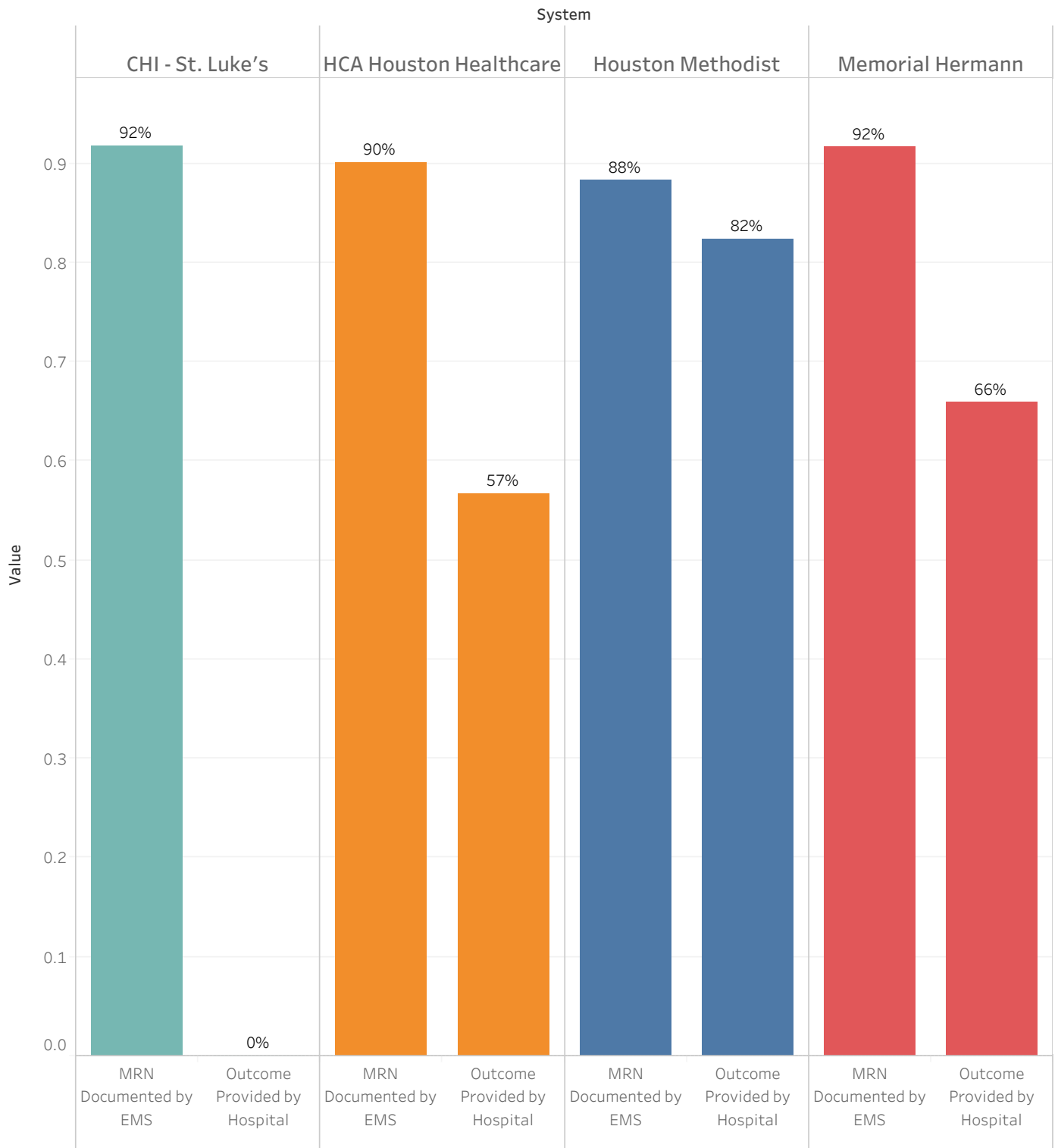
Primary Reason for Destination Choice

03/01/26 - 3/31/2026



Hospital Outcome Returned Performance By Hospital System

October 1, 2025 to March 31, 2026



The MRN must be documented in the PCR for it to automatically import into the hospital EMR and for outcome data to be returned to EMS. MCHD emphasizes the importance of MRN documentation to the field providers to ensure the hospital record is transmitted in a timely and automated manner. The measure of "Automated Outcome Provided by Hospital" shows the effectiveness of the hospital EMR at returning data when EMS has met the requirements of documenting the MRN. Outcome data is considered to be obtained when either eOutcome.01 or eOutcome.02 are received into the EMS record.

MCHD

Conroe, TX
Client 6577



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

Patient Experience Report

January 01, 2026 to March 31, 2026

Your Score

95.90

Your Patients in this Report

928

Number of National Database Patients in this Report

12669

Total EMS Organizations

256



Executive Summary

Your overall score for the period selected is **95.81**, a difference of **-0.26**, compared to your score from the previous year, **96.07**.

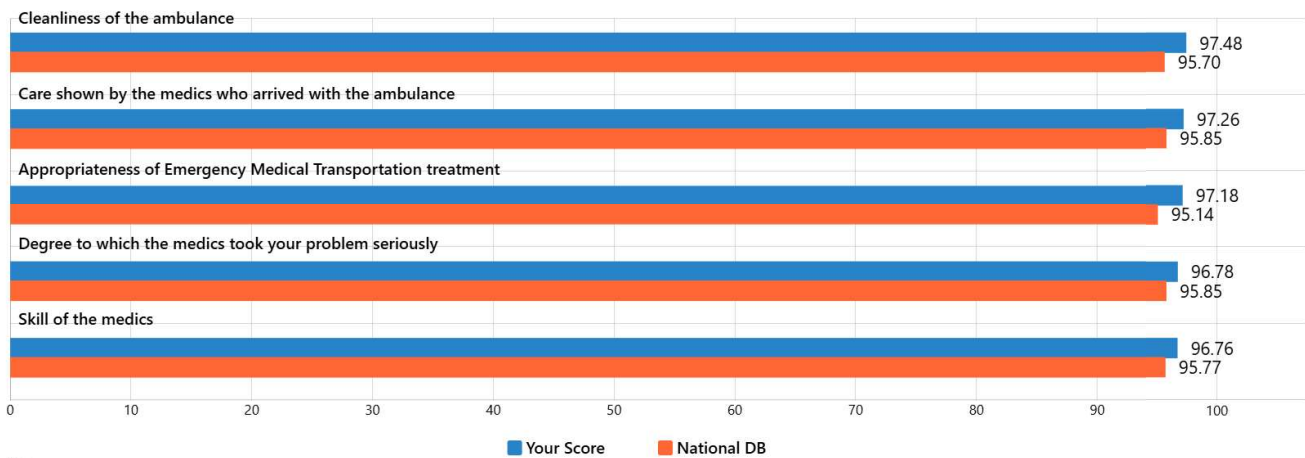
Your overall Top Box score, which represents the percentage of the highest possible rating Very Good, is **88%**.

In addition, your rolling **12-** month score of **95.52** is a difference of **+1.39** from the national database score of **94.13**.

When compared to all organizations in the national database, your score of **95.52** is ranked **12nd**.

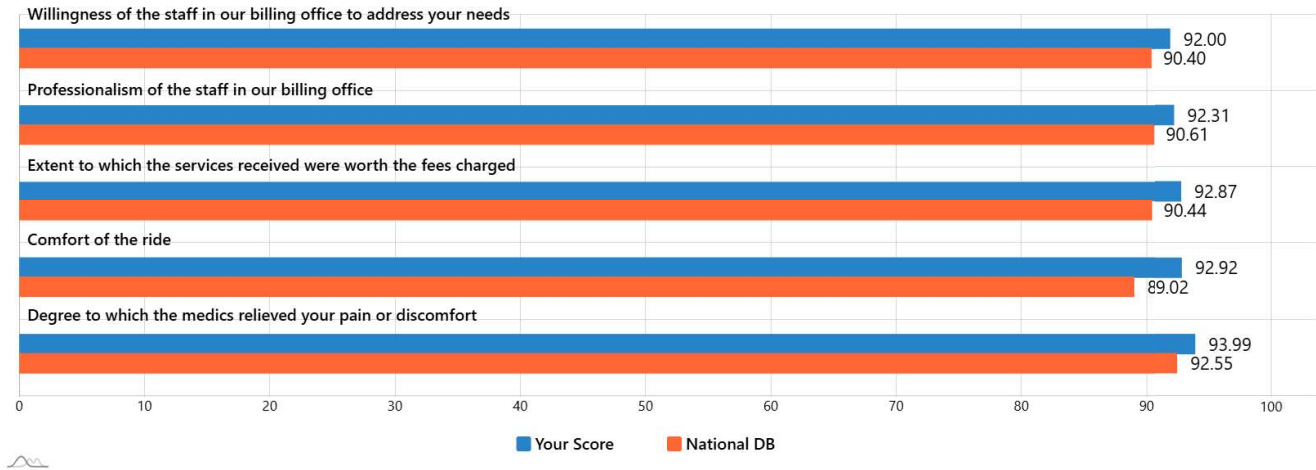
Highest and Lowest Scores

5 Highest Scores





5 Lowest Scores





Greatest Increase and Decrease in Scores by Question

Increases	Current	Previous	(+/-)	National DB
Comfort of the ride	93.09	91.53	+1.57	89.49
Overall rating of the care provided by our Emergency Medical Transportation service	96.81	96.43	+0.38	95.23
Extent to which our staff eased your entry into the medical facility	96.59	96.30	+0.29	95.46
Extent to which you were told what to do until the ambulance arrived	95.87	95.59	+0.27	93.28
Skill of the person driving the ambulance	97.20	96.93	+0.27	95.88
Extent to which the services received were worth the fees charged	92.10	91.85	+0.24	90.65
How well did our staff work together to care for you	96.82	96.66	+0.16	95.38
Appropriateness of Emergency Medical Transportation treatment	97.03	97.02	+0.01	95.37
Helpfulness of the person you called for ambulance service	96.56	96.56	+0.00	94.65

Decreases	Current	Previous	(+/-)	National DB
Likelihood of recommending this ambulance service to others	96.72	100.00	-3.28	94.89
Extent to which the ambulance arrived in a timely manner	94.85	96.27	-1.42	93.94
Concern shown by the person you called for ambulance service	95.76	96.82	-1.06	94.32
Care shown by the medics who arrived with the ambulance	97.24	98.18	-0.94	96.16
Medics' concern for your privacy	95.64	96.38	-0.73	95.13
Extent to which medics cared for you as a person	96.92	97.56	-0.65	95.87
Degree to which the medics relieved your pain or discomfort	94.24	94.84	-0.59	92.89
Skill of the medics	96.82	97.27	-0.45	95.87
Willingness of the staff in our billing office to address your needs	90.34	90.79	-0.45	90.45
Degree to which the medics took your problem seriously	96.72	96.98	-0.27	96.20



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
Skill of the person driving the ambulance	96.54	95.48
Extent to which the ambulance arrived in a timely manner	93.94	93.45
Comfort of the ride	92.18	88.97
Cleanliness of the ambulance	96.35	95.56

Medic	Your Score	National DB
Extent to which medics included you in the treatment decisions (if applicable)	94.57	93.69
Extent to which medics cared for you as a person	96.31	95.49
Medics' concern for your privacy	94.95	94.72
Skill of the medics	96.04	95.47
Degree to which the medics took your problem seriously	95.87	95.79
Extent to which the medics kept you informed about your treatment	94.75	93.90
Degree to which the medics listened to you and/or your family	95.85	95.33
Degree to which the medics relieved your pain or discomfort	93.60	92.41
Care shown by the medics who arrived with the ambulance	96.56	95.71

Dispatch	Your Score	National DB
Concern shown by the person you called for ambulance service	95.05	93.93
Helpfulness of the person you called for ambulance service	95.74	94.23
Extent to which you were told what to do until the ambulance arrived	95.11	92.81

Billing Office Staff	Your Score	National DB
Professionalism of the staff in our billing office	90.32	90.46
Willingness of the staff in our billing office to address your needs	89.64	90.11

Overall Experience	Your Score	National DB
Likelihood of recommending this ambulance service to others	95.95	94.38
Appropriateness of Emergency Medical Transportation treatment	96.44	95.00
Extent to which the services received were worth the fees charged	90.98	90.10
How well did our staff work together to care for you	96.10	94.95
Extent to which our staff eased your entry into the medical facility	95.82	95.08
Overall rating of the care provided by our Emergency Medical Transportation service	96.18	94.77



Benchmark Comparison By Question

	Your Score	ACE	CAAS	Texas
Helpfulness of the person you called for ambulance service	96.56	95.53	94.42	96.04
Concern shown by the person you called for ambulance service	95.76	95.41	94.06	95.80
Extent to which you were told what to do until the ambulance arrived	95.87	94.44	92.84	95.49
Extent to which the ambulance arrived in a timely manner	94.85	95.48	93.41	95.37
Cleanliness of the ambulance	97.03	96.53	95.37	97.30
Comfort of the ride	93.09	91.53	88.17	92.79
Skill of the person driving the ambulance	97.20	96.98	95.56	97.29
Care shown by the medics who arrived with the ambulance	97.24	96.93	95.76	96.90
Degree to which the medics took your problem seriously	96.72	96.92	95.83	96.61
Degree to which the medics listened to you and/or your family	96.69	96.23	95.46	96.14
Skill of the medics	96.82	96.77	95.50	96.94
Extent to which the medics kept you informed about your treatment	95.65	95.42	94.02	95.36
Extent to which medics included you in the treatment decisions (if applicable)	95.57	95.28	93.65	95.47
Degree to which the medics relieved your pain or discomfort	94.24	93.57	92.36	94.14
Medics' concern for your privacy	95.64	95.91	94.78	95.90
Extent to which medics cared for you as a person	96.92	96.43	95.59	96.62
Professionalism of the staff in our billing office	91.30	91.31	90.69	90.79
Willingness of the staff in our billing office to address your needs	90.34	90.11	90.16	90.20
How well did our staff work together to care for you	96.82	95.98	95.04	96.20
Extent to which our staff eased your entry into the medical facility	96.59	96.14	95.22	96.24
Appropriateness of Emergency Medical Transportation treatment	97.03	96.01	94.84	96.45
Extent to which the services received were worth the fees charged	92.10	90.98	89.78	92.50
Overall rating of the care provided by our Emergency Medical Transportation service	96.81	95.94	94.93	95.87
Likelihood of recommending this ambulance service to others	96.72	96.04	94.55	96.27
Overall Score	95.56	95.08	93.83	95.36

Agenda Item # 9c



We Make a Difference!

To: Board of Directors
From: Melissa Miller, COO
Date: April 28, 2026
Re: **COO Report**

COMMENDATION:

All departments have demonstrated exceptional commitment, dedicating substantial hours to complete their initial FY27 budgetary submissions within the new Oracle Accounting system.

FACILITIES:

- Station 13 – Inspection was completed, we are pending the report.
- Station 15 – In today's executive session we will discuss approval of purchase.
- Station 46 name changed to Station 48 at 13984 FM 2854: The mobile home was moved to Station 30, back patio poured and patio cover installed. The project remains on-schedule with the long-range timeline for substantial station completion on August 7, 2026 with move-in on August 12.





- Major Capital Projects:
 - Chiller 1 replacement – COMPLETE
 - Boiler replacement - The mechanical equipment (3) boilers and hot water pumps with all the associated install equipment has been received and is being inventoried at the contractor's warehouse. We anticipate installation to be complete in early August.
 - Station 43 additional bay – seeking quotes

RADIO:

- Planned and executed a comprehensive communications strategy for two concurrent, high-profile events: Ironman and the Montgomery County Fair.
- The Radio Department, in partnership with the Fire Marshal's Office and a test equipment manufacturer, hosted a two-day training session for system integrators, BDA (Bi-Directional Amplifiers) installers, and other public safety partners. BDAs are required as part of fire code under the International Fire Code (IFC 510) and National Fire Protection Association standards (NFPA 1225) to help ensure public safety agencies can communicate inside major buildings.

The training focused on the importance of properly configuring and testing BDAs (Bi-Directional Amplifiers) to ensure they do not cause harmful interference to our P25 public safety radio networks. We also reviewed our new uplink (radio-to-tower) testing procedures and requirements, along with common installation issues and best practices for system performance. These processes help ensure that systems being installed are FCC and code compliant and do not introduce additional RF (radio frequency) noise into the network. Even a small misconfiguration can have a significant impact on our P25 public safety radio network.

We received a great deal of positive feedback, and attendees expressed how beneficial the training was. We now see the whole picture and understand why it is so important.



INFORMATION TECHNOLOGY, COMPUTER AIDED DISPATCH (CAD) and LASERFICHE:

- CAD (Computer Aided Dispatch) team started super user training for the Alarm Captains. The month's training was focused on troubleshooting response plans.
- IT Team has been working on budget to find budgetary quotes for next fiscal year. Many vendors are having difficulties in providing budgetary quotes with the current supply challenges with recent rapid growth in the artificial intelligence industry.
- IT and EMS Operations has been busy preparing GPS tracking phones and IT infrastructure for the Ironman Triathlon event.
- IT and the Laserfiche team have been working on the preparation and security setup for the migration of Laserfiche program to a hosted cloud managed by the reseller. The migration date is scheduled for May 8.
- The data sharing API from NetSuite accounting software to Laserfiche is now up and running.

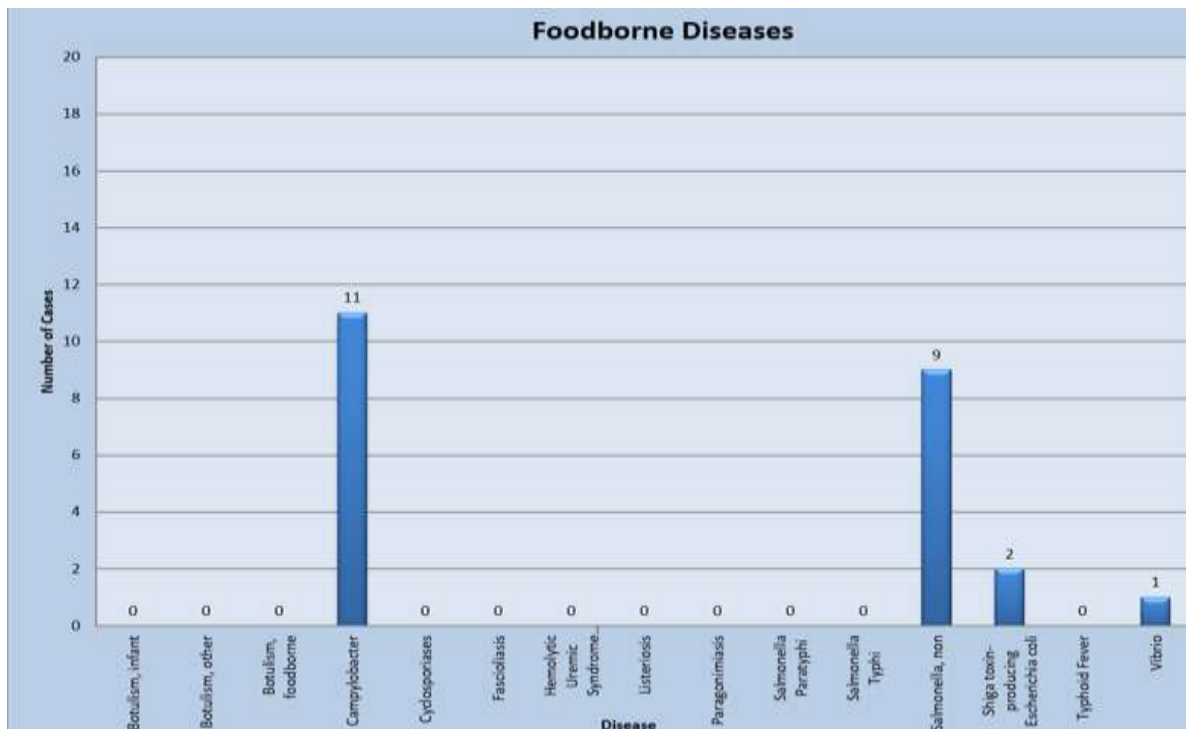
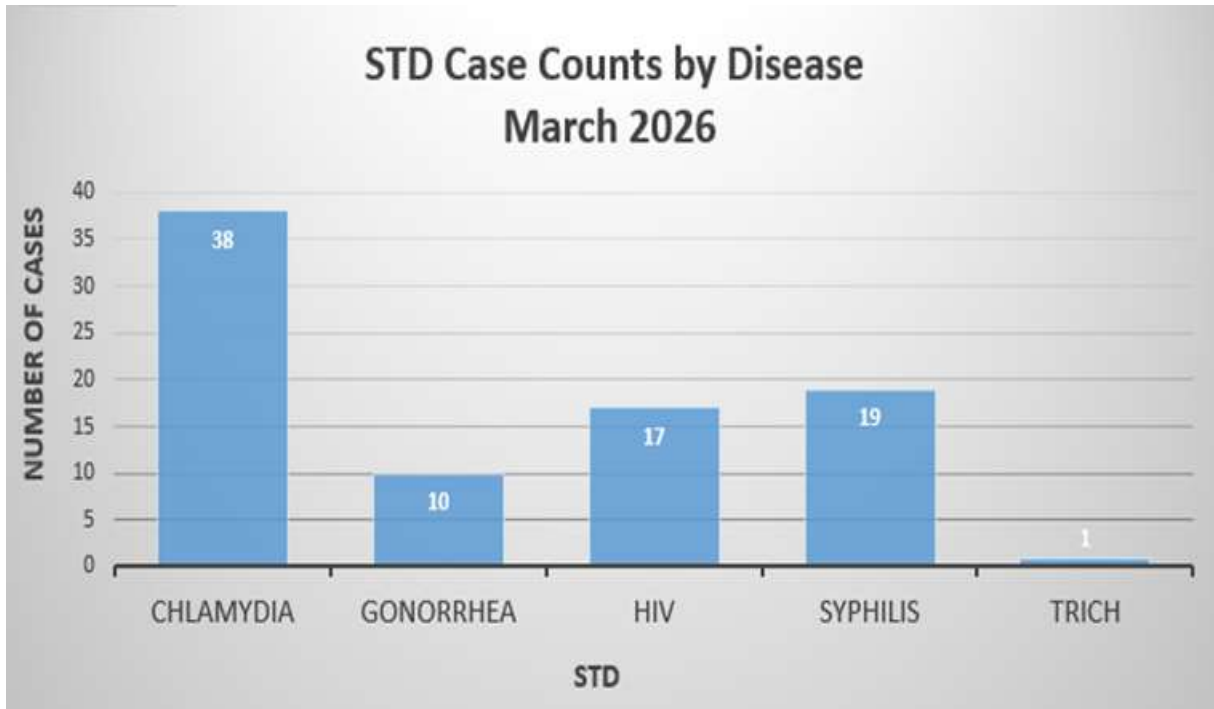
PUBLIC HEALTH:

Epidemiology and Preparedness Division

- PHEP FY 2027 (7/1/2026 – 6/30/2027) budget approved by DSHS. Pending contract award.
- Ongoing PHEP, Medical Countermeasures (MCM), CHEMPACK, and Strategic National Stockpile (SNS) collaborations with local, regional, and stakeholders. POD (Point Of Dispensing) site discussions with local partners.
- Continued FIFA World Cup preparations with regional and state partners by updating plans, participating in trainings, exercises, and remaining current with potential public health threats. Internal epidemiology and preparedness training on Public Health Operations Center.
Staff working daily and available 24/7 to identify, monitor, and control threats to public health in Montgomery County, including foodborne illnesses, waterborne illnesses, zoonotic diseases, vaccine-preventable diseases, hospital-acquired infections, and emerging and re-emerging diseases, as required by Department of State Health Services (DSHS) Texas Notifiable Conditions. Ongoing guidance provided to partners regarding disease activity and reporting processes while staying current with local, state, national, and global disease trends.
- Notable:
 - Two suspect measles cases in a seven-year-old recently relocated to the United States from Mexico and another in a two-year-old unvaccinated with no travel reported. A "suspected" case is defined as individual that shows signs and symptoms and fits certain epidemiological criteria, such as travel history, vaccine history, if they have been around someone with similar signs/symptoms, etc. Although a suspected case has not been proven yet, there is enough concern to investigate and begin a response to prevent spread.

- Potential Varicella (chickenpox) outbreak at a local private school involving four students. 75% (3 out of 4) students were unvaccinated with Exemption Affidavits. The Epidemiologist conducted surveillance and provided guidance to the school. The outbreak was controlled with no additional cases and is no longer active. This is considered a potential outbreak because no confirmatory laboratory testing was conducted to define it as a confirmed outbreak, however clinical presentation likely varicella. A “confirmed” case is defined as confirmed by one or more of the “confirmatory” laboratory diagnostic methods per DSHS guidance. While other laboratory methods can be used in clinical diagnosis, only those listed as “confirmatory” are accepted as laboratory confirmation for national and state reporting purposes.
- One suspect Chagas case reported from a blood donor laboratory. Laboratory evidence from a blood donor lab is considered to be a “suspect” case based on the DSHS classification and coding of notifiable conditions. Chagas disease is a parasitic infection caused by *Trypanosoma cruzi* and usually spreads through contact with triatomine bugs, sometimes called kissing bugs. Most infected people enter into a prolonged, asymptomatic form of disease during which few or no parasites are found in the blood. During this time, most people are unaware of their infection. Many people remain asymptomatic for life and never develop chronic Chagas-related symptoms. An estimated 20-30% of infected people will develop debilitating and sometimes life-threatening medical problems over the course of their lives (chronic symptomatic). Complications of chronic Chagas disease may include heart rhythm abnormalities that can cause sudden death, a dilated heart that doesn’t pump blood well, and/or dilated esophagus or colon, leading to difficulties with eating or going to the bathroom.

- 85 STD's reported directly to Epidemiology. These do not include cases that may have been reported to the public health clinic or directly to DSHS. Investigations for the cases are completed by DSHS.



- Campylobacter: Age range: 1 year old-68 years old; No exposures identified/No relation between cases.
- Salmonella, non-typhi/paratyphi: Age range: 1-73 years old. No exposures identified; Two (2) lab confirmed cases were identified as living in the same household; No other relation noted between cases.
- Shiga toxin-producing E. coli: Age range: 44-57 years old; No exposures identified/No relation between cases.
- Vibrio: Age range: 83; No exposure identified; No additional cases reported.

Clinic Division - Immunizations, STD and TB:

The Public Health Clinic is funded by three sources of revenue:

1. \$600,000 Contracted County funding
2. Regional and Local Service System/ Local Public Health Systems (RLSS-LPHS) Grant which provides reimbursement of the partial salary of 1 full-time RN up to \$67,320/year. This RN can provide the grant allowed activities of Immunization, STD and TB services.
3. Fees for the administration of immunizations and STD screening and treatment.

Immunizations Program:

DSHS Immunization Branch conducted a site visit in January of 2026. All findings were in compliance with program requirements related to storage, handling, and eligibility.

The Clinic receives our childhood vaccines through the Texas Vaccine for Children (TVFC) Program. The Texas Vaccines for Children Program (TVFC) makes vaccines available to eligible children in Texas. These vaccines are available

at no cost to the Clinic, in order to immunize children (birth - 18 years of age) that meet the below eligibility requirements:

- Uninsured
- Enrolled in Medicaid
- American Indian or Alaskan Native

The MCPHD Clinic receives our adult vaccines through the DSHS Adult Safety Net (ASN) Program. ASN program vaccines are for uninsured adults, aged 19 and older. The currently provided DSHS ASN vaccines are:

- Hepatitis A vaccine
- Hepatitis B vaccine
- Combination hepatitis A-hepatitis B vaccine
- Measles, mumps, and rubella (MMR) vaccine
- Meningococcal vaccine
- Tetanus, diphtheria, and pertussis (Tdap) vaccine
- Tetanus-diphtheria (Td) vaccine

Sexually Transmitted Infections/Disease Program:

Montgomery County Public Health Clinic tests for the following sexually transmitted diseases:

- Chlamydia
- Gonorrhea
- HIV
- Syphilis

Treatment is provided for those testing positive for Chlamydia, Gonorrhea and Syphilis following current CDC Treatment Guidelines with medications provided through the DSHS Pharmacy. Any patient testing positive for HIV is referred to a provider specializing in HIV management and treatment.

Tuberculosis Program:

Active tuberculosis (TB) treatment entails a rigorous 9-to-12-month regime, requiring intensive patient support to ensure completion. To improve adherence, our team utilized Directly Observed Therapy (DOT), with regional workers visiting patients homes five days a week to witness medication ingestion. The RN Case Manager closely monitors the patients due to the toxicity risk of these medications through at least monthly clinic assessments, including lab work and chest x-rays. The majority of these cases are highly complex, often involving multiple significant co-morbidities (such as cancer, diabetes and HIV) alongside socioeconomic challenges like transportation barriers, food insecurities and minimal social support. Current case load 23 patients.

Latent TB Infection (LTBI) occurs when the body contains *Mycobacterium tuberculosis* but successfully contains it, resulting in no symptoms or contagiousness. To stop progression to active, contagious disease—which is 90% effective—preventative therapy is crucial. Modern, short-course regimens (3-4 months) often use Directly Observed Therapy (DOT) to ensure completion. Treating LTBI is highly cost-effective, offering a strategic advantage over managing active, contagious tuberculosis. Current case load of 17 patients.

Electronic Disease Notifications (EDN) are incoming referrals notifying the Public Health Clinic of newly arrived immigrants with potential TB exposure or symptoms. Our team is responsible for locating, assessing, and coordinating care for these individuals, ensuring they are either cleared or treated. Upon completion, we report the final TB status and action taken to state health officials and immigration authorities. Additionally, we process reports from local providers and hospitals for referrals in various stages of evaluation or treatment.

This month, our workload increased as we managed the screening and testing of numerous school-aged children, teachers, and nursing staff following an Active TB exposure. In close coordination with our regional partners, MCHD staff are working to complete all necessary evaluations for those affected. At this point in the process, thankfully all test results have been negative. Although testing is highly recommended and paid in full by DSHS, it is not mandatory for those that have been exposed.

Agenda Item # 9d



To: Board of Directors
From: Ade Moronkeji, HCAP Manager
Date: April 28, 2026
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

- Ade attended the board meeting of the Texas Indigent Health Care Association (TIHCA) on March 3, where discussions focused on immigration and indigent health eligibility, with particular attention to the variations in coverage practices. The group also initiated planning for the upcoming conference scheduled for October 7-9 in Galveston.
 - The eligibility team conducted site visits to Under Over and CHOP in Conroe on March 18 and 25, assisting seven individuals with HCAP applications, four of whom were approved for benefits. The team also participated in outreach events at Willis High school on March 24 and Creighton
-

Elementary on March 26, where they distributed 15 applications and engaged with 45 residents of Montgomery County.



Eligibility Updates

Applications

- The total number of applications received in March was 221, bringing the fiscal year total to 1,048; representing a 7% increase compared to FY25. Approximately 10% of the applications originated from local hospitals including 18 from HCA Conroe, three from HCA Kingwood and one from HCA Tomball. Three key visualizations are presented below: Figure 1 shows a year-over-year comparison of monthly application volumes for FY25 and FY26; Figure 2 illustrates a new tracking system developed by the Intake Specialist to monitor the origin of new applications; and Figure 3 summarizes the primary reasons for application denials.

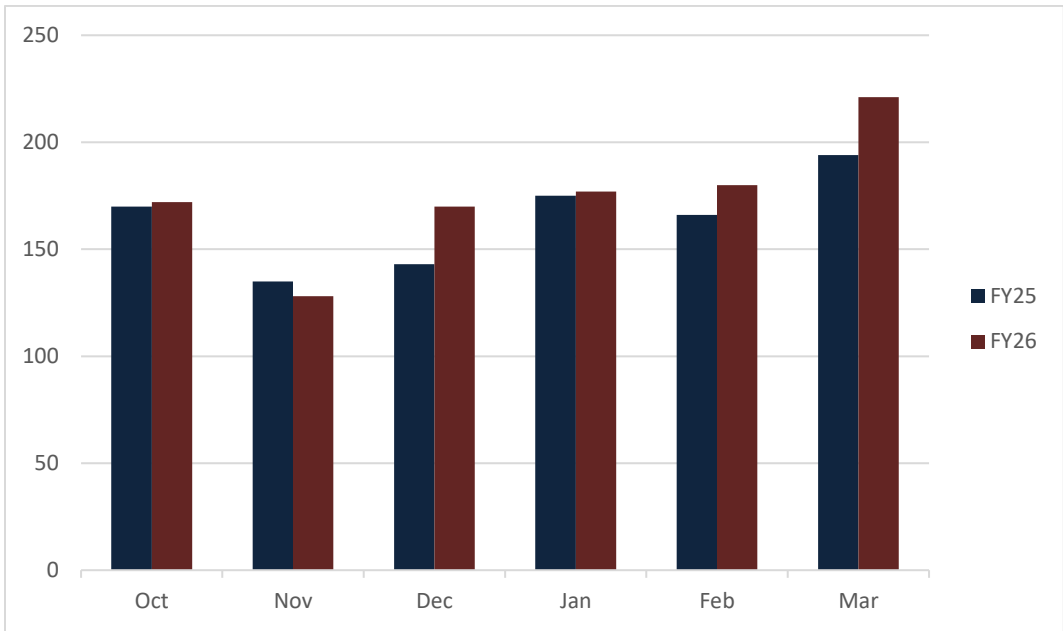


Figure 1 – Monthly Application Volume FY25 V. FY26

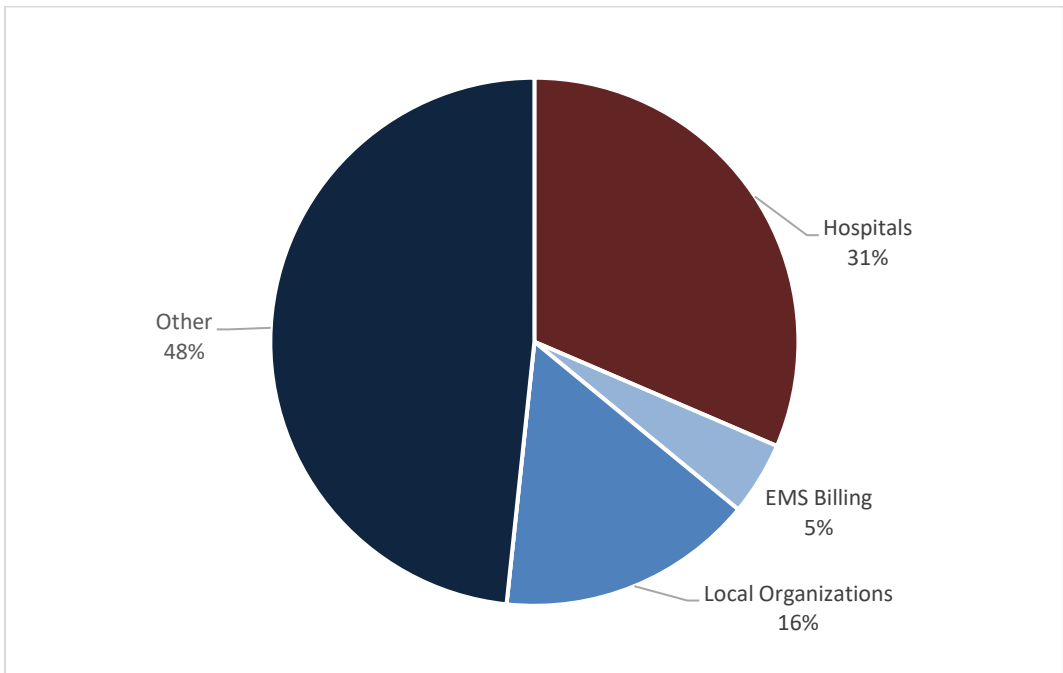


Figure 2 – New Application Sources

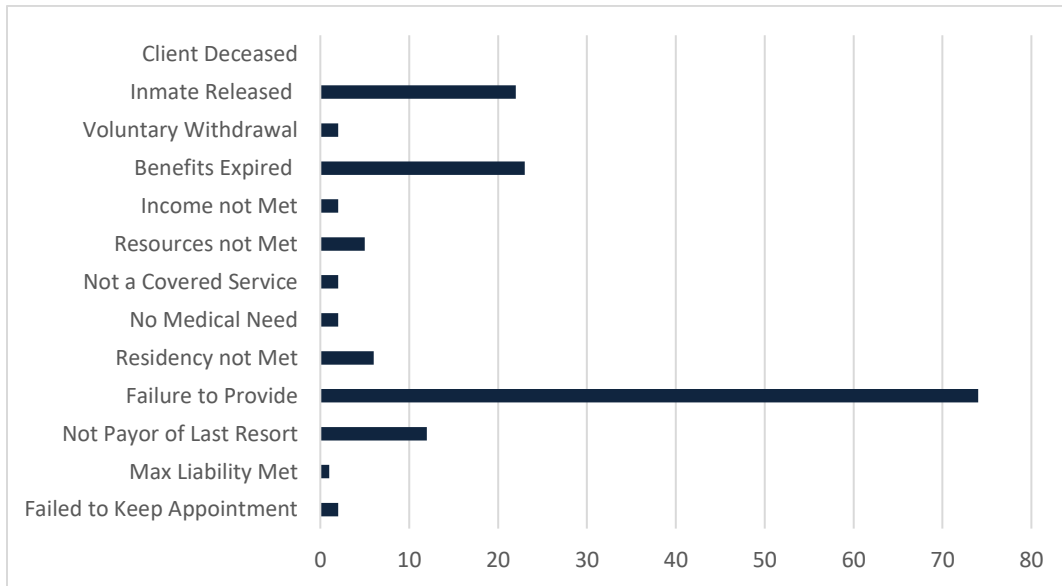


Figure 3 – Reasons for Application Denials

- 89 applications were submitted through Laserfiche, an electronic application tool designed to improve access to HCAP information and services. The corresponding graph compares monthly online application volumes between FY25 versus FY26.

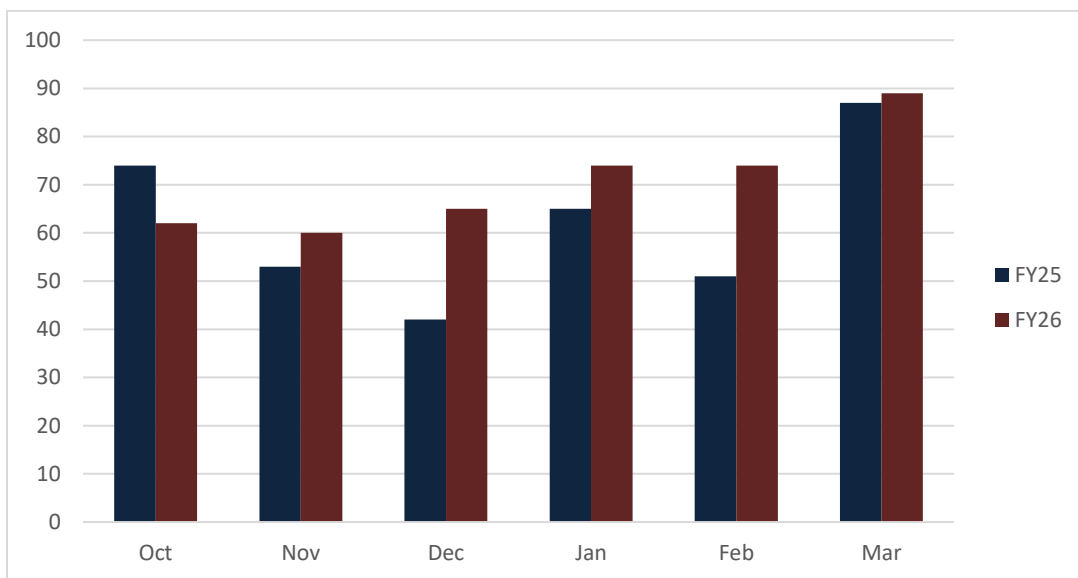


Figure 4 – Monthly Online Application Volume FY25 V. FY26

Enrollment

- March concluded with 320 active clients, reflecting a 4% increase from February's volume.
- Medical service utilization reached 69%, exceeding the FY25 average of 65%. Tracking utilization trends provides insight that shapes HCAP services. Furthermore, it drives critical adjustments and informs decisions to appropriately deploy resources for best client outcomes and cost containment.
- Figure 5 compares total enrollment between FY25 and FY26, while Figure 6 provides a breakdown of clients across the three HCAP program classifications. MCICP clients who represent the lower income bracket of 0-21% of the FPIL continue to make up the largest segment of the program.

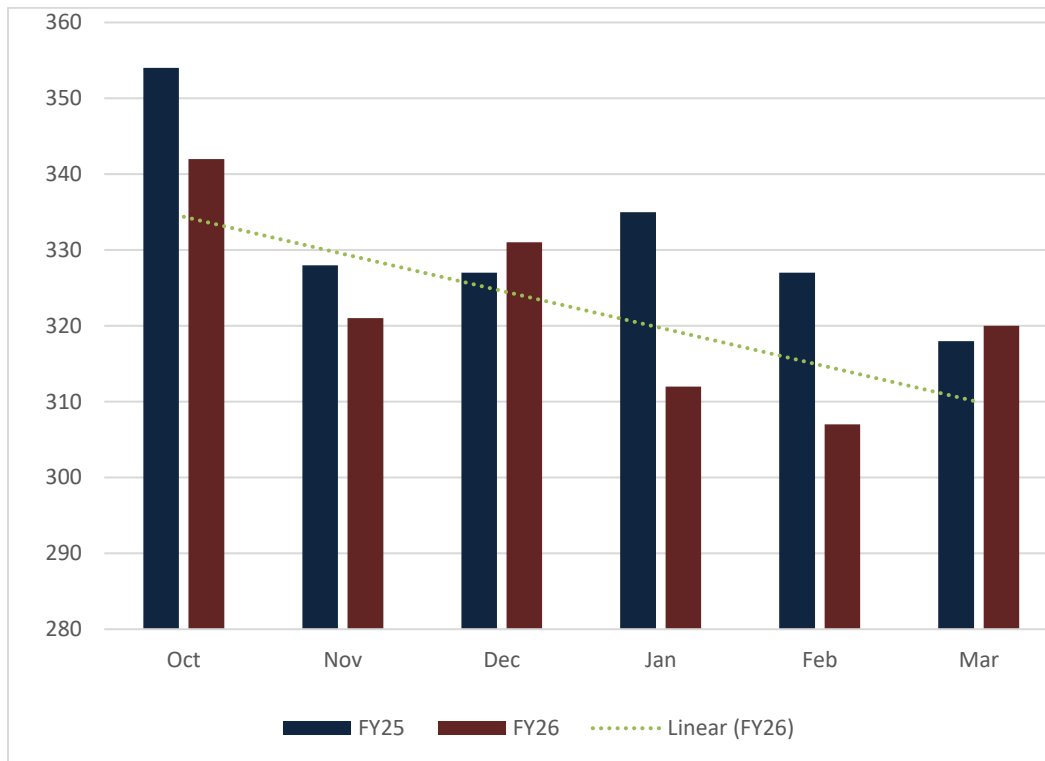


Figure 5 - Active Clients FY25 V. FY26

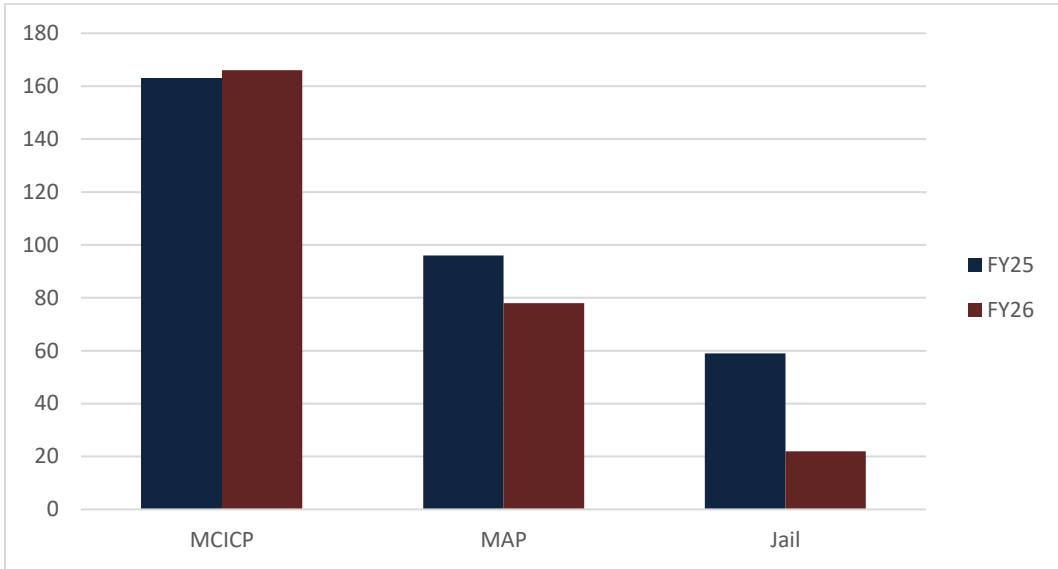


Figure 6 – March HCAP Program Breakdown FY25 V. FY26

New Clients

A total of 54 new clients were enrolled in March. The graph below illustrates monthly trends in new client enrollment, highlighting ongoing program growth.

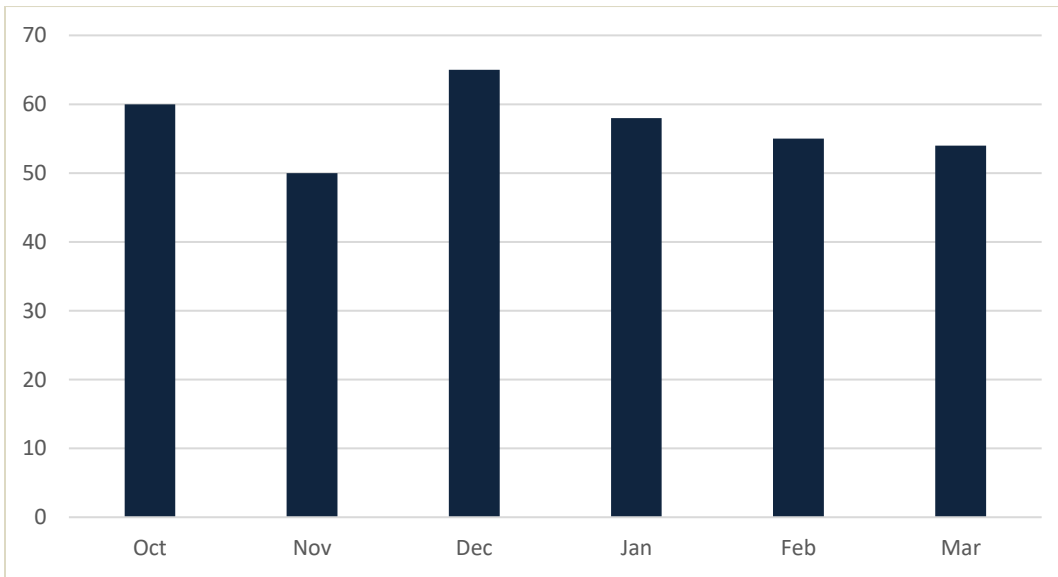


Figure 7 – Monthly New Clients

Bill Pay Updates

Claims Administration

- The team received 662 medical claims in March, reflecting a 6% decrease from February's volume. Uncompensated Care provider claims accounted for 21% of the total, while Specialty providers accounted for the remaining 79%. Figure 8 provides a monthly comparison of medical claim volumes between FY25 and FY26.

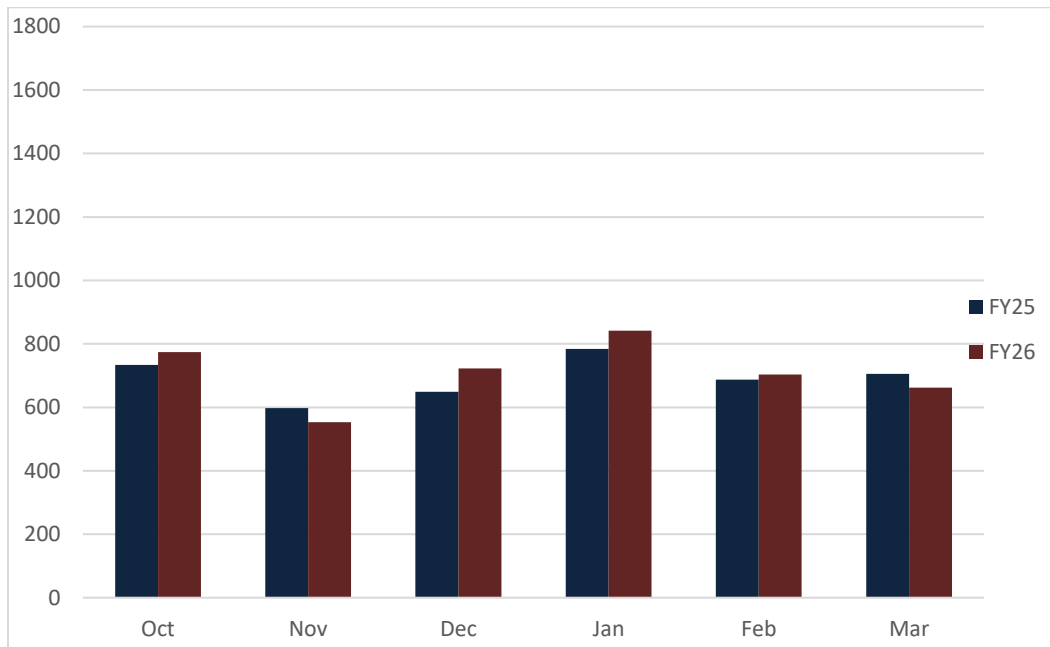


Figure 8 – Volume of Medical Claims FY25 V. FY26

- A total of 121 claims were denied, representing 17% of all claims processed by the bill pay team in March. The primary reasons for these denials are illustrated in Figure 9 and help inform ongoing discussions with providers to improve claim outcomes.

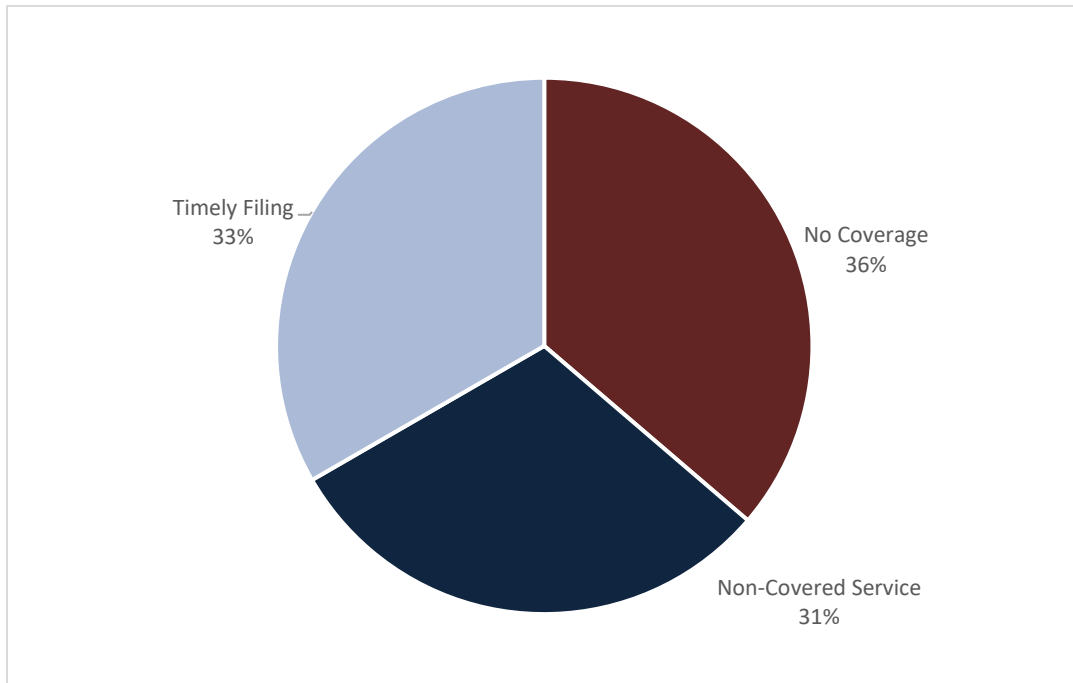


Figure 9 – Main Reasons for Denied Claims

Provider Utilization

- Figure 10 shows the percentage distribution of claims by provider group, highlighting the primary sources of care utilized by HCAP clients for their health care needs. Figure 11 details the reimbursement amounts for the most frequently used provider groups.
 - UC hospital inpatient and outpatient services refer to HCA Houston Healthcare Conroe, HCA Houston Healthcare Tomball, and HCA Houston Healthcare Kingwood.
 - Inpatient and outpatient hospitals with the IHC designation includes CHI St. Luke's The Woodlands Hospital and other non-HCA local hospitals.
- UC hospital inpatient services accounted for the highest share of claim expenditures in March.

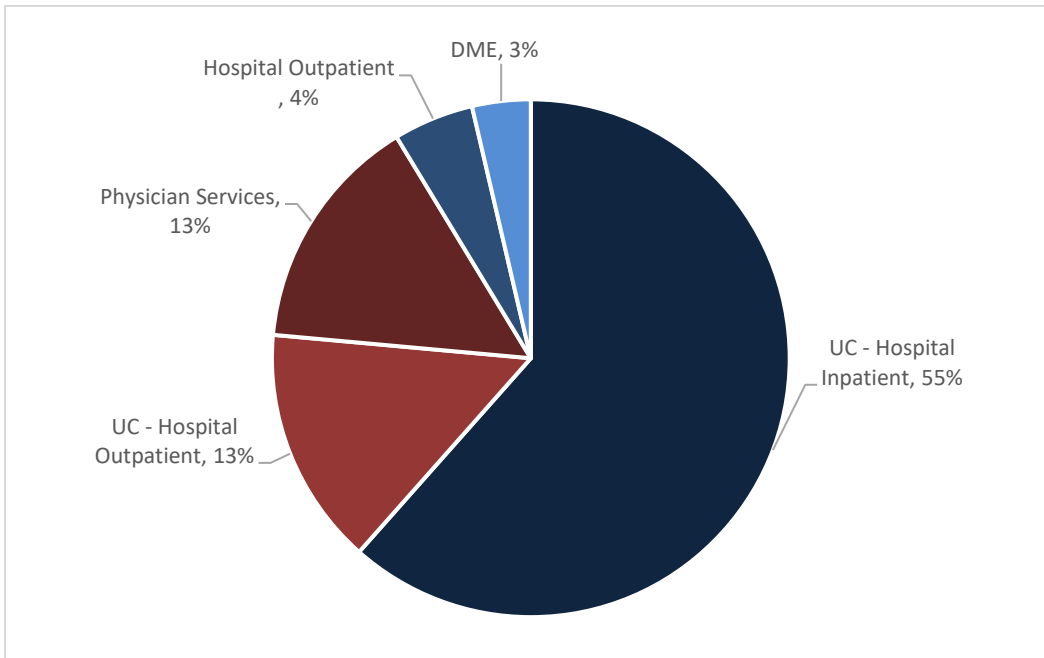


Figure 10 - Source of Care Identified by the Top 5 Utilized Providers in March

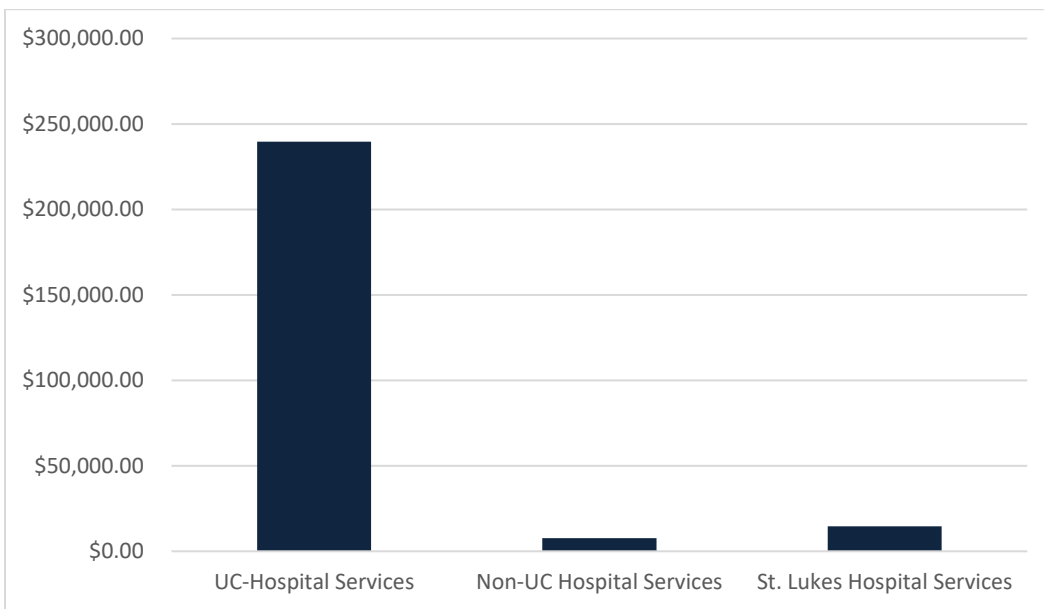


Figure 11 – Reimbursement Amount for Top Provider Groups

Case Management Updates

Education

Case managers use education to drive chronic disease management, focusing on adopting healthy behaviors for stability. Our team reinforces provider-led care plans and conducts well-checks to foster compliance. These checks are critical for identifying cases that require immediate medical attention. Below is a comparison graph of education efforts for the reporting month and the previous month.

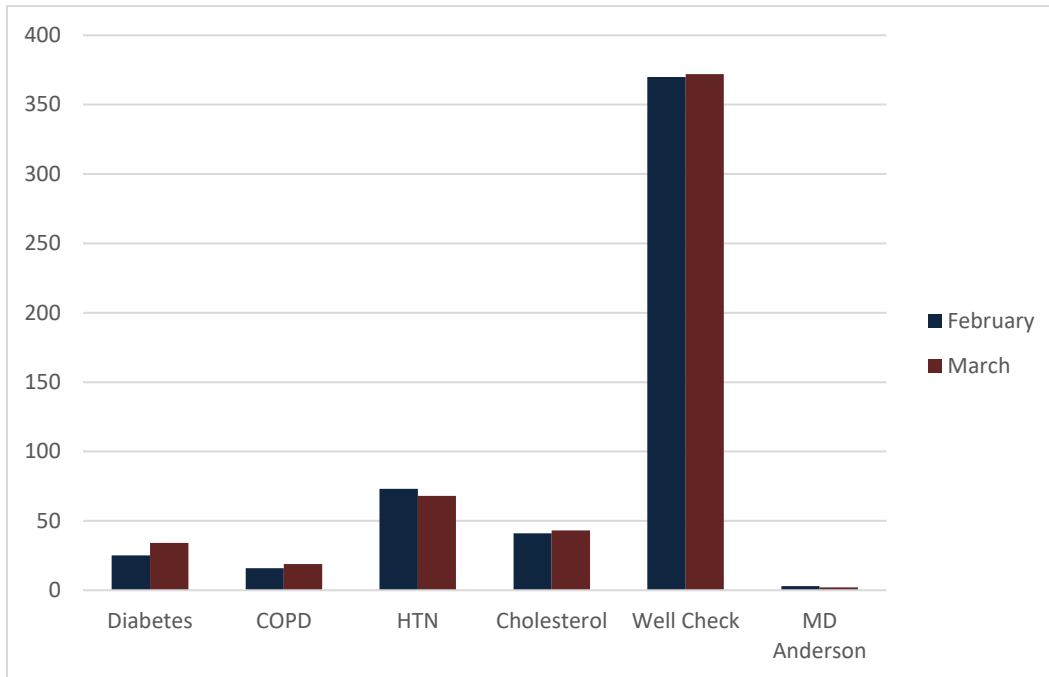


Figure 12 - Client Education

Top Five Diagnoses

This data, drawn from claims processed in March, serves as a starting point for case managers. It supports targeted client education and enables HCAP to provide meaningful assistance to clients. 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.

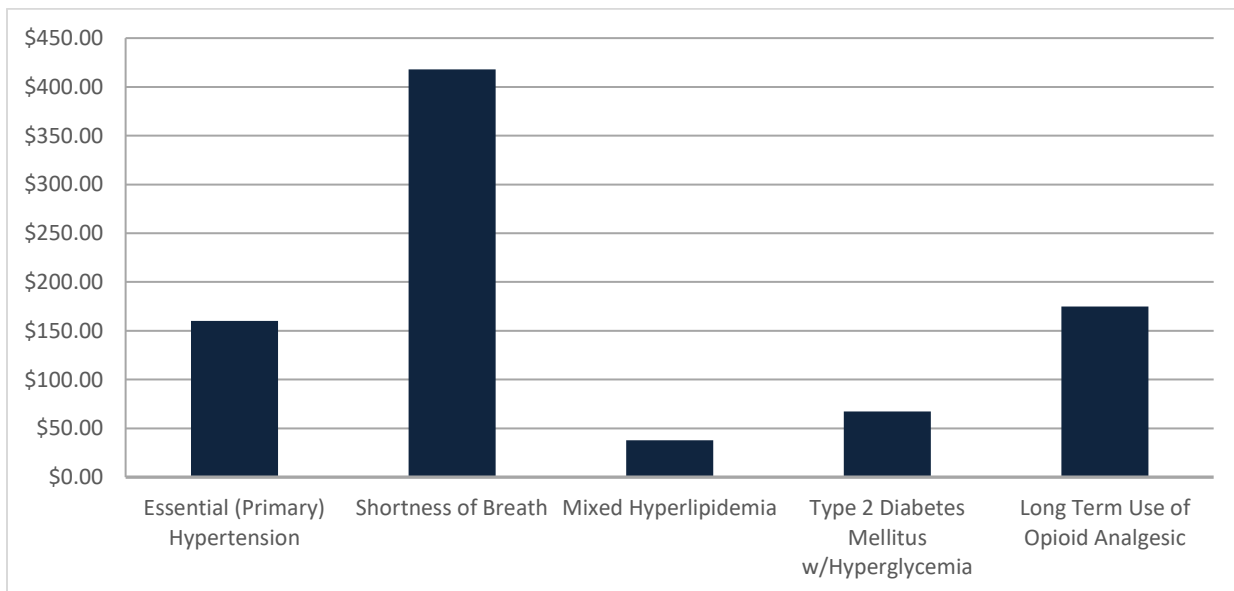


Figure 13 – Average Cost per Claim for Top 5 Diagnoses

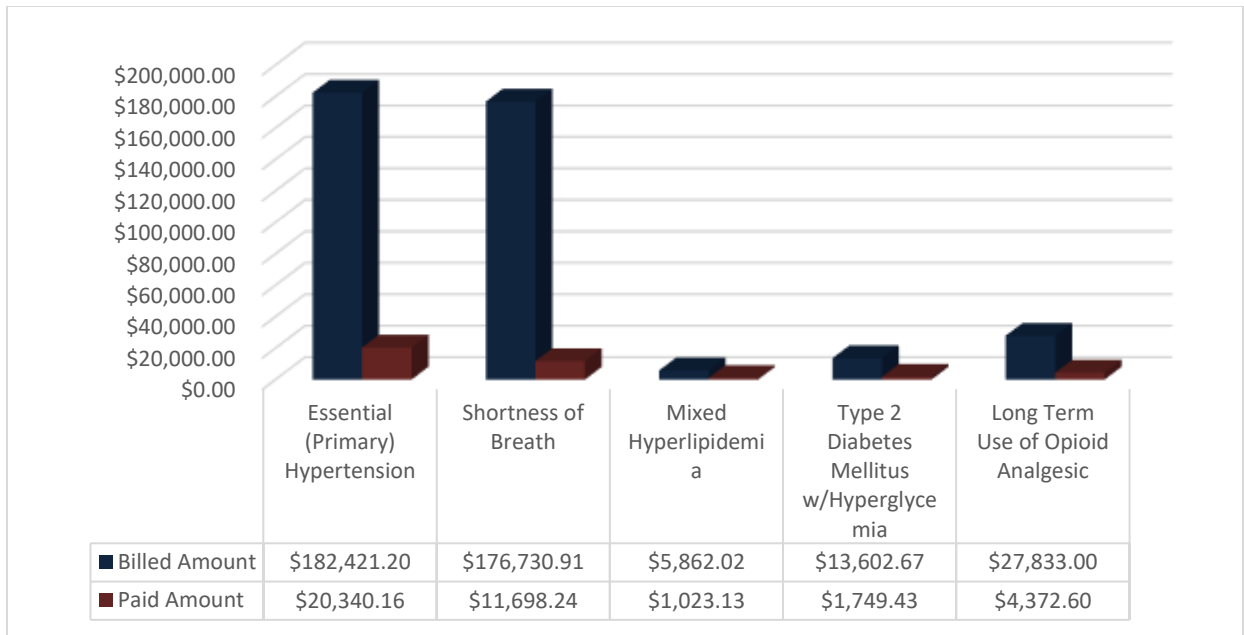


Figure 14 – Amount Billed V. Amount Paid for Top 5 diagnoses

Maximum Liability

Figure 15 shows the number of clients who have reached the maximum annual benefits of \$60,000 or 30 inpatient days each fiscal year, and Figure 16 depicts the number of clients who reached their maximum liability due to a cancer diagnosis. Three clients have reached the maximum liability for the fiscal year.

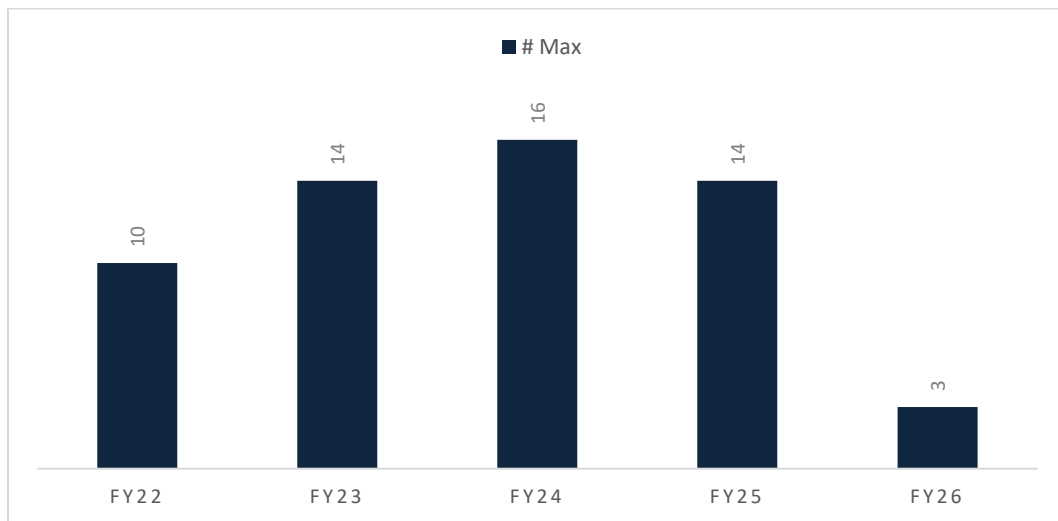


Figure 15 – Maximum Liability Exhausted FY22-26

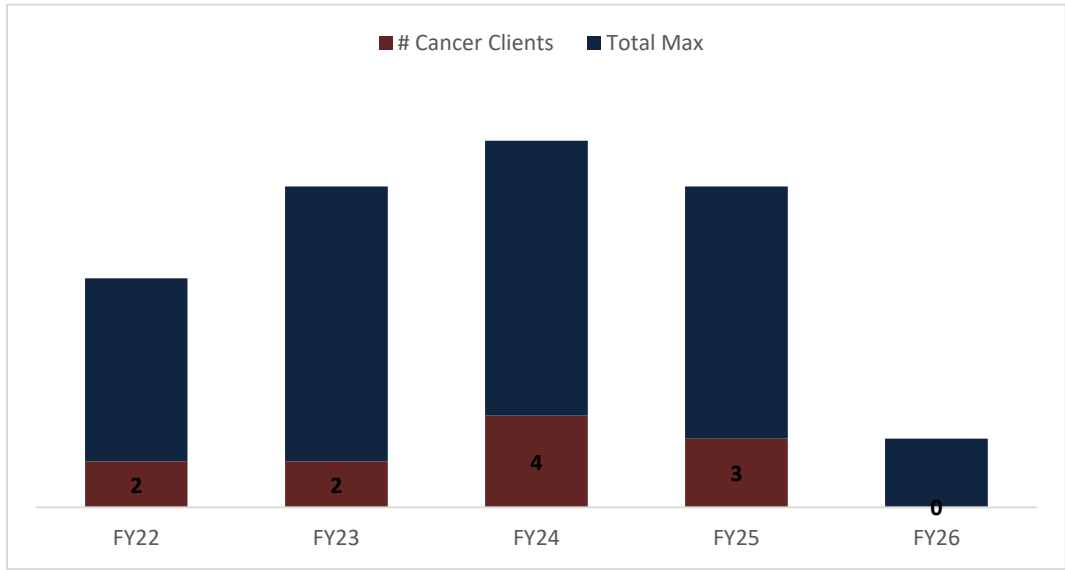


Figure 16 – Number of Clients at Maximum Liability V. Portion of Max with Cancer Diagnosis

Prescription Benefit Updates:

Table 1

Month	Applying Clients	Total Applications	Monthly Savings= (ACQ + Dispensing Fee + 2%)
Mar-26	13	13	\$20,947.99
Feb-26	9	12	\$20,364.62
Jan-26	9	10	\$12,853.03
Dec-25	7	8	\$31,911.96
Nov-25	2	2	\$1,028.31
Oct-25	14	17	\$19,564.92
Sep-25	13	17	\$13,286.43
Aug-25	4	4	\$34,740.95
Jul-25	12	17	\$42,625.13
Jun-25	8	9	\$35,071.41
May-25	9	10	\$26,888.55

Apr-25	11	20	\$10,098.03
Mar-25	19	23	\$47,865.70

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

A total of 684 claims were filled in March, representing a 20% increase from February. Of these, 680 were generic prescriptions and four were brand. Expanded coverage for certain vaccines has contributed to the increase in use of brand-name and single-source medications. Figure 17 illustrates the total number of prescriptions dispensed each month, while Figure 18 shows MCHD’s total monthly cost for all prescriptions.

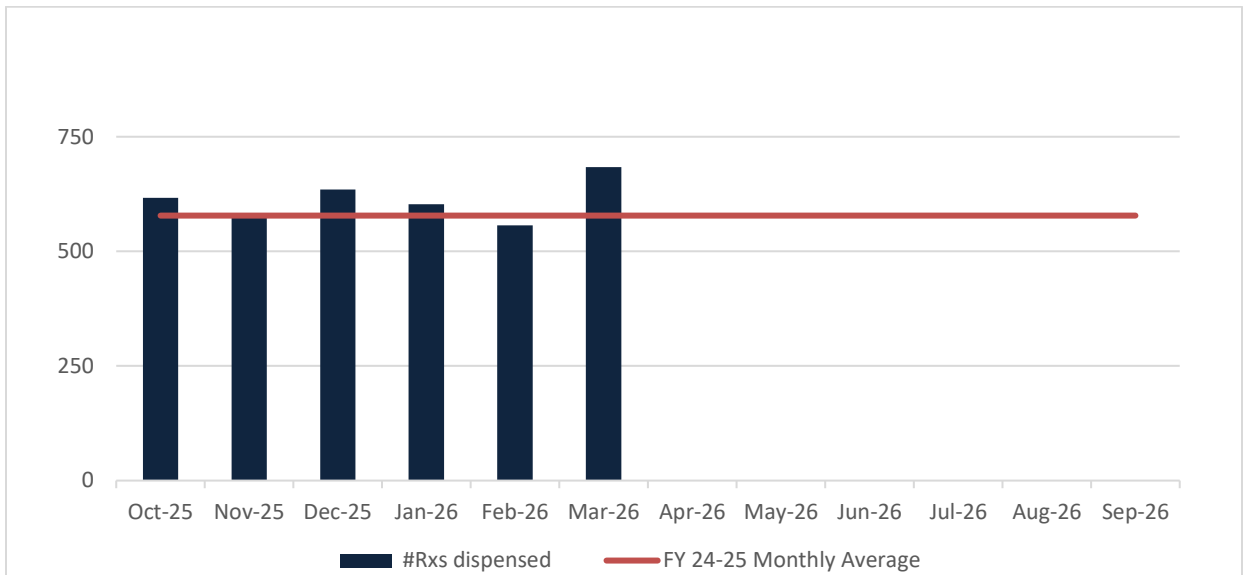


Figure 17 – Monthly Volume of Claims

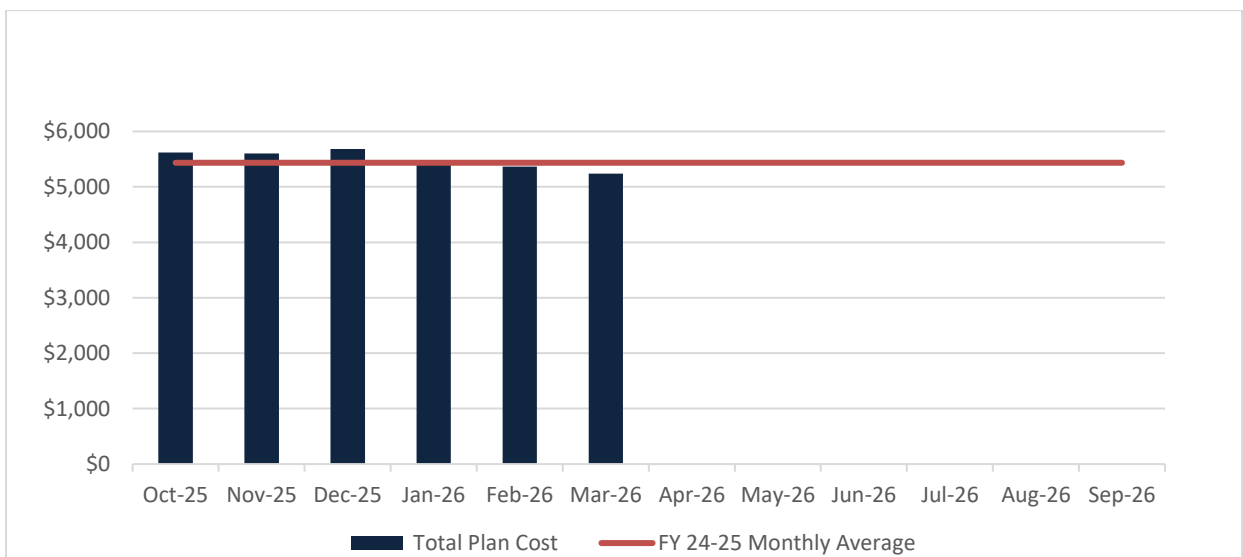


Figure 18 – Total Plan Cost



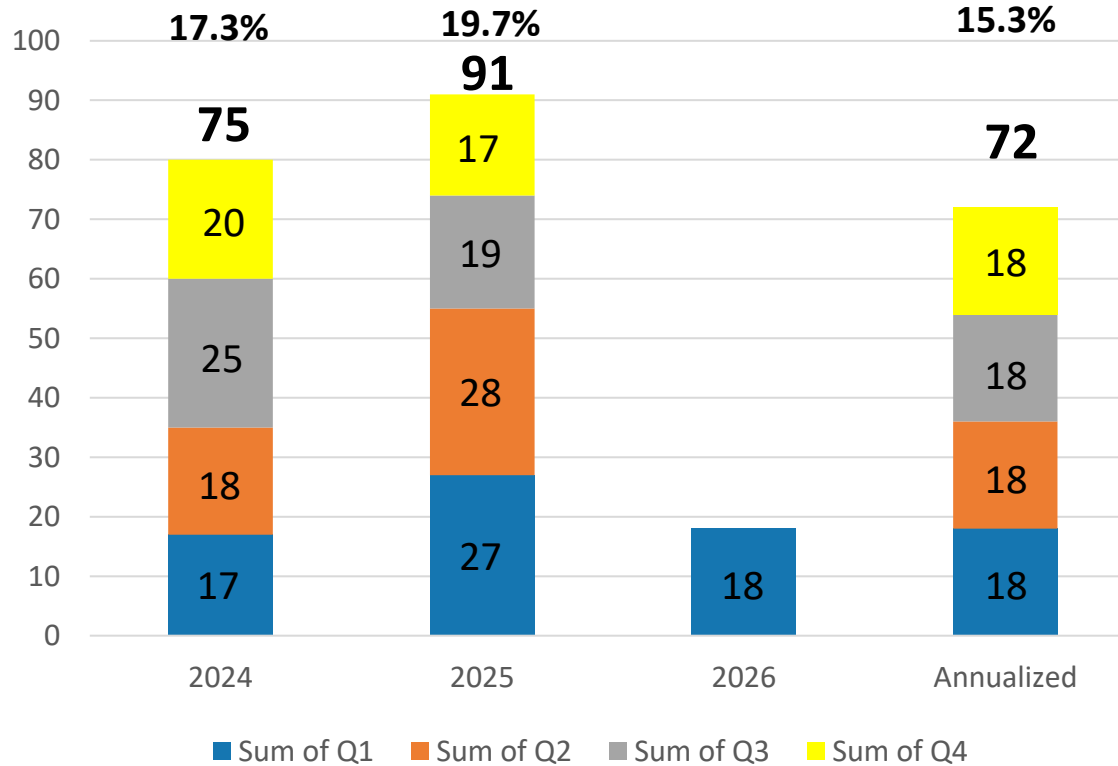
Turnover Report

1/1/2026 – 3/31/2026

Human Resources
April 2026

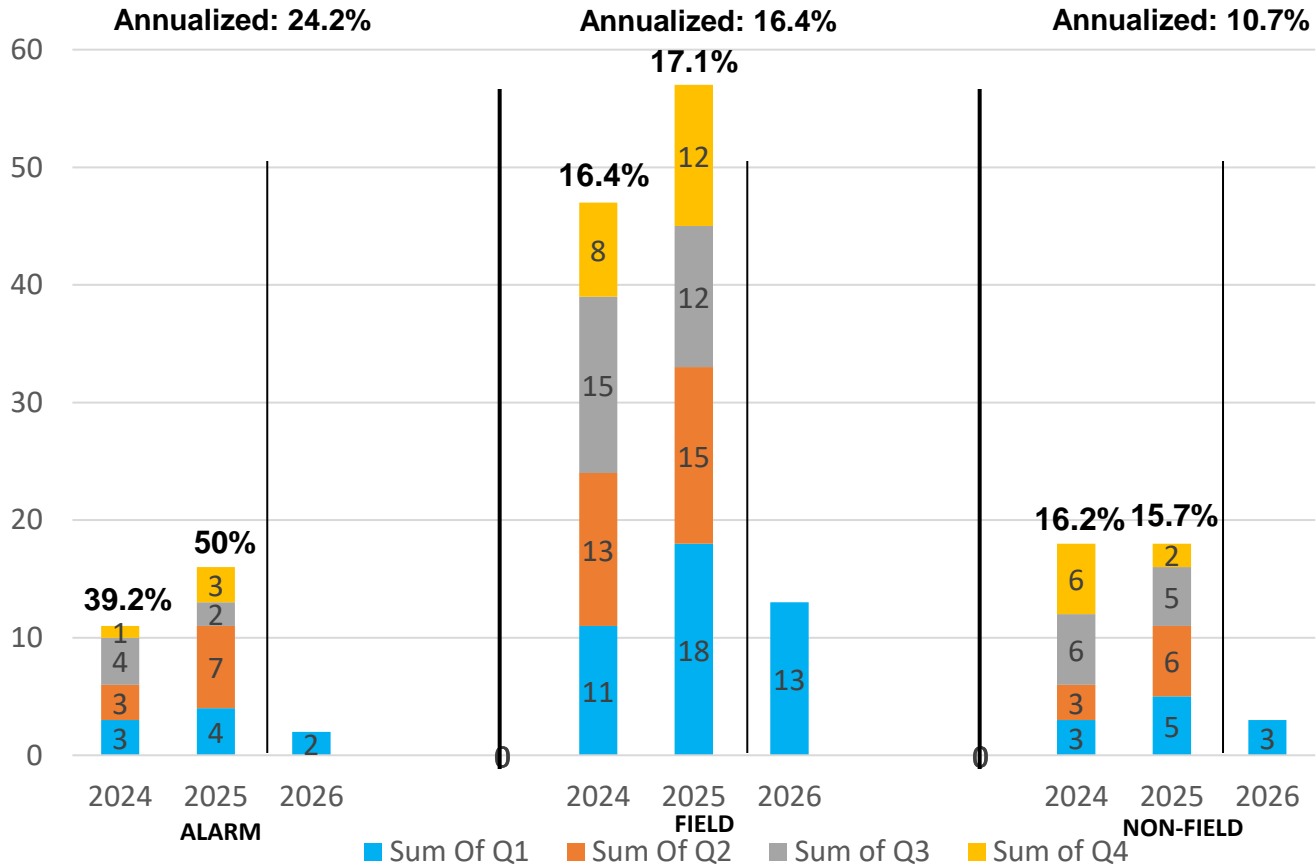


1/1 – 3/31 TURNOVER REPORT

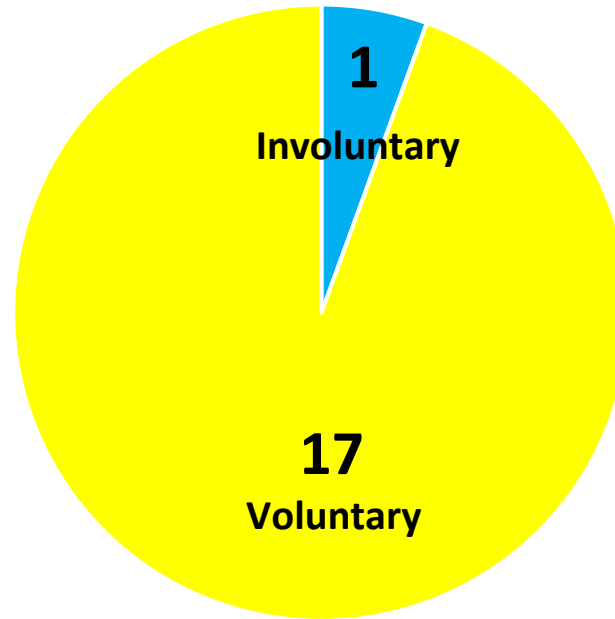




1/1 – 3/31 TURNOVER BY DEPARTMENT



1/1 – 3/31 Voluntary VS Involuntary Turnover





Voluntary Reasons

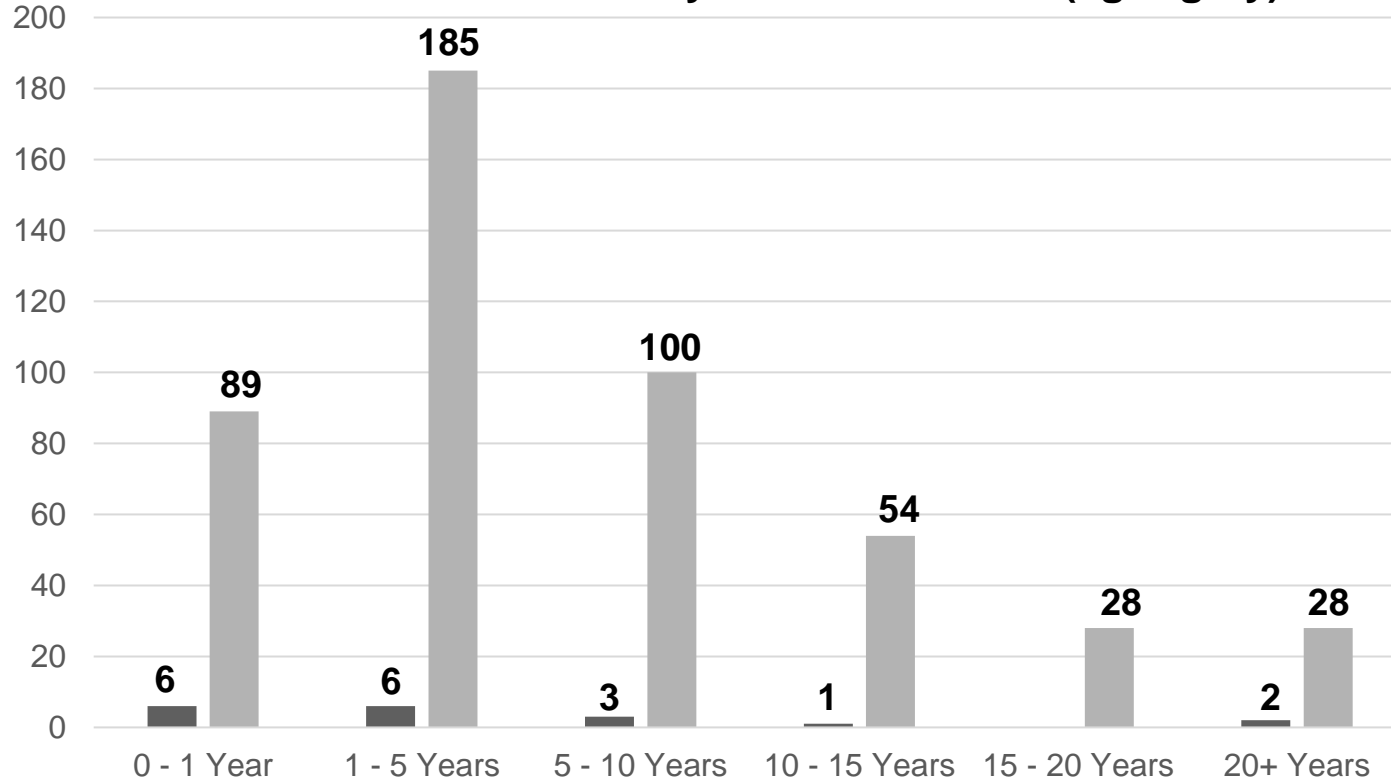
January 1, 2026 – March 31, 2026

17 Voluntarily left

- **2 Non Field** – Accepted another job (ESD 11 COO & did not disclose)
- **1 Non Field** - Retired
- **1 Alarm** – Moved to Maine
- **1 Alarm** – Was part time and could not fulfill the hours due to full time job
- **1 Field** – Retired
- **4 Field** – Took another job opportunity (accepted in to the policy academy, ESD 11, Cy-Fair, and the fire academy)
- **1 Field** – Accepted in to Medical School
- **5 Field** - Personal Reasons (staying home with newborn daughter, going in a different direction & did not disclose)
- **1 Field** – Moved to be closer to family



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



Agenda Item # 11



We Make a Difference!

To: Board of Directors
From: James Campbell, EMS Chief
Date: April 28, 2026
Re: EMS Proclamation

Consider and act on Proclamation in support of EMS Week, May 17-23, 2026. (Mr. Bagley, Chair – EMS Committee)

PROCLAMATION

To designate the Week of May 17th-23rd, 2026, as Emergency Medical Services Week

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

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

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

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

NOW, THEREFORE BE IT RESOLVED that the Montgomery County Hospital District Board of Montgomery County, Texas does hereby proclaim the week of May 17-23, 2026 as:

“EMERGENCY MEDICAL SERVICES WEEK”

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 02/04/26 to 03/25/26**

Disbursement Date	Board Reviewed	Payments Made to All Other Vendors (Non-UPL)	
<u>February</u>			
February 4, 2026	Yes	\$	33,989.68
February 11, 2026	Yes	\$	28,610.87
February 18, 2026	Yes	\$	38,048.42
February 25, 2026	Yes	\$	43,154.29
Total February Payments - MTD		\$	143,803.26
Monthly Budget - February 2026		\$	161,047.00
<u>March</u>			
March 4, 2026	No	\$	31,813.24
March 18, 2026	No	\$	50,256.57
March 25, 2026	No	\$	24,247.02
Total March Payments - MTD		\$	106,316.83
Monthly Budget - March 2026		\$	161,047.00

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

AGENDA ITEM # 13

Board Mtg: 04/28/26

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 04/01/26 through 04/30/26**

<u>Disbursement Date</u>	<u>Value of Services Provided by HCA and Affiliated Providers</u>
<u>April</u>	
April Voluntary Contribution for Medicaid 1115 Waiver Program	\$ 277,162.00
Budgeted Amount April 2026	\$ 277,162.00
Over / (Under) Budget	\$ -

Agenda Item # 14



To: Board of Directors

From: Ade Moronkeji

Date: April 28, 2026

Re: 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 2026 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 05/01/2025**

# 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

New Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

CIHCP Monthly Income Standards Effective April 1, 2026

Based on the **2026** Federal Poverty Guideline (FPG)

# of Individuals in the MCICP Household	21% FPG Minimum Income Standard
1	\$279
2	\$379
3	\$478
4	\$578
5	\$677
6	\$776
7	\$876
8	\$975
9	\$1,075
10	\$1,174
11	\$1,273
12	\$1,373

- **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% FPG) EFFECTIVE 05/1/25**

# 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

New Guidelines:

- Section Two, Eligibility Criteria, Budgeting Income

CIHCP Monthly Income Standards Effective April 1, 2026
Based on the **2026** Federal Poverty Guideline (FPG)

# of Individuals in the MAP Household	150% FPG Minimum Income Standard
1	\$1,995
2	\$2,705
3	\$3,415
4	\$4,125
5	\$4,835
6	\$5,545
7	\$6,255
8	\$6,965
9	\$7,675
10	\$8,385
11	\$9,095
12	\$9,805

- **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 1, 2026

Board Reviewed/Approved

MONTGOMERY COUNTY HOSPITAL DISTRICT
MONTGOMERY COUNTY INDIGENT CARE PLAN HANDBOOK

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

TECHNICAL ASSISTANCE

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

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

Office Hours:

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

Friday:
7:30am - 11:30am

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

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

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

Melissa Miller
Chief Operating Officer
Ext. 1191

E-mail: mmiller@mchd-tx.org

Adeolu Moronkeji
HCAP Manager
Ext. 1103

Email: amoronkeji@mchd-tx.org

Luis Vasquez
HCAP Asst. Manager
Ext. 5126

E-mail: ivasquez@mchd-tx.org

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

SECTION ONE

PLAN ADMINISTRATION

INTRODUCTION

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

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

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

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

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

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

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

MCHD MCICP Handbook

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

The purpose of the MCHD MCICP Handbook is to:

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

GENERAL ADMINISTRATION

MCHD Responsibility

The District will:

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

- ✓ Montgomery County Hospital District will validate the accuracy of all disclosed information, especially information that may appear fraudulent or dishonest. Additionally, any applicant may be asked to produce additional information or documentation for any part of the Eligibility process

- ✓ Public Notice. Not later than the beginning of MCHD's operating year, the District shall specify the procedure it will use during the operating year to determine eligibility and the documentation required to support a request for assistance and shall make a reasonable effort to notify the public of the procedure

- ✓ Establish an optional work registration procedure that will contact the local Texas Workforce Commission (TWC) office to determine how to establish their procedure and to negotiate what type of information can be provided. In addition, MCHD must follow the guidelines below
 1. Notify all eligible residents and those with pending applications of the Plan requirements at least 30 days before the Plan begins.

 2. Allow an exemption from work registration if applicants or eligible residents meet one of the following criteria:
 - Receive food stamp benefits,
 - Receive unemployment insurance benefits or have applied but not yet been notified of eligibility,
 - Physically or mentally unfit for employment,
 - Age 18 and attending school, including home school, or on employment training program on at least a half-time basis,
 - Age 60 or older,
 - Parent or other household member who personally provides care for a child under age 6 or a disabled person of any age living with the household,
 - Employed or self-employed at least 30 hours per week,
 - Receive earnings equal to 30 hours per week multiplied by the federal minimum wage.

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

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

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

SECTION TWO ELIGIBILITY CRITERIA

RESIDENCE

General Principles

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

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

Verifying Residence

Verify residence for all clients.

Proof may include but is not limited to:

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

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

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

Documenting Residence

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

CITIZENSHIP

General Principles

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

HOUSEHOLD

General Principles

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

MCHD MCICP Household

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

Disqualified Persons

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

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

MCHD MCICP One-Person Household

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

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

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

Verifying Household

All households are verified.

Proof may include but is not limited to:

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

Documenting Household

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

RESOURCES

General Principles

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

Alien Sponsor's Resources

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

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

Sec.61.012. REIMBURSEMENT FOR SERVICES.

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

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

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

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

Bank Accounts

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

Burial Insurance (Prepaid)

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

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

Burial Plots

Exempt all burial plots.

Crime Victim's Compensation Payments

Exempt.

Energy Assistance Payments

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

Exemption: Resources/Income Payments

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

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

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

Homestead

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

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

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

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

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

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

Income- Producing Property

Exempt property that:

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

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

Insurance Settlement

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

Lawsuit Settlement

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

Life Insurance

Exempt the cash value of life insurance policies.

Liquid Resources

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

Loans (Non-Educational)

Exempt these loans from resources.

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

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

Lump-Sum Payments

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

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

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

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

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

Personal Possessions

Exempt.

Real Property

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

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

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

Reimbursement

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

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

Retirement Accounts

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

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

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

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

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

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

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

Exclude all retirement accounts or plans established under:

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

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

Trust Fund

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

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

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

Vehicles

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

How To Determine Fair Market Value of Vehicles.

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

Penalty for Transferring Resources

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

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

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

Use the chart below to determine the length of denial.

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

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

Verifying Resources

Verify all countable resources.

Proof may include but is not limited to:

- ✓ Bank account statements and
- ✓ Award letters.

Documenting Resources

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

INCOME

General Principles

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

Adoption Payments

Exempt.

Alien Sponsor's Income

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

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

Sec. 61.012. REIMBURSEMENT FOR SERVICES.

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

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

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

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

Cash Gifts and Contributions

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

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

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

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

Child's Earned Income

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

Child Support Payments

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

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

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

Count child support arrears as income to the caretaker.

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

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

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

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

Crime Victim's Compensation Payments

Exempt.

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

Disability Insurance Payments

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

Dividends and Royalties

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

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

Educational Assistance

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

Energy Assistance

Exempt the following types of energy assistance payments:

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

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

Foster Care Payments

Exempt.

Government Disaster Payments

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

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

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

In-Kind Income

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

Interest

Count as unearned income.

Job Training

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

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

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

Loans (Non-educational)

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

Lump-Sum Payments

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

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

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

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

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

Military Pay

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

Mineral Rights

Count payments for mineral rights as unearned income.

Pensions

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

Reimbursement

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

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

RSDI Payments

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

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

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

Self-Employment Income

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

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

Types of self-employment include:

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

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

SSI Payments

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

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

TANF

Exempt Temporary Assistance to Needy Families (TANF) benefits.

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

Terminated Income

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

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

Income is not terminated if:

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

Third-Party Payments

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

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

Tip Income

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

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

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

Trust Fund

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

Unemployment Compensation Payments

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

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

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

VA Payments

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

Vendor Payments

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

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

Wages, Salaries, Commissions

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

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

Workers' Compensation Payments

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

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

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

Other Types of Benefits and Payments

Exempt benefits and payments from the following programs:

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

Verifying Income

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

Proof may include but is not limited to:

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

Documenting Income

On HCAP Form 101, document the following items.

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

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

The following exceptions apply:

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

BUDGETING INCOME

General Principles

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

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

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

Steps for Budgeting Income

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

Step 1

Determine countable income.

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

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

Step 2

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

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

Self-employment Income.

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

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

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

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

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

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

Step 3

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

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

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

Step 4

Convert self-employment allowable costs to monthly amounts.

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

Step 5

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

Step 6

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

Step 7

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

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

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

Step 8

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

Deductions for Medicaid-Eligible Individuals

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

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

Step 9

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

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

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

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

Step 10

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

**MONTGOMERY COUNTY HOSPITAL DISTRICT
 MONTGOMERY COUNTY INDIGENT CARE PLAN
 INCOME GUIDELINES EFFECTIVE 04/1/2026
 21 % FPIL**

# of Individuals in the MCICP Household	Income Standard 21% FPIL
1	<u>\$274279</u>
2	<u>\$370379</u>
3	<u>\$466478</u>
4	<u>\$563578</u>
5	<u>\$659677</u>
6	<u>\$755776</u>
7	<u>\$851876</u>
8	<u>\$948975</u>
9	<u>\$1,0441,075</u>
10	<u>\$1,1401,174</u>
11	<u>\$1,2361,273</u>
12	<u>\$1,3331,373</u>

Note: Based on the 20252026 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.

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

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

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

- Attending the scheduled interview appointment.

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

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

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

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

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

PROCESSING AN APPLICATION

Steps for Processing an Application

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

Step 1

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

Step 2

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

Step 3

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

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

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

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

Step 4

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

Step 5

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

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

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

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

Step 6

Repeat Steps 2 and 3 as necessary.

Step 7

Determine eligibility based on the five eligibility criteria.

Document information in the case record to support the decision.

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

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

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

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

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

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

Staff Acknowledgement regarding Step 2

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

Step 8

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

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

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

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

Reasons for denial include but are not limited to:

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

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

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

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

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

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

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

Termination of Coverage

Expiration of Coverage:

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

Termination:

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

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

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

DENIAL DECISION DISPUTES

Responses Regarding a Denial Decision

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

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

The Household/Client Appeal Process

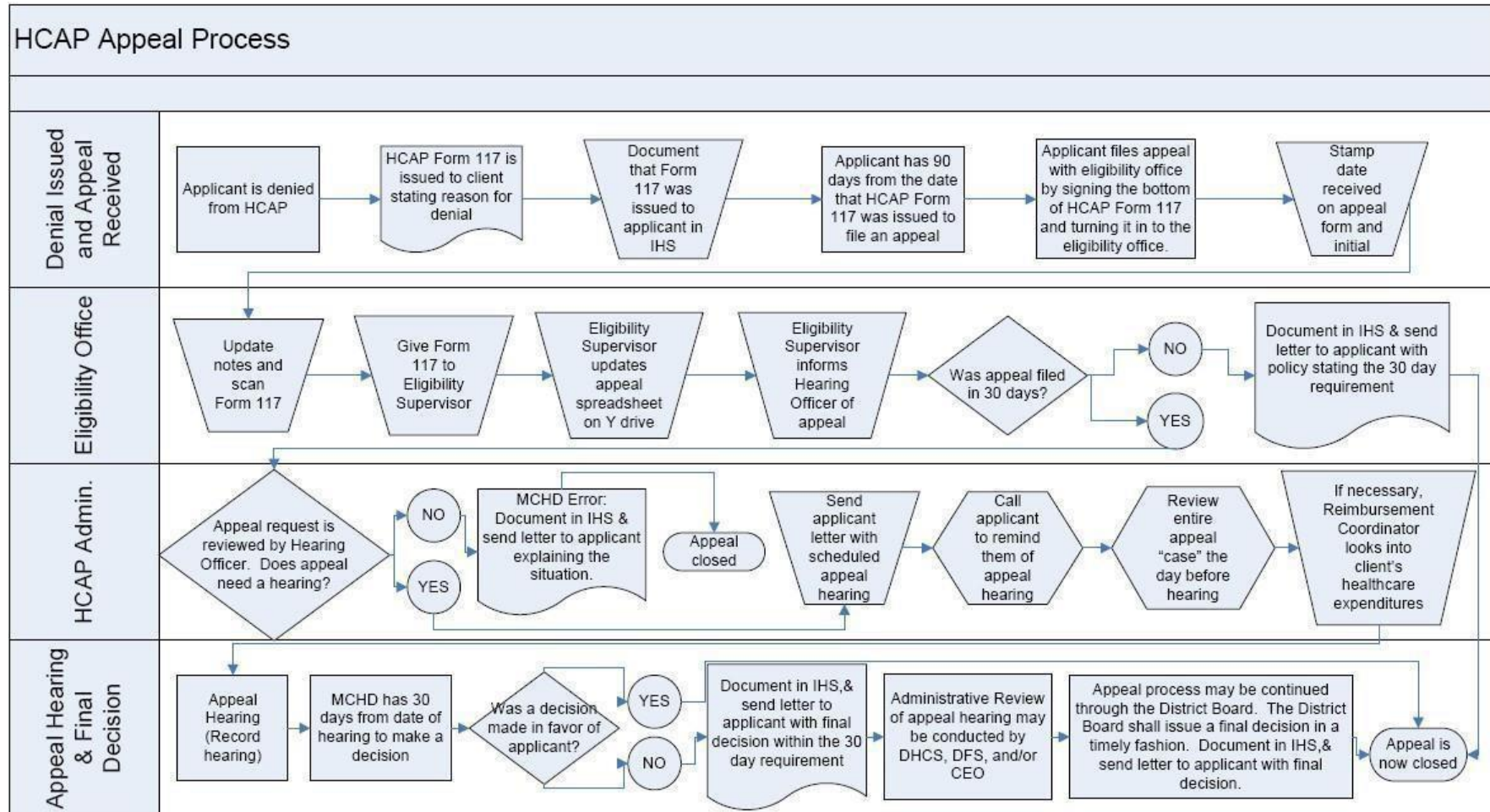
- ✓ The Household/Client may appeal any eligibility decision by signing the bottom of HCAP Form 117, Notice of Ineligibility within 30 days from the date of denial.
- ✓ District will have 14 days from the date HCAP Form 117 was received in the MCICP eligibility office with the appropriate signature to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

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

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

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

MCICP Appeal Process Flowchart



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

SECTION FOUR

SERVICE DELIVERY

SERVICE DELIVERY

General Principles

- ✓ MCHD shall provide or arrange for the basic health care services established by TDSHS or less restrictive health care services.
 - The basic health care services are:
 - Physician services
 - Annual physical examinations
 - Immunizations
 - Medical screening services
 - ✓ Blood pressure
 - ✓ Blood sugar
 - ✓ Cholesterol screening
 - Laboratory and x-ray services
 - 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 MCICP client is, excluding Oncology clients:
 1. \$60,000; or
 2. the payment of 30 days of hospitalization or treatment in a SNF, or both, or \$60,000, whichever occurs first.

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

BASIC HEALTH CARE SERVICES

MCHD-established Basic Health Care Services:

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

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

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

illnesses such as psychoses, neurotic disorders, personality disorders, and other nonpsychotic mental disorders.

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

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

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

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

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

Diabetic Medical Supplies and Equipment:

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

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

- ✓ Test strips, alcohol prep pads, lancets, glucometers, insulin syringes and pen needles.

- ✓ These items do not count toward the three prescription drugs per month limitation.

Durable Medical Equipment:

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

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

Items covered with MCHD authorization are:

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

Durable Medical Equipment:

Description
Digital blood pressure & pulse monitor
Oxygen, gaseous, per cubic ft
Oxygen contents, liq. Per lb
Oxygen contents, liq. Per 100 lbs
Tubing (oxygen), per foot
Mouth Piece
Variable concentration mask
Disposable kit (pipe style)
Disposable kit (mask style)
Mask w/ headgear
6’ tubing

Filters
Cane with tip [New]
Cane with tip [Monthly Rental]
Cane, quad or 3 prong, with tips [New]
Cane, quad or 3 prong, with tips [Monthly Rental]
Crutches, underarm, wood, pair with pads, tips, handgrips [New]
Crutches, underarm, wood, pair with pads, tips, handgrips [Monthly Rental]
Crutch, underarm, wood, each with pad, tip, handgrip
Crutch, underarm, wood, each with pad, tip, handgrip [Monthly Report]
Walker, folding (pickup) adjustable or fixed height [New]
Walker, folding (pickup) adjustable or fixed height [Monthly Rental]
Walker, folding with wheels
Portable oxygen [Rental] Includes: regulator, cart and (2) tanks per month
Nebulizer, with compressor [New]
Nebulizer, durable, glass or autoclavable plastic, bottle [New]
Nebulizer, durable, glass or autoclavable plastic, bottle [Monthly Rental]
Wheelchair, standard [New]
Wheelchair, standard [Monthly Rental]

Oxygen Concentrator, Capable of delivering 85% or > Oxygen Concen at Percs Flw Rt [Monthly Rental]
Standard wheelchair
Lightweight wheelchair
Ultra lightweight wheelchair
Elevating leg rests, pair
Continuous positive airway pressure (CPAP) device [monthly rental up to purchase]
Orthopedic braces [monthly rental up to purchase]
Wound care supplies

Emergency Medical Services:

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

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

Federally Qualified Health Center (FQHC) Services:

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

Home Health Care Services

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

The hospital district requires the provider to receive prior authorization.

Occupational Therapy Services:

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

The hospital district requires the provider to receive prior authorization.

Physician Assistant (PA) Services:

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

Physical Therapy Services:

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

The hospital district requires the provider to receive prior authorization.

EXCLUSIONS AND LIMITATIONS

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

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

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

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

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

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

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

Conflicts In Other Agreements:

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

SERVICE DELIVERY DISPUTES

Appeals of Adverse Benefits Determinations

All claims and questions regarding health claims should be directed to the HCAP Bill Pay team. MCHD shall be ultimately and finally responsible for adjudicating such claims and for providing full and fair review of the decision on such claims in accordance with the following provisions. Benefits under the Plan will be paid only if MCHD decides in its discretion that the Provider is entitled to them under the applicable Plan rules and regulations in effect at the time services were rendered.

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

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

Full and Fair Review of All Claims

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

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

First Appeal Level

Requirements for First Appeal

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

Claims Appeal

HCAPbillpay@mchd-tx.org

Fax Number: 936-523-5137

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

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

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

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

Timing of Notification of Benefit Determination on First Appeal

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

Pre-service Non-urgent Care Claims

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

Concurrent Care Claims

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

Post-service Claims

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

Calculating Time Periods

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

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

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

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

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

Second Appeal Level

Adverse Decision on First Appeal; Requirements for Second Appeal

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

Timing of Notification of Benefit Determination on Second Appeal

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

Pre-service Non-urgent Care Claims

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

Concurrent Care Claims

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

Post-service Claims

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

Calculating Time Periods

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

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

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

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

Decision on Second Appeal to be Final

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

Appointment of Authorized Representative

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

MANDATED PROVIDER INFORMATION

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

Continuity of Care:

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

Prior Approval:

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

Mandatory Notification Requirements:

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

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

Authorization:

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

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

Emergency Defined:

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

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

Emergency Medical Services:

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

Reimbursement:

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

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

Return to Mandated Provider:

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

Appeal:

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

SECTION FIVE FORMS

FORMS

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

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

APPENDIX I GLOSSARY OF TERMS

GLOSSARY

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

Accessible Resources - Resources legally available to the household.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The District – Montgomery County Hospital District

Domicile - A residence

DSHS - Department of State Health Services (Texas DSHS)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Gross Income - Income before deductions.

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

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

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

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

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

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

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

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

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

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

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

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

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

Net income - Gross income minus allowable deductions.

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

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

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

Real Property - Land and any improvements on it.

Reimbursement - Repayment for a specific item or service.

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

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

Relationship also extends to:

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

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

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

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

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

TDSHS – Texas Department of State Health Services

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

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

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

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

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

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

**APPENDIX II
MCHD'S ENABLING
LEGISLATION**

MONTGOMERY COUNTY HOSPITAL DISTRICT'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT¹

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(f) The county assumes all debts and obligations of the district relating to the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment at the

time of the transfer. If the district also transfers the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the county assumes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) determine whether the petition is valid; and

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

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

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

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

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

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

(1) the first Saturday in May; or

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

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

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

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

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

of the most recent election to dissolve the district.

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

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

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

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

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

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

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

APPENDIX III
CHAPTER 61

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

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

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

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

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

**APPENDIX IV
TEXAS
ADMINISTRATIVE
CODE SUBCHAPTERS**

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

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

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

The CIHCP rules may be accessed at:

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

**APPENDIX V
FEDERAL POVERTY
GUIDELINES**

FEDERAL POVERTY GUIDELINES

FAMILY SIZE	21% FPIL
1	<u>\$274,279</u>
2	<u>\$370,379</u>
3	<u>\$466,478</u>
4	<u>\$563,578</u>
5	<u>\$659,677</u>
6	<u>\$755,776</u>
7	<u>\$851,876</u>
8	<u>\$948,975</u>
9	<u>\$1,044,075</u>
10	<u>\$1,140,174</u>
11	<u>\$1,236,273</u>
12	<u>\$1,333,373</u>

* Effective 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 1(F), no provision herein is intended to affect any waiver of liability or immunity from liability to which either party may be entitled by laws affecting governmental entities.

II. LIABILITY

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

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

III. NOTICES

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

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

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

IV. TERM

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

V.
TERMINATION

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

VI.
APPROPRIATIONS AND CURRENT REVENUES

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


VII.
AMENDMENT

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

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

PASSED AND APPROVED to become effective on the Effective Date.

MONTGOMERY COUNTY HOSPITAL
DISTRICT


By: Randy Johnson, Chief Executive
Officer

Date: March 25, 2014

MONTGOMERY COUNTY, TEXAS

By: Alan B. Sadler, County Judge

Date: _____

Attest:

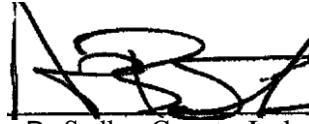
Mark Turnbull, County Clerk

MONTGOMERY COUNTY HOSPITAL
DISTRICT

By: Randy Johnson, Chief Executive
Officer

Date: _____

MONTGOMERY COUNTY, TEXAS



By: Ala B. Sadler, County Judge

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

Attest:



Mark Turnbull, County Clerk

APPENDIX VII
MCHD
HCAP FORMULARY

Montgomery County Hospital District

Medical Assistance Plan

Handbook Procedures and Guidelines

Revised ~~May 1, 2025~~ April 1, 2026

Board Reviewed/Approved

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MONTGOMERY COUNTY HOSPITAL DISTRICT

MEDICAL ASSISTANCE PLAN HANDBOOK

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

TECHNICAL ASSISTANCE

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

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

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

Friday:
7:30am - 11:30am

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

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

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

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

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

Luis Vasquez
HCAP Asst. Manager
Ext. 5126
E-mail: lvasquez@mchd-tx.org

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

SECTION ONE PLAN ADMINISTRATION

INTRODUCTION

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

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

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

SECTION ONE
PLAN ADMINISTRATION
INTRODUCTION

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

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

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

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

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

SECTION ONE
PLAN ADMINISTRATION
INTRODUCTION

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

MCHD MAP Handbook

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

The purpose of the MCHD MAP Handbook is to:

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

GENERAL ADMINISTRATION

MCHD Responsibility

The District will:

- Administer a county wide indigent health care Program
- Serve all of and only Montgomery County's Needy Inhabitants
 - Needy inhabitants is defined by the district as any individual who meets the eligibility criteria for the Plan as defined herein and who meet an income level from 21-150% of FPIL
- Provide basic health care services to eligible Montgomery County residents who have a medical necessity for healthcare
- Follow the policies and procedures described in this handbook, save and except that any contrary and/or conflicting provisions in any contract or agreement approved by the District's Board of Directors shall supersede and take precedence over any conflicting provisions contained in this Handbook. (See Exclusions And Limitations section below).
- Establish an application process
- Establish procedures for administrative hearings that provide for appropriate due process, including procedures for appeals requested by clients that are denied
- Adopt reasonable procedures
 - For minimizing the opportunity for fraud
 - For establishing and maintaining methods for detecting and identifying situations in which a question of fraud may exist, and
 - For administrative hearings to be conducted on disqualifying persons in cases where fraud appears to exist
- Maintain the records relating to an application at least until the end of the third complete MCHD fiscal year following the date on which the application is submitted

SECTION ONE
PLAN ADMINISTRATION
GENERAL ADMINISTRATION

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

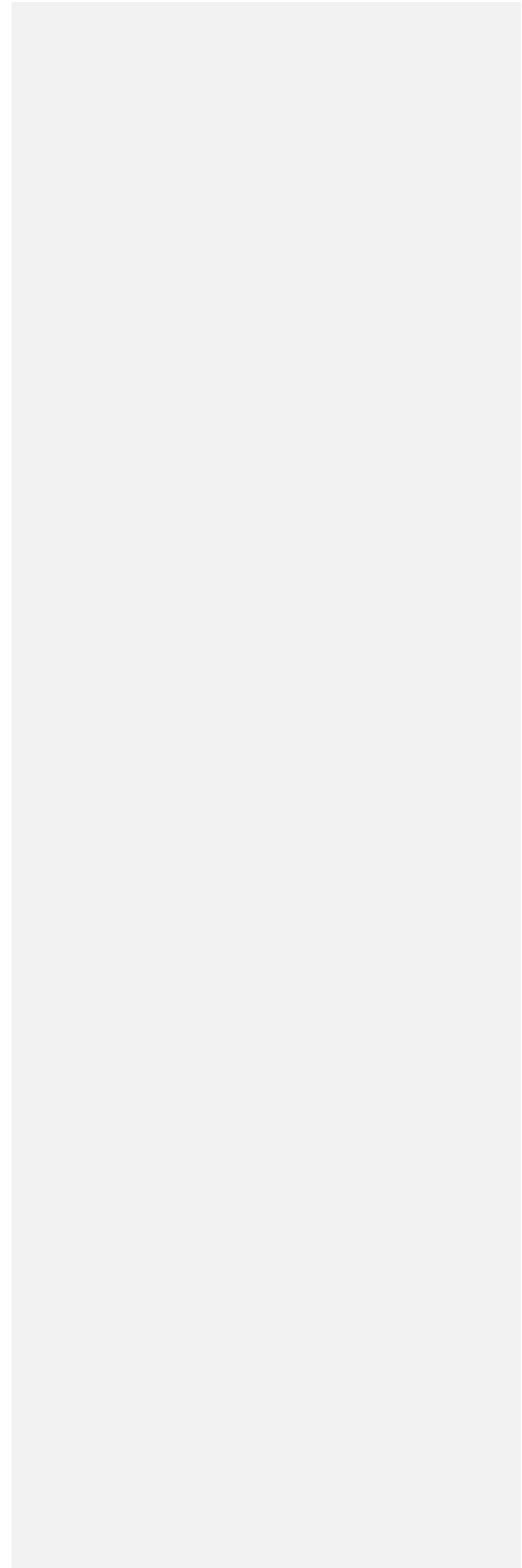
If there is ever a question as to whether or not an applicant should be exempt from work registration, contact the local Texas Workforce Commission (TWC) office when in doubt.

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

SECTION ONE
PLAN ADMINISTRATION
GENERAL ADMINISTRATION

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

SECTION TWO ELIGIBILITY CRITERIA



RESIDENCE

General Principles

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

SECTION TWO
ELIGIBILITY CRITERIA
RESIDENCE

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

Verifying Residence

Verify residence for all clients.

Proof may include but is not limited to:

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

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

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

Documenting Residence

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

CITIZENSHIP

General Principles

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

Applicants must be one of the following:

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

SECTION TWO
ELIGIBILITY CRITERIA
CITIZENSHIP

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

HOUSEHOLD

General Principles

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

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

MCHD MAP Household

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

Disqualified Persons

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

SECTION TWO
ELIGIBILITY CRITERIA
HOUSEHOLD

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

- A Medicaid recipient who partially exhausts some component of his Medicaid benefits,

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

MCHD MAP One-Person Household

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

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

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

Verifying Household

All households are verified.

Proof may include but is not limited to:

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

Documenting Household

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

RESOURCES

General Principles

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

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

Alien Sponsor's Resources

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

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

Sec.61.012. REIMBURSEMENT FOR SERVICES.

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

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

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

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

Bank Accounts

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

Burial Insurance (Prepaid)

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

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

Burial Plots

Exempt all burial plots.

Crime Victim's Compensation Payments

Exempt.

Energy Assistance Payments

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

Exemption: Resources/Income Payments

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

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

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

Homestead

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

SECTION TWO
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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.

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

Personal Possessions

Exempt.

Real Property

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

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

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

Reimbursement

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

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

Retirement Accounts

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

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

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

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

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

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

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

Exclude all retirement accounts or plans established under:

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

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

Trust Fund

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

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

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

Vehicles

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

How To Determine Fair Market Value of Vehicles.

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

Penalty for Transferring Resources

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

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

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

Use the chart below to determine the length of denial.

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

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

Verifying Resources

Verify all countable resources.

Proof may include but is not limited to:

- Bank account statements and
- Award letters.

Documenting Resources

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

INCOME

General Principles

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

Adoption Payments

Exempt.

Alien Sponsor's Income

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

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

Sec. 61.012. REIMBURSEMENT FOR SERVICES.

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

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

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

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

Cash Gifts and Contributions

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

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

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

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

Child's Earned Income

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

Child Support Payments

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.

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

In-Kind Income

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

Interest

Count as unearned income.

Job Training

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

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

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

Loans (Non-educational)

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

Lump-Sum Payments

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

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

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

Effective January 1, 2013 exempt federal tax refunds permanently as income and resources for 12 months after receipt. Exempt the Earned

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Income Credit (EIC) for a period of 12 months after receipt through December 31, 2018.

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

Military Pay

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

Mineral Rights

Count payments for mineral rights as unearned income.

Pensions

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

Reimbursement

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

RSDI Payments

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

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

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

Self-Employment Income

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.

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

Other Types of Benefits and Payments

Exempt benefits and payments from the following programs:

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

Verifying Income

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

Proof may include but is not limited to:

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

Documenting Income

On HCAP Form 101, document the following items.

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

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

The following exceptions apply:

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

BUDGETING INCOME

General Principles

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

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

Steps for Budgeting Income

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

Step 1

Determine countable income.

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

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

Step 2

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

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

Self-employment Income.

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

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

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

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

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

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

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

Step 3

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

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

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

Step 4

Convert self-employment allowable costs to monthly amounts.

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

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

Step 5

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

Step 6

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

Step 7

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

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

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

Step 8

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

SECTION TWO
ELIGIBILITY CRITERIA
BUDGETING INCOME

Deductions for Medicaid-Eligible Individuals

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

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

Step 9

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

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

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

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

Step 10

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

SECTION TWO
 ELIGIBILITY CRITERIA
 BUDGETING INCOME

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

5/1/2025 / 1/1/2026

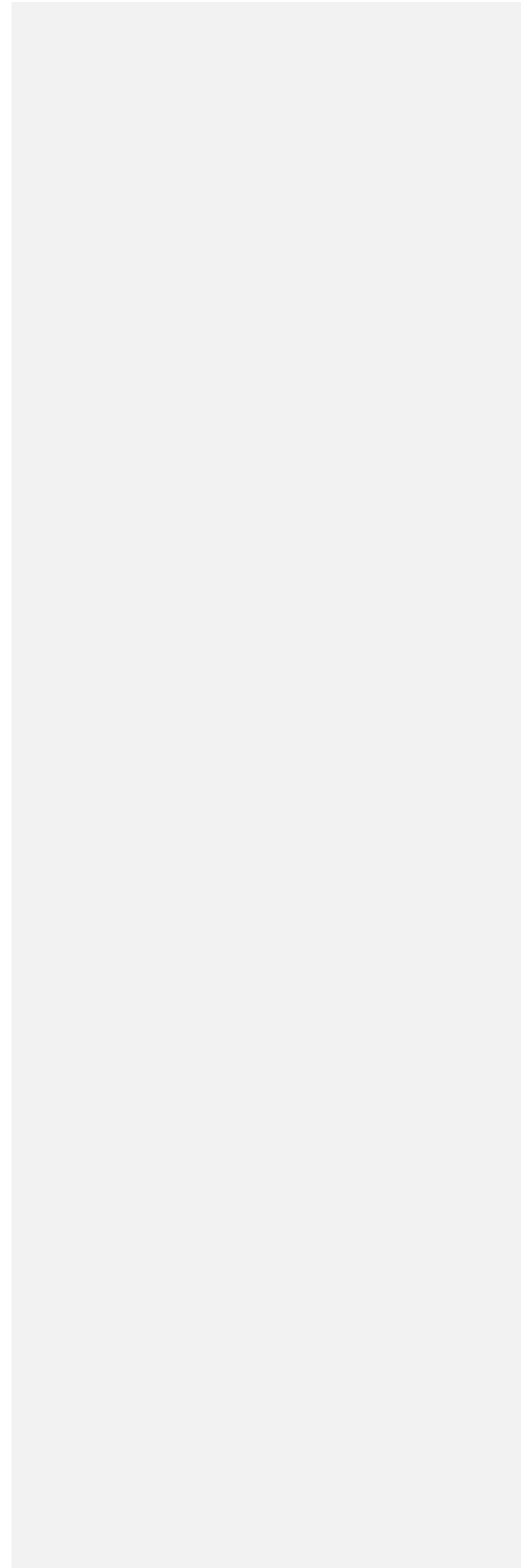
21- 150% FPIL

# of Individuals in the MAP Household	Income Standard 21% FPIL	Income Standard 150% FPIL
1	<u>\$274,279</u>	<u>\$1,956,199</u>
2	<u>\$379,379</u>	<u>\$2,644,705</u>
3	<u>\$466,478</u>	<u>\$3,331,415</u>
4	<u>\$563,578</u>	<u>\$4,019,125</u>
5	<u>\$659,677</u>	<u>\$4,706,835</u>
6	<u>\$755,776</u>	<u>\$5,394,545</u>
7	<u>\$851,876</u>	<u>\$6,081,255</u>
8	<u>\$948,975</u>	<u>\$6,769,965</u>
9	<u>\$1,044,075</u>	<u>\$7,456,675</u>
10	<u>\$1,140,174</u>	<u>\$8,144,385</u>
11	<u>\$1,236,273</u>	<u>\$8,831,095</u>
12	<u>\$1,331,373</u>	<u>\$9,519,805</u>

Note: Based on the ~~2025~~2026 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.

SECTION THREE
CASE PROCESSING

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

SECTION THREE
CASE PROCESSING

- Have his application considered without regard to race, color, religion, creed, national origin, age, sex, disability, or political belief;
 - Request a review of the decision made on his application or re-certification for health care assistance; and
 - Request, orally and in writing, a fair hearing about actions affecting receipt or termination of health care assistance.
- The applicant is responsible for:

- Completing the HCAP Form 100 accurately.

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

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

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

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

SECTION THREE
CASE PROCESSING

- Reporting changes, which affect eligibility, within 14 days after the date that the change actually occurred. Failure to report changes could result in repayment of expenditures paid.
- Any changes in income, resources, residency other than federal cost of living adjustments mandates re application and reconsideration of determination.
- To cooperate or follow through with an application process for any other source of medical assistance before being processed for the Medical Assistance Plan, since MCHD is a payor of last resort.
- Note: Misrepresentation of facts or any attempt by any applicant or interested party to circumvent the policies of the district in order to become or remain eligible is grounds for immediate and permanent refusal of assistance. Furthermore, if a client fails to furnish any requested information or documentation, the application will be denied.
- The Montgomery County Hospital District has installed a comprehensive video and audio recording system in the Health Care Assistance Program office suite. This system serves many purposes. This system is designed to ensure quality services and to provide a level of security for the staff. It also provides documentation of client interviews which is useful in reducing fraud and abuse of the system. The recordings provide the staff protection against false claims from disgruntled clients, and ensure accuracy in connection with HCAP client interviews. All persons who apply for services, renewal of services, or other issues with the Health Care Assistance Program shall be subject to the video and audio taping equipment of the Montgomery County Hospital District.

PROCESSING AN APPLICATION

Steps for Processing an Application

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

Step 1

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

Step 2

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

Step 3

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

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

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

SECTION THREE
CASE PROCESSING
PROCESSING AN APPLICATION

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

Step 4

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

Step 5

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

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

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

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

Step 6

Repeat Steps 2 and 3 as necessary.

Step 7

Determine eligibility based on the five eligibility criteria.

Document information in the case record to support the decision.

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

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

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:

SECTION THREE
CASE PROCESSING
PROCESSING AN APPLICATION

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.

SECTION THREE
CASE PROCESSING
PROCESSING AN APPLICATION

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.

SECTION THREE
CASE PROCESSING
DENIAL DECISION DISPUTES

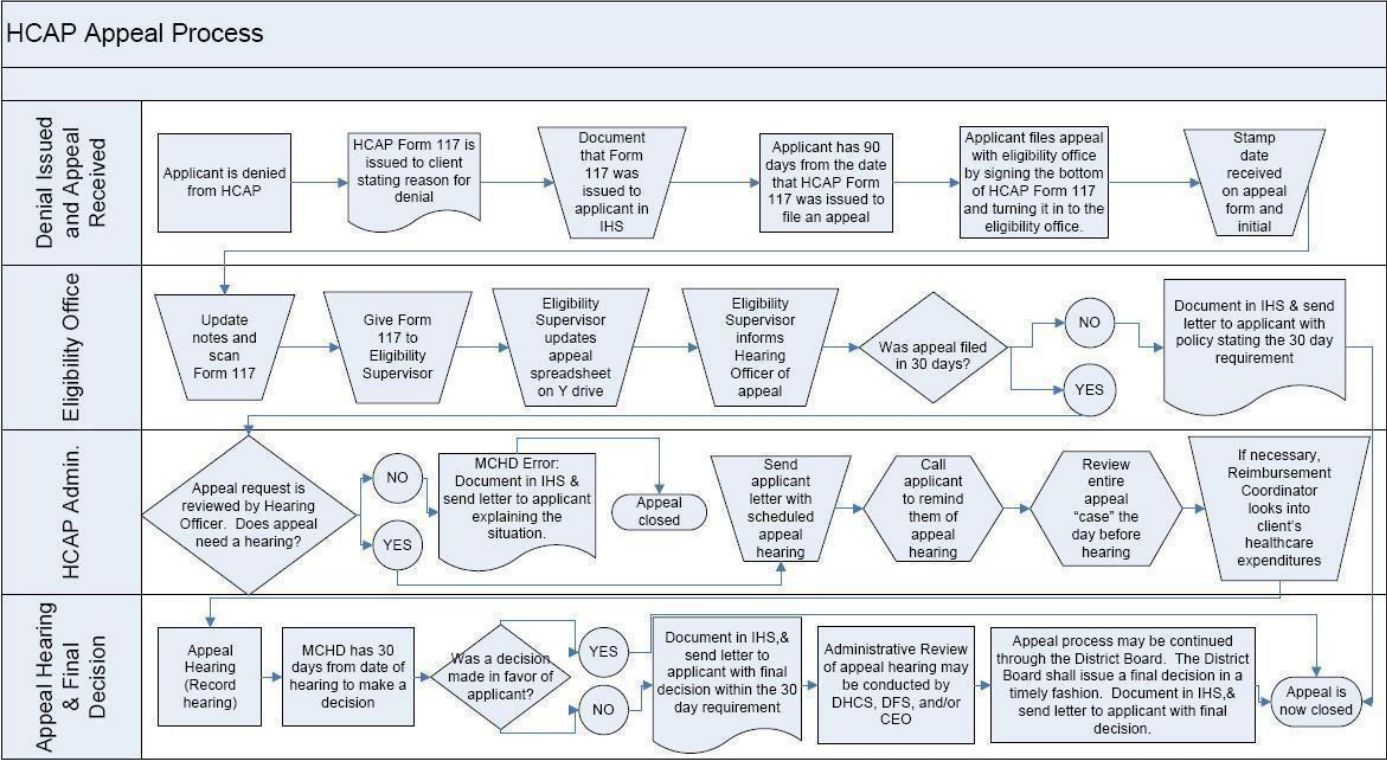
The decision as to whether or not an appeal is necessary is decided upon by the Hearing Officer after reviewing the case.

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

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

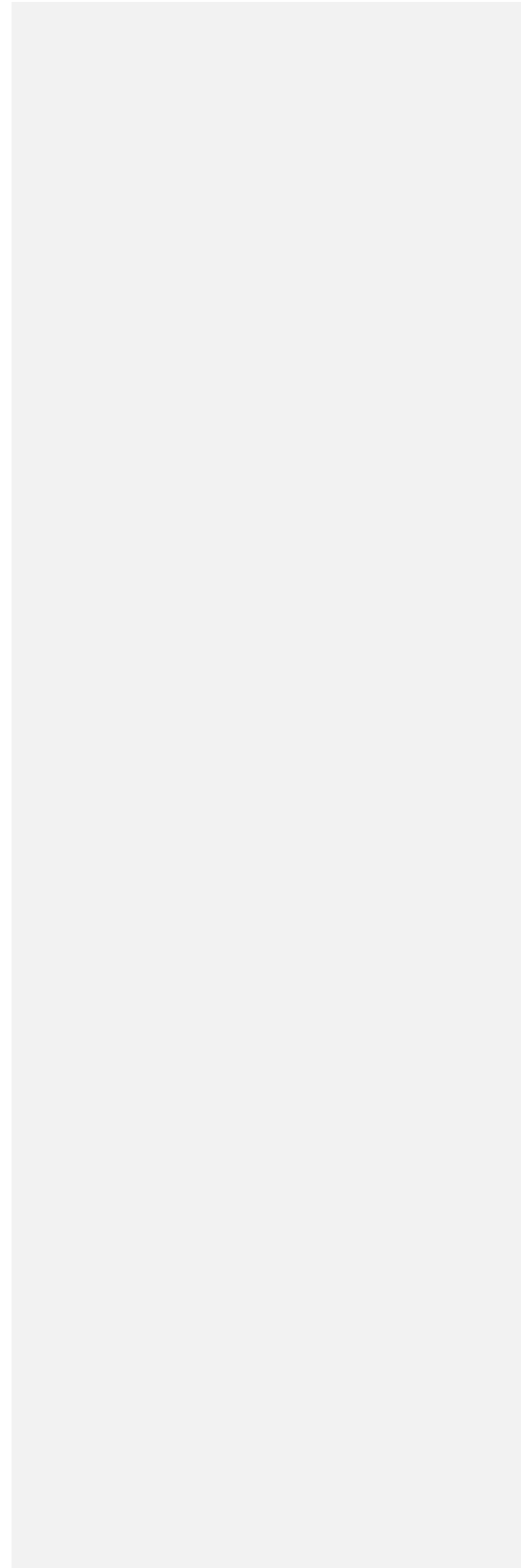
SECTION THREE
CASE PROCESSING
DENIAL DECISION DISPUTES

MAP Appeal Process Flowchart



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

SECTION FOUR SERVICE DELIVERY



SERVICE DELIVERY

General Principles

- MCHD shall provide or arrange for the basic health care services established by TDSHS or less restrictive health care services.
 - The basic health care services are:
 - Physician services
 - Annual physical examinations
 - Immunizations
 - Medical screening services
 - Blood pressure
 - Blood sugar
 - Cholesterol screening
 - Laboratory and x-ray services
 - 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)

SECTION FOUR
SERVICE DELIVERY

- 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 MAP client is, excluding Oncology clients:
 1. \$60,000; or
 2. the payment of 30 days of hospitalization or treatment in a SNF, or both, or \$60,000, whichever occurs first.

SECTION FOUR
SERVICE DELIVERY

a. 30 days of hospitalization refers to inpatient hospitalization.

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

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

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

Services for which co-payments are requested:

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

Basic and Extended Health Care Services do not Include Services and Supplies that:

- Are provided to a patient before or after the time period the patient is eligible for the MCHD Medical Assistance Plan;
- Are payable by or available under any health, accident, or other insurance coverage; by any private or governmental benefit system; by any legally liable third party, or under other contract;
- Are provided by military medical facilities, Veterans Administration facilities, or United States public health service hospitals;
- Are related to any condition covered under the worker's compensation laws or any other payor source.

BASIC HEALTH CARE SERVICES

MCHD-established Basic Health Care Services:

- **Annual Physical Examinations**
- **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,

SECTION FOUR
SERVICE DELIVERY
BASIC HEALTH CARE SERVICES

- 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.

SECTION FOUR
SERVICE DELIVERY
BASIC HEALTH CARE SERVICES

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.

SECTION FOUR
SERVICE DELIVERY
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 (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

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SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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.

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- 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.

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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]

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SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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 Concentration at Prescribed Flow Rate [Monthly Rental]
Standard wheelchair
Lightweight wheelchair
Ultra lightweight wheelchair
Elevating leg rests, pair
Continuous positive airway pressure (CPAP) device [monthly rental up to purchase]

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

Emergency Medical Services:

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

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

Federally Qualified Health Center (FQHC) Services:

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

Home Health Care Services

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

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SERVICE DELIVERY
EXTENDED HEALTH CARE SERVICES

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

The hospital district requires the provider to receive prior authorization.

Physician Assistant (PA) Services:

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

Physical Therapy Services:

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

The hospital district requires the provider to receive prior authorization.

EXCLUSIONS AND LIMITATIONS

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

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

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SERVICE DELIVERY
EXCLUSIONS AND LIMITATIONS

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

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

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

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

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

Conflicts In Other Agreements:

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

SERVICE DELIVERY DISPUTES

Appeals of Adverse Benefits Determinations

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

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

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

Full and Fair Review of All Claims

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

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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.

SECTION FOUR
SERVICE DELIVERY
MANDATED PROVIDER INFORMATION

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

Authorization:

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

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

Emergency Defined:

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

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

Emergency Medical Services:

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

SECTION FOUR
SERVICE DELIVERY
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Reimbursement:

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

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

Return to Mandated Provider:

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

Appeal:

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

SECTION FIVE FORMS

FORMS

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

- HCAP Form 100: MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE APPLICATION
- HCAP Form 2: HCAP APPOINTMENT CARD
- HCAP Form 3: HCAP BEHAVIORAL GUIDELINES
- HCAP Form A: ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FORM
- HCAP Form B: ASSET AND BACKGROUND CHECK FORM
- HCAP Form C: MEDICAL HISTORY FORM
- HCAP Form D: RELEASE FORM
- HCAP Form E: SUBROGATION FORM
- HCAP Form F: PROOF OF CITIZENSHIP FOR MCHD HCAP
- HCAP Form G: HOW TO CONTACT THE ELIGIBILITY OFFICE REGARDING YOUR SSI STATUS
- HCAP Form H: REPRESENTATION AND ACKNOWLEDGEMENT FORM
- HCAP Form I: ASSIGNMENT OF HEALTH INSURANCE PROCEEDS
- HCAP Form J: HCAP FRAUD POLICY AND PROCEDURES
- HCAP Form 12: REQUEST FOR INFORMATION
- HCAP Form 101: WORKSHEET (*Electronic Version*)
- HCAP Form 102: STATEMENT OF SUPPORT
- HCAP Form 103: REQUEST FOR DOMICILE VERIFICATION
- HCAP Form 104: AFFIDAVIT REGARDING MARITAL STATUS AND FINANCIAL SUPPORT
- HCAP Form 109: NOTICE OF ELIGIBILITY (*Electronic Version*)
- HCAP Form 110: HCAP IDENTIFICATION CARD
- HCAP Form 117: NOTICE OF INELIGIBILITY (*Electronic Version*)
- HCAP Form 120: NOTICE OF INCOMPLETE APPLICATION
- HCAP Form 200: EMPLOYER VERIFICATION FORM
- HCAP Form 201: SELF-EMPLOYMENT VERIFICATION FORM

APPENDIX I GLOSSARY OF TERMS

GLOSSARY

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

Accessible Resources - Resources legally available to the household.

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

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

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

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

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

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

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

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

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

Common Law Marriage - Relationship recognized under Texas law in which the parties age 18 or older are free to marry, live together, and hold out to the public that they are husband and wife. A man and a woman who want to establish a common-law marriage must sign a form provided by the county clerk. In addition, they must (1) agree to be married, (2) cohabit, and (3) represent to others that they are married.

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

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

- The applicant's full name and address,

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GLOSSARY OF TERMS

- The applicant's county of residence is Montgomery County,
- The names of everyone who lives in the house with the applicant and their relationship to the applicant,
- The type and value of the MCHD MAP household's resources,
- The MCHD MAP household's monthly gross income,
- Information about any health care assistance that household members may receive,
- The applicant's Social Security number,
- All needed information, such as verifications.

The date that Form 100 and all information necessary to make an eligibility determination is received is the application completion date.

Co-payments – The amount requested from the client to help contribute to their healthcare expenses. Also known and referenced as “co-pays” in some MAP documents.

County – A county not fully served by a public facility, namely, a public hospital or a hospital district; or a county that provides indigent health care services to its eligible residents through a hospital established by a board of managers jointly appointed by a county and a municipality

Days - All days are calendar days, except as specifically identified as workdays.

Denial Date – The date that Form 117, Notice of Ineligibility, is issued to the candidate.

Disabled Person - Someone who is physically or mentally unfit for employment.

A disabled person includes:

1. A person approved for SSI, Social Security disability, or blindness.
2. A veteran who receives VA benefits because he/she is rated a 100% service-connected disability or who according to the VA needs regular aid and attendance or is permanently housebound.
3. A surviving spouse of a deceased veteran who meets one of the following criteria according to the VA.
 - Needs regular aid and attendance
 - Permanently housebound
 - Approved for VA benefits because of the veteran's death and could be considered permanently disabled for social security purposes.

4. A surviving child (any age) of a deceased veteran who the VA has determined is:
 - Permanently incapable of self-support, or
 - Approved for benefits because of the veteran's death and could be considered permanently disable for social security purpose.
5. A person receiving disability retirement benefits from any government agency for a disability that could be considered permanent for social security purposes.
6. A person receiving Railroad Retirement Disability, who is also covered by Medicare.

Note: Permanent disability for Social Security purposes is any of the following conditions that may be obvious by observation or may require a physician's opinion:

- Permanent loss of use of both hands, both feet, or one hand and one foot;
- Amputation of leg at hip
- Amputation of leg or foot because of diabetes mellitus or peripheral vascular diseases;
- Total deafness, not correctable by surgery or hearing aid;
- Statutory blindness, unless caused by cataracts or detached retina;
- IQ 59 or less, established after the person becomes 16 years old;
- Spinal cord or nerve root lesion resulting in paraplegia or quadriplegia;
- Multiple sclerosis in which there is damage to the nervous system caused by scattered areas of inflammation. The inflammation recurs and has progressed to varied interferences with the function of the nervous system, including severe muscle weakness, paralysis, and vision and speech defects.
- Muscular dystrophy with irreversible wasting of the muscles, impairing the ability to use arms or legs;
- Impaired renal function caused by chronic renal disease, resulting in severely reduced function which may require dialysis or kidney transplant;
- Amputation of a limb of a person at least 55 years old;
- Acquired Immune Deficiency Syndrome (AIDS) progressed so that it results in extensive and/or recurring physical or mental impairment.

Disqualified Person – A person receiving or is categorically eligible to receive Medicaid.

The District – Montgomery County Hospital District

Domicile - A residence

DSHS - Department of State Health Services (Texas DSHS)

Earned Income - Income a person receives for a certain degree of activity or work. Earned income is related to employment and, therefore, entitles the person to work-related deductions not allowed for unearned income.

Eligible Montgomery County Resident - An eligible county resident must reside in Montgomery County, and meets the resource, income, and citizenship requirements.

Eligibility (Effective) Date - The date that a client becomes qualified for benefits.

Eligibility End (Expiration) Date – The date that a client's eligibility ends

Eligibility Staff - Individuals who determine Plan eligibility may be hospital district personnel, or persons under contract with the hospital district to determine Plan eligibility.

Emancipated Minor - A person under age 18 who has been married as recognized under Texas law. The marriage must not have been annulled.

Emergency medical condition - Is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy,
- Serious impairment of bodily functions, or
- Serious dysfunction of any bodily organ or part.

Equity - The amount of money that would be available to the owner after the sale of a resource. Determine this amount by subtracting from the fair market value any money owed on the item and the costs normally associated with the sale and transfer of the item.

Expenditure - Funds spent on basic or extended health care services.

Expenditure Tracking - A hospital district should track monthly basic and extended health care expenditures.

Extended Services – MCHD approved, extended health care services that the hospital district determines to be necessary and cost-effective and chooses to provide.

Fair Market Value - The amount a resource would bring if sold on the current local market.

Gross Income - Income before deductions.

GRTL - The county's General Revenue Tax Levy (GRTL) is used to determine eligibility for state assistance funds. For information on determining and reporting the GRTL, contact Teri Rodgers, Property Tax Division of the Texas State Comptroller of Public Accounts at 800/252-9121.

Hospital District - A hospital district created under the authority of the Texas Constitution Article IX, Sections 4 – 11.

Identifiable Application- An application is identifiable if it includes: the applicant's name, the applicant's address, the applicant's social security number, the applicant's date of birth, the applicant's signature, and the date the applicant signed the application.

Identifiable Application Date- The date on which an identifiable application is received from an applicant.

Inaccessible Resources - Resources not legally available to the household. Examples include but are not limited to irrevocable trust funds, property in probate, security deposits on rental property and utilities.

Income - Any type of payment that is of gain or benefit to a household.

Managing Conservator - A person designated by a court to have daily responsibility for a child.

Mandated Provider - A health care provider, selected by the hospital district, who agrees to provide health care services to eligible clients.

Married Minor - An individual, age 14-17, who is married as such is recognized under the laws of the State of Texas. These individuals must have parental consent or court permission. An individual under age 18 may not be a party to an informal (common law) marriage.

MCHD Fiscal Year - The twelve-month period beginning October 1 of each calendar year and ending September 30 of the following calendar year.

Medicaid - The Texas state-paid insurance program for recipients of Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and Medical Assistance Plans for families and children.

Midlevel Practitioner – An Individual healthcare practitioner other than a physician, dentist or podiatrist, who is licensed, registered, or otherwise, permitted in the State of Texas who practices professional medicine.

Minor Child - A person under age 18 who is not or has not been married and has not had the disabilities of minority removed for general purposes.

Net income - Gross income minus allowable deductions.

Personal Possessions - appliances, clothing, farm equipment, furniture, jewelry, livestock, and other items if the household uses them to meet personal needs essential for daily living.

Public Facility - A hospital owned, operated, or leased by a hospital district.

Public Hospital - A hospital owned, operated, or leased by a county, city, town, or other political subdivision of the state, excluding a hospital district and a hospital authority. For additional information, refer to Chapter 61, Health and Safety Code, Subchapter C.

Real Property - Land and any improvements on it.

Reimbursement - Repayment for a specific item or service.

Relative - A person who has one of the following relationships biologically or by adoption:

- Mother or father,
- Child, grandchild, stepchild,
- Grandmother or grandfather,
- Sister or brother,
- Aunt or uncle,
- Niece or nephew,
- First cousin,
- First cousin once removed, and
- Stepmother or stepfather.

Relationship also extends to:

- The spouse of the relatives listed above, even after the marriage is terminated by death or divorce,
- The degree of great-great aunt/uncle and niece/nephew, and
- The degree of great-great-great grandmother/grandfather.

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Resources - Both liquid and non-liquid assets a person can convert to meet his needs. Examples include but are not limited to: bank accounts, boats, bonds, campers, cash, certificates of deposit, gas rights, livestock (unless the livestock is used to meet personal needs essential for daily living), mineral rights, notes, oil rights, real estate (including buildings and land, other than a homestead), stocks, and vehicles.

Service Area - The geographic region in which a hospital district has a legal obligation to provide health care services.

Sponsored Alien – a sponsored alien means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

Status Date – The date when the hospital district make a change to a clients status.

TDSHS – Texas Department of State Health Services

Temporary Absence – When a client is absent from Montgomery County for less than or equal to 30 days.

Termination Date - The date that the hospital district ends a client's benefits.

Third Party Administrator (TPA) – The designated TPA shall be Boon-Chapman Benefit Administrators, Inc.

Tip Income - Income earned in addition to wages that is paid by patrons to people employed in service-related occupations, such as beauticians, waiters, valets, pizza delivery staff, etc.

Unearned Income - Payments received without performing work-related activities.

V.A. Veteran – A veteran must have served at least 1 day of active duty military time prior to September 7, 1980 and if service was after that date, at least 24 months of active duty military time to eligible for medical services through the Department of Veteran affairs (Form DD214 may be requested).

**APPENDIX II
MCHD'S ENABLING
LEGISLATION**

MONTGOMERY COUNTY HOSPITAL DISTRICT'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT¹

An Act relating to the creation, administration, maintenance, operation, powers, duties, and financing of the Montgomery County Hospital District of Montgomery County, Texas, by authority of Article IX, Section 9 of the Texas Constitution.

Be it enacted by the Legislature of the State of Texas:

Section 1. In accordance with the provisions of Article IX, Section 9, of the Texas Constitution, this Act authorizes the creation, administration, maintenance, operation, and financing of a hospital district within this state with boundaries coextensive with the boundaries of Montgomery County, Texas, to be known as "Montgomery County Hospital District" with such rights, powers, and duties as provided in this Act.

Sec. 2. The district shall take over and there shall be transferred to it title to all land, buildings, improvements, and equipment pertaining to the hospitals or hospital system owned by the county or any city or town within the boundaries of the proposed district and shall provide for the establishment of a health care or hospital system by the purchase, gift, construction, acquisition, repair, or renovation of buildings and equipment and equipping same and the administration of the system for health care or hospital purposes. The district may take over and may accept title to land, buildings, improvements, and equipment of a nonprofit hospital within the district if the governing

¹ The Montgomery County Hospital District was created in 1977 by the 65th Leg., R.S., Ch. 258. It was amended by the following Acts: Act of 1985, 69th Leg., R.S., Ch. 516; Act of 1991, 72nd Leg., R.S., Ch. 511; Act of 1993, 73rd Leg., R.S., Ch. 267; Act of 1995, Ch. 468; Act of 1999, 76th Leg. R.S., Ch. 747; Act of 2003, 78th Leg. R.S., Ch. 529 (HB 1251); Act of 2005, 79th Leg. R.S.Ch. 690 (SB 264) and Ch. 476 (HB 192).

authority or authorities of the hospital and district agree to the transfer. The district shall assume the outstanding indebtedness incurred by any city or town within the district or by the county for hospital purposes within the boundaries of the district.

Section 3. (a) The district shall not be created nor shall any tax in the district be authorized unless and until the creation and tax are approved by a majority of the electors of the area of the proposed district voting at an election called for that purpose. The election may be called by the commissioners court on presentation of a petition therefor signed by at least 50 electors of the area of the proposed district. The election shall be held not less than 35 nor more than 60 days from the date the election is ordered. The order calling the election shall specify the date, place or places of holding the election, the form of ballot, and the presiding judge and alternate judge for each voting place and shall provide for clerks as in county elections. Notice of election shall be given by publishing a substantial copy of the election order in a newspaper of general circulation in the county once a week for two consecutive weeks, the first publication to appear at least 30 days prior to the date established for the election. The failure of the election shall not operate to prohibit the calling and holding of subsequent elections for the same purposes; provided no district confirmation election shall be held within 12 months of any preceding election for the same purpose. If the district is not confirmed at an election held within 60 months from the effective date of this Act, this Act is repealed.

(b) At the election there shall be submitted to the electors of the area of the proposed district the proposition of whether the hospital district shall be created with authority to levy annual taxes at a rate not to exceed 75 cents on the \$100 valuation on all taxable property situated within the hospital district, subject to hospital district taxation, for the purpose of meeting the requirements of the district's bonds, indebtedness assumed

by it, and its maintenance and operating expenses, and a majority of the electors of the area of the proposed district voting at the election in favor of the proposition shall be sufficient for its adoption.

(c) The form of ballot used at the election on the creation of the district shall be in conformity with Section 61, Texas Election Code, as amended (Article 6.05, Vernon's Texas Election Code), so that ballots may be cast on the following proposition: The creation of Montgomery County Hospital District, providing for the levy of a tax not to exceed 75 cents on each \$100 of valuation on all taxable property situated within the hospital district, subject to hospital district taxation, and providing for the assumption by the district of all outstanding bonds and indebtedness previously issued or incurred for hospital purposes within the boundaries of the proposed hospital district by the county and any city or town therein.

Sec. 4. (a) The district is governed by a board of seven directors. Three of the directors shall be elected at large from the entire district, and the remaining four directors each shall be elected from a different commissioner's precinct in the district, and each shall be a resident of the precinct he represents. Candidates to represent the district at large shall run by position. A qualified elector is entitled to vote for the directors to be elected at large and for the director to be elected from the precinct in which the elector resides. Directors shall serve for terms of four years expiring on the second Tuesday in June. No person may be appointed or elected as a member of the board of directors of the hospital district unless he is a resident of the district and a qualified elector and unless at the time of such election or appointment he shall be more than 21 years of age. No person may be appointed or elected as a director of the hospital district if he holds another appointed or

electd 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 ensuring year, with balances expected at year-end of the year in which the budget is being prepared, and estimated revenues and balances available to cover the proposed budget and the estimated tax rate which will be required. A public hearing on the annual budget shall be held by the board of directors after notice of such hearing has been published one time at least 10 days before the date set therefor. Any person residing in the district shall have the right to be present and participate in the hearing. At the conclusion of the hearing, the budget, as

proposed by the chief administrative officer, shall be acted on by the board of directors. The board of directors shall have authority to make such changes in the budget as in their judgment the law warrants and the interest of the taxpayers demands. No expenditure may be made for any expense not included in the annual budget or an amendment to it. The annual budget may be amended from time to time as the circumstances may require, but the annual budget, and all amendments thereto, shall be approved by the board of directors. As soon as practicable after the close of each fiscal year, the chief administrative officer shall prepare for the board a full sworn statement of all money belonging to the district and a full account of the disbursements of same.

Sec. 8. (a) The board of directors shall have the power and authority to issue and sell its bonds in the name and on the faith and credit of the hospital district for the purchase, construction, acquisition, repair, or renovation of buildings and improvements and equipping the same for health care or hospital purposes, and for any or all such purposes. At the time of the issuance of any bonds by the district, a tax shall be levied by the board sufficient to create an interest and sinking fund to pay the interest and the principal of said bonds as same mature; providing the tax together with any other taxes levied for the district shall not exceed 75 cents on each \$100 valuation of all taxable property situated in the district subject to hospital district taxation in any one year. No bonds shall be issued by such hospital district except refunding bonds until authorized by a majority of the electors of the district. The order for bond election shall specify the date of the election, the amount of bonds to be authorized, the maximum maturity of the bonds, the place or places where the election shall be held, the presiding judge and alternate judge for each voting place, and provide for clerks as in county elections. Notice of any bond

election except one held under the provisions of Section 9 of this Act in which instance notice shall be given as provided in Section 3 of this Act, shall be given as provided in Article 704, Revised Civil Statutes of Texas, 1925, as amended, and shall be conducted in accordance with the Texas Election Code, as amended, except as modified by the provisions of this Act.

(b) Refunding bonds of the district may be issued for the purpose of refunding and paying off any outstanding indebtedness it has issued or assumed. Such refunding bonds may be sold and the proceeds thereof applied to the payment of outstanding indebtedness or may be exchanged in whole or in part for not less than a like principal amount of outstanding indebtedness. If the refunding bonds are to be sold and the proceeds hereof applied to the payment of any outstanding indebtedness, the refunding bonds shall be issued and payments made in the manner specified by Chapter 502, Acts of the 54th Legislature, 1955, as amended (Article 717k, Vernon's Texas Civil States).

(c) Bonds of the district shall mature within 40 years of their date, shall be executed in the name of the hospital district and on its behalf by the president of the board and countersigned by the secretary in the manner provided by Chapter 204, Acts of the 57th Legislature, Regular Session, 1961 as amended (Article 717j--1, Vernon's Texas Civil Statutes), shall bear interest at a rate not to exceed that prescribed by Chapter 3, Acts of the 61st Legislature, Regular Session, 1969, as amended (Article 717k--2, Vernon's Texas Civil Statutes), and shall be subject to the same requirements in the manner of approval by the Attorney General of Texas and registration by the Comptroller of Public Accounts of the State of Texas as are by law provided for approval and registration of bonds issued by

counties. On the approval of bonds by the attorney general and registration by the comptroller, the same shall be incontestable for any cause.

(d) The district shall have the same power and authority as cities and counties under The Certificate of Obligation Act of 1971 (Article 2368a.1, Vernon's Texas Civil Statutes) to issue and sell certificates of obligation for permitted purposes under this Act in accordance with the provisions of The Certificate of Obligation Act. Certificates of Obligation shall be issued in conformity with and in the manner specified in The Certificate of Obligation Act, as it may be amended from time to time.

Sec. 9. A petition for an election to create a hospital district, as provided in Section 3 of this Act, may incorporate a request that a separate proposition be submitted at such election as to whether the board of directors of the district, in the event same is created, shall be authorized to issue bonds for the purposes specified in Section 8 of this Act. Such petition shall specify the maximum amount of bonds to be issued and their maximum maturity, and same shall be included in the proposition submitted at the election.

Sec. 9A. The district may issue revenue bonds or certificates of obligation or may incur or assume any other debt only if authorized by a majority of the voters of the district voting in an election held for that purpose. This section does not apply to refunding bonds or other debt incurred solely to refinance an outstanding debt.

Sec. 10. In addition to the power to issue bonds payable from taxes levied by the district, as contemplated by Section 8 of this Act, the board of directors is further authorized to issue and to refund any previously issued revenue bonds for purchasing, constructing, acquiring, repairing, equipping, or renovating buildings and improvements for health care or hospital purposes and for acquiring sites for health care or hospital

purposes, the bonds to be payable from and secured by a pledge of all or any part of the revenues of the district to be derived from the operation of its hospital or health care facilities. The bonds may be additionally secured by a mortgage or deed of trust lien on any part or all of its properties. The bonds shall be issued in the manner and in accordance with the procedures and requirements specified for the issuance of revenue bonds by county hospital authorities in Sections 8 and 10 through 13 of Chapter 122, Acts of the 58th Legislature, 1963 (Article 4494r, Vernon's Texas Civil Statutes).

Sec. 11. (a) The board of directors is hereby given complete discretion as to the type of buildings, both as to number and location, required to establish and maintain an adequate health care or hospital system. The health care or hospital system may include domiciliary care and treatment of the sick, wounded, and injured, hospitals, outpatient clinic or clinics, dispensaries, geriatric domiciliary care and treatment, convalescent home facilities, necessary nurses, domicilaries and training centers, blood banks, community mental health centers and research centers or laboratories, ambulance services, and any other facilities deemed necessary for health or hospital care by the directors. The district, through its board of directors, is further authorized to enter into an operating or management contract with regard to its facilities or a part thereof or may lease all or part of its buildings and facilities on terms and conditions considered to be to the best interest of its inhabitants. Except as provided by Subsection (c) of Section 15 of this Act, the term of a lease may not exceed 25 years from the date entered. The district shall be empowered to sell or otherwise dispose of any property, real or personal, or equipment of any nature on terms and conditions found by the board to be in the best interest of its inhabitants.

(b) The district may sell or exchange a hospital, including real property necessary or convenient for the operation of the hospital and real property that the board of directors finds may be useful in connection with future expansions of the hospital, on terms and conditions the board determines to be in the best interests of the district, by complying with the procedures prescribed by Sections 285.052, Health and Safety Code, and any subsequent amendments.

(c) The board of directors of the district shall have the power to prescribe the method and manner of making purchases and expenditures by and for the hospital district and shall also be authorized to prescribe all accounting and control procedures. All contracts for construction involving the expenditure of more than \$10,000 may be made only after advertising in the manner provided by Chapter 163, Acts of the 42nd Legislature, Regular Session, 1931, as amended (Article 2368a, Vernon's Texas Civil Statutes). The provisions of Article 5160, Revised Civil Statutes of Texas, 1925, as amended, relating to performance and payment bonds shall apply to construction contracts let by the district. The district may acquire equipment for use in its health care or hospital system and mortgage or pledge the property so acquired as security for the payment of the purchase price, but any such contract shall provide for the entire obligation of the district to be retired within five years from the date of the contract. Except as permitted in the preceding sentence and as permitted by Sections 5, 8, 9 and 10 of this Act, the district may incur no obligation payable from any revenues of the district, except those on hand or to be on hand within the then current and following fiscal year of the district.

(d) The board may declare an emergency in the matter of funds not being available to pay principal of and interest on any bonds of the district payable in whole or in part

from taxes or to meet any other needs of the district and may issue negotiable tax anticipation notes to borrow the money needed by the district. Tax anticipation notes may bear interest at any rate or rates authorized by general law and must mature within one year of their date. Tax anticipation notes may be issued for any purpose for which the district is authorized to levy taxes, and tax anticipation notes shall be secured with the proceeds of taxes to be levied by the district in the succeeding 12-month period. The board may covenant with the purchasers of the notes that the board will levy a sufficient tax in the following fiscal year to pay principal of and interest on the notes and pay the costs of collecting the taxes.

Section 12. (a) The board of directors of the district shall name one or more banks within its boundaries to serve as depository for the funds of the district. All funds of the district, except those invested as provided in Section 5 of this Act and those transmitted to a bank or banks of payment for bonds or obligations issued or assumed by the district shall be deposited as received with the depository bank and shall remain on deposit; provided that nothing in this Act shall limit the power of the board to place a portion of such funds on time deposit or purchase certificates of deposit.

(b) Before the district deposits in any bank funds of the district in an amount which exceeds the maximum amount secured by the Federal Deposit Insurance Corporation, the bank shall be required to execute a bond or other security in an amount sufficient to secure from loss the district funds which exceed the amount secured by the Federal Deposit Insurance Corporation.

Sec. 13. (a) The board of directors shall annually levy a tax not to exceed the amount hereinabove permitted for the purpose of paying:

(1) the indebtedness assumed or issued by the district, but no tax shall be levied to pay principal of or interest on revenue bonds issued under the provisions of Section 9 of this Act; and

(2) the maintenance and operating expenses of the district.

(b) In setting the tax rate the board shall take into consideration the income of the district from sources other than taxation. On determination of the amount of tax required to be levied, the board shall make the levy and certify the same to the tax assessor-collector.

Sec. 13A. (a) Notwithstanding Section 26.07(b)(3), Tax Code, a petition to require an election under Section 26.07, Tax Code, on reducing the district's tax rate to the rollback tax rate shall be submitted to the county election administrator of Montgomery County instead of to the board of directors of the district.

(b) Notwithstanding Section 26.07(c), Tax Code, not later than the 20th day after the day a petition is submitted under Subsection (a) of this section, the county elections administrator shall:

(1) determine whether the petition is valid under Section 26.07, Tax Code;

and

(2) certify the determination of the petition's validity to the board of directors of the district.

(c) If the county elections administrator fails to act within the time allowed, the petition is treated as if it had been found valid.

(d) Notwithstanding Section 26.07(d), Tax Code, if the county elections administrator certifies to the board of directors that the petition is valid or fails to act within the time allowed, the board of directors shall order that an election under Section

26.07, Tax Code, to determine whether to reduce the district's tax rate to the rollback rate be held in the district in the manner prescribed by Section 26.07(d) of that code.

(e) The district shall reimburse the county elections administrator for reasonable costs incurred in performing the duties required by this section.

Sec. 14. All bonds issued and indebtedness assumed by the district shall be and are hereby declared to be legal and authorized investments of banks, savings banks, trust companies, building and loan associations, savings and loan associations, insurance companies, trustees, and sinking funds of cities, towns, villages, counties, school districts, or other political subdivisions of the State of Texas, and for all public funds of the State of Texas or its agencies including the Permanent School Fund. Such bonds and indebtedness shall be eligible to secure deposit of public funds of the State of Texas and public funds of cities, towns, villages, counties, school districts, or other political subdivisions or corporations of the State of Texas and shall be lawful and sufficient security for said deposits to the extent of their value when accompanied by all unmatured coupons appurtenant thereto.

Sec. 15. (a) The district shall have the right and power of eminent domain for the purpose of acquiring by condemnation any and all property of any kind and character in fee simple, or any lesser interest therein, within the boundaries of the district necessary or convenient to the powers, rights, and privileges conferred by this Act, in the manner provided by the general law with respect to condemnation by counties; provided that the district shall not be required to make deposits in the registry of the trial court of the sum required by Paragraph 2 of Article 3268, Revised Civil Statutes of Texas, 1925, as amended, or to make bond as therein provided. In condemnation proceedings being

prosecuted by the district, the district shall not be required to pay in advance or give bond or other security for costs in the trial court, nor to give any bond otherwise required for the issuance of a temporary restraining order or a temporary injunction, nor to give bond for costs or for supersedeas on any appeal or writ of error.

(b) If the board requires the relocation, raising, lowering, rerouting, or change in grade or alteration in the construction of any railroad, electric transmission, telegraph or telephone lines, conduits, poles, or facilities or pipelines in the exercise of the power of eminent domain, all of the relocation, raising, lowering, rerouting, or changes in grade or alteration of construction due to the exercise of the power of eminent domain shall be the sole expense of the board. The term “sole expense” means the actual cost of relocation, raising, lowering, rerouting, or change in grade or alteration of construction to provide comparable replacement without enhancement of facilities, after deducting the net salvage value derived from the old facility.

(c) Land owned by the district may not be leased for a period greater than 25 years unless the board of directors:

- (1) funds that the land is not necessary for health care or hospital purposes;
- (2) complies with any indenture securing the payment of bonds issued by the district; and
- (3) receives on behalf of the district not less than the current market value for the lease.

(d) Land of the district, other than land that the district is authorized to sell or exchange under Subsection (b) of Section 11 of this Act, may not be sold unless the board of directors complies with Section 272.002, Local Government Code.

Sec. 16. (a) The directors shall have the authority to levy taxes for the entire year in which the district is created as the result of the election herein provided. All taxes of the district shall be assessed and collected on county tax values as provided in Subsection (b) of this section unless the directors, by majority vote, elect to have taxes assessed and collected by its own tax assessor-collector under Subsection (c) of this section. Any such election may be made prior to December 1 annually and shall govern the manner in which taxes are subsequently assessed and collected until changed by a similar resolution. Hospital tax shall be levied upon all taxable property within the district subject to hospital district taxation.

(b) Under this subsection, district taxes shall be assessed and collected on county tax values in the same manner as provided by law with relation to county taxes. The tax assessor-collector of the county in which the district is situated shall be charged and required to accomplish the assessment and collection of all taxes levied by and on behalf of the district. The assessor-collector of taxes shall charge and deduct from payments to the hospital districts an amount as fees for assessing and collecting the taxes at a rate of one percent of the taxes assessed and one percent of the taxes collected but in no event shall the amount paid exceed \$5000 in any one calendar year. Such fees shall be deposited in the officers salary funds of the county and reported as fees of office of the county tax assessor- collector. Interest and penalties on taxes paid to the hospital district shall be the same as in the case of county taxes. Discounts shall be the same as allowed by the county. The residue of tax collections after deduction of discounts and fees for assessing and collecting shall be deposited in the district's depository. The bond of the county tax assessor-collector shall stand as security for the proper performance of his duties as assessor-collector of the

district, or if in the judgment of the district board of directors it is necessary, additional bond payable to the district may be required. In all matters pertaining to the assessment, collection, and enforcement of taxes for the district, the county tax assessor-collector shall be authorized to act in all respects according to the laws of the State of Texas relating to state and county taxes.

(c) Under this subsection, taxes shall be assessed and collected by a tax assessor-collector appointed by the directors, who shall also fix the term of his employment, compensation, and requirement for bond to assure the faithful performance of his duties, but in no event shall such bond be for less than \$5,000, or the district may contract for the assessment and collection of taxes as provided by the Tax Code.

Sec. 17. The district may employ fiscal agents, accountants, architects, and attorneys as the board may consider proper.

Sec. 18. Whenever a patient residing within the district has been admitted to the facilities of the district, the chief administrative officer may cause inquiry to be made as to his circumstances and those of the relatives of the patient legally liable for his support. If he finds that the patient or his relatives are able to pay for his care and treatment in whole or in part, an order shall be made directing the patient or his relatives to pay to the hospital district for the care and support of the patient a specified sum per week in proportion to their financial ability. The chief administrative officer shall have the power and authority to collect these sums from the estate of the patient or his relatives legally liable for his support in the manner provided by law for collection of expenses in the last illness of a deceased person. If the chief administrative officer finds that the patient or his relatives are not able to pay either in whole or in part for his care and treatment in the

facilities of the district, same shall become a charge on the hospital district as to the amount of the inability to pay. Should there be any dispute as to the ability to pay or doubt in the mind of the chief administrative officer, the board of directors shall hear and determine same after calling witnesses and shall make such order or orders as may be proper. Appeals from a final order of the board shall lie to the district court. The substantial evidence rule shall apply.

Sec. 19. (a) The district may sponsor and create a nonstock, nonmember corporation under the Texas Non-Profit Corporation Act (Article 1396-1.01 et seq., Vernon's Texas Civil Statutes) and its subsequent amendments and may contribute or cause to be contributed available funds to the corporations.

(b) The funds of the corporations, other than funds paid by the corporation to the district, may be used by the corporation only to provide, to pay the costs of providing, or to pay the costs related to providing indigent health care or other services that the district is required or permitted to provide under the constitution or laws of this state. The board of directors of the hospital district shall establish adequate controls to ensure that the corporation uses its funds as required by this subsection.

(c) The board of directors of the corporation shall be composed of seven residents of the district appointed by the board of directors of the district. The board of directors of the district may remove any director of the corporation at any time with or without cause.

(d) The corporation may invest funds in any investment in which the district is authorized to invest funds of the district, including investments authorized by the Public Funds Investment Act of 1987 (Article 842a-2, Vernon's Texas Civil Statutes) and its subsequent amendments.

Sec. 20. After creation of the hospital district, no county, municipality, or political subdivision wholly or partly within the boundaries of the district shall have the power to levy taxes or issue bonds or other obligations for hospital or health care purposes or for providing medical care for the residents of the district. The hospital district shall assume full responsibility for the furnishing of medical and hospital care for its needy inhabitants. When the district is created and established, the county and all towns and cities located wholly or partly therein shall convey and transfer to the district title to all land, buildings, improvements, and equipment in anywise pertaining to a hospital or hospital system located wholly within the district which may be jointly or separately owned by the county or any city or town within the district. Operating funds and reserves for operating expenses which are on hand and funds which have been budgeted for hospital purposes by the county or any city or town therein for the remainder of the fiscal year in which the district is created shall likewise be transferred to the district, as shall taxes previously levied for hospital purposes for the current year, and all sinking funds established for payment of indebtedness assumed by the district.

Sec. 21. The support and maintenance of the hospital district shall never become a charge against or obligation of the State of Texas nor shall any direct appropriation be made by the legislature for the construction, maintenance, or improvement of any of the facilities of the district.

Sec. 22. In carrying out the purposes of this act, the district will be performing an essential public function, and any bonds issued by it and their transfer and the issuance therefrom, including any profits made in the sale thereof, shall at all times be free from taxation by the state or any municipality or political subdivision thereof.

Sec. 23. The legislature hereby recognizes there is some confusion as to the proper qualification of electors in the light of recent court decisions. It is the intention of this Act to provide a procedure for the creation of the hospital district and to allow the district, when created, to issue bonds payable from taxation, but that in each instance the authority shall be predicated on the expression of the will of the majority of those who cast valid ballots at an election called for the purpose. Should the body calling an election determine that all qualified electors, including those who own taxable property which has been duly rendered for taxation, should be permitted to vote at an election by reason of the aforesaid court decisions nothing herein shall be construed as a limitation on the power to call and hold an election; provided provision is made for the voting, tabulating, and counting of the ballots of the resident qualified property taxpaying electors separately from those who are qualified electors, and in any election so called a majority vote of the resident qualified property taxpaying voters and a majority vote of the qualified electors, including those who own taxable property which has been duly rendered for taxation, shall be required to sustain the proposition.

23A. (a) The board of directors may order an election on the question of dissolving the district and disposing of the districts assets and obligations.

(b) The election shall be held on the earlier of the following dates that occurs at least 90 days after the date on which the election is ordered:

- (1)** the first Saturday in May; or
- (2)** the date of the general election for state and county officers.

(c) The ballot for the election shall be printed to permit voting for or against the proposition: "The dissolution of the Montgomery County Hospital District." The election shall be held in accordance with the applicable provisions of the Election Code.

(d) If a majority of the votes in the election favor dissolution, the board of directors shall find that the district is dissolved. If a majority of the votes in the election do not favor dissolution, the board of directors shall continue to administer the district and another election on the question of dissolution may not be held before the fourth anniversary of the most recent election to dissolve the district.

(e) If a majority of the votes in the election favor dissolution, the board of directors shall:

(1) transfer the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment that belong to the district to Montgomery County not later than the 45th day after the date on which the election is held; and

(2) transfer the land, buildings, improvements, equipment not described by Subdivision (1) of this subsection, and other assets that belong to the district to Montgomery County or administer the property, assets, and debts in accordance with Subsections (g)-(k) of this section.

(f) The county assumes all debts and obligations of the district relating to the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment at the time of the transfer. If the district also transfers the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the county assumes

all debts and obligations of the district relating to those assets at the time of the transfer and the district is dissolved. The county shall use all transferred assets to:

(1) pay the outstanding debts and obligations of the district relating to the assets at the time of the transfer; or

(2) furnish medical and hospital care for the needy residents of the county.

(g) If the board of directors finds that the district is dissolved but does not transfer the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the board of directors shall continue to control and administer that property and those assets and the related debts of the district until all funds have been disposed of and all district debts have been paid or settled.

(h) After the board of directors finds that the district is dissolved, the board of directors shall:

(1) determine the debt owed by the district; and

(2) impose on the property included in the district's tax rolls a tax that is in proportion of the debt to the property value.

(i) The board of directors may institute a suit to enforce payment of taxes and to foreclose liens to secure the payment of taxes due the district.

(j) When all outstanding debts and obligations of the district are paid, the board of directors shall order the secretary to return the pro rata share of all unused tax money to each district taxpayer and all unused district money from any other source to Montgomery County. A taxpayer may request that the taxpayer's share of surplus tax money be credited to the taxpayer's county taxes. If a taxpayer requests the credit, the board of directors shall direct the secretary to transmit the funds to the county tax

assessor-collector. Montgomery County shall use unused district money received under this section to furnish medical and hospital care for the needy residents of the county.

(k) After the district has paid all its debts and has disposed of all its assets and funds as prescribed by this section, the board of directors shall file a written report with the Commissioners Court of Montgomery County setting forth a summary of the board of directors' actions in dissolving the district. Not later than the 10th day after it receives the report and determines that the requirements of this section have been fulfilled, the commissioners court shall enter an order dissolving the district.

Sec. 23B. (a) The residents of the district by petition may request the board of directors to order an election on the question of dissolving the district and disposing of the district's assets and obligations. A petition must:

(1) state that it is intended to request an election in the district on the question of dissolving the district and disposing of the district's assets and obligations;

(2) be signed by a number of residents of the district equal to at least 15 percent of the total vote received by all candidates for governor in the most recent gubernatorial general election in the district that occurs more than 30 days before the date the petition is submitted; and

(3) be submitted to the county elections administrator of Montgomery County.

(a-1) Not later than the 30th day after the date a petition requesting the dissolution of the district is submitted under Subsection (a) of this section, the county elections administrator shall:

(1) determine whether the petition is valid; and

(2) certify the determination of the petition's validity to the board of directors of the district.

(a-2) If the county elections administrator fails to act within the time allowed, the petition is treated as if it had been found valid;

(a-3) If the county elections administrator certifies to the board of directors that the petition is valid or fails to act within the time allowed, the board of directors shall order that a dissolution election be held in the district in the manner prescribed by this section.

(a-4) If a petition submitted under Subsection (a) of this section does not contain the necessary number of valid signatures, the residents of the district may not submit another petition under Subsection (a) of this section before the third anniversary of the date the invalid petition was submitted.

(a-5) The district shall reimburse the county elections administrator for reasonable costs incurred in performing the duties required by this section.

(b) The election shall be held on the earlier of the following dates that occurs at least 90 days after the date on which the election is ordered:

(1) the first Saturday in May; or

(2) the date of the general election for state and county officers.

(c) The ballot for the election shall be printed to permit voting for or against the proposition: "The dissolution of the Montgomery County Hospital District." The election shall be held in accordance with the applicable provisions of the Election Code.

(d) If a majority of the votes in the election favor dissolution, the board of directors shall find that the district is dissolved. If less than a majority of the votes in the election

favor dissolution, the board of directors shall continue to administer the district and

another election on the question of dissolution may not be held before the third anniversary

of the most recent election to dissolve the district.

(e) If a majority of the votes in the election favor dissolution, the board of directors shall transfer the land, buildings, improvements, equipment, and other assets that belong to the district to Montgomery County not later than the 45th day after the date on which the election is held. The county assumes all debts and obligations of the district at the time of the transfer and the district is dissolved. The county should use all transferred assets in a manner that benefits residents of the county residing in territory formerly constituting the district. The county shall use all transferred assets to:

- (1) pay the outstanding debts and obligations of the district relating to the assets at the time of the transfer; or
- (2) furnish medical and hospital care for the needy residents of the county.

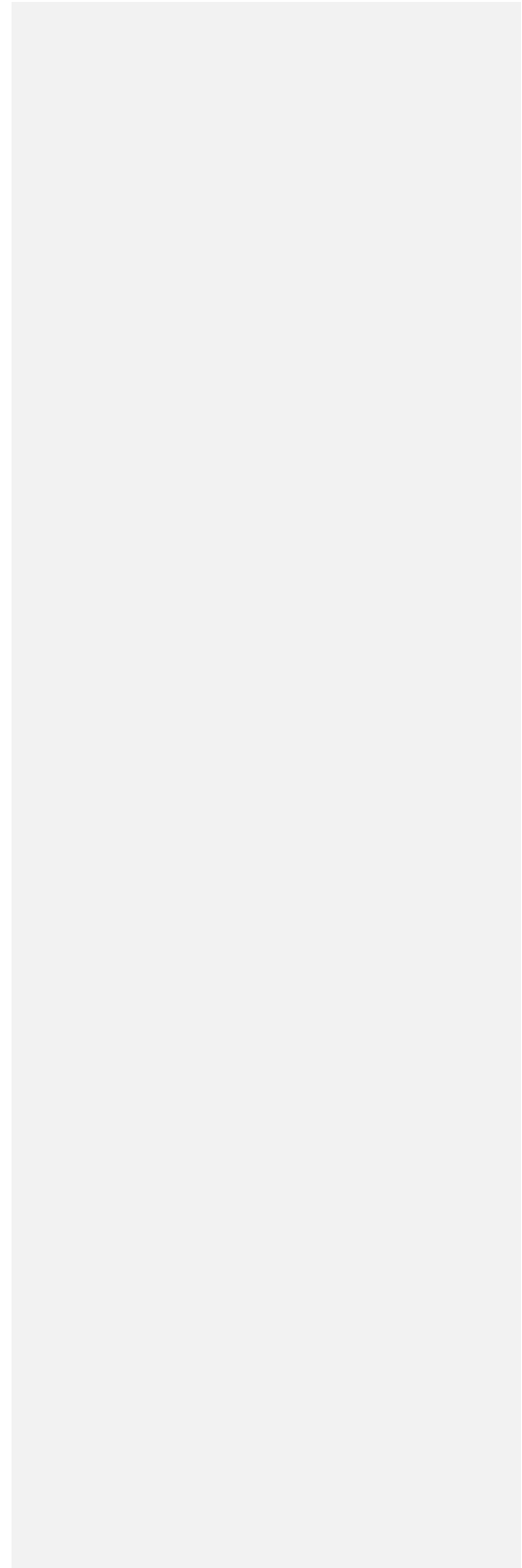
Sec. 24. If a hospital district has not been created under this Act by January 1, 1982, then the Act will no longer be in effect.

Sec. 25. Proof of provisions of the notice required in the enactment hereof under the provisions of Article IX, Section 9, of the Texas Constitution, has been made in the manner and form provided by law pertaining to the enactment of local and special laws, and the notice is hereby found and declared proper and sufficient to satisfy the requirement.

Sec. 26. The importance of this legislation and the crowded condition of the

calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended, and that this Act take effect and be in force from and after its passage, and it is so enacted.

APPENDIX III
CHAPTER 61



Chapter 61 of the Health and Safety Code is a law passed by the First Called Special Session of the 69th Legislature in 1985 that:

- Defines who is indigent,
- Assigns responsibilities for indigent health care,
- Identifies health care services eligible people can receive, and
- Establishes a state assistance fund to match expenditures for counties that exceed certain spending levels and meet state requirements.

Chapter 61, Health and Safety Code, is intended to ensure that needy Texas residents, who do not qualify for other state or federal health care assistance programs, receive health care services.

Chapter 61, Health and Safety Code, may be accessed at:

http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm

**APPENDIX IV
TEXAS
ADMINISTRATIVE
CODE SUBCHAPTERS**

APPENDIX IV.
TEXAS ADMINISTRATIVE CODE SUBCHAPTERS

The Texas Administrative Code (TAC) is the compilation of all state agency rules in Texas.

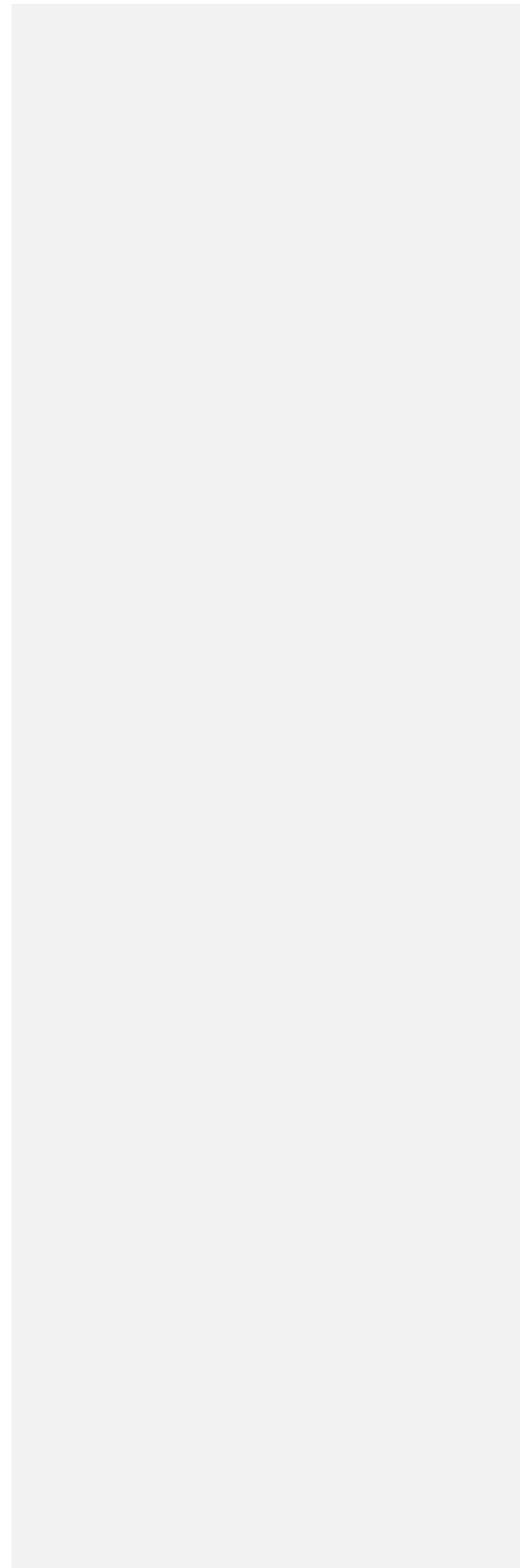
The County Indigent Health Care Program (CIHCP) rules are in: TAC, Title 25 (Health Services), Part 1 (TDSHS), Chapter 14 (CIHCP), and the following Subchapters:

- A - Program Administration
- B - Determining Eligibility
- C - Providing Services

The CIHCP rules may be accessed at:

http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm

**APPENDIX V
FEDERAL POVERTY
GUIDELINES**



**MONTGOMERY COUNTY HOSPITAL DISTRICT
MEDICAL ASSISTANCE PLAN
INCOME GUIDELINES EFFECTIVE
~~05/01/2025~~
04/01/2026
21- 150% FPIL**

# of Individuals in the MAP Household	Income Standard	Income Standard
	21% FPIL	150% FPIL
1	<u>\$274,279</u>	<u>\$1,956,199</u>
2	<u>\$370,379</u>	<u>\$2,644,205</u>
3	<u>\$466,478</u>	<u>\$3,331,415</u>
4	<u>\$563,578</u>	<u>\$4,019,125</u>
5	<u>\$659,677</u>	<u>\$4,706,835</u>
6	<u>\$755,776</u>	<u>\$5,394,545</u>
7	<u>\$851,876</u>	<u>\$6,081,255</u>
8	<u>\$948,975</u>	<u>\$6,769,965</u>
9	<u>\$1,044,075</u>	<u>\$7,456,675</u>
10	<u>\$1,140,174</u>	<u>\$8,144,385</u>
11	<u>\$1,236,273</u>	<u>\$8,831,095</u>
12	<u>\$1,333,373</u>	<u>\$9,519,805</u>

* Effective ~~May 1, 2025~~ April 1, 2026

**APPENDIX VI
AGREEMENT FOR
ENROLLMENT OF COUNTY
INMATES INTO
MONTGOMERY COUNTY
HOSPITAL DISTRICT'S
HEALTHCARE ASSISTANCE
PROGRAM**

State of Texas §
 §
County of Montgomery §

**AGREEMENT FOR ENROLLMENT OF COUNTY INMATES INTO
MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE
PROGRAM**

This Agreement is made and entered into this ~~the~~ day of March, 2014, by and between the County of Montgomery, a governmental subdivision of the State of Texas, (hereinafter "the County") and the Montgomery County Hospital District, a governmental subdivision of the State of Texas created pursuant to Acts of the 65th Legislature, Regular Session, 1977, Chapter 258, as amended (hereinafter "the MCHD").

WITNESSETH:

WHEREAS, the County operates a county jail and provides law enforcement services; and

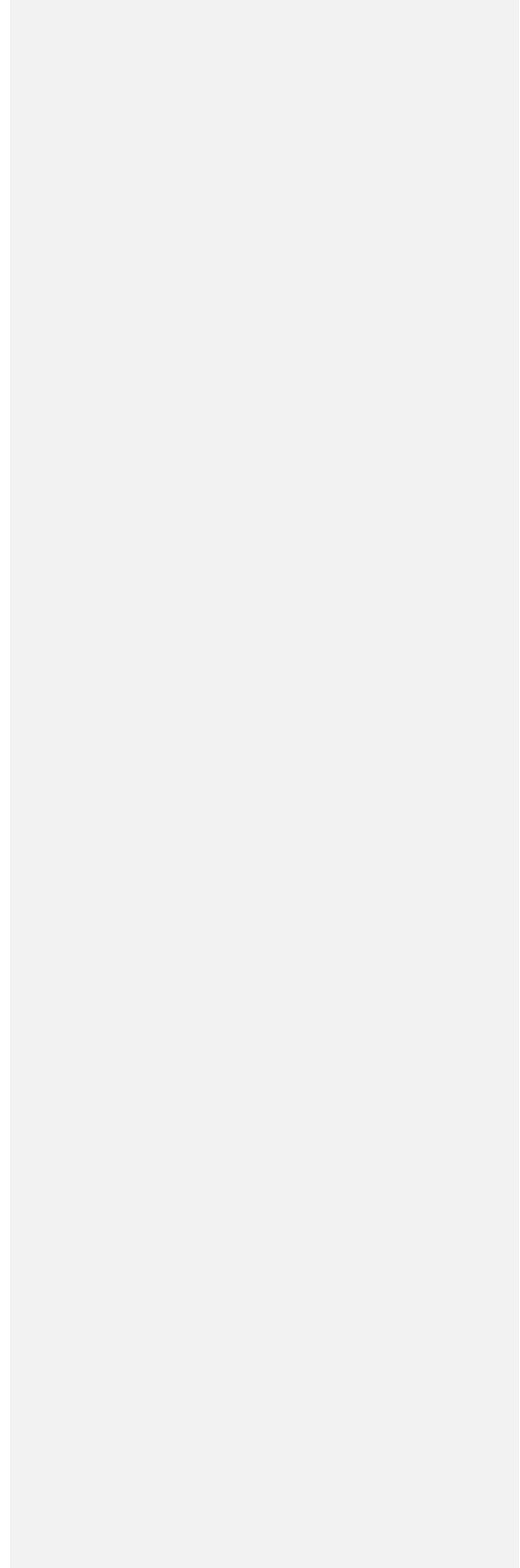
WHEREAS, County jail inmates and detainees have the need for occasional medical treatment beyond that which jail personnel are qualified to administer; and

WHEREAS, many County inmates and detainees at the County jail qualify under the financial and other criteria of the Montgomery County Hospital District Public Assistance Program (hereinafter "Hospital District Public Assistance Program" or sometimes "Program") as indigent persons; and

WHEREAS; the MCHD was created and enacted for the purpose of providing healthcare services to the needy or indigent residents of Montgomery County; and

WHEREAS, the MCHD is the only local governmental entity with the power to levy taxes, issue bonds or other obligations for hospital or health care purposes or for providing medical care for the residents of Montgomery County; and

WHEREAS, providing for the healthcare needs of the citizens in Montgomery County is MCHD's primary mission; and



WHEREAS, the County is authorized to provide minor medical treatment for inmates and the MCHD is authorized to provide the indigent healthcare services for certain inmates as is contemplated by this Agreement; and

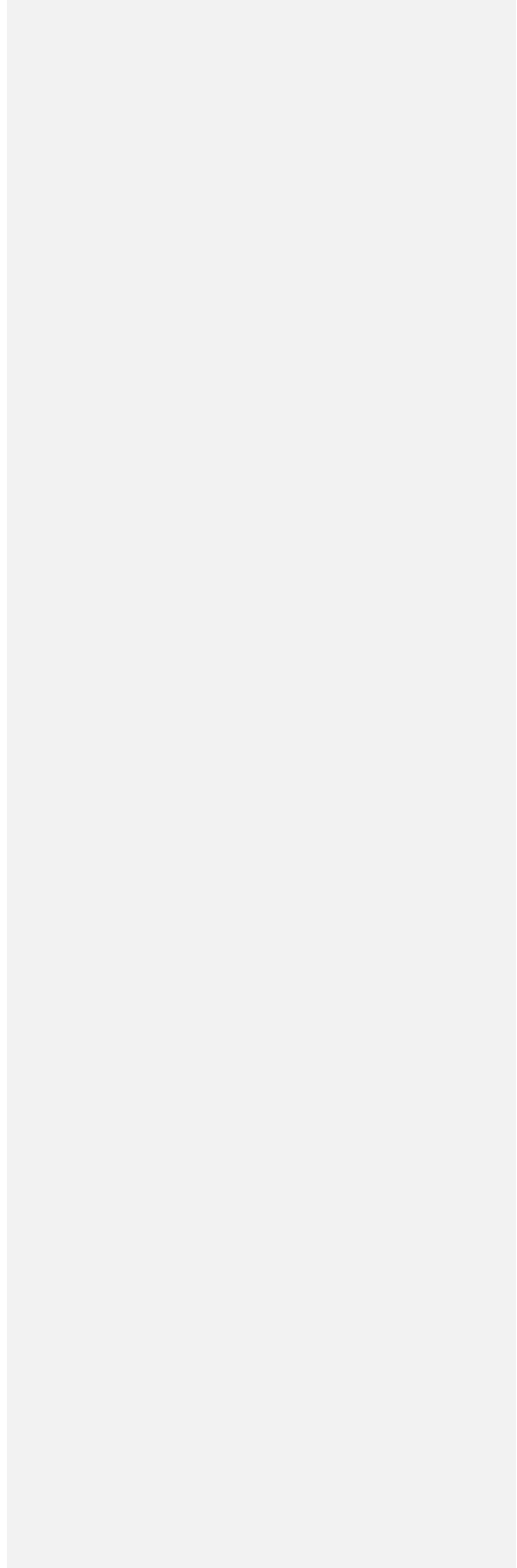
WHEREAS, both the County and the MCHD have budgeted and appropriated sufficient funds which are currently available to carry out their respective obligations contemplated herein.

NOW, THEREFORE, for and in consideration of the mutual covenants, considerations and undertakings herein set forth, it is agreed as follows:

1.
ENROLLMENT INTO HOSPITAL DISTRICT PUBLIC ASSISTANCE PROGRAM

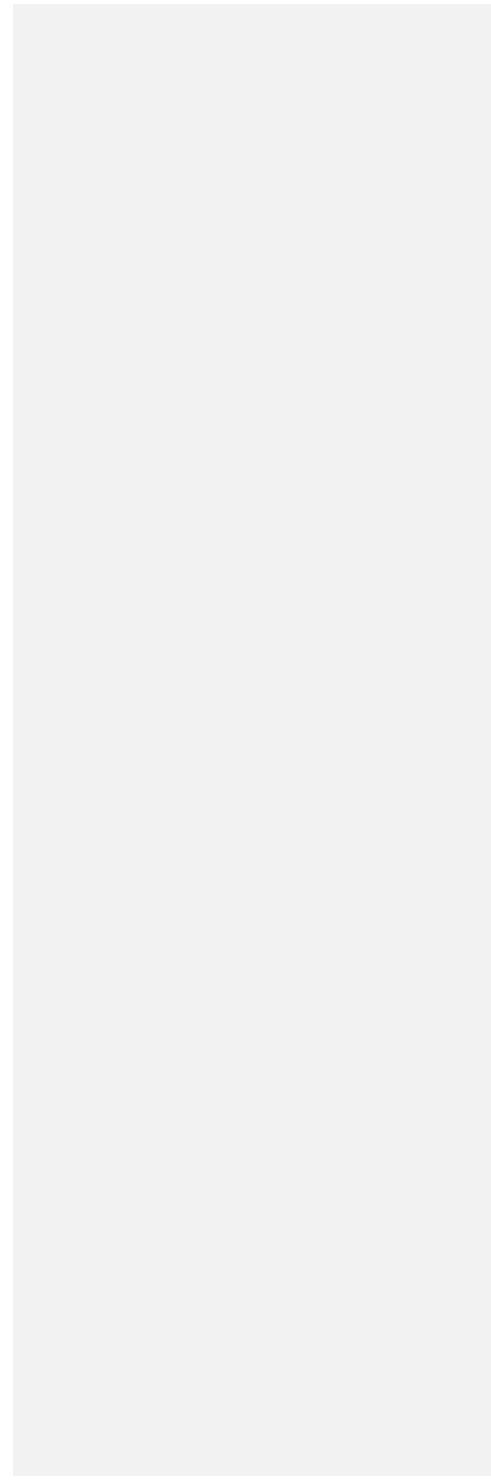
A. *The* County will assist inmates in seeking coverage under the Hospital District Public Assistance Program. County staff shall make available to County inmates such application forms and instructions necessary to seek enrollment in *the* Hospital District Public Assistance Program. Upon completion of such enrollment materials the County will promptly forward such enrollment materials to MCHD for evaluation. Alternatively, County staff may assist potentially eligible inmates with MCHD's online application process for determining eligibility into the Program.

B. Upon receipt of an inmate's enrollment materials from the County, MCHD shall promptly review such materials for purposes of qualifying the inmate for the Hospital District Public Assistance Program. In this regard, MCHD agrees to deem Montgomery County, Texas as the place of residence for any County inmate housed in the Montgomery County jail, regardless of whether the inmate has declared or maintained a residence outside the boundaries of MCHD. Upon obtaining satisfactory proof that the inmate qualifies under the Hospital District Public Assistance Program, MCHD shall enroll such inmate into such



program and place such inmate on its rolls as eligible for healthcare services under such program. MCHD agrees to abide by its criteria and policies regarding eligibility for the Hospital District Public Assistance Program and to not unreasonably withhold approval of an indigent inmate eligible under the program. If MCHD determines that the inmate is covered under another federal, state or local program which affords medical benefits to covered individuals and such benefits are accessible to the inmate, MCHD will promptly advise the County of such fact. As requested by County, MCHD enrollment and eligibility personnel shall reasonably assist County personnel with the application and enrollment materials for inmates seeking enrollment into the Program, including providing periodic training to County staff on matters pertinent to the Program, including the Program policies and rules. However, MCHD shall not be required to assign Program staff member to the jail for purposes of fulfilling its assistance responsibilities.

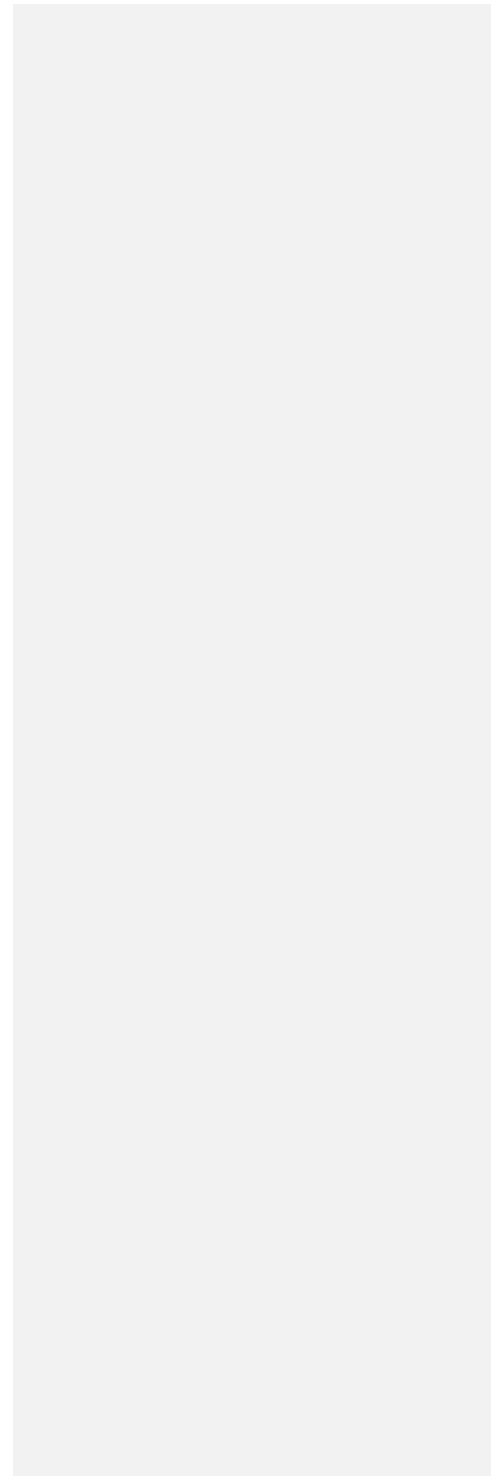
C. MCHD agrees to provide for the health care and medical treatment of Montgomery County jail inmates that are enrolled in the Hospital District's Public Assistance Program, subject to the terms and conditions of such Program except as noted herein. The parties agree that the effective date of coverage under the Hospital District Public Assistance Program for such services is the actual date of enrollment into the program; however, certain health care expenses incurred by an eligible inmate up to ninety (90) days prior to the inmate's enrollment into the Program may be covered under the Program as is set out in the Program rules and guidelines. MCHD and County agree to cooperate in arranging for the provision of the health care services covered by the Program to jail inmates who qualify for such services, including use of MCHD's physician network and contracted healthcare providers as well as MCHD's patient care management protocols administered by MCHD's third-party claims



and benefits manager. The Parties understand and agree that eligible inmates enrolled in the Program will not receive prescription medications or similar prescription services from the Program as the County dispenses such medications at the jail.

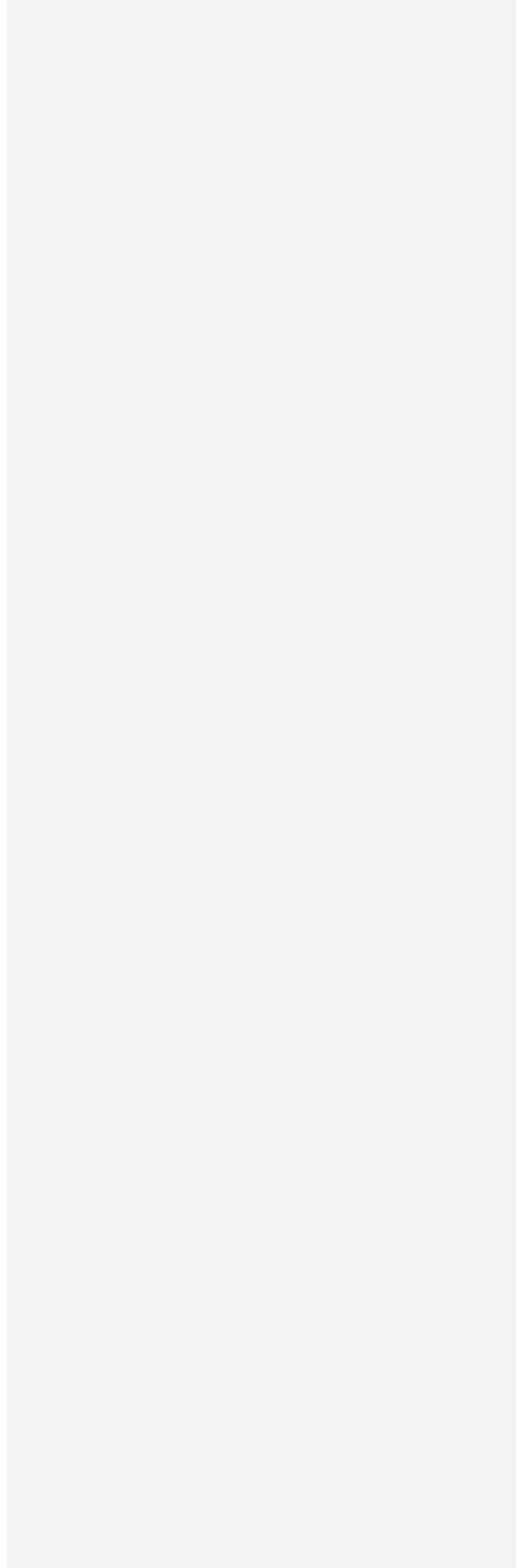
E. If treatment at an out of network provider is medically necessary, the County shall notify MCHD of such need as soon as reasonably possible, not later than the close of business the first day following the incident giving rise to the medical necessity. If treatment is sought at a local healthcare provider within MCHD's patient care network, and the local healthcare provider determines additional treatment is necessary by an out of network provider, then any notice requirements set forth herein shall be the responsibility of the in-network healthcare provider and/or primary care physician, as per existing Hospital District Public Assistance Program guidelines and policies. MCHD shall honor and abide by all of the provisions of its Program and its in-network provider agreements as well as the Indigent Care and Treatment Act, Chapter 61 Texas Health & Safety Code.

F. The County shall remain responsible for medical care and treatment of county inmates who do not qualify for the Hospital District Public Assistance Program. MCHD shall not be responsible for treatment or payment for healthcare services provided to County inmates who are not eligible to participate in Program, or to State or Federal inmates (including INS detainees) incarcerated in the County jail. For purposes of this Agreement, a State or Federal inmate (including INS detainees) is a person incarcerated in the county jail through a contract or other agreement with a state or federal governmental agency, but shall not include a County inmate who is in the County jail, or who has been returned to the County jail while awaiting criminal proceedings on local, state or federal charges, or a combination thereof.



G. The County and MCHD agree that MCHD may deny an inmate's application for enrollment in the Program in the event MCHD determines the inmate's health care needs resulted from conduct or conditions for which the County or its employees would be responsible in a civil action at law, exclusive of any affirmative defenses of governmental and/or official immunity. In such event, County shall remain responsible for the inmate's health care needs. In addition, County agrees to reimburse MCHD for any medical expenses that MCHD incurred or expended on behalf of an indigent inmate or detainee housed at the County jail that resulted from conduct or conditions for which the County or its employees would be responsible in a civil action at law, exclusive of any affirmative defenses of governmental and/or official immunity. Should the County deny responsibility for any such claims, the County Judge, the County Sheriff and the Chief Executive Officer of MCHD shall meet to discuss the facts of such claims and the underlying responsibility therefor. Any agreement(s) reached at such meeting shall be reduced to writing and recommended by such persons to their respective governing boards for approval as necessary. Should the parties be unable to reach agreement as to financial responsibility, the dispute will be submitted to binding arbitration. The prevailing party in such arbitration shall be entitled to recover its reasonable attorneys' fees.

H. The County shall provide prompt written notification to MCHD in the event an enrolled inmate is transferred to another detention facility, or is released from the County jail, so that MCHD may revise its records to delete such inmate from its Program rolls. As used in this paragraph and the following paragraph "prompt written notification" shall be notification as soon as is practicable but in no event after the end of the calendar month in which the inmate is released from jail or transferred to another detention facility.



I. The County and MCHD agree that County will reimburse MCHD for health care expenses incurred by an enrolled inmate after such inmate has been released from jail or transferred to another detention facility if County fails to provide prompt written notification to MCHD of the inmate's release or transfer from the County jail.

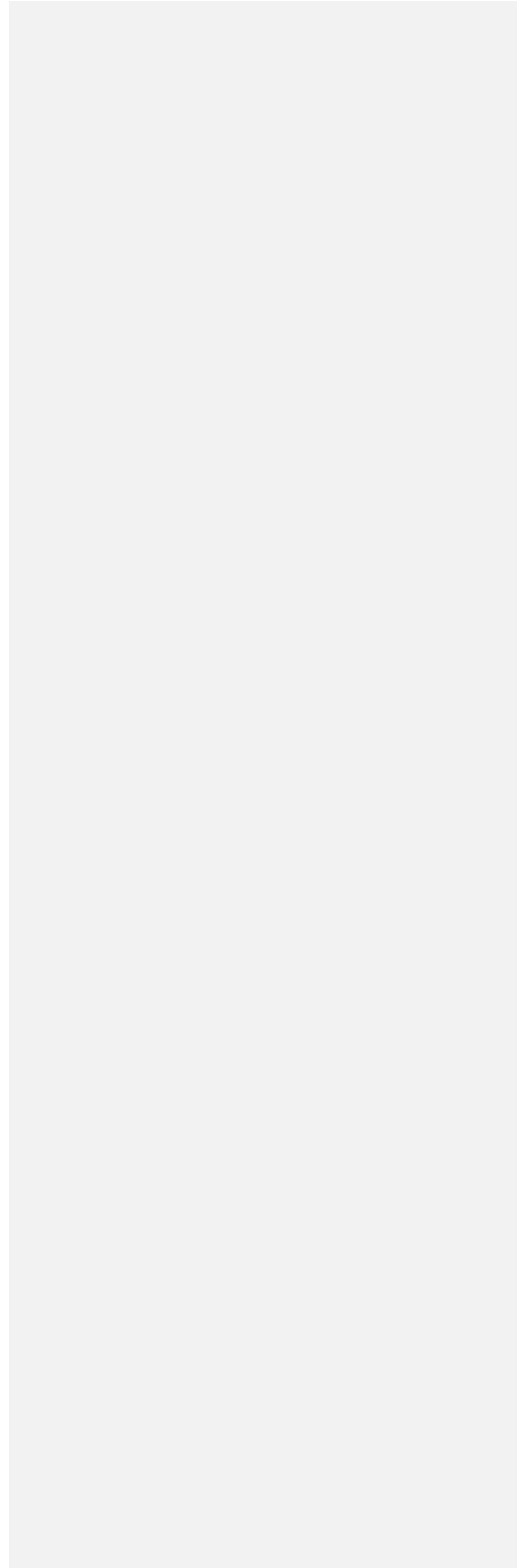
J. In the event any portion of this agreement conflicts with the Texas Health and Safety Code, or the Montgomery County Hospital District enabling legislation, or any other applicable statutory provision, then said statutory provisions shall prevail to the extent of such conflict.

K. Any provision of this Agreement which is prohibited or unenforceable shall be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof.

L. No provision herein nor any obligation created hereunder should be construed to impose any obligation or confer any liability on either party for claims of any non-signatory party. Further, it is expressly agreed by the parties hereto that other than those covenants contained in section 1(F), no provision herein is intended to affect any waiver of liability or immunity from liability to which either party may be entitled by laws affecting governmental entities.

II. LIABILITY

To the extent allowed by law, it is agreed that the MCHD agrees to indemnify and hold harmless the County for any acts or omissions associated with any medical treatment that the MCHD provides to eligible inmates through its Health Care Assistance Program in accordance with the terms and conditions of this Agreement. The foregoing indemnity



obligation is limited and does not extend to negligent, grossly negligent, reckless or intentional conduct of an enrolled inmate that result in injuries or property damages to the County or to third-parties.

III.
NOTICES

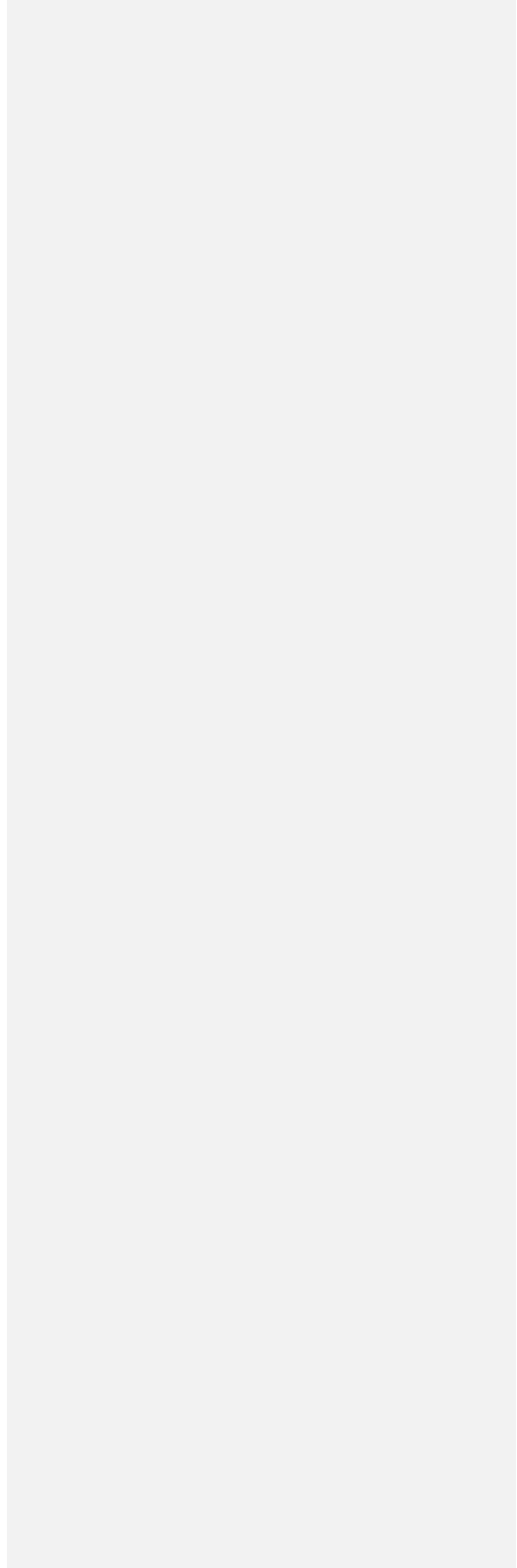
The parties designate the following persons as contact persons for all notices contemplated by this Agreement:

MCHD: Donna Daniel, Records Manager
P.O. Box478
Conroe, Texas 77305
(936) 523-5241
(936) 539-3450

COUNTY: Tommy Gage, Sheriff
#1 Criminal Justice Drive
Conroe, Texas 77301
(936) 760-5871
(936) 5387721 (fax)

IV.
TERM

This Agreement shall take effect on the 11th day of March 2014 ("Effective Date") regardless of when executed by the Parties, and shall continue through the 10th day of March, 2015. Thereafter, contingent on the Parties' budgeting and appropriating funds for the continuation of their obligations hereunder, this Agreement shall automatically renew for successive terms of one-year unless terminated by either party in the manner set forth herein. Notwithstanding the foregoing, this Agreement shall be renewed automatically for not more than ten (10) successive terms.



V.
TERMINATION

This Agreement may be terminated at any time by either party upon thirty (30) days written notice delivered by hand, facsimile or U.S. Certified Mail to the other party of its intention to withdraw. In addition, this Agreement shall automatically terminate should either party fail to appropriate revenues sufficient to perform its obligations hereunder, such termination effective on the first date of the fiscal year of such non-appropriation.

VI.
APPROPRIATIONS AND CURRENT REVENUES

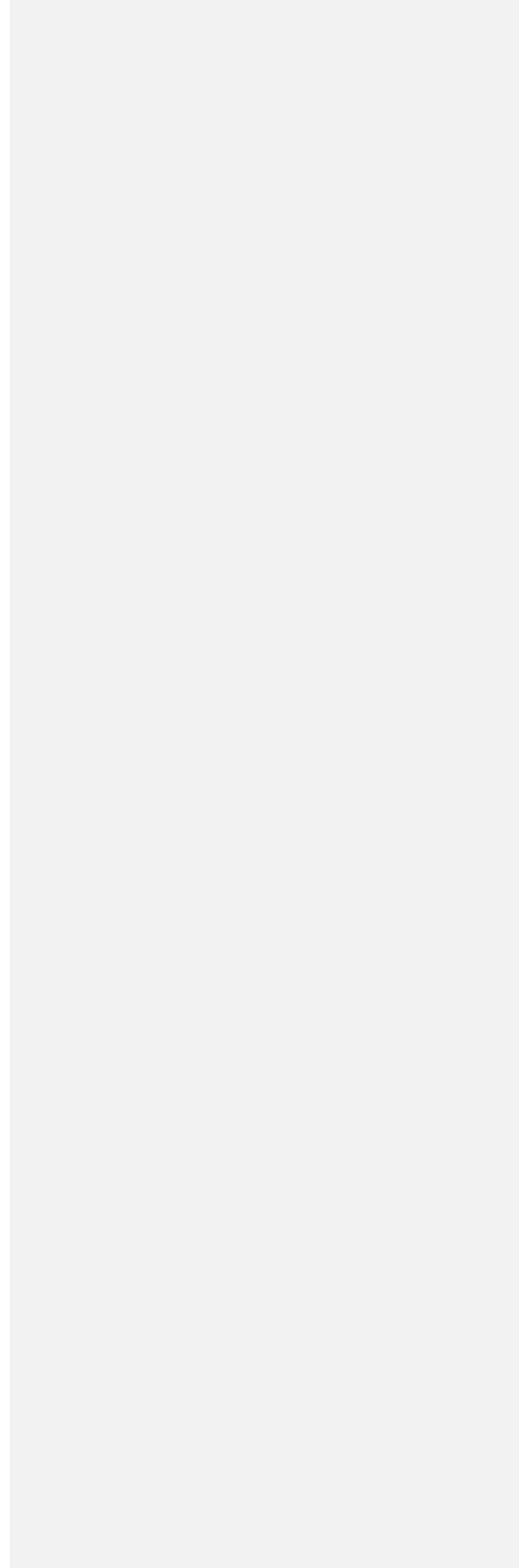
The Parties represent that they have each budgeted and appropriated funds necessary to carry out their respective duties and obligations hereunder for the current fiscal year. For any renewal terms of this Agreement, the Parties shall seek to budget and allocate appropriations in amounts sufficient to continue to carry out their respective obligations as set forth herein.

VII.
AMENDMENT

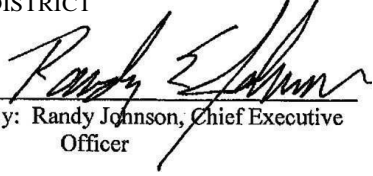
This Agreement may be amended only in writing approved by the Parties' respective governing boards.

IN WITNESS WHEREOF, Montgomery County, Texas and the Montgomery County Hospital District have hereunto caused their respective corporate names and seals to be subscribed and affixed by their respective officers, duly authorized.

PASSED AND APPROVED to become effective on the Effective Date.



MONTGOMERY COUNTY HOSPITAL
DISTRICT


By: Randy Johnson, Chief Executive
Officer

Date: March 25, 2014

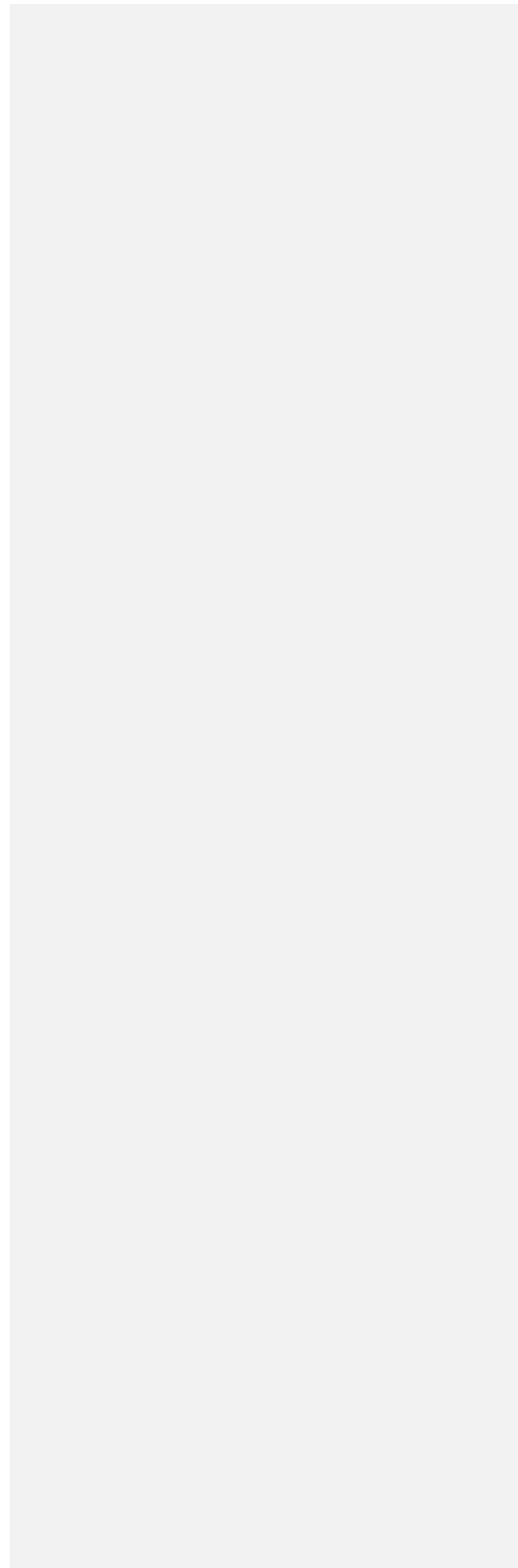
MONTGOMERY COUNTY, TEXAS

By: Alan B. Sadler, County Judge

Date: _____

Attest:

Mark Turnbull, County Clerk

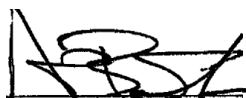


MONTGOMERY COUNTY HOSPITAL
DISTRICT

By: Randy Johnson, Chief Executive
Officer

Date: _____


MONTGOMERY COUNTY, TEXAS



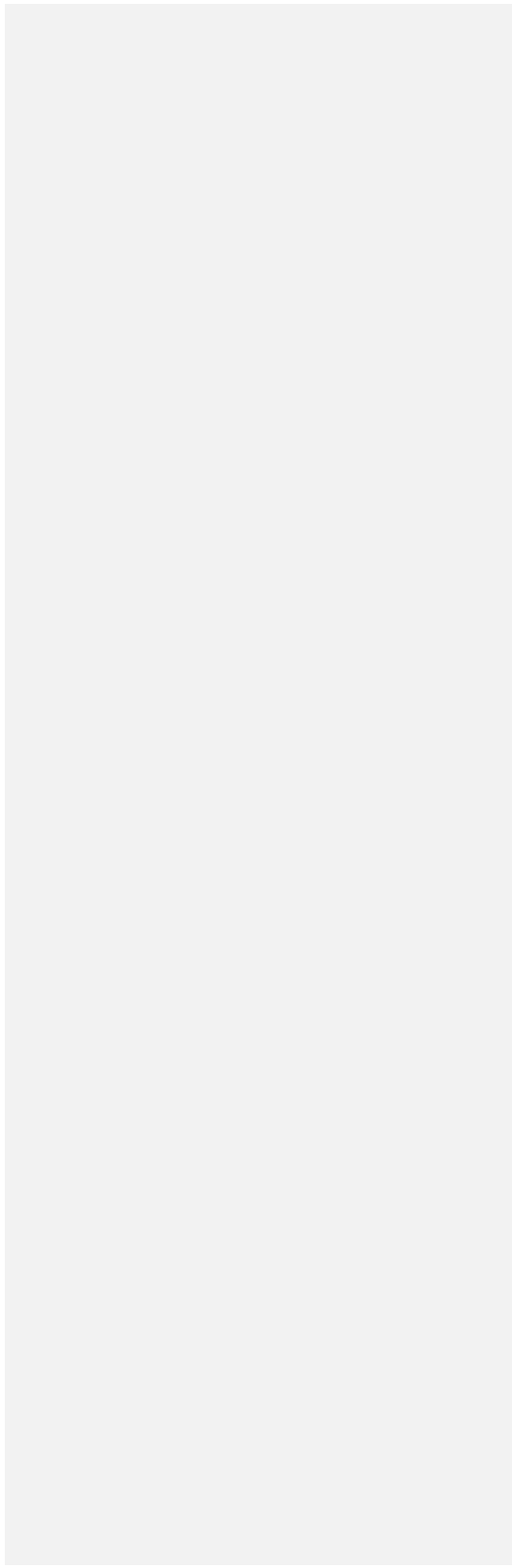
By: Alan B. Sadler, County Judge

Date: MAR 24 2014

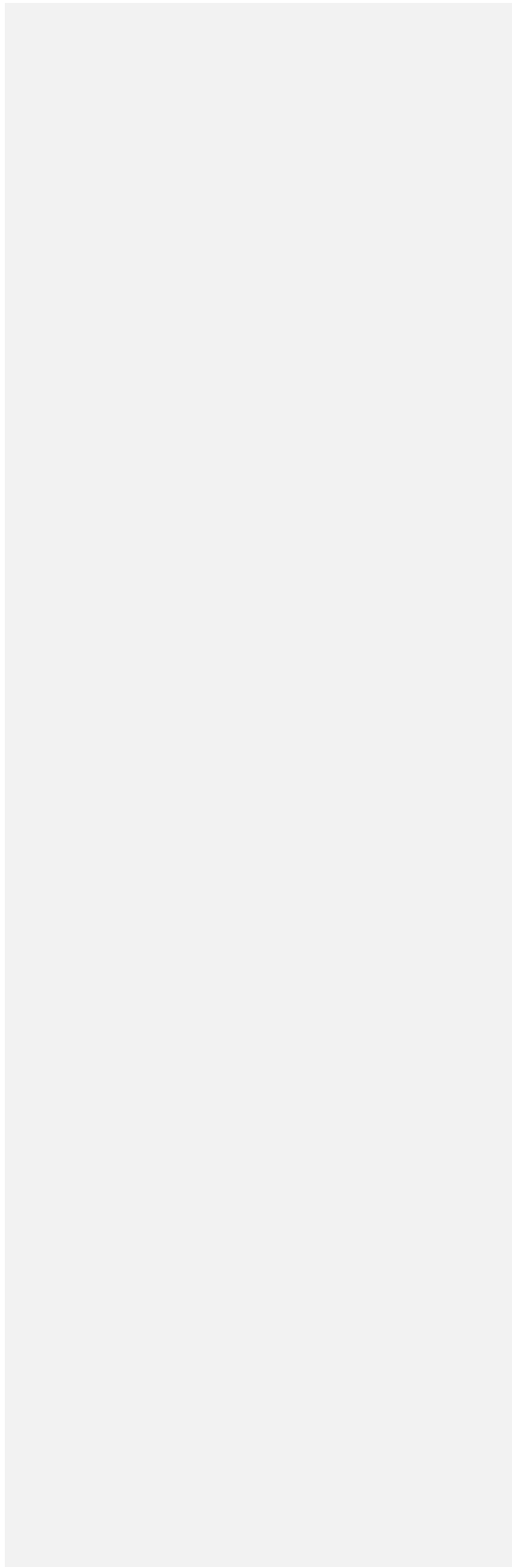
Attest:



Mark Turnbull, County Clerk



**APPENDIX VII
MCHD
HCAP FORMULARY**



AGENDA ITEM # 15

Board Mtg.: 04/28/26

Montgomery County Hospital District Financial Dashboard for March 2026 (dollars expressed in 000's)

	Mar 2026	Mar 2025	Var	Var %
Cash and Investments	76,142	72,381	3,761	5.2%

	Mar 2026 Actual	YTD Actual	Total Annual Budget	% YTD Annual Budget
Income Statement				
Revenue				
Tax Revenue	922	50,624	52,148	97.1%
EMS Net Revenue	1,062	14,137	30,475	46.4%
Other Revenue	1,628	5,118	9,873	51.8%
Total Revenue	3,612	69,879	92,496	75.5%
Expenses				
Payroll	5,016	28,611	59,706	47.9%
Operating	2,107	9,278	20,228	45.9%
Indigent Healthcare	546	1,938	5,259	36.9%
Total Operating Expenses	7,670	39,827	85,192	46.7%
Capital	1,289	7,904	19,922	39.7%
Total Expenditures	8,959	47,730	105,114	45.4%
Revenue Over / (Under) Expenses	(5,347)	22,148	(12,618)	

Legend	
Green	Favorable Variance
Red	Unfavorable Variance

Months	% of Total
6	50%

Total Tax Revenue: Year-to-date, we have collected \$50.6M, which is 99.6% of the year-to-date budget and 97.1% of total budgeted Tax Revenue.

EMS Net Revenue: Year-to-date, EMS Net Revenue is \$14.1M or 46.4% of budget.

Other Revenue: Year-to-Date, Other Revenue is \$5.1M, which is 51.8% of budget.

Total Operating Expenses: Year-to-date, expenses 46.7% of budget.

Capital: Year-to-date, Capital Expenditures are \$7.9M.

Montgomery County Hospital District Balance Sheet

For the period ending Mar - Total Fund (10 & 22)

FY26

Assets

10100 - Petty Cash	1,400.00
11401 - MCHD Operating Account WF	1,367,535.40
11501 - PH Operating Account	361,722.24
11510 - MCPHD Operating Account-WF	14,477.18
12500 - Investments MMDA	25,193,004.34
13100 - TexPool	10,958,548.06
13300 - MCHD Investments WF Bank	16,206,693.70
13301 - PH Investments WF Bank	1,919,445.76
13400 - TexStar	10,938,866.56
13500 - Investments CD	9,180,323.33
Cash and Equivalents	<u>76,142,016.57</u>
14100 - A/R-EMS Billings	11,348,957.36
14200 - Allowance for Bad Debt	(2,554,112.38)
14300 - A/R Other	1,445,556.12
14305 - A/R Employee	20,499.48
14400 - A/R-Grant	166,467.36
14450 - Capital Lease Receivable	1,503,807.65
14605 - Capital Lease Interest Receivable	5,173.19
14700 - Taxes Receivable	3,842,972.12
14750 - Allowance for Bad Debt-Tax Rev	(421,256.38)
Receivables	<u>15,358,064.52</u>
14800 - Deposits	8,434.00
14900 - Prepaid Expenses	435,249.50
15000 - Inventory	1,358,815.84
Other Assets	<u>1,802,499.34</u>
Total Assets	<u><u>93,302,580.43</u></u>

Montgomery County Hospital District Balance Sheet

For the period ending Mar - Total Fund (10 & 22)

FY26

Liabilities

20500 - Accounts Payable	569,864.91
20600 - Accounts Payable-Other	11,431.53
21000 - Accrued Expenditures	2,806,401.20
21400 - Accrued Payroll	1,265,619.50
21525 - P/R-Charitable Deductions	7,662.95
21585 - P/R-Flexible Spending	19,327.45
21590 - P/R-Supplemental Insurance Premiums	(1,291.24)
21595 - P/R-Health Savings	(18,039.26)
21650 - TCDRS Defined Benefit Plan	651,414.04

Total Current Liabilities 5,312,391.08

23000 - Deferred Tax Revenue	3,421,715.74
23200 - Deferred Revenue	34,952.61
23300 - Deferred Capital Lease Revenue	1,363,743.11
Deferred Inflow	<u>4,820,411.46</u>

Total Liabilities 10,132,802.54

Capital

30225 - Assigned - Open Purchase Orders	10,299,484.66
30400 - Nonspendable - Inventory	1,358,815.84
30700 - Nonspendable - Prepaids	435,249.50
32001 - Committed - Uncompensated Care	7,500,000.00
32002 - Committed - Capital Replacement	1,900,000.00
32003 - Committed - Capital Maintenance	100,000.00
32004 - Committed - Catastrophic Events	5,000,000.00
39000 - Unassigned Fund Balance	56,576,227.89

Capital 83,169,777.89

Total Liabilities and Capital 93,302,580.43

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the period ending Mar - Total Fund (10 & 22)

	FY26 Base Current Month Actual	FY26 YTD YTD Actual	FY26 Base Total Annual Budget	%YTD Annual Budget
Total Department				
Revenue				
40000 - Tax Revenue	781,196.29	49,840,346.02	51,106,066.00	97.52%
40100 - Delinquent Tax Revenue	73,604.03	560,265.47	574,391.00	97.54%
40200 - Penalties and Interest	67,014.37	205,422.44	459,257.00	44.73%
40300 - Miscellaneous Tax Revenue	0.00	17,729.98	8,423.00	210.49%
Tax Revenue	921,814.69	50,623,763.91	52,148,137.00	97.08%
40500 - Advanced Life Support Revenue	4,847,612.78	27,559,160.88	58,824,083.00	46.85%
40550 - Basic Life Support Revenue	1,113,887.49	6,329,829.15	10,513,735.00	60.21%
40600 - Transfer Service Fees	0.00	0.00	8,052.00	0.00%
40650 - Non-Transport Fees	33,625.00	209,102.50	425,320.00	49.16%
40800 - Contractual Allowance	(2,049,633.36)	(11,157,602.04)	(22,940,767.00)	48.64%
40825 - Charity Care	(1,334,012.25)	(9,197,262.88)	(13,933,306.00)	66.01%
40850 - Provision for Bad Debt	(1,579,255.85)	258,960.61	(2,532,692.00)	10.22%
40875 - Recovery of Bad Debt	30,225.75	134,696.87	111,000.00	121.35%
EMS Net Revenue	1,062,449.56	14,136,885.09	30,475,425.00	46.39%
41025 - Ambulance Supplemental Payment Program	0.00	0.00	1,000,000.00	0.00%
41050 - Contract Revenue	1,636.38	241,027.35	209,451.00	115.08%
41075 - Dispatch Fees	17,301.00	64,002.00	385,612.00	16.60%
41105 - Education/Training Revenue	10,811.95	44,496.50	182,448.00	24.39%
41125 - Employee Medical Premiums	122,810.24	792,902.61	1,680,688.00	47.18%
41150 - EMS-Trauma Fund Income	0.00	0.00	30,000.00	0.00%
41175 - Gain/Loss on Sale of Assets	9,800.00	77,300.00	291,750.00	26.50%
41200 - Immunization Fees	1,730.00	8,672.38	24,456.00	35.46%
41225 - Inter Local 800 Mhz	0.00	0.00	329,996.00	0.00%
41250 - Interest Income	55.35	1,651.26	4,800.00	34.40%
41255 - Interest Income-Capital Lease	4,988.78	30,881.59	61,302.00	50.38%
41275 - Investment Income	227,720.33	1,151,248.49	2,276,000.00	50.58%
41325 - MDC Revenue - First Responders	900.00	99,256.00	90,150.00	110.10%
41350 - Miscellaneous Income	57,661.29	810,360.39	779,540.00	103.95%
41410 - P.A. Processing Fees	0.00	0.00	120.00	0.00%
41425 - Proceeds from Capital Lease	219,058.41	219,058.41	214,000.00	102.36%

Montgomery County Hospital District Preliminary Income Statement - Actual vs. Budget

For the period ending Mar - Total Fund (10 & 22)

	FY26 Base Current Month Actual	FY26 YTD YTD Actual	FY26 Base Total Annual Budget	%YTD Annual Budget
41450 - Proceeds from Grant Funding	108,332.11	443,805.06	828,287.00	53.58%
41545 - Stand-By Fees	4,300.00	89,993.15	194,532.00	46.26%
41625 - Tobacco Settlement Proceeds	800,000.00	800,000.00	800,000.00	100.00%
41650 - Tower Contract Revenue	25,494.45	152,966.87	443,080.00	34.52%
41675 - VHF Project Revenue	10,830.91	64,799.80	0.00	0.00%
41700 - Weyland Bldg. Land Lease	4,265.84	25,594.98	47,192.00	54.24%
Other Revenue	1,627,697.04	5,118,016.84	9,873,404.00	51.84%
Total Revenue	3,611,961.29	69,878,665.84	92,496,966.00	75.55%
Expenditure				
51100 - Regular Pay	3,029,560.23	16,735,543.67	33,958,932.00	49.28%
51200 - Overtime Pay	248,796.58	1,755,238.05	3,685,554.00	47.62%
51300 - Paid Time Off	338,979.67	2,024,339.95	4,009,279.00	50.49%
51400 - Stipend Pay	18,463.87	124,768.03	349,034.00	35.75%
51500 - Payroll Taxes	263,444.76	1,480,089.13	3,039,807.00	48.69%
51650 - TCDRS Plan	344,947.33	1,959,372.74	3,959,385.00	49.49%
51700 - Health & Dental	101,285.46	993,929.43	1,156,821.00	85.92%
51710 - Health Insurance Claims	559,893.40	3,100,248.93	8,416,836.00	36.83%
51720 - Health Insurance Admin Fees	110,722.76	437,461.30	1,130,280.00	38.70%
Payroll Expenses	5,016,094.06	28,610,991.23	59,705,928.00	47.92%
52000 - Accident Repair	262.00	19,526.03	60,000.00	32.54%
52100 - Accounting/Auditing Fees	8,000.00	43,000.00	56,100.00	76.65%
52200 - Advertising	1,515.90	2,415.10	16,600.00	14.55%
52300 - Bank Charges	40.25	201.10	0.00	0.00%
52500 - Bio-Waste Removal	4,607.38	26,660.31	50,400.00	52.90%
52600 - Books/Materials	15,183.44	66,674.52	268,143.00	24.87%
52700 - Business Licenses	15,931.42	19,578.62	70,373.00	27.82%
52725 - Capital Lease Expense	20,985.64	124,415.35	275,971.00	45.08%
52730 - Capital Lease Interest Expense	11,046.35	48,615.69	86,918.00	55.93%
52735 - Capital IT Subscription Assets Interest Expense	343.33	2,869.98	0.00	0.00%
52900 - Collection Fees	8,872.16	53,774.24	39,600.00	135.79%
52950 - Community Education	(460.00)	1,122.00	6,522.00	17.20%
53000 - Computer Maintenance	13,146.63	522,044.06	867,253.00	60.20%
53050 - Computer Software	50,417.16	894,634.78	1,891,407.00	47.30%

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the period ending Mar - Total Fund (10 & 22)

	FY26 Base	FY26 YTD	FY26 Base	
	Current Month Actual	YTD Actual	Total Annual Budget	%YTD Annual Budget
53075 - Computer Software - MDC First Responder	400.00	59,558.22	56,100.00	106.16%
53100 - Computer Supplies/Non-Capital	26,862.27	42,283.23	61,105.00	69.20%
53150 - Conferences - Fees, Travel, & Meals	20,085.99	85,951.95	250,149.00	34.36%
53300 - Contracted Services	393,343.63	1,127,004.84	1,941,754.00	58.04%
53310 - Contractual Obligations-County Appraisal	67,307.10	183,911.10	486,689.00	37.79%
53330 - Contractual Obligations-Other	14,716.00	138,608.08	197,923.00	70.03%
53335 - Contractual Obligations-Tax Collector Assessor	69.87	123,133.34	130,100.00	94.65%
53400 - Credit Card Processing Fee	6,085.88	32,110.94	58,116.00	55.25%
53500 - Customer Property Damage	1,997.74	6,977.46	20,000.00	34.89%
53550 - Customer Relations	5,858.53	33,980.53	85,400.00	39.79%
53800 - Disposable Linen	10,241.27	52,576.53	67,956.00	77.37%
53900 - Disposable Medical Supplies	271,347.58	812,297.01	1,767,052.00	45.97%
54000 - Drug Supplies	78,334.89	180,528.88	460,225.00	39.23%
54100 - Dues/Subscriptions	7,467.98	71,891.73	134,800.00	53.33%
54200 - Durable Medical Equipment	192,811.93	413,710.08	838,619.00	49.33%
54350 - Employee Health/Wellness	2,690.72	16,956.69	87,000.00	19.49%
54450 - Employee Recognition	2,493.92	56,775.98	154,950.00	36.64%
54500 - Equipment Rental	6,657.94	7,813.10	34,254.00	22.81%
54700 - Fuel-Auto	107,851.03	464,919.36	1,172,952.00	39.64%
54725 - Fuel-Non-Auto	0.00	0.00	8,000.00	0.00%
54800 - Hazardous Waste Removal	180.00	505.50	2,400.00	21.06%
54900 - Insurance	13,478.00	289,262.00	1,036,180.00	27.92%
55025 - Interest Expense	31,577.21	31,577.21	42,163.00	74.89%
55100 - Laundry Service & Purchase	188.17	1,065.01	2,100.00	50.71%
55400 - Leases/Contracts	5,236.84	29,807.16	80,436.00	37.06%
55500 - Legal Fees	1,957.39	26,668.05	166,000.00	16.07%
55600 - Maintenance & Repairs-Buildings	43,621.58	216,951.01	478,309.00	45.36%
55650 - Maintenance-Equipment	154,032.46	359,726.93	1,099,320.00	32.72%
55700 - Management Fees	9,736.66	65,151.93	112,200.00	58.07%
55900 - Meals - Business and Travel	362.50	524.50	1,250.00	41.96%
56100 - Meeting Expenses	3,808.50	10,950.39	45,250.00	24.20%
56200 - Mileage Reimbursements	421.96	2,363.62	9,252.00	25.55%
56300 - Office Supplies	(200.95)	6,673.48	14,071.00	47.43%
56500 - Other Services	330.06	1,695.02	6,000.00	28.25%
56600 - Oxygen & Gases	16,735.82	57,175.08	100,925.00	56.65%
56900 - Postage	3,718.99	16,303.17	28,082.00	58.06%
57000 - Printing Services	459.74	4,202.25	15,554.00	27.02%

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the period ending Mar - Total Fund (10 & 22)

	FY26 Base Current Month Actual	FY26 YTD YTD Actual	FY26 Base Total Annual Budget	FY26 Base %YTD Annual Budget
57100 - Professional Fees	35,558.53	168,324.78	348,288.00	48.33%
57200 - Radio Repairs-Outsourced	4,808.76	17,436.61	66,000.00	26.42%
57225 - Radio-Parts	6,981.00	24,794.35	74,627.00	33.22%
57250 - Radios	36,630.84	36,630.84	73,500.00	49.84%
57300 - Recruit/Investigate	1,021.96	58,368.51	62,942.00	92.73%
57500 - Rent	24,377.32	90,661.36	184,328.00	49.18%
57650 - Repair-Equipment	10,710.79	35,388.08	56,020.00	63.17%
57725 - Shop Supplies	1,697.90	30,094.02	69,520.00	43.29%
57730 - Shop Tools	1,536.93	24,434.54	38,008.00	64.29%
57750 - Small Equipment & Furniture	39,080.97	475,877.68	702,079.00	67.78%
57800 - Special Events Supplies	0.00	48.44	9,250.00	0.52%
57900 - Station Supplies	10,150.79	37,380.49	73,620.00	50.77%
58100 - Supplemental Food	(457.27)	(2,251.48)	4,440.00	50.71%
58200 - Telephones-Cellular	13,910.35	73,228.87	157,183.00	46.59%
58310 - Telephones-Service	88,929.48	245,668.85	403,200.00	60.93%
58500 - Training & Continuing Education	13,526.24	114,679.52	450,428.00	25.46%
58600 - Travel Expenses	491.02	7,698.23	38,353.00	20.07%
58625 - Tuition Reimbursement	200.00	32,650.56	99,000.00	32.98%
58650 - Unemployment Expense	3,000.00	1,349.74	18,000.00	7.50%
58700 - Uniforms	25,741.61	88,165.43	326,165.00	27.03%
58800 - Utilities	41,513.56	229,239.40	478,320.00	47.93%
58900 - Vehicle-Batteries	1,088.42	9,286.47	37,500.00	24.76%
58950 - Vehicle-Fluids & Additives	1,188.63	10,393.95	39,504.00	26.31%
58975 - Vehicle-Oil & Lubricants	(1,746.00)	15,675.39	51,075.00	30.69%
59000 - Vehicle-Outside Services	996.00	4,806.79	23,992.00	20.03%
59050 - Vehicle-Parts	51,111.49	290,011.29	752,577.00	38.54%
59100 - Vehicle-Registration	245.00	1,110.36	2,496.00	44.49%
59150 - Vehicle-Tires	410.11	29,701.21	86,400.00	34.38%
59200 - Vehicle-Towing	250.00	6,734.05	12,000.00	56.12%
59350 - Worker's Compensation Insurance	42,294.00	262,897.00	546,825.00	48.08%
Operating Expenses	2,107,409.29	9,277,608.47	20,227,563.00	45.87%
59610 - 1115 Medicaid Waiver-Uncompensated Care	440,234.00	1,256,337.42	3,325,952.00	37.77%
59620 - Specialty Healthcare Providers	106,013.52	681,816.14	1,932,568.00	35.28%
Indigent Care Expenses	546,247.52	1,938,153.56	5,258,520.00	36.86%
59700 - Capital Purchase-Building/Improvements	310,652.60	2,114,870.91	6,753,042.00	31.32%

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the period ending Mar - Total Fund (10 & 22)

	FY26 Base	FY26 YTD	FY26 Base	
	Current Month Actual	YTD Actual	Total Annual Budget	%YTD Annual Budget
59720 - Capital Purchase-Equipment	279,376.98	2,237,571.45	7,639,187.00	29.29%
59740 - Capital Purchase-Land	0.00	0.00	750,000.00	0.00%
59760 - Capital Purchase-Leases	219,058.41	219,058.41	214,000.00	102.36%
59770 - Capital Purchase-Site Improvements	1,350.00	29,275.24	0.00	0.00%
59780 - Capital Purchase-Vehicles	478,400.00	3,302,825.00	4,566,225.00	72.33%
Capital Expenditures	1,288,837.99	7,903,601.01	19,922,454.00	39.67%
Total Expenditure	8,958,588.86	47,730,354.27	105,114,465.00	45.41%
Revenue over Expenditures	(5,346,627.57)	22,148,311.57	(12,617,499.00)	175.54%

Montgomery County Hospital District Year-Over-Year Income Statement Comparison

For the period ending Mar

	FY26	FY25			FY26	FY25			FY26
	Current Month Actual - Mar	Last Year Month Actual - Mar	Month Variance	Month Variance %	YTD Actual	Last Year YTD Actual	YTD Variance	YTD Variance %	Total Annual Budget
Total Department									
Revenue									
Tax Revenue	921,814.69	802,145.52	119,669.17	14.92%	50,623,763.91	49,123,887.23	1,499,876.68	3.05%	52,148,137.00
EMS Net Revenue	1,062,449.56	2,385,366.74	(1,322,917.18)	55.46%	14,136,885.09	14,107,349.29	29,535.80	0.21%	30,475,425.00
Other Revenue	1,458,339.06	497,665.27	960,673.79	193.04%	4,325,490.26	3,218,099.62	1,107,390.64	34.41%	8,305,993.00
Total Revenue	3,442,603.31	3,685,177.53	(242,574.22)	6.58%	69,086,139.26	66,449,336.14	2,636,803.12	3.97%	90,929,555.00
Expenditure									
Payroll Expenses	4,910,164.12	4,460,386.32	449,777.80	10.08%	28,029,261.29	26,732,740.67	1,296,520.62	4.85%	58,461,771.00
Operating Expenses	2,066,514.60	1,525,320.86	541,193.74	35.48%	9,204,312.12	8,179,246.59	1,025,065.53	12.53%	20,120,211.00
Indigent Care Expenses	546,247.52	425,049.31	121,198.21	28.51%	1,938,153.56	1,888,079.37	50,074.19	2.65%	5,258,520.00
Capital Expenditures	1,288,837.99	191,388.22	1,097,449.77	573.42%	7,903,601.01	5,926,150.57	1,977,450.44	33.37%	19,886,854.00
Total Expenditure	8,811,764.23	6,602,144.71	2,209,619.52	33.47%	47,075,327.98	42,726,217.20	4,349,110.78	10.18%	103,727,356.00
Revenue over Expenditures	(5,369,160.92)	(2,916,967.18)	(2,452,193.74)	84.07%	22,010,811.28	23,723,118.94	(1,712,307.66)	7.22%	(12,797,801.00)

AGENDA ITEM # 15

Board Mtg.: 04/28/26

Montgomery County Hospital District Accounts Receivable Analysis

Days in Accounts Receivable

	Apr-24	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
A/R Balance	15,174,350	15,205,616	13,715,003	13,916,029	13,747,541	12,587,906	11,617,280	11,154,862	11,125,059	11,532,081	11,346,407	11,346,692
Charges	5,575,836	5,858,854	5,039,109	6,030,779	5,964,999	5,300,448	5,791,937	5,541,659	5,816,766	5,693,810	5,448,960	6,029,651
Total 6-Mo Charges	33,320,522	33,861,546	33,195,445	33,596,133	34,244,998	33,770,024	33,986,125	33,668,930	34,446,588	34,109,619	33,593,580	34,322,783
Avg Charge / Day *	185,114	188,120	184,419	186,645	190,250	187,611	188,812	187,050	191,370	189,498	186,631	190,682
A/R Days	82	81	74	75	72	67	62	60	58	61	61	60

* Accounts are aged from date of service.

** Avg Charge / Day is calculated using the most current six months' charges divided by 180 days.

Month	Days							> 90 Days	> 120 Days
	Current	31-60	61-90	91-120	121-180	>180	Total		
Apr-25	6,885,259	2,015,060	1,691,768	1,357,182	1,174,269	2,050,812	15,174,351	4,582,263	3,225,081
May-25	6,894,981	2,313,940	1,289,644	1,383,364	1,369,527	1,954,159	15,205,616	4,707,050	3,323,686
Jun-25	6,188,758	2,062,862	1,621,732	491,258	1,339,925	2,010,468	13,715,003	3,841,651	3,350,393
Jul-25	5,786,043	2,098,904	1,939,764	1,355,519	818,024	1,917,775	13,916,029	4,091,318	2,735,799
Aug-25	5,459,752	2,426,858	1,876,139	1,687,614	592,039	1,705,139	13,747,541	3,984,792	2,297,178
Sep-25	5,300,495	1,924,689	1,845,755	1,754,390	772,736	989,841	12,587,906	3,516,967	1,762,577
Oct-25	5,433,696	2,059,717	1,534,228	1,528,791	227,244	833,604	11,617,280	2,589,639	1,060,848
Nov-25	5,519,161	1,770,608	1,768,226	1,129,791	252,026	715,050	11,154,862	2,096,867	967,077
Dec-25	5,466,694	1,792,913	1,690,841	1,377,661	323,650	473,299	11,125,059	2,174,610	796,949
Jan-26	6,612,725	1,747,463	1,527,200	1,096,124	336,223	212,346	11,532,081	1,644,693	548,568
Feb-26	6,461,285	2,393,308	1,081,069	1,025,737	226,770	158,238	11,346,407	1,410,746	385,008
Mar-26	6,111,269	2,361,929	1,793,648	775,949	196,828	107,070	11,346,692	1,079,847	303,898

Month	Days							> 90 Days	> 120 Days
	Current	31-60	61-90	91-120	121-180	>180	Total		
Apr-25	45%	13%	11%	9%	8%	14%	100%	30%	21%
May-25	45%	15%	8%	9%	9%	13%	100%	31%	22%
Jun-25	45%	15%	12%	4%	10%	15%	100%	28%	24%
Jul-25	42%	15%	14%	10%	6%	14%	100%	29%	17%
Aug-25	40%	18%	14%	12%	4%	12%	100%	29%	20%
Sep-25	42%	15%	15%	14%	6%	8%	100%	28%	14%
Oct-25	47%	18%	13%	13%	2%	7%	100%	22%	9%
Nov-25	49%	16%	16%	10%	2%	6%	100%	19%	9%
Dec-25	49%	16%	15%	12%	3%	4%	100%	20%	7%
Jan-26	57%	15%	13%	10%	3%	2%	100%	14%	5%
Feb-26	57%	21%	10%	9%	2%	1%	100%	12%	3%
Mar-26	54%	21%	16%	7%	2%	1%	100%	10%	3%

AGENDA ITEM # 15

Board Mtg.: 04/28/26

**Montgomery County Hospital District
Payer Mix and Service Mix**

Payer	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	12-Month Total
Medicare	2,815,333	2,477,837	2,895,193	2,828,759	2,543,276	2,755,496	2,699,838	2,941,091	2,965,091	2,720,357	2,927,889	30,570,161
Medicaid	569,783	485,895	572,444	575,914	507,742	548,352	519,593	611,301	503,926	552,911	589,820	6,037,680
Insurance	1,572,392	1,321,652	1,677,534	1,665,041	1,440,157	1,608,896	1,518,399	1,470,755	1,455,514	1,475,666	1,636,278	16,842,284
Facility Contract					0							0
Bill Patient	880,949	742,673	874,777	890,038	772,981	839,827	776,241	790,823	764,818	688,556	871,364	8,893,047
Standby	20,397	11,051	10,848	5,247	36,293	39,366	27,587	2,795	4,463	11,470	4,300	173,817
Total	5,858,854	5,039,109	6,030,797	5,964,999	5,300,448	5,791,937	5,541,658	5,816,766	5,693,810	5,448,960	6,029,651	62,516,988

Payer	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	12-Month %
Medicare	48.1%	49.2%	48.0%	47.4%	48.0%	47.6%	48.7%	50.6%	52.1%	49.9%	48.6%	48.9%
Medicaid	9.7%	9.6%	9.5%	9.7%	9.6%	9.5%	9.4%	10.5%	8.9%	10.1%	9.8%	9.7%
Insurance	26.8%	26.2%	27.8%	27.9%	27.2%	27.8%	27.4%	25.3%	25.6%	27.1%	27.1%	27.0%
Facility Contract	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Bill Patient	15.0%	14.7%	14.5%	14.9%	14.6%	14.5%	14.0%	13.6%	13.4%	12.6%	14.5%	14.3%
Standby	0.3%	0.2%	0.2%	0.1%	0.7%	0.7%	0.5%	0.0%	0.1%	0.2%	0.1%	0.3%
Total	99.9%	99.9%	100.0%	100.0%	100.1%	100.1%	100.0%	100.0%	100.1%	99.9%	100.1%	100%

Payer	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	12-Month Total
ALS	3,904	3,288	4,015	3,971	3,456	3,774	3,560	3,656	3,494	3,444	3,798	40,360
BLS	909	855	894	876	868	925	939	1,108	1,089	925	1,058	10,446
Other	314	277	286	323	247	293	321	285	237	269	269	3,121
Transfer					0							0
Standby	22	14	13	5	54	58	44	5	30	8	1	254
Total	5,149	4,434	5,208	5,175	4,625	5,050	4,864	5,054	4,850	4,646	5,126	54,181

Payer	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	12-Month %
ALS	75.9%	74.2%	77.1%	76.7%	74.7%	74.7%	73.2%	72.3%	72.0%	74.1%	74.1%	74.5%
BLS	17.7%	19.3%	17.2%	16.9%	18.8%	18.3%	19.3%	21.9%	22.5%	19.9%	20.6%	19.3%
Other	6.1%	6.2%	5.5%	6.2%	5.3%	5.8%	6.6%	5.6%	4.9%	5.8%	5.2%	5.8%
Transfer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Standby	0.4%	0.3%	0.2%	0.1%	1.2%	1.1%	0.9%	0.1%	0.6%	0.2%	0.0%	0.5%
Total	100.1%	100.0%	100.0%	99.9%	100.0%	99.9%	100.0%	99.9%	100.0%	100.0%	99.9%	100.1%

AGENDA ITEM # 15

Board Mtg.: 04/28/26

Montgomery County Hospital District
Accounts Payable Analysis

Accounts Payable Aging by Dollars

Month	Current	Days			Credits	Total	\$ Total minus Credits
		31-60	61-90	> 90			
Apr-25	382,313	-	-	(2)	(2)	382,309	382,311
May-25	493,520	-	-	(2)	(2)	493,517	493,519
Jun-25	501,634	-	-	(2)	(2)	501,631	501,633
Jul-25	902,742	-	-	(2)	(2)	902,738	902,740
Aug-25	434,009	-	-	(2)	(2)	434,005	434,007
Sep-25	-	-	-	-	-	-	-
Oct-25	578,153	-	-	-	-	578,153	578,153
Nov-25	164,015	-	-	-	-	164,015	164,015
Dec-25	305,749	-	-	-	-	305,749	305,749
Jan-26	162,100	-	-	-	-	162,100	162,100
Feb-26	439,436	-	-	-	-	439,436	439,436
Mar-26	569,865	-	-	-	-	569,865	569,865

Agenda Item # 16



We Make a Difference!

To: Board of Directors

From: Brett Allen, CFO

Date: April 28, 2026

Re: Weaver and Tidwell, LLP Engagement Letter

Consider and act on engagement of auditor Weaver and Tidwell, LLP for audit to include, if necessary, a single audit. (Mr. Shirley, Chairman – MCHD Board)



March 31, 2026

To the Board of Directors and Management of
Montgomery County Hospital District
1400 S. Loop 336 West
Conroe, Texas 77304 Board of Directors and Management:

Dear Board of Directors and Management::

Weaver and Tidwell, L.L.P. ("our", "us", and "we") will perform an audit of the basic financial statements, which comprise the financial statements of governmental activities, the major fund, and the nonmajor fund as of and for the year ending September 30, 2026, and the related notes to the financial statements of:

Montgomery County Hospital District

This required supplementary information ("RSI") will be subjected to certain limited procedures but will not be audited:

1. Management's Discussion and Analysis
2. Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget to Actual – General Fund
3. Schedule of Changes in Net Pension Liability (Asset) and Related Ratios
4. Schedule of District Contributions to Texas County and District Retirement System (TCDRS)

In addition, we will audit the entity's compliance over major federal award programs for the period ended September 30, 2026.

The following accompanying supplementary information will also be subjected to our auditing procedures, as well as certain additional procedures:

1. Schedule of Expenditures of Federal Awards (as applicable)

We are pleased to confirm our acceptance and our understanding of this engagement by means of this letter.

Applicable Standards and Framework

The auditing standards applicable to this engagement will be U.S. GAAS (generally accepted auditing standards in the United States of America) and the Government Auditing Standards ("GAGAS"); if applicable, any state or regulatory audit requirements; and Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ("Uniform Guidance").

The financial reporting framework applicable to this engagement is U.S. GAAP (generally accepted accounting principles in the United States of America).

Engagement Objective

The objectives of our audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion and to report on the fairness of the supplementary information referred to above when considered in relation to the financial statements as a whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with applicable auditing standards will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user of the financial statements.

Weaver and Tidwell, L.L.P.

CPAs AND ADVISORS | WEAVER.COM

Our Responsibilities

We will conduct our engagement in accordance with the applicable standards described above. As part of an engagement conducted in accordance with the applicable standards, we exercise professional judgment and maintain professional skepticism throughout the engagement.

We also do the following:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of controls.
- Obtain an understanding of the system of internal control in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the system of internal control. However, we will communicate to you in writing concerning any significant deficiencies or material weaknesses in internal control relevant to the audit that we have identified during the engagement.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence that support the amounts and disclosures in the financial statements. Such tests may include tests of the physical existence of assets, and direct confirmation of cash, investments, and certain other assets and liabilities by correspondence with creditors and financial institutions. As part of our audit process, we may request written representations from your attorneys, and they may bill you for responding.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements or noncompliance (whether caused by errors, fraudulent financial reporting, misappropriation of assets, or violations of laws or governmental regulations) may not be detected, even though the audit is properly planned and performed in accordance with applicable standards.

In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential.

The accompanying supplementary information referred to above will be presented for purposes of additional analysis and is not a required part of the financial statements. Such information will be subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with applicable standards. Our auditor's report will provide an opinion on the supplementary information in relation to the financial statements as a whole in a report combined with our auditor's report on the financial statements.

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Our responsibilities for this engagement are limited to the period covered by our engagement and do not extend to any other periods. Our engagement also does not include consultation with you on the adoption of new accounting standards or any future increased duties we may have because of the actions of any regulatory body, implementation of any new auditing standard, or occurrence of an unknown or unplanned significant transaction.

Greg Peterson, CPA, is the engagement partner or equivalent for the services specified in this letter and is responsible for supervising our services performed as part of this engagement and signing or authorizing another qualified firm representative to sign our report.

We expect to begin our procedures in July 2026 and to issue our report in March 2027. We will issue a written report only upon completion of our engagement. Our report will be addressed to the Board of Directors of the District..

We cannot provide assurance that an unmodified audit opinion will be expressed. Circumstances may arise in which it may be necessary for us to modify our opinion, add an emphasis-of-matter or other-matter paragraphs, delay the initiation or completion of our engagement, or withdraw from the engagement. If our opinion on the financial statements is other than unmodified, we will discuss the reasons with you in advance.

If, for any reason, we are unable to complete the audit or are unable to form or have not formed an opinion, we may decline to express an opinion or withdraw from the engagement.

GAGAS

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will consider the entity's internal control over financial reporting and perform tests of the entity's compliance with the provisions of applicable laws, regulations, contracts, and grant agreements that could have a direct and material effect on the determination of financial statement amounts.

In accordance with the requirements of GAGAS, we will also issue a written report describing the scope of our testing over internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and grant agreements, and the results of that testing. However, providing an opinion on internal control over financial reporting and compliance with respect to the financial statements will not be an objective of the audit and, therefore, no such opinion will be expressed. Because the determination of waste and abuse is subjective, *Government Auditing Standards* do not expect auditors to perform specific procedures to detect waste or abuse in financial audits nor do they expect auditors to provide reasonable assurance of detecting waste or abuse.

Uniform Guidance

Our audit of the entity's major federal award program(s) compliance will be conducted in accordance with the Uniform Guidance.

Our procedures will include a determination of major federal award programs in accordance with the Uniform Guidance, and the identification of the compliance requirements that are direct and material to such major programs. We will also perform other procedures we consider necessary to enable us to obtain reasonable assurance about whether the entity complied with the direct and material compliance requirements applicable to major federal award programs, so that we may express an opinion or disclaimer of opinion on major federal award program compliance and render the required reports. We cannot provide assurance that an unmodified opinion on compliance will be expressed. Circumstances may arise in which it is necessary for us to modify our opinion or withdraw from the engagement.

Also, as required by the Uniform Guidance, we will perform tests to evaluate the effectiveness of the design and operation of internal controls that we consider relevant to preventing or detecting material noncompliance with the direct and material compliance requirements applicable to each of the entity's major federal award programs. Our report will include any significant deficiencies and/or material weaknesses identified. However, our tests will be less

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in scope than would be necessary to render an opinion on these controls and, accordingly, no opinion on the effectiveness of the internal control over compliance will be expressed in our report.

Required Supplementary Information (RSI)

U.S. GAAP, as promulgated by the Governmental Accounting Standards Board ("GASB"), requires that management's discussion and analysis and budgetary comparison information, among other items, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by GASB, which considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the RSI in accordance with U.S. GAAS. These limited procedures will consist primarily of inquiries of management regarding their methods of measurement and presentation and comparing the information for consistency with management's responses to our inquiries. We will not express an opinion or provide any form of assurance on the RSI.

Non-Attest Services

We will perform the following additional non-attest (non-audit) services as part of this engagement.

- Preparation of financial statements and related notes
- Preparation of schedule of expenditures of federal awards (as applicable)
- Prepare the Data Collection Form (as applicable)

GAGAS require that we perform and document an assessment of the skills, knowledge, and experience of the individual designated by the entity to oversee any non-attest services we perform. The entity has designated Brett Allen, Chief Financial Officer, to oversee these services.

These non-attest services do not constitute an audit under GAGAS, and such services will not be conducted in accordance with GAGAS.

Data Collection Form on Reporting for Single Audits (as applicable)

It is expected that prior to the conclusion of the engagement, sections of the Data Collection Form will be completed by our firm. The sections that we will complete summarize our audit findings by federal grant or contract. Management is responsible for submitting the reporting package (defined as including financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditor's reports, and corrective action plan) along with the Data Collection Form to the Federal Audit Clearinghouse. The instructions to the Data Collection Form require that the reporting package be an unlocked, unencrypted, text searchable portable document file (PDF) or else it will be rejected by the Federal Audit Clearinghouse. We will be available to assist management in creating the PDF if needed.

We will coordinate with you the electronic submission and certification upon the reporting package completion. If applicable, we will provide copies of our report for you to include with the reporting package if there is a need to submit the package to pass-through entities.

The Data Collection Form and the reporting package must be submitted within the earlier of thirty (30) days after receipt of our reports or nine (9) months after the end of the audit period.

Third-Party Service Providers

Depending on the requirements of this engagement, we may use the services of our affiliate, Weaver and Tidwell India LLP, a limited liability partnership incorporated in India, or one or more other third-party service providers to assist us. Before sharing confidential information with those service providers, we will (i) secure agreements to maintain the confidentiality of such information and ensure the information is only used for the purpose of assisting

us with the performance of this engagement and (ii) take commercially reasonable precautions to determine the service providers have appropriate procedures in place to prevent the unauthorized disclosure of the information. If we use such service providers, we will remain responsible for all work performed and any breach of our confidentiality arrangements by those service providers.

Management's Responsibilities

Our engagement will be conducted on the basis that management and, when appropriate, those charged with governance, acknowledge and understand that they have responsibility for:

- a. the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework described above;
- b. the design, implementation, and maintenance of the system of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error;
- c. the design, implementation, and maintenance of programs and controls to prevent and detect fraud;
- d. informing us of any known or suspected fraud involving management, employees with significant roles in the system of internal control and others where fraud could have a material effect on the financial statements (including any allegations of fraud or suspected fraud received in communications from employees, former employees, regulators, or others);
- e. providing us with:
 - i. access to all information of which management is aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters;
 - ii. additional information that we may request from management for the purpose of the engagement; and
 - iii. unrestricted access to persons from whom we determine it necessary to obtain evidence;
- f. including our report, and our report on any supplementary information if described above, in any document containing financial statements that indicates that such financial statements have been audited by us;
- g. identifying and ensuring compliance with the applicable laws and regulations;
- h. adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the current period(s) under audit are immaterial, both individually and in the aggregate, to the financial statements as a whole;
- i. maintaining adequate records, selecting and applying accounting principles, and safeguarding assets;
- j. the accuracy and completeness of all information provided;
- k. with regard to the supplementary information referred to above: (a) the preparation of the supplementary information in accordance with the applicable criteria; (b) providing us with the appropriate written representations regarding supplementary information; (c) including our report on the supplementary information in any document that contains the supplementary information and that indicates that we have reported on such supplementary information; and (d) presenting the supplementary information with the audited financial statements, or if the supplementary information will not be presented with the audited financial statements, to make the audited financial statements readily available to the intended users of the supplementary information no later than the date of issuance by you of the supplementary information and our report thereon;
- l. the design, implementation, and maintenance of the system of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to violations of laws, governmental regulations, grant agreements, or contractual agreements;
- m. identifying all federal awards expended during the period;

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- n. providing us with access to all information of which management is aware that is relevant to federal award programs;
- o. preparing the schedule of expenditures of federal awards (including notes and noncash assistance received) in accordance with the Uniform Guidance;
- p. the design, implementation, and maintenance of internal control over compliance;
- q. identifying and ensuring that entity complies with laws, regulations, grants, and contracts applicable to its activities and its federal award programs;
- r. following up and taking corrective action on reported audit findings from prior periods and preparing a summary schedule of prior audit findings;
- s. following up and taking corrective action on current period audit findings and preparing a corrective action plan for such findings;
- t. submitting the reporting package and data collection form to the appropriate parties;
- u. making us aware of any significant vendor relationships where the vendor is responsible for program compliance;
- v. informing us of facts that may affect the financial statements of which you may become aware during the period from the date of our report to the date the financial statements are issued; and
- w. confirming your understanding of your responsibilities in this letter to us in your management representation letter.

We understand that your employees will prepare all confirmations we request and will locate any documents or support for any other transactions we request.

If we agree herein or otherwise to perform any non-attest services (such as tax services or any other non-attest services), you agree to assume all management responsibilities for those services; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them. We will perform any such non-attest services in accordance with applicable professional standards.

During the course of our engagement, we will request information and explanations from management regarding operations, internal controls, future plans, specific transactions and accounting systems and procedures. At the conclusion of our engagement, we will also require, as a precondition to the issuance of our report, that management provide certain representations in a written letter concerning representations made to us in connection with our engagement. You agree that as a condition of our engagement, management will, to the best of its knowledge and belief, be truthful, accurate and complete in all representations made to us during the course of the engagement and in the written representation letter. The procedures we perform in our engagement and the conclusions we reach as a basis for our report will be heavily influenced by the written and oral representations that we receive from management. False or misleading representations could cause us to expend unnecessary efforts in the engagement; or, worse, could cause a material error or a fraud to go undetected by our procedures.

The hiring of, or potential employment discussions with, any of our personnel could impair our independence. Accordingly, you agree to inform the engagement partner prior to any such potential employment discussions taking place.

Fees and Invoicing

We estimate the fee for this engagement will be \$54,600 for the financial statement audit and \$3,200 for each major program as applicable to the compliance audit.

The total fee for our services will be determined by the complexity of the work performed and the tasks required. Individual hourly rates vary according to the degree of responsibility involved and the skills required and are subject

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to periodic review and change. It is understood that neither our fees nor the payment thereof will be contingent upon the results of this engagement.

Our fee estimate is based on anticipated cooperation from all involved and the assumption that unexpected circumstances will not be encountered during the engagement. If significant additional time is necessary, we will discuss the reasons with you and arrive at a new fee estimate before we incur the additional costs.

Our invoices for this engagement will be rendered each month as work progresses. Our invoices are payable in accordance with Texas Government Code § 2251.021, if applicable.

Documentation and Deliverable

The documentation we prepare pertaining to and in support of this engagement is our property and constitutes confidential information.

If you intend to make reference to our firm or include a report or portion of a report we issue in a published document or other reproduction that includes a modified version of the report or financial information to which it was attached, you agree to provide us with printers' proofs or masters for our review and approval before reproducing. You also agree to provide us with a copy of the final reproduced material for our written approval before it is distributed. If, in our professional judgment, the circumstances require, we may withhold our approval. This requirement does not pertain to distributing unmodified reports along with the attached financial information or dissemination of your financial information as a standalone document, such as on your website.

Unless we provide you with written consent in advance of such use, reports we issue are not intended to and should not be provided or otherwise made available for use in connection with the sale of debt or other securities. If, in our professional judgment, the circumstances require, we may withhold our consent.

Consistent with professional standards, our firm is subject to peer review and inspection by the PCAOB. Those programs require that our system of quality management and a sample of our work be periodically examined by another independent accounting firm or the PCAOB, respectively. A copy of our latest external peer review report is available at peerreview.aicpa.org. The work we perform for you may be selected for review. If it is, we will provide the reviewers with the required information without notice to you. Professional standards and PCAOB regulations provide the applicable confidentiality requirements.

[Signatures on Next Page]

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Incorporated General Terms

Previously, you agreed to our General Terms attached to our engagement letter dated April 10, 2025 that provide additional terms (including but not limited to provisions on confidentiality, limitations on liability, indemnifications, dispute resolution, jury waiver, etc.) for this engagement. Those terms are incorporated and apply to all services described herein.

We appreciate the opportunity to assist you and look forward to working with you and your team.

Sincerely,

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

The Woodlands, Texas

Please sign and return a copy of this letter to indicate acknowledgment of, and agreement with, the arrangements for our engagement as described herein, including each party's respective responsibilities. By signing below, the signatory also represents that they have been authorized to execute this agreement.

Montgomery County Hospital District

By: _____

Printed Name: _____

Title: _____

Date: _____



Report on the Firm's System of Quality Control

November 19, 2025

To the Partners of Weaver & Tidwell, L.L.P.
and the National Peer Review Committee

We have reviewed the system of quality control for the accounting and auditing practice of Weaver & Tidwell, L.L.P. (the firm) applicable to engagements not subject to Public Company Accounting Oversight Board (PCAOB) permanent inspection in effect for the year ended May 31, 2025. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a system review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported on in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm's Responsibility

The firm is responsible for designing and complying with a system of quality control to provide the Firm with reasonable assurance of performing and reporting in conformity with the requirements of applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported on in conformity with the requirements of applicable professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer's Responsibility

Our responsibility is to express an opinion on the design of and compliance with the firm's system of quality control based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of employee benefit plans, an audit performed under FDICIA, and examinations of service organizations (SOC 1 and SOC 2 engagements).

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Opinion

In our opinion, the system of quality control for the accounting and auditing practice of Weaver & Tidwell, L.L.P. applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended May 31, 2025, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. Weaver & Tidwell, L.L.P. has received a peer review rating of *pass*.

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Eide Bailly LLP

Agenda Item # 17

Montgomery County Hospital District
 Budget Amendment - Fiscal Year Ending September 30, 2026
 Supplement to the Amendment Presented to the Board on April 28, 2026

Account	Description	Total	Notes	Impact
Revenue				
GASB 87 Lease for Station 16 Revenue				
10-016-41425	Proceeds from Capital Lease - Facilities	219,059.00	GASB 87 Lease for Station 16; Occupancy as of December 2025	Increase Revenue
	Total GASB 87 Lease for Station 16 Revenue	219,059.00		
	Total Revenue	219,059.00	Increase in Revenue	
GASB 87 Lease for Station 16 Expense				
10-016-59760	Capital Purchase-Leases - Facilities	219,059.00	GASB 87 Lease for Station 16; Occupancy as of December 2025	Increase Expense
	Total GASB 87 Lease for Station 16 Expense	219,059.00		
EMS Medic iPhones				
10-005-53050	Computer Software - Accounting	(27,455.00)	Under budget YTD mainly due to no longer need Fleet software API integration	Decrease Expense
10-015-58200	Telephones-Cellular - Information Technology	27,455.00	iPhones for medic units with cell plan for March-September 2026, Applecare, and phone supplies	Increase Expense
	Total EMS Medic iPhones	0.00		
Salary Market Adjustments				
10-001-51100	Regular Pay - Administration	9,057.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-001-51300	Paid Time Off - Administration	2,269.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-001-51500	Payroll Taxes - Administration	838.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-001-51650	TCDRS Plan - Administration	1,076.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-002-51100	Regular Pay - HCAP	40,318.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-002-51200	Overtime Pay - HCAP	4.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-002-51300	Paid Time Off - HCAP	4,869.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-002-51500	Payroll Taxes - HCAP	3,344.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-002-51650	TCDRS Plan - HCAP	4,293.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-004-51100	Regular Pay - Radio / Tower System	23,059.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-004-51200	Overtime Pay - Radio / Tower System	328.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-004-51300	Paid Time Off - Radio / Tower System	3,156.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-004-51500	Payroll Taxes - Radio / Tower System	2,039.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-004-51650	TCDRS Plan - Radio / Tower System	2,618.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-005-51100	Regular Pay - Accounting	27,678.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-005-51200	Overtime Pay - Accounting	146.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-005-51300	Paid Time Off - Accounting	3,501.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-005-51500	Payroll Taxes - Accounting	2,318.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-005-51650	TCDRS Plan - Accounting	2,976.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-006-51100	Regular Pay - Alarm	111,605.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-006-51200	Overtime Pay - Alarm	7,080.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-006-51300	Paid Time Off - Alarm	15,127.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-006-51500	Payroll Taxes - Alarm	10,081.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-006-51650	TCDRS Plan - Alarm	12,941.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-007-51100	Regular Pay - EMS	1,211,252.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-007-51200	Overtime Pay - EMS	182,199.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-007-51300	Paid Time Off - EMS	121,487.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-007-51500	Payroll Taxes - EMS	110,141.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-007-51650	TCDRS Plan - EMS	151,266.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-008-51100	Regular Pay - Materials Management	21,402.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-008-51200	Overtime Pay - Materials Management	57.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-008-51300	Paid Time Off - Materials Management	2,588.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-008-51500	Payroll Taxes - Materials Management	1,779.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-008-51650	TCDRS Plan - Materials Management	2,285.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-009-51100	Regular Pay - Dept of Clinical Services	24,434.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-009-51200	Overtime Pay - Dept of Clinical Services	2,072.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-009-51300	Paid Time Off - Dept of Clinical Services	2,742.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-009-51500	Payroll Taxes - Dept of Clinical Services	2,184.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-009-51650	TCDRS Plan - Dept of Clinical Services	2,803.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-010-51100	Regular Pay - Fleet	28,966.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-010-51200	Overtime Pay - Fleet	658.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-010-51300	Paid Time Off - Fleet	3,878.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-010-51500	Payroll Taxes - Fleet	2,529.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-010-51650	TCDRS Plan - Fleet	3,246.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-011-51100	Regular Pay - EMS Billing	54,299.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-011-51200	Overtime Pay - EMS Billing	2,010.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-011-51300	Paid Time Off - EMS Billing	6,414.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-011-51500	Payroll Taxes - EMS Billing	4,656.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-011-51650	TCDRS Plan - EMS Billing	5,978.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-015-51100	Regular Pay - Information Technology	37,231.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-015-51200	Overtime Pay - Information Technology	141.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-015-51300	Paid Time Off - Information Technology	5,336.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-015-51500	Payroll Taxes - Information Technology	3,244.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-015-51650	TCDRS Plan - Information Technology	4,165.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-016-51100	Regular Pay - Facilities	19,551.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-016-51200	Overtime Pay - Facilities	549.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-016-51300	Paid Time Off - Facilities	2,261.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-016-51500	Payroll Taxes - Facilities	1,702.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-016-51650	TCDRS Plan - Facilities	2,186.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-025-51100	Regular Pay - Human Resources	18,946.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense

Montgomery County Hospital District
 Budget Amendment - Fiscal Year Ending September 30, 2026
 Supplement to the Amendment Presented to the Board on April 28, 2026

Account	Description	Total	Notes	Impact
10-025-51200	Overtime Pay - Human Resources	57.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-025-51300	Paid Time Off - Human Resources	2,690.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-025-51500	Payroll Taxes - Human Resources	1,605.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-025-51650	TCDRS Plan - Human Resources	2,061.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-026-51100	Regular Pay - Records Management	11,214.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-026-51200	Overtime Pay - Records Management	18.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-026-51300	Paid Time Off - Records Management	1,660.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-026-51500	Payroll Taxes - Records Management	954.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-026-51650	TCDRS Plan - Records Management	1,225.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-027-51100	Regular Pay - Emergency Management & Safety	5,071.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-027-51200	Overtime Pay - Emergency Management & Safety	269.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-027-51300	Paid Time Off - Emergency Management & Safety	628.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-027-51500	Payroll Taxes - Emergency Management & Safety	442.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-027-51650	TCDRS Plan - Emergency Management & Safety	567.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-039-51100	Regular Pay - Community Paramedicine	12,796.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-039-51200	Overtime Pay - Community Paramedicine	27.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-039-51300	Paid Time Off - Community Paramedicine	1,530.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-039-51500	Payroll Taxes - Community Paramedicine	1,062.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-039-51650	TCDRS Plan - Community Paramedicine	1,364.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-042-51100	Regular Pay - EMS Tactical Team	3,823.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-042-51200	Overtime Pay - EMS Tactical Team	752.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-042-51500	Payroll Taxes - EMS Tactical Team	387.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-042-51650	TCDRS Plan - EMS Tactical Team	519.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-045-51100	Regular Pay - EMS Quality	45,073.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-045-51200	Overtime Pay - EMS Quality	380.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-045-51300	Paid Time Off - EMS Quality	5,707.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-045-51500	Payroll Taxes - EMS Quality	3,786.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-045-51650	TCDRS Plan - EMS Quality	4,860.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-046-51100	Regular Pay - EMS Bike Team	1,366.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-046-51200	Overtime Pay - EMS Bike Team	609.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-046-51500	Payroll Taxes - EMS Bike Team	145.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-046-51650	TCDRS Plan - EMS Bike Team	188.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-047-51100	Regular Pay - Procurement	6,593.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-047-51200	Overtime Pay - Procurement	19.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-047-51300	Paid Time Off - Procurement	857.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-047-51500	Payroll Taxes - Procurement	553.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
10-047-51650	TCDRS Plan - Procurement	709.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-206-51100-1010	Regular Pay - CPS/PHIG	13,340.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-206-51200-1010	Overtime Pay - CPS/PHIG	20.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-206-51300-1010	Paid Time Off - CPS/PHIG	1,726.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-206-51500-1010	Payroll Taxes - CPS/PHIG	1,116.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-206-51650-1010	TCDRS Plan - CPS/PHIG	1,433.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-204-51100-1012	Regular Pay - EAIDU/SUR	2,890.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-204-51200-1012	Overtime Pay - EAIDU/SUR	1.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-204-51300-1012	Paid Time Off - EAIDU/SUR	342.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-204-51500-1012	Payroll Taxes - EAIDU/SUR	241.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-204-51650-1012	TCDRS Plan - EAIDU/SUR	309.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-205-51100-1011	Regular Pay - CPS/PHEP	5,446.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-205-51200-1011	Overtime Pay - CPS/PHEP	22.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-205-51300-1011	Paid Time Off - CPS/PHEP	685.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-205-51500-1011	Payroll Taxes - CPS/PHEP	455.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-205-51650-1011	TCDRS Plan - CPS/PHEP	585.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-203-51100-1013	Regular Pay - CPS/CRI	2,216.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-203-51200-1013	Overtime Pay - CPS/CRI	15.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-203-51300-1013	Paid Time Off - CPS/CRI	266.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-203-51500-1013	Payroll Taxes - CPS/CRI	185.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-203-51650-1013	TCDRS Plan - CPS/CRI	237.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-200-51100-1000	Regular Pay - PH Clinic	10,650.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-200-51200-1000	Overtime Pay - PH Clinic	59.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-200-51300-1000	Paid Time Off - PH Clinic	1,289.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-200-51500-1000	Payroll Taxes - PH Clinic	888.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-200-51650-1000	TCDRS Plan - PH Clinic	1,140.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-202-51100-1014	Regular Pay - RLSS/LPHS	4,081.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-202-51200-1014	Overtime Pay - RLSS/LPHS	28.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-202-51300-1014	Paid Time Off - RLSS/LPHS	483.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-202-51500-1014	Payroll Taxes - RLSS/LPHS	340.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
22-202-51650-1014	TCDRS Plan - RLSS/LPHS	436.00	Salary market adjustment approved at December 9, 2025 Board meeting	Increase Expense
Total Salary Market Adjustments		2,509,848.00		
Total Expense		2,728,907.00	Increase in Expense	
Increase / (Decrease) Net Revenue over Expenses		(2,509,848.00)		
FY 2026 Budgeted Net Revenue over Expenses (Total Funds - 10 & 22)		(12,617,499.00)		
FY 2026 Amended Budgeted Net Revenue over Expenses (Total Funds - 10 & 22)		(15,127,347.00)		

Agenda Item # 18



We Make a Difference!

To: Board of Directors
From: Brett Allen, CFO
Date: April 28, 2026
Re: **Impac Fleet Monthly Invoice for Fleet**

Consider and ratify the payment of the Impac Fleet monthly invoice for fuel charges for the month of August 2025.

The Impac Fleet invoice is in the amount of \$100,908.58. Monthly invoice amounts varies due to usage and fuel price fluctuations.

Yes No N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|-------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Budgeted item? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Within budget? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Renewal contract? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Special request? |

Invoice #: SQLCD-1184266 **Due Date:** 04/11/2026
Invoice Date: 04/01/2026 **Terms:** NET 10
Account #: 250916



Bill To	Remit To
MONTGOMERY COUNTY HOSPITAL DISTRICT 1300 S LOOP 336 W CONROE, TX 77304	Mansfield Oil Company of Gainesville Inc Invoices to be Drafted FEIN 58-1091383 Dallas, TX 75373

Description	Quantity	Extended
FUEL PURCHASES-VOYAGER RETAIL	24,114.28	100,885.28
OTHER PURCHASES-VOYAGER RETAIL	10.00	23.30

Invoice Amount Due:	100,908.58
Currency:	USD

Posting Period: 03/01/2026 - 03/31/2026

AGENDA ITEM # 19

Consider and act on payment of District invoices (Charles Shirley, Chairman-MCHD Board)

**TOTAL FOR
INVOICES**

\$3,772,654.90

Montgomery County Hospital District
Expense Allocation Report
Board Meeting 04/28/2026 Paid Invoices

Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
ACC103 Lexisnexis Risk Data Mgmt, Inc	3/1/2026	1100275156	FY26 BPO - LexisNexis - Search for Patient Inform	10-011-53300	53300 - Contracted Services	\$879.50
Total - ACC103 Lexisnexis Risk Data Mgmt, Inc						\$879.50
ACC115 Alonti Cafe & Catering	3/2/2026	2155188	NEOP Lunches for HR Day 03/02/26	10-025-57300	57300 - Recruit/Investigate	\$115.94
	3/4/2026	2157564	FRO Workgroup Meeting	10-009-53550	53550 - Customer Relations	\$234.13
	3/11/2026	2159290	Field NEOP day 1 on 3/11/26	10-025-58500	58500 - Training & Continuing Educatio	\$278.66
	3/12/2026	2159356	3/12/26 Field NEOP Lunch	10-025-58500	58500 - Training & Continuing Educatio	\$289.67
	3/13/2026	2159453	3/13/26 Field NEOP Lunch	10-025-58500	58500 - Training & Continuing Educatio	\$444.80
Total - ACC115 Alonti Cafe & Catering						\$1,363.20
ADA102 Adandy Cabling	3/24/2026	1137	Network Cable Drops- Admin Building	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$600.00
Total - ADA102 Adandy Cabling						\$600.00
ADA105 Andrew Adams	3/26/2026	ADA*03262026B	PER DIEM - Mid-Coast Hurricane & Disaster Conf	10-045-53150	53150 - Conferences - Fees, Travel, & I	\$102.00
Total - ADA105 Andrew Adams						\$102.00
AHA100 American Heart Association, Inc. (A	3/1/2026	SCPR253352	ECC Flipbooks For CoHorts	10-009-52600	52600 - Books/Materials	\$2,681.70
	3/14/2026	SCPR256292	eCards for CPR classes	10-009-52600	52600 - Books/Materials	\$6,137.00
Total - AHA100 American Heart Association, Inc. (AHA)						\$8,818.70
AIR106 Air Performance Service of Houston,	3/1/2026	204571	Jan Quaterly Inspection Agreement 53372	10-016-55650	55650 - Maintenance-Equipment	\$1,670.00
	3/9/2026	206913		10-016-55650	55650 - Maintenance-Equipment	\$3,007.60
	3/24/2026	209387	Service Call for Chiller	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$548.50
Total - AIR106 Air Performance Service of Houston, LLC						\$5,226.10
ALL110 Brett Allen	3/20/2026	ALL*03202026	PER DIEM - GFOAT Spring 2026 Conference (04/	10-001-53150	53150 - Conferences - Fees, Travel, & I	\$129.00
Total - ALL110 Brett Allen						\$129.00
ALLG100 ALR3 Enterprises Db a All Gates & I	3/6/2026	12110	Install and Maintenance	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$985.00
Total - ALLG100 ALR3 Enterprises Db a All Gates & Doors						\$985.00
AMB100 Ambassador Services, LLC	3/1/2026	INV110774	Janitorial Services Proposal RFP No. FY2026-016	10-016-53330	53330 - Contractual Obligations-Other	\$7,888.80
Total - AMB100 Ambassador Services, LLC						\$7,888.80
ARI101 Bryan Arita	3/4/2026	ARI*02202026B	PER DIEM - 2026 SWEVT Training Conference (0	10-010-53150	53150 - Conferences - Fees, Travel, & I	\$440.00
Total - ARI101 Bryan Arita						\$440.00
ATT103 AT&T Mobility-Roc (6463)	3/1/2026	287283884314X02272026	Acct# 287283884314 01/20/26-02/19/26	10-015-58310	58310 - Telephones-Service	\$391.46
	3/19/2026	287283884314X03272026	02/20/2026-03/19/2026	10-015-58200	58200 - Telephones-Cellular	\$310.58
	3/19/2026	287283884314X03272026	02/20/2026-03/19/2026	10-004-58200	58200 - Telephones-Cellular	\$50.88
Total - ATT103 AT&T Mobility-Roc (6463)						\$752.92
ATT105 AT&T (5001)	3/18/2026	7131652005A 03.18.26	02/21/2026-03/20/2026	10-000-14900	14900 - Prepaid Expenses	\$241.10
	3/18/2026	7131652005 03.18.26	HISD T1-ISSI 02/21/26-03/20/26	10-004-58310	58310 - Telephones-Service	\$241.10
Total - ATT105 AT&T (5001)						\$482.20

Montgomery County Hospital District
Expense Allocation Report
Board Meeting 04/28/2026 Paid Invoices

Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
BAR100 Barsh Auto LLC	3/11/2026	26-33910	Shop 55 stuck in the mud	10-010-59200	59200 - Vehicle-Towing	\$250.00
					Total - BAR100 Barsh Auto LLC	\$250.00
BCB102 BCBS of Texas (POB 731428)	3/1/2026	523321014746	Weekly Claims 02/21/26-02/27/26	10-025-51710	51710 - Health Insurance Claims	\$108,648.56
	3/8/2026	523324777458	Weekly Claims 02/28/26-03/06/26	10-025-51710	51710 - Health Insurance Claims	\$118,780.34
	3/15/2026	523326751116	Weekly Claims 03/07/26-03/13/26	10-025-51710	51710 - Health Insurance Claims	\$94,418.59
	3/22/2026	523325684324	Weekly Claims 03/14/26-03/20/26	10-025-51710	51710 - Health Insurance Claims	\$126,309.25
	3/29/2026	523322620991	Weekly Claims 03/21/26-03/27/26	10-025-51710	51710 - Health Insurance Claims	\$172,527.38
					Total - BCB102 BCBS of Texas (POB 731428)	\$620,684.12
BEA101 Beasley Tire Service Houston, Inc.	3/18/2026	80001765	Replenish vehicle tire stock	10-010-59150	59150 - Vehicle-Tires	\$1,235.40
					Total - BEA101 Beasley Tire Service Houston, Inc.	\$1,235.40
BOO100 Boon-Chapman (Prime Dx)	3/1/2026	S0030007016	January management fees for TPA's	10-002-55700	55700 - Management Fees	\$9,871.18
	3/17/2026	S0030007041	February management fees	10-002-55700	55700 - Management Fees	\$7,977.33
					Total - BOO100 Boon-Chapman (Prime Dx)	\$17,848.51
BOU114 Bound Tree Medical, LLC	3/1/2026	86114473	DME Restock	10-008-54200	54200 - Durable Medical Equipment	\$688.77
	3/1/2026	86094257A	PO 26-001375 balance due	10-008-54200	54200 - Durable Medical Equipment	\$45.00
	3/1/2026	86070285	Medical Supply	10-008-53900	53900 - Disposable Medical Supplies	\$1,586.00
	3/1/2026	86116135	Medical Supplies	10-009-54000	54000 - Drug Supplies	\$6,032.26
	3/1/2026	86073543	Restocking of Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$3,660.00
	3/1/2026	86080276	DME Repair - Sapphire Pump	10-008-57650	57650 - Repair-Equipment	\$510.67
	3/1/2026	86116134	DME Restock	10-008-54200	54200 - Durable Medical Equipment	\$67.16
	3/1/2026	86071982	Restocking of Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$19,570.80
	3/1/2026	86071982	Restocking of Medical Supplies	10-009-54000	54000 - Drug Supplies	\$2,370.00
	3/1/2026	86071982	Restocking of Medical Supplies	10-008-54000	54000 - Drug Supplies	\$40.80
	3/1/2026	86071982	Restocking of Medical Supplies	10-008-53800	53800 - Disposable Linen	\$2,412.00
	3/1/2026	86102715		10-008-54200	54200 - Durable Medical Equipment	\$819.44
	3/1/2026	86116135	Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$37,617.10
	3/1/2026	86094257	DME Medical Supplies	10-008-54200	54200 - Durable Medical Equipment	\$1,607.75
	3/1/2026	86070285	Medical Supply	10-009-54000	54000 - Drug Supplies	\$369.20
	3/1/2026	86112785	DME Restock	10-008-54200	54200 - Durable Medical Equipment	\$427.72
	3/1/2026	86116135	Medical Supplies	10-008-53800	53800 - Disposable Linen	\$2,412.00
	3/3/2026	86119354	DME Restock Video Laryngoscope Display	10-008-54200	54200 - Durable Medical Equipment	\$18,300.00
	3/4/2026	86120984	Medical Supplies	10-009-54000	54000 - Drug Supplies	\$1,321.66
	3/5/2026	86123526	DME Restock	10-008-54200	54200 - Durable Medical Equipment	\$1,007.72
	3/5/2026	86123527	Medical Supplies Restock	10-009-54000	54000 - Drug Supplies	\$3,013.78
	3/9/2026	86126685	Warehouse Restocking	10-009-54000	54000 - Drug Supplies	\$3,538.20
	3/9/2026	86126684	Warehouse Restocking	10-009-54000	54000 - Drug Supplies	\$4,163.51
	3/9/2026	86126684	Warehouse Restocking	10-008-53900	53900 - Disposable Medical Supplies	\$14,809.20
	3/9/2026	86126686	UE Scopes for Spare Kits for Trucks	10-008-54200	54200 - Durable Medical Equipment	\$9,150.00
	3/11/2026	86130197	DME Restock	10-008-54200	54200 - Durable Medical Equipment	\$3,565.32
	3/12/2026	86131799	DME Restock	10-008-54200	54200 - Durable Medical Equipment	\$1,185.95
	3/19/2026	86139834	Medical Supplies Restock	10-009-54000	54000 - Drug Supplies	\$13,131.47
	3/25/2026	86146570	Warehouse Restock - Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$12,281.00

Montgomery County Hospital District
Expense Allocation Report
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Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
	3/26/2026	86148126	DME Restock	10-008-54200	54200 - Durable Medical Equipment	\$25.41
	3/27/2026	86149478	DME Restock- Sapphire Pumps	10-008-57750	57750 - Small Equipment & Furniture	\$8,216.96
	3/30/2026	86151123	DME Restock	10-008-54200	54200 - Durable Medical Equipment	\$181.41
	3/31/2026	86153223	Warehouse Restock - Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$101.61
					Total - BOU114 Bound Tree Medical, LLC	\$174,229.87
BRA101 Bradley Braswell	3/10/2026	BRA*02222026	Mileage (02/08/2026)	10-007-56200	56200 - Mileage Reimbursements	\$9.43
	3/10/2026	BRA*01232026	Mileage (01/23/2026)	10-007-56200	56200 - Mileage Reimbursements	\$13.05
					Total - BRA101 Bradley Braswell	\$22.48
BRI101 James Briggs	3/10/2026	BRI*03102026B	PER DIEM - Texas EMS Educators Summit 2026	10-009-58500	58500 - Training & Continuing Educatio	\$165.00
					Total - BRI101 James Briggs	\$165.00
BRI104 Brightly Software, Inc.	3/1/2026	INV-296771		10-016-53050	53050 - Computer Software	\$1,575.00
					Total - BRI104 Brightly Software, Inc.	\$1,575.00
BRY101 Bryant's Signs	3/1/2026	2602	MCHD Medic Unit Magnetic Numbers	10-010-59000	59000 - Vehicle-Outside Services	\$981.00
	3/18/2026	2614	Restriping of Shop 13- Accident Repair	10-010-52000	52000 - Accident Repair	\$262.00
					Total - BRY101 Bryant's Signs	\$1,243.00
BUC100 Kolby Buchanan	3/12/2026	BUC*03122026	MILEAGE (03/12/2026 - 03/12/2026)	10-007-56200	56200 - Mileage Reimbursements	\$10.15
					Total - BUC100 Kolby Buchanan	\$10.15
BUC105 Buckeye International Inc.	3/1/2026	90737779	Sanitizer Dispenser Refills	10-008-57900	57900 - Station Supplies	\$95.24
					Total - BUC105 Buckeye International Inc.	\$95.24
BUR108 Michael Burt	3/1/2026	BUR*03012026	MILEAGE (02/28/2026 - 02/28/2026)	10-007-56200	56200 - Mileage Reimbursements	\$5.37
	3/26/2026	BUR*03262026	MILEAGE (03/26/2026 - 03/26/2026)	10-007-56200	56200 - Mileage Reimbursements	\$10.88
	3/31/2026	BUR*03252026	EXPENSE - Books/Materials	10-009-52600	52600 - Books/Materials	\$41.95
					Total - BUR108 Michael Burt	\$58.20
BVM100 Barrington Ventures TD Db	3/9/2026	S0202200	DME Restock		54200 - Durable Medical Equipment	\$22.94
	3/9/2026	S0202200	DME Restock	10-008-54200	54200 - Durable Medical Equipment	\$595.50
					Total - BVM100 Barrington Ventures TD Db	\$618.44
CAM100 James Campbell	3/1/2026	CAM*02272026B	PER DIEM - 7th Annual Texas Chapter of NAEMS	10-007-53150	53150 - Conferences - Fees, Travel, & I	\$152.00
					Total - CAM100 James Campbell	\$152.00
CAN105 Canon Financial Services, Inc.	3/1/2026	42643341	FY26 BPO- Canon Copier Rental	10-015-55400	55400 - Leases/Contracts	\$4,608.00
	3/12/2026	42826919	FY26 BPO- Canon Copier Rental	10-015-55400	55400 - Leases/Contracts	\$4,608.00
					Total - CAN105 Canon Financial Services, Inc.	\$9,216.00
CAN106 Grace Canny	3/31/2026	CAN*03132026	EXPENSE - Books/Materials	10-009-52600	52600 - Books/Materials	\$41.95
					Total - CAN106 Grace Canny	\$41.95
CAR122 Matthew Carmichael	3/4/2026	CAR*02202026B	PER DIEM - 2026 SWEVT Training Conference (0	10-010-53150	53150 - Conferences - Fees, Travel, & I	\$440.00

Montgomery County Hospital District
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Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
Total - CAR122 Matthew Carmichael						\$440.00
CAS106 Kaitlynn Casino	3/21/2026	CAS*03212026B	PER DIEM - NAVIGATOR 2026 (04/20/2026 - 04/21/2026)	10-006-53150	53150 - Conferences - Fees, Travel, & I	\$319.00
Total - CAS106 Kaitlynn Casino						\$319.00
CCI101 Consolidated Communications-Txu	3/18/2026	936-539-1160/0 03.18.26	Admin 02/21/26-03/20/26	10-015-58310	58310 - Telephones-Service	\$18,442.12
Total - CCI101 Consolidated Communications-Txu						\$18,442.12
CDW113 CDW Government, Inc.	3/6/2026	AI4A15S	Logitech Case Restock - Medic iPads	10-015-57750	57750 - Small Equipment & Furniture	\$1,800.00
	3/6/2026	AI3834L	Scanner for EMS Administration Coordinator	10-015-57750	57750 - Small Equipment & Furniture	\$1,018.49
	3/10/2026	AI4MG1P	Patch Cable Restock	10-015-53100	53100 - Computer Supplies/Non-Capita	\$507.45
	3/16/2026	AI5AL2V	MDC Mounts for Ambulances	10-015-57750	57750 - Small Equipment & Furniture	\$990.90
	3/24/2026	AI6FF5G	SSD's for HPE Servers	10-015-53100	53100 - Computer Supplies/Non-Capita	\$25,280.40
Total - CDW113 CDW Government, Inc.						\$29,597.24
CEN104 TargetSolutions Learning (Centrelea	3/11/2026	INV137528	FY26 BPO - Target Solutions (Online Training Ma	10-009-58500	58500 - Training & Continuing Educatio	\$8,714.39
Total - CEN104 TargetSolutions Learning (Centrelearn Solutions, LLC)						\$8,714.39
CEN112 Centerpoint Energy (Rel109)	3/5/2026	64006986422 03.05.26	Station 43 01/15/26-02/16/26	10-016-58800	58800 - Utilities	\$187.07
	3/6/2026	64013049610 03.06.26	Station 45 01/15/26-02/13/26	10-016-58800	58800 - Utilities	\$37.93
	3/6/2026	98116148 03.06.26	Station 14 01/15/26-02/13/26	10-016-58800	58800 - Utilities	\$113.56
	3/18/2026	92013168 03.18.26	Station 30 01/28/26-02/26/25	10-016-58800	58800 - Utilities	\$49.48
	3/19/2026	64015806066 03.19.26	Robinson Tower 01/28/26-02/26/26	10-004-58800	58800 - Utilities	\$36.97
	3/20/2026	88796735 03.20.26	Station 20 01/30/26-03/02/26	10-016-58800	58800 - Utilities	\$290.96
	3/26/2026	88589239 03.26.26	Admin 02/04/26-03/05/26	10-016-58800	58800 - Utilities	\$1,339.41
	3/30/2026	64018941639 03.30.26	Station 15 02/06/26-03/09/26	10-016-58800	58800 - Utilities	\$35.00
	3/30/2026	88820089 03.30.26		10-016-58800	58800 - Utilities	\$51.41
Total - CEN112 Centerpoint Energy (Rel109)						\$2,141.79
CHA115 Chase Pest Control, Inc.	3/13/2026	81279	Exterior Service-Station 40 03/26	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$155.00
	3/13/2026	81284	Exterior Service-Service Center	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$175.00
	3/13/2026	81283	Exterior Service-Admin Building 03/26	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$195.00
	3/13/2026	81282	Exterior Service-Station 14 03/26	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$155.00
	3/13/2026	81280	Exterior Service-Station 41 03/26	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$155.00
	3/19/2026	81485	Exterior & Rodent Services- Station 43	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$200.00
	3/20/2026	81517	Exterior Service- Station 45	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$155.00
	3/23/2026	79757	Exterior Service- Station 32	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$155.00
	3/24/2026	81669	Exterior Service- Station 32	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$155.00
	3/27/2026	81845	Pest Control Station 31	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$155.00
	3/30/2026	81854	Station 30 - Pest Control	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$155.00
Total - CHA115 Chase Pest Control, Inc.						\$1,810.00
CIT120 City of Conroe (POB 3066)	3/16/2026	0049-1400-000 03.16.26	Admin 01/15/26-02/18/26	10-016-58800	58800 - Utilities	\$963.33
	3/25/2026	0072-0592-000 03.25.26	Station 10 01/28/26-02/24/26	10-016-58800	58800 - Utilities	\$104.21
	3/25/2026	0066-0040-006 03.25.26	Station 15 01/28/26-02/24/26	10-016-58800	58800 - Utilities	\$146.13
Total - CIT120 City of Conroe (POB 3066)						\$1,213.67

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Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
CLU100 552 Club, LLC	3/1/2026	21162	Rack Space Rental & Cross Connect Fees	10-015-53300	53300 - Contracted Services	\$5,000.00
					Total - CLU100 552 Club, LLC	\$5,000.00
COM115 Comcast Corporation (POB 60533)	3/1/2026	2080546356 03.01.26	Station 21 03/05/26-04/04/26	10-016-58800	58800 - Utilities	\$75.48
					Total - COM115 Comcast Corporation (POB 60533)	\$75.48
COM116 Comcast (Pob 37601)	3/15/2026	263861725	02/15/2026 - 03/14/2026	10-015-58310	58310 - Telephones-Service	\$3,469.25
					Total - COM116 Comcast (Pob 37601)	\$3,469.25
CON108 City of Conroe - Conroe Fire Departm	3/16/2026	238	UTVs for coverage-Woodlands Marathon	10-027-53300	53300 - Contracted Services	\$1,400.00
					Total - CON108 City of Conroe - Conroe Fire Department	\$1,400.00
CON135 Conroe Welding Supply, Inc.	3/1/2026	R 02260990	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$6.90
	3/1/2026	R 02260989	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$10.35
	3/1/2026	R 02260998	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$6.90
	3/1/2026	R 02260995	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$10.35
	3/1/2026	R 02260979	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$37.50
	3/1/2026	R 02260993	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$3.45
	3/1/2026	R 02260987	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$6.90
	3/1/2026	R 02260980	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$3.45
	3/1/2026	R 02260999	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$57.69
	3/1/2026	R 02260992	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$3.45
	3/1/2026	R 02260983	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$6.90
	3/1/2026	R 02260985	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$6.90
	3/1/2026	R 02261479	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$72.20
	3/1/2026	R 02260984	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$6.90
	3/1/2026	R 02260982	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	\$6.90
	3/2/2026	PS 558322	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$84.94
	3/2/2026	PS 558324	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$117.92
	3/2/2026	PS 557972	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$117.94
	3/3/2026	NS 14295	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$205.83
	3/3/2026	NS 14940	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$139.88
	3/3/2026	NS 14232	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$161.90
	3/3/2026	NS 14400	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$119.20
	3/5/2026	NS 15270	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$84.93
	3/5/2026	NS 15141	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$172.89
	3/6/2026	NS 15101	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$150.89
	3/6/2026	NS 15100	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$524.52
	3/6/2026	NS 15104	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$249.85
	3/6/2026	NS 15139	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$65.94
	3/9/2026	PS 558763	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$84.97
	3/9/2026	NS 15915	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$925.20
	3/9/2026	PS 558711	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$128.95
	3/9/2026	NS 15971	Ice Dry Cubes	10-008-57900	57900 - Station Supplies	\$19.97
	3/9/2026	PS 558712	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$84.94

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Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
	3/9/2026	PS 558320	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$40.99
	3/9/2026	NS 15820	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$205.87
	3/11/2026	NS 16145	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$149.05
	3/12/2026	NS 15874	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$142.44
	3/13/2026	NS 16559	Propane/CO2	10-010-56600	56600 - Oxygen & Gases	\$106.64
	3/16/2026	NS 16451	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$235.39
	3/16/2026	PS 559100	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$95.94
	3/16/2026	PS 559099	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$106.94
	3/16/2026	NS 16432	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$150.89
	3/16/2026	PS 559098	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$84.94
	3/17/2026	NS 16796	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$161.93
	3/17/2026	NS 16731	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$161.87
	3/17/2026	NS 15478	Nitrous oxide	10-008-56600	56600 - Oxygen & Gases	\$6,960.00
	3/18/2026	NS 16749	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$153.44
	3/19/2026	NS 16968	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$238.83
	3/19/2026	NS 16952	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$95.39
	3/19/2026	NS 16953	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$117.94
	3/19/2026	NS 16955	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$65.95
	3/19/2026	NS 17135	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$84.96
	3/20/2026	NS 16777	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$153.44
	3/23/2026	PS 559454	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$95.95
	3/23/2026	PS 559457	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$95.96
	3/23/2026	PS 559458	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$61.70
	3/23/2026	NS 17508	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$128.95
	3/25/2026	NS 17869	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$128.93
	3/25/2026	NS 17935	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$150.91
	3/25/2026	NS 17870	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$62.95
	3/25/2026	NS 17688	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$106.94
	3/25/2026	NS 18118	Nitrous oxide	10-008-56600	56600 - Oxygen & Gases	\$246.76
	3/25/2026	NS 17699	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$381.71
	3/26/2026	NS 18045	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	\$106.94
					Total - CON135 Conroe Welding Supply, Inc.	\$14,767.94
COX103 Optimum	3/4/2026	128957-01-3 02/21/26	Admin 02/21/26-03/20/26	10-016-58800	58800 - Utilities	\$255.42
	3/11/2026	327463-07-7 03/02/26	Station 15 03/02/26-04/01/26	10-016-58800	58800 - Utilities	\$79.07
	3/11/2026	109949-01-3 03/01/26	Station 13 03/01/26-03/31/26	10-016-58800	58800 - Utilities	\$60.51
	3/25/2026	128957-01-3 03/21/26	Admin 03/21/26-04/20/26	10-016-58800	58800 - Utilities	\$255.42
					Total - COX103 Optimum	\$650.42
CRA105 Crawford Electric Supply Company,	3/1/2026	S014896255.001	Lights for Stock - Fluors and Ballasts	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$454.80
	3/1/2026	S014896255.002	Lights for Stock - Fluors and Ballasts	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$360.96
	3/1/2026	S014880263.001	Lights for Fleet Bay	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$828.25
	3/27/2026	S015032900.001	Station 31 Heat Circuits	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$734.40
					Total - CRA105 Crawford Electric Supply Company, Inc.	\$2,378.41
CRO102 Crown Paper and Chemical	3/1/2026	168830	Restock of station supplies in warehouse.	10-008-57900	57900 - Station Supplies	\$936.00

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Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
Total - CRO102 Crown Paper and Chemical						\$936.00
CRU102 Tiffany Heilers Crumley	3/31/2026	CRU*03242026	EXPENSE - Books/Materials	10-009-52600	52600 - Books/Materials	\$41.95
Total - CRU102 Tiffany Heilers Crumley						\$41.95
CUL100 Culligan of Houston	3/1/2026	1951732	Water System Service 2/01 to 2/28	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$75.58
	3/10/2026	1959559	Station 32 Water System Maintenance	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$86.55
	3/17/2026	1967207		10-016-55600	55600 - Maintenance & Repairs-Buildin	\$81.21
Total - CUL100 Culligan of Houston						\$243.34
CUM101 Cummins Southern Plains LLC	3/1/2026	85-260252969		10-016-55650	55650 - Maintenance-Equipment	\$333.36
	3/1/2026	85-260253084		10-016-55650	55650 - Maintenance-Equipment	\$333.43
	3/1/2026	85-260253083		10-016-55650	55650 - Maintenance-Equipment	\$371.36
	3/1/2026	85-260253082		10-016-55650	55650 - Maintenance-Equipment	\$333.36
	3/25/2026	85-260358958	Replacement HMI Display and Block Heater St. 1E	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$4,684.48
Total - CUM101 Cummins Southern Plains LLC						\$6,055.99
DAI100 Dailey Wells Communication Inc.	3/1/2026	26MCHD05	Radio System Support and Maintenance	10-004-57100	57100 - Professional Fees	\$11,318.23
	3/10/2026	00080811	Amplifier Repair	10-004-57200	57200 - Radio Repairs-Outsourced	\$2,404.38
	3/10/2026	00080810	Amplifier Repair	10-004-57200	57200 - Radio Repairs-Outsourced	\$2,404.38
	3/23/2026	26CC031902	Microphones for XL Radios	10-004-57225	57225 - Radio-Parts	\$1,980.50
Total - DAI100 Dailey Wells Communication Inc.						\$18,107.49
DAV113 Jonathan Davis	3/24/2026	DAV*01192026	TUITION - 03/20/2026	10-025-58625	58625 - Tuition Reimbursement	\$200.00
Total - DAV113 Jonathan Davis						\$200.00
DBC100 First Speciality Enterprises, LLC dba	3/1/2026	3137_3523	DME PM Services on X Series	10-008-57650	57650 - Repair-Equipment	\$6,474.00
	3/11/2026	3137_3556	DME Repair	10-008-57650	57650 - Repair-Equipment	\$340.00
Total - DBC100 First Speciality Enterprises, LLC dba Specialty Biomedical						\$6,814.00
DEA110 Dearborn National Life Ins Co Knowr	3/1/2026	F021753 03.01.26	03/01/2026 - 03/31/2026	10-025-51700	51700 - Health & Dental	\$43,712.74
Total - DEA110 Dearborn National Life Ins Co Known As BCBS						\$43,712.74
DEM100 Demontrond Auto Country	3/1/2026	128647	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	\$10,165.31
	3/1/2026	129026	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	\$455.40
	3/3/2026	129668	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	\$8,823.49
	3/6/2026	130104	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	\$216.70
	3/9/2026	130074	Replacement parts for Shop 33	10-010-59050	59050 - Vehicle-Parts	\$1,918.52
	3/16/2026	128670	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	\$2,156.00
	3/16/2026	127237	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	\$4,166.70
	3/16/2026	127414	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	\$799.70
Total - DEM100 Demontrond Auto Country						\$28,701.82
DIR101 Directv	3/26/2026	017903440X260312	Monthly Charge 02/14/26-03/10/26	10-016-58800	58800 - Utilities	\$2,264.84
Total - DIR101 Directv						\$2,264.84

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Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
DOC100 Docunav Solutions	3/26/2026	45530	Annual Support Agreement, licenses, & Docunav	10-015-53300	53300 - Contracted Services	\$184,686.20
					Total - DOC100 Docunav Solutions	\$184,686.20
DYC100 Marci Dyches	3/1/2026	DYC*02262026B	PER DIEM - Texas Public Safety Conference (03/1	10-006-53150	53150 - Conferences - Fees, Travel, & I	\$268.00
					Total - DYC100 Marci Dyches	\$268.00
EMS103 EMS Survey Team	3/1/2026	5780	Feb. 2026 Invoice EMS Survey	10-007-53550	53550 - Customer Relations	\$5,624.40
					Total - EMS103 EMS Survey Team	\$5,624.40
ENT101 Entergy Texas, LLC	3/2/2026	30010407598	Splendor Tower 01/12/26-02/10/26	10-004-58800	58800 - Utilities	\$667.52
	3/5/2026	55009070131A	Robinson Tower	10-004-58800	58800 - Utilities	\$41.01
	3/5/2026	170007304926	Robinson Tower 01/29/26-02/27/26	10-004-58800	58800 - Utilities	\$500.40
	3/5/2026	155008330887	Station 32 01/02/26-02/02/26	10-016-58800	58800 - Utilities	\$746.75
	3/5/2026	385005373046	Station 15 01/06/26-02/04/26	10-016-58800	58800 - Utilities	\$365.91
	3/5/2026	290006773227	Station 30 01/14/26-02/12/26	10-016-58800	58800 - Utilities	\$1,104.31
	3/5/2026	60009231229	Admin 01/02/26-02/02/26	10-016-58800	58800 - Utilities	\$14,252.00
	3/5/2026	15009489382	Station 14 01/07/26-02/05/26	10-016-58800	58800 - Utilities	\$199.26
	3/5/2026	80009020586	Station 20 01/09/26-02/09/26	10-016-58800	58800 - Utilities	\$768.71
	3/5/2026	175008306176	Lake Conroe Tower 01/15/26-02/13/26	10-004-58800	58800 - Utilities	\$463.52
	3/5/2026	95008690439	Thompson tower 01/15/26-02/13/26	10-004-58800	58800 - Utilities	\$687.47
	3/6/2026	190007490865	Station 31 01/15/26-02/12/26	10-016-58800	58800 - Utilities	\$586.25
	3/9/2026	230006766394	Station 10 01/20/26-02/18/26	10-016-58800	58800 - Utilities	\$1,340.68
	3/9/2026	250006780394	Station 43 01/20/26-02/18/26	10-016-58800	58800 - Utilities	\$329.83
	3/12/2026	200006591121	Grangerland Tower 01/21/26-02/18/26	10-004-58800	58800 - Utilities	\$807.82
	3/30/2026	20010717525	Splendor 02/10/26-03/11/26	10-004-58800	58800 - Utilities	\$638.52
					Total - ENT101 Entergy Texas, LLC	\$23,499.96
ENT102 Enterprise Fm Trust Db	3/4/2026	FBN5589354	Monthly Lease Charge	10-010-52725	52725 - Capital Lease Expense	\$22,700.30
					Total - ENT102 Enterprise Fm Trust Db Enterprise Fleet Mgmt Exchange Inc.	\$22,700.30
ERW100 Kellie Gonzales	3/10/2026	ERW*02202026	Employee Recognition 02/20/2026	10-025-54450	54450 - Employee Recognition	\$400.00
	3/21/2026	ERW*03212026B	PER DIEM - NAVIGATOR 2026 (04/20/2026 - 04/2	10-006-53150	53150 - Conferences - Fees, Travel, & I	\$319.00
					Total - ERW100 Kellie Gonzales	\$719.00
ESD106 Montgomery County ESD #6, Stn 34	3/13/2026	ESD03132026	April Rent Station 34, 35	10-000-14900	14900 - Prepaid Expenses	\$3,000.00
					Total - ESD106 Montgomery County ESD #6, Stn 34 & 35	\$3,000.00
ESD109 Montgomery County ESD #9, Stn 33	3/13/2026	ESD03132026	April Rent Station 33	10-000-14900	14900 - Prepaid Expenses	\$1,000.00
					Total - ESD109 Montgomery County ESD #9, Stn 33	\$1,000.00
ESD110 Montgomery County ESD #10, Stn 42	3/13/2026	ESD03132026	April Rent Station 42	10-000-14900	14900 - Prepaid Expenses	\$950.00
					Total - ESD110 Montgomery County ESD #10, Stn 42	\$950.00
ESR200 Esri, Inc.	3/4/2026	900209083	Annual Maintenance GIS Software	10-015-53050	53050 - Computer Software	\$16,643.90
					Total - ESR200 Esri, Inc.	\$16,643.90

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Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
EVA101 Justin Evans	3/2/2026	EVA*03022026	PER DIEM - International Wireless Communicator	10-004-53150	53150 - Conferences - Fees, Travel, & I	\$296.00
					Total - EVA101 Justin Evans	\$296.00
EXA101 Exacom, Inc (Seculore Acquisition, L	3/1/2026	23-0449	Radio Network Cyber Security - SOC Monitoring	10-004-53300	53300 - Contracted Services	\$39,900.00
					Total - EXA101 Exacom, Inc (Seculore Acquisition, LLC)	\$39,900.00
EXP101 Experian Health Inc	3/1/2026	INV1136423	Feb 2026 Monthly Invoice	10-011-53300	53300 - Contracted Services	\$7,432.88
					Total - EXP101 Experian Health Inc	\$7,432.88
EZE100 Ezee Fiber Texas, LLC Db	3/1/2026	20260301	Multiple Station	10-015-58310	58310 - Telephones-Service	\$12,872.00
	3/1/2026	20260201	Ethernet MRR/Multiple Sites	10-015-58310	58310 - Telephones-Service	\$12,725.00
					Total - EZE100 Ezee Fiber Texas, LLC Db	\$25,597.00
FIR104 First Watch Solutions Corp	3/2/2026	FW113896	EMS Data Wrangling Fee	10-007-53300	53300 - Contracted Services	\$1,224.11
					Total - FIR104 First Watch Solutions Corp	\$1,224.11
FIV100 Five Star Septic Solutions, LLC	3/6/2026	2223	Pump Out of Septic Tanks- Station 40	10-016-58800	58800 - Utilities	\$475.00
	3/18/2026	2230	Pumped Septic Tanks- Station 40	10-016-58800	58800 - Utilities	\$475.00
					Total - FIV100 Five Star Septic Solutions, LLC	\$950.00
FLA100 Meghann Flanagan	3/21/2026	FLA*03212026	MILEAGE (03/20/2026 - 03/20/2026)	10-007-56200	56200 - Mileage Reimbursements	\$14.50
					Total - FLA100 Meghann Flanagan	\$14.50
FOR104 Ford, Christian	3/24/2026	FOR*03242026	10 Year Service Award	10-025-54450	54450 - Employee Recognition	\$200.00
					Total - FOR104 Ford, Christian	\$200.00
FRA108 Frazer, Ltd.	3/24/2026	H00002165	Replacement parts for S10	10-010-59050	59050 - Vehicle-Parts	\$912.41
	3/25/2026	H00002199	DME Restock - Zoll Bracket for Defibrillator	10-008-54200	54200 - Durable Medical Equipment	\$4,193.30
					Total - FRA108 Frazer, Ltd.	\$5,105.71
GAB100 Humurco Inc Db	3/1/2026	36027	Crane for St. 32 Generator Replacement	10-016-54500	54500 - Equipment Rental	\$3,571.00
					Total - GAB100 Humurco Inc Db	\$3,571.00
GAR116 Francisco Garcia	3/31/2026	GAR*03252026	MILEAGE (03/25/2026 - 03/25/2026)	10-007-56200	56200 - Mileage Reimbursements	\$24.65
					Total - GAR116 Francisco Garcia	\$24.65
GAT100 Trizetto Provider Solutions	3/1/2026	5HAV032600	FY26 BPO Trizetto - Monthly Electronic Claims for	10-011-53300	53300 - Contracted Services	\$2,488.49
					Total - GAT100 Trizetto Provider Solutions	\$2,488.49
GEO101 Lindsey George	3/4/2026	GEO*02182026	WELLNESS - 02/19/2026	10-025-54350	54350 - Employee Health/Wellness	\$25.00
	3/10/2026	GEO*02282026	Mileage - 02/28/2026	10-007-56200	56200 - Mileage Reimbursements	\$12.33
	3/17/2026	GEO*03172026	MILEAGE (03/17/2026 - 03/17/2026)	10-007-56200	56200 - Mileage Reimbursements	\$3.19
					Total - GEO101 Lindsey George	\$40.52
GLA175 Glatfelter Claims Management, Inc.	3/1/2026	TXCM26010450	Liability Deductible Reimbursement	10-001-54900	54900 - Insurance	\$10,000.00
					Total - GLA175 Glatfelter Claims Management, Inc. dba VFIS Claims Management	\$10,000.00

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Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
GRA108 Grainger	3/12/2026	9839636413	Small Safety glasses	10-008-53900	53900 - Disposable Medical Supplies	\$1,188.00
	3/13/2026	9840832662	Small Safety glasses	10-008-53900	53900 - Disposable Medical Supplies	\$1,162.26
	3/24/2026	9853837277	Batteries for Warehouse Restock	10-008-57900	57900 - Station Supplies	\$284.31
	3/26/2026	9856650461	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	\$578.88
					Total - GRA108 Grainger	\$3,213.45
GRA114 Grasten Technologies, LLC Db	3/1/2026	9045579	Grasten Estimate# 11-13-25 Maintenance and Mo	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$699.90
	3/1/2026	9049932	Grasten Estimate# 11-13-25 Maintenance and Mo	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$699.90
	3/1/2026	9046726	Grasten Estimate# 11-13-25 Maintenance and Mo	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$699.90
	3/1/2026	9049910	Grasten Estimate# 11-13-25 Maintenance and Mo	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$699.90
	3/1/2026	9044918	Grasten Estimate# 11-13-25 Maintenance and Mo	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$799.90
					Total - GRA114 Grasten Technologies, LLC Db	\$3,599.50
GRA119 Grace & Guidance PLLC	3/3/2026	MCHD47	Counseling Services- March 2026	10-025-54350	54350 - Employee Health/Wellness	\$375.00
	3/20/2026	MCHD41	Counseling Services- January	10-025-54350	54350 - Employee Health/Wellness	\$625.00
	3/25/2026	MCHD48	EE Counseling Service	10-025-54350	54350 - Employee Health/Wellness	\$250.00
					Total - GRA119 Grace & Guidance PLLC	\$1,250.00
GRE109 Greyware Automation Products, Inc.	3/1/2026	422754	Annual software maintenance renewal	10-015-53050	53050 - Computer Software	\$595.42
						Total - GRE109 Greyware Automation Products, Inc.
GRI104 Griffins Door Services LLC	3/24/2026	2026-016	Broken Springs on Bay Door- Station 40	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$1,200.00
						Total - GRI104 Griffins Door Services LLC
GUT100 Jason Gutierrez	3/26/2026	GUT*03262026	PER DIEM - TXEMTF Workgroup Meeting (03/30/	10-027-56100	56100 - Meeting Expenses	\$111.00
						Total - GUT100 Jason Gutierrez
HAL102 Bailey Hallett	3/10/2026	HAL*03202026	Wellness (03/02/2026)	10-025-54350	54350 - Employee Health/Wellness	\$25.00
						Total - HAL102 Bailey Hallett
HAR107 Harris County Emergency Corps	3/19/2026	03349	ACLS providers cards from HCEC	10-009-52600	52600 - Books/Materials	\$2,750.00
						Total - HAR107 Harris County Emergency Corps
HCN103 Houston Community Newspapers	3/1/2026	21029162	Legal Services	10-047-52200	52200 - Advertising	\$431.40
						Total - HCN103 Houston Community Newspapers
HEA102 Health Care Logistics, Inc	3/23/2026	310357667	Warehouse Restocking	10-008-53900	53900 - Disposable Medical Supplies	\$4,660.20
						Total - HEA102 Health Care Logistics, Inc
HEN110 Henry Schein, Inc.-Matrx Medical	3/1/2026	52187271	Pitocin Injections for Tahoes	10-009-54000	54000 - Drug Supplies	\$921.84
	3/3/2026	53991929	Medical Supplies	10-009-54000	54000 - Drug Supplies	\$1,098.83
	3/3/2026	53991929	Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$8,992.00
	3/5/2026	54181606	DME Restock	10-008-54200	54200 - Durable Medical Equipment	\$2,385.00
	3/11/2026	54370059	Medical Supplies Warehouse Restocking	10-009-54000	54000 - Drug Supplies	\$5,504.34
	3/11/2026	54370059	Medical Supplies Warehouse Restocking	10-008-53900	53900 - Disposable Medical Supplies	\$6,509.00

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	3/12/2026	54445213	Warehouse restock	10-008-53900	53900 - Disposable Medical Supplies	\$310.68
	3/18/2026	54721528	Educational supplies	10-008-53900	53900 - Disposable Medical Supplies	\$771.48
	3/20/2026	54808734	Medical Supplies Warehouse Restocking	10-008-53900	53900 - Disposable Medical Supplies	\$754.24
	3/27/2026	55076111	Med. Supplies-Warehouse	10-008-53900	53900 - Disposable Medical Supplies	\$124.00
	3/27/2026	55076111	Med. Supplies-Warehouse	10-009-54000	54000 - Drug Supplies	\$53.10
					Total - HEN110 Henry Schein, Inc.-Matrx Medical	\$27,424.51
HOR107 Professional Ambulance Sales & Service, LLC	3/23/2026	INV107-3235	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	\$235.24
					Total - HOR107 Professional Ambulance Sales & Service, LLC Db	\$235.24
HOU101 Houston Map Company - Key Maps	3/1/2026	08192283	Key Maps	10-008-57900	57900 - Station Supplies	\$1,218.50
					Total - HOU101 Houston Map Company - Key Maps	\$1,218.50
HYD102 Justus Hyde	3/9/2026	HYD*03092026	MILEAGE (01/23/2026 - 01/23/2026)	10-007-56200	56200 - Mileage Reimbursements	\$20.88
					Total - HYD102 Justus Hyde	\$20.88
IMA100 Image Trend Inc.	3/24/2026	PS-INV123580	Annual EMS documentation renewal	10-045-53050	53050 - Computer Software	\$252.66
					Total - IMA100 Image Trend Inc.	\$252.66
IMP100 Colortech Direct & Impact Printing	3/1/2026	42580	Restock of Envelopes	10-008-57000	57000 - Printing Services	\$459.74
					Total - IMP100 Colortech Direct & Impact Printing	\$459.74
IMP101 Impac Fleet	3/12/2026	SQLIM-1176671	Fuel Purchases 02/01/26-02/28/26 PO 26-001651	10-010-59100	59100 - Vehicle-Registration	\$14.75
	3/12/2026	SQLIM-1176671	Fuel Purchases 02/01/26-02/28/26 PO 26-001651	10-010-54700	54700 - Fuel-Auto	\$62,905.97
					Total - IMP101 Impac Fleet	\$62,920.72
IMP103 Impact Promotional Services Db	3/1/2026	INV166565	GYC - A. Adams Feb 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$313.62
	3/1/2026	INV166558	GYC - In House EMT Students Uniforms Feb 2026	10-007-58700	58700 - Uniforms	\$287.30
	3/1/2026	INV164939	GYC - In House EMT Students Uniforms Feb 2026	10-007-58700	58700 - Uniforms	\$1,336.40
	3/1/2026	INV166563	GYC- Alarm New Hires Feb 2026	10-007-58700	58700 - Uniforms	\$270.28
	3/1/2026	INV159186	GYC- T. Leal Nov 2025 Uniform Order	10-007-58700	58700 - Uniforms	\$123.25
	3/1/2026	INV166559	GYC - M. Ayres Feb 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$382.46
	3/1/2026	INV159164	GYC- A. Lucas Nov 2025 Uniform Order	10-007-58700	58700 - Uniforms	\$103.89
	3/1/2026	INV159160	GYC - D. Gonzalez New Hire Boot Order Oct 2025	10-007-58700	58700 - Uniforms	\$144.50
	3/1/2026	INV166555	Uniform - Jackets for Materials Management Personnel	10-008-58700	58700 - Uniforms	\$501.00
	3/1/2026	INV166564	GYC - W. Bedair Jan 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$87.54
	3/1/2026	INV166567	GYC- S. Wiltshire Feb 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$573.69
	3/1/2026	INV166562	GYC- Spring'26 EMT New Hire Uniform Order Par	10-007-58700	58700 - Uniforms	\$3,527.48
	3/1/2026	INV166568	GYC - M. Borski Feb 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$191.23
	3/1/2026	INV166560	GYC- K. King December 2025 Uniform Order	10-007-58700	58700 - Uniforms	\$243.98
	3/1/2026	INV166611	GYC - February 2026 Alteration Fees	10-007-58700	58700 - Uniforms	\$109.50
	3/1/2026	INV159177	New Hire Uniform for MM	10-008-58700	58700 - Uniforms	\$719.65
	3/1/2026	INV166561	GYC - E. Watson Jan 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$127.46
	3/1/2026	INV166570	GYC - W. McLemore Jan 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$403.62
	3/1/2026	INV166557	GYC - R. Lanoce Feb 2026 Pant Order	10-007-58700	58700 - Uniforms	\$209.08
	3/1/2026	INV157490	GYC - LP Patch Restock Nov 2025	10-007-58700	58700 - Uniforms	\$1,030.00

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	3/1/2026	INV166569	GYC- C. Orton Feb 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$270.28
	3/1/2026	INV166556	GYC - S. Lantz Jan 2026 Boot Order	10-007-58700	58700 - Uniforms	\$123.75
	3/10/2026	INV167628	GYC- Alarm New Hires Feb 2026	10-007-58700	58700 - Uniforms	\$80.75
	3/10/2026	INV167632	GYC- Spring'26 EMT New Hire Uniform Order Par	10-007-58700	58700 - Uniforms	\$3,445.02
	3/10/2026	INV167629	GYC - M. Borski Feb 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$127.46
	3/10/2026	INV167625	GYC- B. Mckelvey December 2025 Uniform Order	10-007-58700	58700 - Uniforms	\$298.17
	3/10/2026	INV167826	GYC - Emergency Manager Metal Badge Dec 202	10-007-58700	58700 - Uniforms	\$176.80
	3/10/2026	INV167627	GYC - Q1 New Hire Bulk Serving Since Bars Feb	10-007-58700	58700 - Uniforms	\$484.50
	3/10/2026	INV167630	GYC- Z. Manchester December 2025 Uniform Ord	10-007-58700	58700 - Uniforms	\$437.72
	3/10/2026	INV167631	GYC - R. Garcia Feb 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$32.30
	3/10/2026	INV167633	GYC - In House EMT Students Uniforms Feb 202	10-007-58700	58700 - Uniforms	\$119.00
	3/12/2026	INV168239	GYC- Spring'26 EMT New Hire Uniform Order Par	10-007-58700	58700 - Uniforms	\$450.00
	3/12/2026	INV168235	GYC - B. Garza Feb 2026 Event Shirt Order	10-007-58700	58700 - Uniforms	\$126.84
	3/12/2026	INV168240	GYC - J. Dillard Feb 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$488.17
	3/12/2026	INV168242	GYC- Spring'26 EMT New Hire Uniform Order Par	10-007-58700	58700 - Uniforms	\$512.99
	3/12/2026	INV168238	GYC - L. Noal Jan 2026 Event Polo Order	10-007-58700	58700 - Uniforms	\$126.84
	3/12/2026	INV168237	GYC - A. Adams Feb 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$131.75
	3/13/2026	INV168249	GYC - B. Elliott Feb 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$241.24
	3/13/2026	INV168309	GYC- Spring'26 EMT New Hire Uniform Order Par	10-007-58700	58700 - Uniforms	\$161.50
	3/13/2026	INV168310	GYC- Spring'26 EMT New Hire Uniform Order Par	10-007-58700	58700 - Uniforms	\$113.05
	3/13/2026	INV168246	GYC - R. Messick Jan 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$108.99
	3/13/2026	INV168248	GYC - M. Heinrich Feb 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$114.75
	3/13/2026	INV168247	GYC - S. Hunter Jan 2026 Jacket Order	10-007-58700	58700 - Uniforms	\$221.94
	3/19/2026	INV169106	GYC- M. Della Croce March 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$422.46
	3/19/2026	INV169109	GYC - V. Avellaneda Feb 2026 Pant Order	10-007-58700	58700 - Uniforms	\$418.16
	3/19/2026	INV169119	GYC- A. Lapinksie March 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$104.54
	3/19/2026	INV169103	GYC- J. Gilson March 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$110.49
	3/19/2026	INV169105	GYC- Spring'26 EMT New Hire Uniform Order Par	10-007-58700	58700 - Uniforms	\$209.08
	3/19/2026	INV169101	GYC- J. Lynch March 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$340.83
	3/19/2026	INV169122	GYC- J. Smith March 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$195.48
	3/19/2026	INV169121	GYC- E. Casino March 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$209.08
	3/19/2026	INV169104	GYC- R. Hoots March 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$500.60
	3/19/2026	INV169107	GYC- S. McCully Feb 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$429.38
	3/19/2026	INV169123	GYC- J. Maples March 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$209.08
	3/19/2026	INV169111	GYC- R. Sierra March 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$541.90
	3/19/2026	INV169102	GYC- M. Stanley March 2026 Uniform Order	10-007-58700	58700 - Uniforms	\$390.96
	3/19/2026	INV169100	GYC- Spring'26 EMT New Hire Uniform Order Par	10-007-58700	58700 - Uniforms	\$648.80
	3/19/2026	INV169110	GYC - S. Mendelow Feb 2026 Event Shirt Order	10-007-58700	58700 - Uniforms	\$126.84
			Total - IMP103 Impact Promotional Services Db		got You Covered Work Wear & Uniforms	\$23,937.42
IND100 Indigent Healthcare Solutions	3/25/2026	81666	March 26 Power Search Svc	10-002-53300	53300 - Contracted Services	\$301.50
					Total - IND100 Indigent Healthcare Solutions	\$301.50
INT104 IBS of Greater Conroe & Interstate Ba	3/1/2026	140021660	Replenish vehicle battery stock	10-010-58900	58900 - Vehicle-Batteries	\$1,454.91
	3/9/2026	140021831	Replenish vehicle battery stock	10-010-58900	58900 - Vehicle-Batteries	\$291.16
	3/16/2026	1420021910	Core -2 AT	10-010-58900	58900 - Vehicle-Batteries	(\$28.00)

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	3/16/2026	140021909	Replenish vehicle battery stock	10-010-58900	58900 - Vehicle-Batteries	\$436.74
Total - INT104 IBS of Greater Conroe & Interstate Battery System						\$2,154.81
JAB100 Annalane Jablonski	3/14/2026	JAB*03142026	MILEAGE (03/14/2026 - 03/14/2026)	10-007-56200	56200 - Mileage Reimbursements	\$10.88
	3/14/2026	JAB*03142026B	MILEAGE (03/08/2026 - 03/08/2026)	10-007-56200	56200 - Mileage Reimbursements	\$16.68
Total - JAB100 Annalane Jablonski						\$27.56
JAC100 Jacquelyn Collins	3/9/2026	JAC*02202026	Wellness 02/20/2026	10-025-54350	54350 - Employee Health/Wellness	\$300.00
Total - JAC100 Jacquelyn Collins						\$300.00
JAR125 Colleen Jarosek	3/10/2026	JAR*02202026	Employee Recognition - 02/20/2026	10-025-54450	54450 - Employee Recognition	\$400.00
Total - JAR125 Colleen Jarosek						\$400.00
JIM100 Andres Jimenez	3/8/2026	JIM*03082026	MILEAGE (03/08/2026 - 03/08/2026)	10-007-56200	56200 - Mileage Reimbursements	\$16.68
	3/24/2026	JIM*03242026	MILEAGE (03/24/2026 - 03/24/2026)	10-007-56200	56200 - Mileage Reimbursements	\$22.48
Total - JIM100 Andres Jimenez						\$39.16
JOH117 Johnson Supply & Equipment Corp	3/3/2026	09582062	Heater for Fleet Bays	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$2,043.55
Total - JOH117 Johnson Supply & Equipment Corp						\$2,043.55
JPM100 JP Morgan Chase Bank	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-015-58200	58200 - Telephones-Cellular	\$1,171.98
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$2,623.73
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-015-53100	53100 - Computer Supplies/Non-Capita	\$1,074.42
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-009-56100	56100 - Meeting Expenses	\$3,614.04
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-001-55900	55900 - Meals - Business and Travel	\$362.50
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-010-57730	57730 - Shop Tools	\$1,340.40
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-010-55600	55600 - Maintenance & Repairs-Buildin	\$897.23
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-010-57725	57725 - Shop Supplies	\$139.96
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-001-53050	53050 - Computer Software	\$127.25
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-010-59100	59100 - Vehicle-Registration	\$211.75
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-008-57900	57900 - Station Supplies	\$5,266.57
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-011-53050	53050 - Computer Software	\$87.60
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-045-53150	53150 - Conferences - Fees, Travel, & I	(\$340.87)
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-001-53150	53150 - Conferences - Fees, Travel, & I	\$8.00
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-045-53050	53050 - Computer Software	\$822.29
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-004-57750	57750 - Small Equipment & Furniture	\$118.90
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-001-59000	59000 - Vehicle-Outside Services	\$15.00
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-000-14900	14900 - Prepaid Expenses	\$11,584.88
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-007-58700	58700 - Uniforms	\$439.95
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-047-58500	58500 - Training & Continuing Educatio	\$145.00
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-006-56100	56100 - Meeting Expenses	\$36.90
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-042-57750	57750 - Small Equipment & Furniture	\$2,180.65
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-025-57100	57100 - Professional Fees	\$420.00
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-010-54100	54100 - Dues/Subscriptions	\$35.00
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-008-58100	58100 - Supplemental Food	\$227.38
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-010-57900	57900 - Station Supplies	\$160.42

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Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-047-54100	54100 - Dues/Subscriptions	\$125.00
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-008-56900	56900 - Postage	\$530.67
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-027-58500	58500 - Training & Continuing Educatio	\$612.70
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-010-59050	59050 - Vehicle-Parts	\$832.71
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-008-58700	58700 - Uniforms	\$1,169.17
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-016-57730	57730 - Shop Tools	\$196.53
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-009-52700	52700 - Business Licenses	\$309.42
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-008-54200	54200 - Durable Medical Equipment	\$509.99
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-016-58800	58800 - Utilities	\$752.02
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-016-57750	57750 - Small Equipment & Furniture	\$10,070.72
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-015-53050	53050 - Computer Software	\$94.15
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-007-54100	54100 - Dues/Subscriptions	\$0.99
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-004-53150	53150 - Conferences - Fees, Travel, & I	\$4,019.18
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-001-54100	54100 - Dues/Subscriptions	\$100.00
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-015-53150	53150 - Conferences - Fees, Travel, & I	\$1,348.60
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-026-53300	53300 - Contracted Services	\$99.50
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-015-57750	57750 - Small Equipment & Furniture	\$894.99
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-010-58600	58600 - Travel Expenses	\$480.00
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-009-52600	52600 - Books/Materials	(\$0.69)
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-016-57725	57725 - Shop Supplies	\$581.71
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-008-56300	56300 - Office Supplies	\$24.46
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-025-54350	54350 - Employee Health/Wellness	\$523.86
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-009-58500	58500 - Training & Continuing Educatio	\$435.00
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-009-54450	54450 - Employee Recognition	\$85.79
	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	10-004-54100	54100 - Dues/Subscriptions	\$9.99
					Total - JPM100 JP Morgan Chase Bank	\$56,577.39
KAH100 Kahl AC, Heating & Refrigeration, Inc	3/5/2026	260200295	Kahl Est# 85185273 St 31 HVAC Replacement	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$32,659.00
	3/16/2026	260200086	Emergency call on 3 BARD Units	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$3,790.00
	3/23/2026	260300450	Emergency Repair at CSCT- Unit #3	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$4,570.00
					Total - KAH100 Kahl AC, Heating & Refrigeration, Inc.	\$41,019.00
KCK100 KC Keating, LLC Db	3/1/2026	97165	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	\$2,087.58
	3/1/2026	97097	Replacement turn signal switch for S612	10-010-59050	59050 - Vehicle-Parts	\$19.67
	3/4/2026	93552	Broken exhaust stud on S619	10-010-59050	59050 - Vehicle-Parts	\$58.02
	3/9/2026	97337	Replacement for broken transmission pan bolts on	10-010-59050	59050 - Vehicle-Parts	\$88.96
					Total - KCK100 KC Keating, LLC Db Keating Chevrolet	\$2,254.23
KEY101 Key Performance Petroleum	3/4/2026	I199979-26	Gas/Diesel restock service center	10-010-54700	54700 - Fuel-Auto	\$3,163.46
	3/19/2026	I201046-26	Diesel Service Station	10-010-54700	54700 - Fuel-Auto	\$3,765.95
	3/24/2026	I201316-26	DEF Service Center	10-010-58950	58950 - Vehicle-Fluids & Additives	\$1,773.07
	3/24/2026	I201315-26	DEF Station 40	10-010-58950	58950 - Vehicle-Fluids & Additives	\$508.30
	3/24/2026	I201311-26	DEF Station 11	10-010-58950	58950 - Vehicle-Fluids & Additives	\$914.34
	3/24/2026	I201314-26	DEF Station 30	10-010-58950	58950 - Vehicle-Fluids & Additives	\$587.24
	3/24/2026	I201313-26	DEF Station 20	10-010-58950	58950 - Vehicle-Fluids & Additives	\$592.32
					Total - KEY101 Key Performance Petroleum	\$11,304.68

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LAK105 Lake South Water Supply Corporatio	3/23/2026	LS-1108 02/24/26	Station 45 01/22/26-02/19/26	10-016-58800	58800 - Utilities	\$470.86
Total - LAK105 Lake South Water Supply Corporation						\$470.86
LAN110 Lange Distributing Company, Inc.	3/1/2026	489238	Acct# 005368/Station 43	10-008-57900	57900 - Station Supplies	\$6.99
	3/1/2026	489240	Acct# 005376/Station 13	10-008-57900	57900 - Station Supplies	\$6.99
	3/1/2026	486440	Acct# 007347/Station 46	10-008-57900	57900 - Station Supplies	\$60.92
	3/1/2026	487065	Acct# 007346/Station 47	10-008-57900	57900 - Station Supplies	\$46.94
	3/1/2026	487163	Acct# 005376/Station 13	10-008-57900	57900 - Station Supplies	\$25.97
	3/1/2026	488105	Acct# 005368/Station 43	10-008-57900	57900 - Station Supplies	\$39.95
	3/1/2026	489583	Acct# 007345/Station 44	10-008-57900	57900 - Station Supplies	\$6.99
	3/4/2026	489584	Acct# 007346/Station 47	10-008-57900	57900 - Station Supplies	\$6.99
	3/4/2026	489585	Acct# 007346/Station 46	10-008-57900	57900 - Station Supplies	\$6.99
	3/12/2026	491992	Acct# 007345/Station 44	10-008-57900	57900 - Station Supplies	\$25.97
	3/19/2026	493572	Acct# 007347/Station 46	10-008-57900	57900 - Station Supplies	\$60.92
	3/23/2026	494100	Acct# 007346/Station 47	10-008-57900	57900 - Station Supplies	\$46.94
	3/23/2026	493993	Acct# 005376/Station 13	10-008-57900	57900 - Station Supplies	\$25.97
	3/26/2026	495117	Acct# 005368/Station 43	10-008-57900	57900 - Station Supplies	\$32.96
	3/31/2026	497172	Acct# 005368/Station 43	10-008-57900	57900 - Station Supplies	\$6.99
	3/31/2026	497517	Acct# 007346/Station 47	10-008-57900	57900 - Station Supplies	\$6.99
	3/31/2026	497518	Acct# 007346/Station 46	10-008-57900	57900 - Station Supplies	\$6.99
	3/31/2026	497516	Acct# 007345/Station 44	10-008-57900	57900 - Station Supplies	\$6.99
	3/31/2026	497174	Acct# 005376/Station 13	10-008-57900	57900 - Station Supplies	\$6.99
Total - LAN110 Lange Distributing Company, Inc.						\$436.44
LAP100 Ausstina Lapinskie	3/10/2026	LAP*02282026	Mileage - 02/28/2026	10-007-56200	56200 - Mileage Reimbursements	\$10.15
Total - LAP100 Ausstina Lapinskie						\$10.15
LAW107 Leonard V Schneider dba Law Office	3/1/2026	2927	Legal Services for Feb 2026	10-001-55500	55500 - Legal Fees	\$1,168.50
Total - LAW107 Leonard V Schneider dba Law Offices of Leonard Schneider PLLC						\$1,168.50
LEN109 Lenovo	3/14/2026	ND20285286	Laptop repair service.	10-015-57650	57650 - Repair-Equipment	\$435.62
Total - LEN109 Lenovo						\$435.62
LIF102 Life-Assist, Inc.	3/1/2026	2036606	Medical Supply Bid	10-008-53900	53900 - Disposable Medical Supplies	\$97.20
	3/1/2026	2055830	Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$5,800.00
	3/1/2026	2067085	CE Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$625.60
	3/1/2026	2054303	Medical Supplies	10-009-54000	54000 - Drug Supplies	\$450.00
	3/1/2026	2069986	Medical Supplies	10-009-54000	54000 - Drug Supplies	\$261.00
	3/1/2026	2035856	Medical Supply Bid	10-008-53900	53900 - Disposable Medical Supplies	\$2,862.60
	3/1/2026	2055830	Medical Supplies	10-009-54000	54000 - Drug Supplies	\$1,870.00
	3/1/2026	2054303	Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$23,288.68
	3/1/2026	2035870	Medical Supply Bid	10-008-53900	53900 - Disposable Medical Supplies	\$1,275.00
	3/1/2026	2036937	Medical Supply Bid	10-008-53900	53900 - Disposable Medical Supplies	\$19.44
	3/1/2026	2036548	Medical Supplies	10-009-54000	54000 - Drug Supplies	\$1,641.00
	3/2/2026	2075986	Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$25,279.20

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	3/2/2026	2075986	Medical Supplies	10-009-54000	54000 - Drug Supplies	\$8,759.86
	3/4/2026	2076495	Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$65.60
	3/6/2026	2079480	DME Restock - Stethoscopes	10-008-54200	54200 - Durable Medical Equipment	\$123.90
	3/9/2026	2079850	Medical Supplies Warehouse Restocking	10-008-53900	53900 - Disposable Medical Supplies	\$13,814.00
	3/9/2026	2079850	Medical Supplies Warehouse Restocking	10-009-54000	54000 - Drug Supplies	\$6,508.88
	3/11/2026	2082569	Warehouse restock	10-009-54000	54000 - Drug Supplies	\$708.00
	3/13/2026	2080629	Medical Supplies Warehouse Restocking	10-008-53900	53900 - Disposable Medical Supplies	\$280.00
	3/16/2026	2084894	DME Restock	10-008-54200	54200 - Durable Medical Equipment	\$423.25
	3/19/2026	2083902	Medical Supplies Warehouse Restocking	10-008-53900	53900 - Disposable Medical Supplies	\$280.00
	3/19/2026	2078106	Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$229.60
	3/24/2026	2089810	Warehouse restock - Hand Sanitizer	10-008-53900	53900 - Disposable Medical Supplies	\$124.80
	3/24/2026	2089054	Warehouse Restock of Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$1,641.85
	3/24/2026	2089054	Warehouse Restock of Medical Supplies	10-009-54000	54000 - Drug Supplies	\$1,770.00
	3/26/2026	2091398	Medical Supply- Warehouse restock	10-009-54000	54000 - Drug Supplies	\$1,996.60
	3/26/2026	2091398	Medical Supply- Warehouse restock	10-008-53900	53900 - Disposable Medical Supplies	\$1,501.40
					Total - LIF102 Life-Assist, Inc.	\$101,697.46
LIN156 Lois Lindgren	3/21/2026	LIN*03212026	PER DIEM - NAVIGATOR 2026 (04/20/2026 - 04/21/2026)	10-045-53150	53150 - Conferences - Fees, Travel, & I	\$319.00
					Total - LIN156 Lois Lindgren	\$319.00
LIV102 Lively, Inc.	3/6/2026	LIV11282025	HSA 11/28/25	10-025-51700	51700 - Health & Dental	(\$275.00)
	3/10/2026	1598348	Admin Fee Feb 2026	10-025-51720	51720 - Health Insurance Admin Fees	\$1,068.95
	3/12/2026	LIV03132026	Payroll Contributions 03/13/2026	10-025-51700	51700 - Health & Dental	\$5,666.64
	3/27/2026	LIV03272026	Payroll Contributions 03/27/2026	10-025-51700	51700 - Health & Dental	\$7,083.30
					Total - LIV102 Lively, Inc.	\$13,543.89
LON104 LSE Contractors, LLC	3/1/2026	14084	Grounding Repairs at Lake Conroe Tower Site	10-004-57100	57100 - Professional Fees	\$5,217.90
	3/4/2026	14081	Admin Campus Access Control Power	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$3,723.96
	3/5/2026	14112	TV Receptacle installs for Horseshoe Offices	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$785.00
	3/17/2026	14140	Ice Machine Receptacle Install	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$1,368.75
					Total - LON104 LSE Contractors, LLC	\$11,095.61
MAL102 Mary Maldonado	3/20/2026	MAL*03202026	PER DIEM - GFOAT Spring 2026 Conference (04/19/2026 - 04/20/2026)	10-005-53150	53150 - Conferences - Fees, Travel, & I	\$129.00
					Total - MAL102 Mary Maldonado	\$129.00
MAR100 Dwayne Marshall	3/31/2026	MAR*03272026B	PER DIEM - Laserfiche Empower 2026 (04/26/2026 - 04/27/2026)	10-015-53150	53150 - Conferences - Fees, Travel, & I	\$275.00
					Total - MAR100 Dwayne Marshall	\$275.00
MAR116 Michael Thomas Mares-Camarena	3/10/2026	MAR*02222026	Business Licenses - 12/11/2025	10-009-52700	52700 - Business Licenses	\$126.00
					Total - MAR116 Michael Thomas Mares-Camarena	\$126.00
MAT145 Matrix Consulting Group, Ltd	3/1/2026	1	Fleet Consulting Oct 2025- Jan 2026	10-010-57100	57100 - Professional Fees	\$8,586.67
	3/9/2026	2	Fleet Consulting February 2026	10-010-57100	57100 - Professional Fees	\$6,256.67
					Total - MAT145 Matrix Consulting Group, Ltd	\$14,843.34
MCC103 Scott Mccully	3/1/2026	MCC*02262026B	PER DIEM - Texas Public Safety Conference (03/31/2026 - 04/01/2026)	10-045-53150	53150 - Conferences - Fees, Travel, & I	\$268.00

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Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
	3/19/2026	MCC*03192026B	PER DIEM - NAVIGATOR 2026 (04/18/2026 - 04/18/2026)	10-045-53150	53150 - Conferences - Fees, Travel, & I	\$491.00
					Total - MCC103 Scott Mccully	\$759.00
MCG154 Mcgriff Insurance Services Inc	3/2/2026	5702023	Cyber / Crime Insurance	10-001-54900	54900 - Insurance	\$3,994.00
					Total - MCG154 Mcgriff Insurance Services Inc	\$3,994.00
MCK113 Mckesson Medical-Surgical Governr	3/1/2026	25044539	Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$467.30
	3/1/2026	24807505	Medical Supply- Lac Ring, IV	10-009-54000	54000 - Drug Supplies	\$1,873.00
	3/1/2026	25044806	Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$700.95
	3/1/2026	24807504	Medical Supply- Syringe Saline	10-009-54000	54000 - Drug Supplies	\$1,673.40
					Total - MCK113 Mckesson Medical-Surgical Government Solutions LLC	\$4,714.65
MED125 Medline Industries, Inc	3/11/2026	2415983761	Restocking - Pharmaceutical Supplies	10-009-54000	54000 - Drug Supplies	\$691.44
					Total - MED125 Medline Industries, Inc	\$691.44
MES103 Messick, Rhett	3/10/2026	MES*03062026	Wellness 03/06/2026	10-025-54350	54350 - Employee Health/Wellness	\$25.00
					Total - MES103 Messick, Rhett	\$25.00
MET185 Metropolitan Life Insurance Compan	3/5/2026	89033967 (10)	Dental & vision for March 2026	10-025-51700	51700 - Health & Dental	\$30,401.14
	3/5/2026	88684030 (10)	Dental & vision premiums for February 2026	10-025-51700	51700 - Health & Dental	\$30,103.44
					Total - MET185 Metropolitan Life Insurance Company	\$60,504.58
MIC101 Michael Depasquale Db	3/5/2026	260003	February Assistant MD Services	10-009-57100	57100 - Professional Fees	\$21,076.00
					Total - MIC101 Michael Depasquale Db No Pulse No Problem LLC	\$21,076.00
MID105 Mid-South Synergy	3/10/2026	313046002 02/24/26	Station 46 01/24/26-02/24/26	10-016-58800	58800 - Utilities	\$410.00
	3/10/2026	313046001 02/24/26	Station 45 01/24/26-02/24/26	10-016-58800	58800 - Utilities	\$327.00
	3/10/2026	313046003 02/25/26	Station 47 Water tap fee 01/24/26-02/25/26	10-016-58800	58800 - Utilities	\$58.22
					Total - MID105 Mid-South Synergy	\$795.22
MISS100 Mission Critical Partners, LLC	3/1/2026	27188	Consult - Evaluation of Potential Radio Tower Site	10-004-57100	57100 - Professional Fees	\$224.00
	3/13/2026	27460	Consult - Evaluation of Potential Radio Tower Site	10-004-57100	57100 - Professional Fees	\$560.00
					Total - MISS100 Mission Critical Partners, LLC	\$784.00
MON136 Montgomery Central Appraisal Distr	3/1/2026	HM1 3/1/2026	2 QRTR Appraisal District Invoice 2026	10-001-53310	53310 - Contractual Obligations-County	\$67,307.10
					Total - MON136 Montgomery Central Appraisal District	\$67,307.10
MON2 Montgomery County ESD #2	3/13/2026	MON203132026	April Rent Station 44, 47	10-000-14900	14900 - Prepaid Expenses	\$2,500.00
					Total - MON2 Montgomery County ESD #2	\$2,500.00
MON206 Montgomery County ESD#3 (Stn 46)	3/13/2026	MON03132026	April Rent Station 46	10-000-14900	14900 - Prepaid Expenses	\$600.00
					Total - MON206 Montgomery County ESD#3 (Stn 46)	\$600.00
MOS100 Mosley Fire and Safety, Inc	3/1/2026	127153	DME Fire Extinguisher Annual Inspection	10-008-57650	57650 - Repair-Equipment	\$339.00
	3/9/2026	127220	DME Annual Fire Extinguisher Maintenance	10-008-57650	57650 - Repair-Equipment	\$318.50
					Total - MOS100 Mosley Fire and Safety, Inc	\$657.50

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MOS111 Tyler Mosley	3/10/2026	MOS*03032026	Mileage - 02/07/2026	10-015-56200	56200 - Mileage Reimbursements	\$18.27
					Total - MOS111 Tyler Mosley	\$18.27
MUD100 Mud #39	3/12/2026	3021061 02/28/26	Station 20 01/31/26-02/28/26	10-016-58800	58800 - Utilities	\$70.22
					Total - MUD100 Mud #39	\$70.22
NAP100 Napa Auto Parts	3/1/2026	593449	Replenish Shop and Vehicle Supplies	10-010-59050	59050 - Vehicle-Parts	\$776.05
	3/1/2026	593449	Replenish Shop and Vehicle Supplies	10-010-57725	57725 - Shop Supplies	\$594.50
	3/1/2026	587793	Caliper piston seal kit	10-010-59050	59050 - Vehicle-Parts	\$381.30
	3/4/2026	595520	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	\$273.08
	3/11/2026	596368	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	\$310.10
	3/13/2026	596594	Replacement Air Filter for Shop 616	10-010-59050	59050 - Vehicle-Parts	\$14.48
	3/17/2026	591595		10-010-59050	59050 - Vehicle-Parts	(\$381.30)
	3/23/2026	597763	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	\$1,209.94
	3/25/2026	597961	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	\$481.30
	3/27/2026	598237	Brake Rotors	10-010-59050	59050 - Vehicle-Parts	\$775.74
	Total - NAP100 Napa Auto Parts					\$4,435.19
NEW102 New Caney Mud	3/10/2026	1042826200 02/27/26	Station 30 01/19/26-02/19/26	10-016-58800	58800 - Utilities	\$52.48
					Total - NEW102 New Caney Mud	\$52.48
NIE102 Zane Niemand	3/31/2026	NIE*03272026	WELLNESS - 03/30/2026	10-025-54350	54350 - Employee Health/Wellness	\$74.99
					Total - NIE102 Zane Niemand	\$74.99
NOR101 Montgomery County ESD #1 (Stn 12, 13, 16)	3/13/2026	NOR03132026	April Rent Station 12, 13	10-000-14900	14900 - Prepaid Expenses	\$3,000.00
	3/16/2026	NOR03162026-Mar 2026	March Rent Station 16	10-016-57500	57500 - Rent	\$1,500.00
	3/16/2026	NOR03162026-Jan 2026	January Rent Station 16	10-016-57500	57500 - Rent	\$1,500.00
	3/16/2026	NOR03162026-Feb 2026	Feb Rent Station 16	10-016-57500	57500 - Rent	\$1,500.00
	3/16/2026	NOR03162025-Dec 2025	December Rent Station 16	10-016-57500	57500 - Rent	\$1,500.00
	3/16/2026	NOR03162026-April 2026	April Rent Station 16	10-000-14900	14900 - Prepaid Expenses	\$1,500.00
	Total - NOR101 Montgomery County ESD #1 (Stn 12,13,16)					\$10,500.00
	OCS100 Optimum Computer Solutions, Inc.	3/1/2026	123251	OCS Service Labor - 2/16/26-2/22/26	10-015-53300	53300 - Contracted Services
3/1/2026		123154	OCS Service Labor For - 2/9/26-2/15/26	10-015-53300	53300 - Contracted Services	\$9,562.50
3/1/2026		123122	ManageEngine OpManager Professional Edition -	10-015-53050	53050 - Computer Software	\$1,438.00
3/1/2026		123152	Fortinet License Renewal	10-015-53000	53000 - Computer Maintenance	\$9,300.03
3/1/2026		123153	Synology Virtual Machine Manager Pro	10-015-53050	53050 - Computer Software	\$3,804.60
3/1/2026		123276	OCS Service Labor - 2/23/26-3/1/26	10-015-53300	53300 - Contracted Services	\$12,150.00
3/8/2026		123334	OCS Service Labor - 03/02/26-03/08/26	10-015-53300	53300 - Contracted Services	\$14,962.50
3/13/2026		123310	Fortigate 91G Power Supplies	10-015-57750	57750 - Small Equipment & Furniture	\$1,257.31
3/13/2026		123374	Fortinet License Renewal SN# FG81FPTK210000	10-015-53000	53000 - Computer Maintenance	\$1,410.74
Total - OCS100 Optimum Computer Solutions, Inc.						\$68,098.18
ODV150 One Diversified, LLC	3/1/2026	PRIN-000055669	MCHD Boardroom CO1	10-015-57100	57100 - Professional Fees	\$924.88
					Total - ODV150 One Diversified, LLC	\$924.88

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Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
OPT100 Optiquest Internet Services, Inc.	3/1/2026	89463	SSL Cert Renewal Multi SSL	10-015-52700	52700 - Business Licenses	\$246.00
	3/1/2026	89408	Parallels & Domotz Monthly Fee	10-015-53050	53050 - Computer Software	\$483.75
	3/1/2026	89410	DUO Additional 19 Users	10-015-53050	53050 - Computer Software	\$57.00
	3/1/2026	89455	Barracuda Spam Filtering March 2026	10-015-53000	53000 - Computer Maintenance	\$22.50
	3/11/2026	89553	SSL Cert Renewal	10-015-52700	52700 - Business Licenses	\$95.00
Total - OPT100 Optiquest Internet Services, Inc.						\$904.25
ORA182 Oracle America, Inc	3/24/2026	102430237	Time and Materials Labor	10-005-53050	53050 - Computer Software	\$3,179.41
	Total - ORA182 Oracle America, Inc					
PAN100 Panorama, City of	3/10/2026	1020159006 02/26/26	Station 14 01/18/26-02/24/26	10-016-58800	58800 - Utilities	\$89.01
Total - PAN100 Panorama, City of						\$89.01
PAR107 Amanda Parent	3/1/2026	PAR*02262026B	PER DIEM - Texas Public Safety Conference (03/1	10-045-53150	53150 - Conferences - Fees, Travel, & I	\$268.00
	3/19/2026	PAR*03192026B	PER DIEM - NAVIGATOR 2026 (04/18/2026 - 04/1	10-045-53150	53150 - Conferences - Fees, Travel, & I	\$491.00
Total - PAR107 Amanda Parent						\$759.00
PAR145 Anthony Parson	3/10/2026	PAR*03102026	MILEAGE (03/10/2026 - 03/10/2026)	10-007-56200	56200 - Mileage Reimbursements	\$15.95
Total - PAR145 Anthony Parson						\$15.95
PAT108 Patrick, Casey B	3/1/2026	PAT*02282026B	PER DIEM - 7th Annual Texas Chapter of NAEMS	10-009-53150	53150 - Conferences - Fees, Travel, & I	\$84.00
Total - PAT108 Patrick, Casey B						\$84.00
PAY100 Payscale, Inc	3/1/2026	168306	Payscale for Positions Subscription	10-025-54100	54100 - Dues/Subscriptions	\$6,200.00
Total - PAY100 Payscale, Inc						\$6,200.00
PBI100 Pitney Bowes Inc (Pob 371874)Postag	3/6/2026	04765611 01/16/2026	Postage refill	10-008-56900	56900 - Postage	\$1,000.00
	3/24/2026	04765611 02/02/2026	Refill Mail Postage- March 2026	10-008-56900	56900 - Postage	\$1,024.75
Total - PBI100 Pitney Bowes Inc (Pob 371874)Postage						\$2,024.75
PCT100 PCTEL, Inc.	3/5/2026	45929	PCTEL SeeHawk Software Support	10-004-53000	53000 - Computer Maintenance	\$2,413.36
Total - PCT100 PCTEL, Inc.						\$2,413.36
PEL100 Scott Pelczar	3/21/2026	PEL*03212026	EXPENSE - Books/Materials	10-009-52600	52600 - Books/Materials	\$44.72
Total - PEL100 Scott Pelczar						\$44.72
PIN100 Zoll Data Systems	3/2/2026	INV00222274	Zoll Monthly Billing 3.2026	10-011-53300	53300 - Contracted Services	\$10,501.31
Total - PIN100 Zoll Data Systems						\$10,501.31
POW145 PowerDMS, Inc	3/19/2026	INV-151671	Power DMS Subscription Renewal 2026	10-009-53050	53050 - Computer Software	\$6,398.67
Total - POW145 PowerDMS, Inc						\$6,398.67
PRI100 Priority Dispatch National Academies	3/1/2026	SIN388395	Oct 2024 NEOP EFD Training/Certification	10-006-52700	52700 - Business Licenses	\$2,550.00
	3/4/2026	SIN387878	Oct 2024 NEOP EMD Training/Certification	10-006-52700	52700 - Business Licenses	\$2,125.00
	3/16/2026	SIN433693	Printed QA Guides	10-045-52600	52600 - Books/Materials	\$1,135.00

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Total - PRI100 Priority Dispatch National Academies of Emergency Disptach						\$5,810.00	
PSL167 PS Lightwave, Inc Db	3/1/2026	40662	August 2025	10-015-58310	58310 - Telephones-Service	\$1,470.03	
	3/1/2026	46915	February 2026	10-015-58310	58310 - Telephones-Service	\$1,964.84	
	3/1/2026	41733	September 2025	10-015-58310	58310 - Telephones-Service	\$1,470.03	
	3/1/2026	43770	November 2025	10-015-58310	58310 - Telephones-Service	\$1,823.05	
	3/1/2026	45341	December 2025	10-015-58310	58310 - Telephones-Service	\$1,968.20	
	3/1/2026	45945	January 2026	10-015-58310	58310 - Telephones-Service	\$1,968.20	
	3/1/2026	39616	May - July 2025	10-015-58310	58310 - Telephones-Service	\$2,640.64	
	3/1/2026	42780	October 2025	10-015-58310	58310 - Telephones-Service	\$1,470.03	
	3/1/2026	47883	March 2026	10-015-58310	58310 - Telephones-Service	\$1,964.84	
	3/10/2026	48930	Station 31 04/01/26-04/30/26	10-015-58310	58310 - Telephones-Service	\$721.14	
	3/10/2026	48929	April 2026	10-015-58310	58310 - Telephones-Service	\$1,964.84	
	Total - PSL167 PS Lightwave, Inc Db Pure Speed Lightwave						\$19,425.84
	PVW160 PVW Services	3/1/2026	55209108	Lawn Services Agreement RFP No. FY2023-016-C	10-016-53330	53330 - Contractual Obligations-Other	\$3,418.00
3/2/2026		55209103	Lawn Services Agreement RFP No. FY2023-016-C	10-016-53330	53330 - Contractual Obligations-Other	\$3,418.00	
Total - PVW160 PVW Services						\$6,836.00	
PYE175 Pye-Barker Fire And Safety, LLC	3/1/2026	IV00914301	Emergency Repair- Station 31	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$1,040.00	
	3/1/2026	IV00985575	Labor Sprinkler- Station 40	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$1,000.00	
	3/17/2026	IV01015601	Station 27 Backflow Rebuild	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$1,157.00	
Total - PYE175 Pye-Barker Fire And Safety, LLC						\$3,197.00	
QUI102 Quiddity Engineering, LLC Db	3/1/2026	ARIV1048110	Topographic Survey EMS Station 43	10-016-57100	57100 - Professional Fees	\$4,100.00	
	3/1/2026	ARIV1048112	Topography and Boundary Survey Station 32	10-016-57100	57100 - Professional Fees	\$7,500.00	
	3/1/2026	ARIV1048111	Boundary and Topographic Survey Station 15	10-016-57100	57100 - Professional Fees	\$8,000.00	
	3/1/2026	ARIV1045159	Boundary Survey for MCHD Station 30	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$8,000.00	
Total - QUI102 Quiddity Engineering, LLC Db Jones & Carter, Inc.						\$27,600.00	
RAL150 RA-Lock Security Solutions Inc	3/1/2026	INV17937	Key Ring for Knox Box Keys	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$655.99	
	Total - RAL150 RA-Lock Security Solutions Inc						\$655.99
REA101 Blue Triton Brands Inc Db	3/12/2026	06C6708394210	Station 22 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$26.79	
	3/12/2026	06C6708394113	Station 10 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$49.99	
	3/12/2026	06C6708394193	Station 20 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$61.59	
	3/12/2026	06C6708403397	Service center - 1st fl 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$21.29	
	3/12/2026	06C6708394304	Station 41 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$15.19	
	3/12/2026	06C6708394221	Station 24 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$96.39	
	3/12/2026	06C6708394182	Station 15 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$15.19	
	3/12/2026	06C6708394237	Station 31 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$18.48	
	3/12/2026	06C6708394151	Admin - Room 208 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$78.99	
	3/12/2026	06C6708394233	Station 30 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$64.88	
	3/12/2026	06C6708577782	Admin - 3rd Fl 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$15.16	
	3/12/2026	06C6708394309	Station 45 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$15.49	
	3/12/2026	06C6708394250	Station 34 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$15.19	

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	3/12/2026	06C6708394247	Station 33 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$3.59
	3/12/2026	06C6708394258	Station 40 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$53.28
	3/12/2026	06C6708394229	Station 27 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$49.99
	3/12/2026	06C6708394307	Station 42 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$15.19
	3/12/2026	06C6708394198	Station 21 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$32.59
	3/12/2026	06C6708894383	MCHD - Suite 250 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$29.00
	3/12/2026	06C6708394225	Station 25 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$44.19
	3/12/2026	06C6708394241	Station 32 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$20.99
	3/12/2026	06C6708394255	Station 35 02/11/26-03/10/26	10-008-57900	57900 - Station Supplies	\$15.19
	3/18/2026	06C6708577775	Admin - Suite 340	10-008-57900	57900 - Station Supplies	\$3.56
	3/18/2026	06C6708579806	Admin - 1st Floor	10-008-57900	57900 - Station Supplies	\$61.56
	3/20/2026	06C6708394216	Main Admin - Room 250	10-008-57900	57900 - Station Supplies	\$26.79
	3/20/2026	06C6708394166	Station 14 02/19/26-03/18/26	10-008-57900	57900 - Station Supplies	\$15.19
	3/28/2026	06C6708403396	Service Center - Fleet Bay	10-008-57900	57900 - Station Supplies	\$38.69
	3/28/2026	06C6708403395	Service Center - FI 2 Kitchen	10-008-57900	57900 - Station Supplies	\$3.89
					Total - REA101 Blue Triton Brands Inc Db	\$908.31
REE100 Reeder Distributors, Inc.	3/1/2026	32332	PO 76327	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$884.03
	3/18/2026	35521	Air compressor PM's Service call fee/labor	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$645.00
	3/18/2026	35520		10-016-55600	55600 - Maintenance & Repairs-Buildin	(\$884.03)
					Total - REE100 Reeder Distributors, Inc.	\$645.00
REE105 Meghan Reed	3/10/2026	REE*03102026B	PER DIEM - Texas EMS Educators Summit 2026	10-009-53150	53150 - Conferences - Fees, Travel, & I	\$165.00
	3/17/2026	REE*03172026	EXPENSE - Books/Materials	10-009-52600	52600 - Books/Materials	\$41.95
					Total - REE105 Meghan Reed	\$206.95
REL100 Reliant Energy	3/18/2026	342001508501	Magnolia Tower 02/04/26-03/05/26	10-004-58800	58800 - Utilities	\$498.68
	3/18/2026	414000660812	Station 41 02/08/26-03/09/26	10-016-58800	58800 - Utilities	\$433.86
	3/18/2026	121006825867	Station 40 02/04/26-03/05/26	10-016-58800	58800 - Utilities	\$510.35
	3/18/2026	184003364227	Station 27 02/03/26-03/04/26	10-016-58800	58800 - Utilities	\$357.67
	3/25/2026	368001245246	Station 40 Outdoor lighting 02/05/26-03/06/26	10-016-58800	58800 - Utilities	\$84.79
	3/25/2026	163004199418	Magnolia Security Lighting 02/04/26-03/05/26	10-004-58800	58800 - Utilities	\$278.19
					Total - REL100 Reliant Energy	\$2,163.54
REN100 Makenzie Renfro-Miller	3/24/2026	REN*03172026	WELLNESS - 03/19/2026	10-025-54350	54350 - Employee Health/Wellness	\$25.00
					Total - REN100 Makenzie Renfro-Miller	\$25.00
REV101 Revspring, Inc.	3/6/2026	INV1432255	Monthly Invoice RescueNet 02/2026	10-011-53300	53300 - Contracted Services	\$70.62
	3/11/2026	INV1430608	Monthly Invoice Billing Bridge 02/2026	10-011-53300	53300 - Contracted Services	\$11,843.85
					Total - REV101 Revspring, Inc.	\$11,914.47
ROG100 Rogue Waste Recovery & Environm	3/1/2026	36956A	Used Oil / Oil Filter Removal Dec 2025	10-010-54800	54800 - Hazardous Waste Removal	\$90.00
	3/1/2026	38452A	Used Oil / Oil Filter Removal Feb 2026	10-010-54800	54800 - Hazardous Waste Removal	\$90.00
					Total - ROG100 Rogue Waste Recovery & Environmental, Inc	\$180.00
RYM100 Ryan Rymal	3/19/2026	RYM*03192026	EXPENSE - CentralSquare's ENGAGE 2026	10-015-53150	53150 - Conferences - Fees, Travel, & I	\$60.06

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Total - RYM100 Ryan Rymal						\$60.06
SAF110 S.A.F.E. Drug Testing	3/1/2026	11614107	SAFE Drug Testing	10-025-57300	57300 - Recruit/Investigate	\$1,205.00
Total - SAF110 S.A.F.E. Drug Testing						\$1,205.00
SAN107 Victoria Santos	3/10/2026	SAN*02242026	Wellness - 02/24/2026	10-025-54350	54350 - Employee Health/Wellness	\$145.79
Total - SAN107 Victoria Santos						\$145.79
SAN112 Susie Sanders	3/10/2026	SAN*03032026	Wellness - 03/03/2026	10-025-54350	54350 - Employee Health/Wellness	\$25.00
Total - SAN112 Susie Sanders						\$25.00
SEE102 James Seek	3/1/2026	SEE*02272026	PER DIEM - 7th Annual Texas Chapter of NAEMS	10-007-53150	53150 - Conferences - Fees, Travel, & I	\$152.00
	3/20/2026	SEE*03202026B	PER DIEM - AAA Annual Conference & Trade Shc	10-007-53150	53150 - Conferences - Fees, Travel, & I	\$255.00
Total - SEE102 James Seek						\$407.00
SEU100 Cameron Seulean	3/10/2026	SEU*02282026	Mileage (02/27/2026)	10-007-56200	56200 - Mileage Reimbursements	\$7.98
	3/20/2026	SEU*03202026	MILEAGE (03/03/2026 - 03/13/2026)	10-007-56200	56200 - Mileage Reimbursements	\$36.98
Total - SEU100 Cameron Seulean						\$44.96
SHI101 SHI Government Solutions, Inc.	3/1/2026	GB919169A		10-015-53050	53050 - Computer Software	\$4,395.12
	3/1/2026	GB00584083	Backblaze B2 Reserve - 1 year license	10-015-53050	53050 - Computer Software	\$4,469.40
	3/1/2026	GB00583476	Snagit Licenses and Camtasia license	10-015-53050	53050 - Computer Software	\$321.75
	3/1/2026	GB00582875	Replacement Fleet Desktop Computers	10-010-57750	57750 - Small Equipment & Furniture	\$10,064.00
	3/6/2026	GB00584783	Additional KnowBe4 Licenses	10-015-58500	58500 - Training & Continuing Educatio	\$219.24
	3/19/2026	GB00585502	Laptop and Dock for EMS Data Analyst	10-015-57750	57750 - Small Equipment & Furniture	\$1,830.51
	3/25/2026	GB00586107	Laptop and Dock for EMS Data Analyst	10-015-57750	57750 - Small Equipment & Furniture	\$267.00
Total - SHI101 SHI Government Solutions, Inc.						\$21,567.02
SHI160 Kim Shirley	3/4/2026	SHI*02162026	WELLNESS - 02/19/2026	10-025-54350	54350 - Employee Health/Wellness	\$21.00
	3/10/2026	SHI*03022026	Wellness - 03/02/2026	10-025-54350	54350 - Employee Health/Wellness	\$21.00
Total - SHI160 Kim Shirley						\$42.00
SHR100 Shred-It Usa LLC	3/23/2026	8013490137	FY26 BPO - Stericycle/Shred-It	10-026-56500	56500 - Other Services	\$330.06
Total - SHR100 Shred-It Usa LLC						\$330.06
SMI104 Donald Smith	3/22/2026	SMI*03222026	MILEAGE (03/20/2026 - 03/20/2026)	10-007-56200	56200 - Mileage Reimbursements	\$18.13
Total - SMI104 Donald Smith						\$18.13
SOU105 Montgomery County ESD #8, Stn 21/	3/13/2026	SOU03132026	April Rent Station 21, 22	10-000-14900	14900 - Prepaid Expenses	\$3,000.00
	3/18/2026	307	UTV Coverage- The Woodlands Marathon	10-027-53300	53300 - Contracted Services	\$730.00
Total - SOU105 Montgomery County ESD #8, Stn 21/22						\$3,730.00
SPE106 Megan Speck	3/27/2026	SPE*03272026	PER DIEM - Laserfiche Empower 2026 (04/26/202	10-015-53150	53150 - Conferences - Fees, Travel, & I	\$275.00
Total - SPE106 Megan Speck						\$275.00
SPL124 Splendora, City of	3/18/2026	06370301	Station 31 01/22/26-02/24/26	10-016-58800	58800 - Utilities	\$26.20

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Total - SPL124 Splendor, City of						\$26.20
STA100 Stanley Lake M.U.D.	3/11/2026	00009834 03/02/26	Station 43 01/30/26-02/27/26	10-016-58800	58800 - Utilities	\$37.63
	3/11/2026	00009836 03/02/26	Station 43 01/30/26-02/27/26	10-016-58800	58800 - Utilities	\$7.81
	Total - STA100 Stanley Lake M.U.D.					\$45.44
STA129 Staples Advantage	3/1/2026	6051689876	Restock of station supplies in warehouse.	10-008-57900	57900 - Station Supplies	\$632.13
	3/18/2026	6057079330		10-008-56300	56300 - Office Supplies	(\$136.91)
	3/18/2026	6057079333		10-008-56300	56300 - Office Supplies	(\$118.56)
Total - STA129 Staples Advantage					\$376.66	
STE104 Stericycle, Inc	3/30/2026	8013569960	FY26 BPO - Stericycle (Waste)	10-008-52500	52500 - Bio-Waste Removal	\$4,607.38
	Total - STE104 Stericycle, Inc					\$4,607.38
STE107 Stewart Organization Inc.	3/1/2026	2628893	FY26 BPO-Accounting Scanner Base Rate Charge	10-015-55400	55400 - Leases/Contracts	\$155.00
	3/1/2026	2620230	replacement staples for admin copier	10-015-57750	57750 - Small Equipment & Furniture	\$87.00
	3/1/2026	2642232	FY26 BPO-Accounting Scanner Base Rate Charge	10-015-55400	55400 - Leases/Contracts	\$170.50
	3/1/2026	2642233	Stewart Copier Charges- 1/25/26-2/24/26	10-015-55400	55400 - Leases/Contracts	\$1,198.24
Total - STE107 Stewart Organization Inc.					\$1,610.74	
STR128 Stryker Sales Corporation	3/1/2026	9210553871	DME Crash Inspection On Stretcher (S61)	10-008-57650	57650 - Repair-Equipment	\$408.00
	3/1/2026	9211088663	Stryker Chair Repair	10-008-57650	57650 - Repair-Equipment	\$168.00
Total - STR128 Stryker Sales Corporation					\$576.00	
SWA101 Alicia Swain	3/10/2026	SWA*02202026	Wellness (02/20/2026)	10-025-54350	54350 - Employee Health/Wellness	\$25.00
	3/31/2026	SWA*03312026	WELLNESS - 03/31/2026	10-025-54350	54350 - Employee Health/Wellness	\$25.00
Total - SWA101 Alicia Swain					\$50.00	
SYN101 Syndaver Labs, Inc	3/24/2026	510482	Syndaver Tissue for Manikins & Labs	10-009-58500	58500 - Training & Continuing Education	\$2,038.25
	Total - SYN101 Syndaver Labs, Inc					\$2,038.25
TAY101 Taylor Healthcare Products, Inc	3/9/2026	INV17153	Warehouse Restocking	10-008-53800	53800 - Disposable Linen	\$2,915.00
	Total - TAY101 Taylor Healthcare Products, Inc					\$2,915.00
TEL175 Teleflex LLC	3/9/2026	9511283403	Restocking Medical Supplies	10-008-53900	53900 - Disposable Medical Supplies	\$23,272.00
	Total - TEL175 Teleflex LLC					\$23,272.00
TES103 Tessco Technologies Inc.	3/1/2026	9400534665	3' Standoff Assembly for Leg Towers	10-004-57225	57225 - Radio-Parts	\$912.43
	3/19/2026	9400561112	Radio Parts for Stock	10-004-57225	57225 - Radio-Parts	\$1,321.05
	3/20/2026	9400561772	Antennas for St 46 and Stock	10-004-57225	57225 - Radio-Parts	\$1,852.53
	3/20/2026	9400561771	VHF Antennas for Stock	10-004-57225	57225 - Radio-Parts	\$956.74
Total - TES103 Tessco Technologies Inc.					\$5,042.75	
TEX100 Texas Department of State Health Services	3/5/2026	TEX03052026	Renew fee for the FRO license	10-009-52700	52700 - Business Licenses	\$70.00
Total - TEX100 Texas Department of State Health Services (5425 Polk)					\$70.00	

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Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
TEX101 Texas Water Utilities	3/12/2026	102300448242	Station 27 01/24/26-02/20/26	10-016-58800	58800 - Utilities	\$317.38
					Total - TEX101 Texas Water Utilities	\$317.38
TEX137 Texas Department of State Health Svcs	3/23/2026	TEX03182026	DSHS EMS Provider License Renewal	10-007-52700	52700 - Business Licenses	\$10,410.00
					Total - TEX137 Texas Department of State Health Svcs (POB 149347)	\$10,410.00
TEX165 Texas Sliders Can Van LLC	3/1/2026	TEX03172026	Food Truck for employee appreciation 2/18/2026	10-025-54450	54450 - Employee Recognition	\$1,090.13
					Total - TEX165 Texas Sliders Can Van LLC	\$1,090.13
TEX167 Texas Air Filtration Inc.	3/1/2026	81267	Quote# 81267 Air Filters for Station PM's - March ;	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$833.12
					Total - TEX167 Texas Air Filtration Inc.	\$833.12
THO113 Rachael Thomas	3/31/2026	THO*03252026	WELLNESS - 03/27/2026	10-025-54350	54350 - Employee Health/Wellness	\$100.00
					Total - THO113 Rachael Thomas	\$100.00
THY101 TK Elevator Corporation	3/1/2026	3009332748	Elevator Maintenance	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$2,104.86
	3/4/2026	1000750125	Replace Hydraulic Seal on Elevator in Admin Builc	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$4,929.27
					Total - THY101 TK Elevator Corporation	\$7,034.13
TOW180 Town Square Publications, LLC	3/1/2026	333663	Advertising	10-001-52200	52200 - Advertising	\$1,084.50
					Total - TOW180 Town Square Publications, LLC	\$1,084.50
TRA104 Shawn Trainor	3/1/2026	TRA*02132026	PER DIEM - CentralSquare's ENGAGE 2026 (03/	10-015-53150	53150 - Conferences - Fees, Travel, & I	\$175.00
	3/24/2026	TRA*03242026	EXPENSE - CentralSquare's ENGAGE 2026	10-015-53150	53150 - Conferences - Fees, Travel, & I	\$187.76
					Total - TRA104 Shawn Trainor	\$362.76
TRA150 Transunion Risk & Alternative Datasol	3/1/2026	6130832-202602-1	FY26 BPO Monthly service fee for HCAP backgro	10-002-53300	53300 - Contracted Services	\$330.00
	3/1/2026	6130832-202601-1	FY26 BPO Monthly service fee for HCAP backgro	10-002-53300	53300 - Contracted Services	\$330.00
					Total - TRA150 Transunion Risk & Alternative Datasolutions, Inc.	\$660.00
TRI109 Centralsquare Company-Tritech Softw	3/1/2026	454616	MDC License for ESD 2	10-015-53075	53075 - Computer Software - MDC Firs	\$400.00
					Total - TRI109 Centralsquare Company-Tritech Software Systems	\$400.00
TRO100 Trophy House	3/1/2026	007123	Retirement Plaque	10-025-54450	54450 - Employee Recognition	\$58.00
					Total - TRO100 Trophy House	\$58.00
TRU100 Trugreen	3/1/2026	220274617	Vegetation Control - Magnolia Tower	10-004-55600	55600 - Maintenance & Repairs-Buildin	\$485.22
	3/1/2026	220280265	Vegetation Control	10-004-55600	55600 - Maintenance & Repairs-Buildin	\$360.42
	3/1/2026	220290415	Vegetation Control - Grangerland Tower	10-004-55600	55600 - Maintenance & Repairs-Buildin	\$360.44
	3/1/2026	220285815	Vegetation Control - Thompson Rd Tower	10-004-55600	55600 - Maintenance & Repairs-Buildin	\$360.44
	3/1/2026	220291992	Vegetation Control - Splendor Tower	10-004-55600	55600 - Maintenance & Repairs-Buildin	\$360.49
	3/1/2026	220267949	Vegetation Control - Robinson Rd Tower	10-004-55600	55600 - Maintenance & Repairs-Buildin	\$360.42
					Total - TRU100 Trugreen	\$2,287.43
UNI108 United Rentals	3/1/2026	253603142-001	Mini Excavator	10-015-54500	54500 - Equipment Rental	\$180.00
	3/1/2026	253603142-001	Mini Excavator	10-016-54500	54500 - Equipment Rental	\$2,132.00

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	3/1/2026	252790399-002	Skid Steer Track Loader	10-004-54500	54500 - Equipment Rental	\$3,681.94
	3/1/2026	253264233-001	Scissor Lift 19' Electric	10-016-54500	54500 - Equipment Rental	\$664.00
					Total - UNI108 United Rentals	\$6,657.94
VAS102 Luis Vasquez	3/10/2026	VAS*03022026	Wellness - 03/02/2026	10-025-54350	54350 - Employee Health/Wellness	\$54.08
					Total - VAS102 Luis Vasquez	\$54.08
VEL107 Velocity Business Products, LLC	3/11/2026	#VBP9154	Guest Chair for S. McCully's office	10-016-57750	57750 - Small Equipment & Furniture	\$283.54
					Total - VEL107 Velocity Business Products, LLC	\$283.54
VEN183 Vendnovation, LLC	3/1/2026	2026-000700	Software Renewal for COLO Dispensers	10-008-53050	53050 - Computer Software	\$6,000.00
					Total - VEN183 Vendnovation, LLC	\$6,000.00
VER103 Ethics Unlimited, LLC DBA Verify Co	3/1/2026	VC-159713	Monthly Invoice	10-026-53300	53300 - Contracted Services	\$416.51
	3/1/2026	VC-161111	Monthly Invoice	10-026-53300	53300 - Contracted Services	\$328.95
	3/10/2026	VC-162502	Monthly Invoice	10-026-53300	53300 - Contracted Services	\$333.19
					Total - VER103 Ethics Unlimited, LLC DBA Verify Comply	\$1,078.65
VER104 Verizon Wireless (Pob 660108)	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-016-58200	58200 - Telephones-Cellular	\$400.80
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-009-58200	58200 - Telephones-Cellular	\$280.47
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-042-58200	58200 - Telephones-Cellular	\$94.42
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-045-58200	58200 - Telephones-Cellular	\$171.62
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-015-58200	58200 - Telephones-Cellular	\$7,772.12
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-007-58200	58200 - Telephones-Cellular	\$1,161.10
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-006-58200	58200 - Telephones-Cellular	\$131.63
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-026-58200	58200 - Telephones-Cellular	\$37.21
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-011-58200	58200 - Telephones-Cellular	\$74.42
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-002-58200	58200 - Telephones-Cellular	\$151.63
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-008-58200	58200 - Telephones-Cellular	\$186.05
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-027-58200	58200 - Telephones-Cellular	\$97.21
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-025-58200	58200 - Telephones-Cellular	\$148.84
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-005-58200	58200 - Telephones-Cellular	\$186.05
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-001-58200	58200 - Telephones-Cellular	\$206.05
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-010-58200	58200 - Telephones-Cellular	\$112.41
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-039-58200	58200 - Telephones-Cellular	\$209.62
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	10-004-58200	58200 - Telephones-Cellular	\$339.24
					Total - VER104 Verizon Wireless (Pob 660108)	\$11,760.89
VF1105 VFIS of Texas / Regnier & Associates	3/17/2026	24417	Endorsement and Amendment	10-001-54900	54900 - Insurance	\$3,478.00
					Total - VF1105 VFIS of Texas / Regnier & Associates	\$3,478.00
WAR118 Bradley Ward	3/10/2026	WAR*02232026	Meeting Expense (02/23/2026)	10-007-58600	58600 - Travel Expenses	\$11.02
	3/10/2026	WAR*02202026	Travel NAEMSP (01/26/26-01/31/26)	10-045-53150	53150 - Conferences - Fees, Travel, & I	\$79.42
					Total - WAR118 Bradley Ward	\$90.44
WAS107 Waste Management of Texas	3/10/2026	5917356-1792-8	Station 41 03/01/26-03/31/26	10-016-58800	58800 - Utilities	\$176.87

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Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
	3/10/2026	5917619-1792-9	Station 14 03/01/26-03/31/26	10-016-58800	58800 - Utilities	\$54.23
	3/10/2026	5917052-1792-3	Various stations 03/01/26-03/31/26	10-016-58800	58800 - Utilities	\$2,817.98
	3/10/2026	5917690-1792-0	Station 27 03/01/26-03/31/26	10-016-58800	58800 - Utilities	\$206.54
	3/10/2026	5917354-1792-3	Station 43 03/01/26-03/31/26	10-016-58800	58800 - Utilities	\$177.82
					Total - WAS107 Waste Management of Texas	\$3,433.44
WEA108 Weaver and Tidwell, LLP	3/1/2026	10899995	2025 Financial Statement Audit	10-005-52100	52100 - Accounting/Auditing Fees	\$10,000.00
					Total - WEA108 Weaver and Tidwell, LLP	\$10,000.00
WEL102 Shelly Welch	3/4/2026	WEL*02192026	Meeting Expense (02/18/2026)	10-011-56100	56100 - Meeting Expenses	\$32.97
					Total - WEL102 Shelly Welch	\$32.97
WES109 Westwood N. Water Supply	3/1/2026	1885 02/27/26	Station 27 01/21/26-02/20/26 2" Fire Meter	10-016-58800	58800 - Utilities	\$205.11
	3/1/2026	1520 02/27/26	Station 27 1" Comm Meter	10-016-58800	58800 - Utilities	\$2,868.97
					Total - WES109 Westwood N. Water Supply	\$3,074.08
WHI100 Dylan White	3/10/2026	WHI*03102026	MILEAGE (03/09/2026 - 03/09/2026)	10-007-56200	56200 - Mileage Reimbursements	\$39.88
					Total - WHI100 Dylan White	\$39.88
WIL117 Misti Willingham	3/10/2026	WIL*02252026B	Meeting Expense (02/16/2026)	10-001-56100	56100 - Meeting Expenses	\$6.80
	3/10/2026	WIL*02252026	Mileage - 02/16/26-02/24/26)	10-001-56200	56200 - Mileage Reimbursements	\$10.74
	3/10/2026	WIL*02252026D	Mileage - 02/12/2026	10-001-56200	56200 - Mileage Reimbursements	\$26.68
	3/10/2026	WIL*02252026C	Meeting Expense (02/24/2026)	10-001-56100	56100 - Meeting Expenses	\$6.79
	3/16/2026	WIL*03162026	MILEAGE (02/27/2026 - 02/27/2026)	10-001-56200	56200 - Mileage Reimbursements	\$11.02
					Total - WIL117 Misti Willingham	\$62.03
WIL121 Wilkins Linen & Dust Control Service	3/5/2026	457999	Bi-Monthly Towel Cleaning/Replacement	10-010-55100	55100 - Laundry Service & Purchase	\$83.84
	3/19/2026	459235	Bi MonthlyTowel Cleaning/Replacement 03/26	10-010-55100	55100 - Laundry Service & Purchase	\$104.33
					Total - WIL121 Wilkins Linen & Dust Control Service	\$188.17
WIN156 Winzer Franchise Company	3/19/2026	3758909	Replenish shop supplies	10-010-57725	57725 - Shop Supplies	\$381.73
					Total - WIN156 Winzer Franchise Company	\$381.73
WOL105 Shannon Woleben	3/3/2026	WOL*03032026	EXPENSE - Dues/Subscriptions	10-005-54100	54100 - Dues/Subscriptions	\$118.00
	3/10/2026	WOL*03042026	Wellness - 03/04/2026	10-025-54350	54350 - Employee Health/Wellness	\$25.00
					Total - WOL105 Shannon Woleben	\$143.00
WOO101 The Woodlands Township (23/24/25)	3/13/2026	WOO03132026	April Rent Station 23, 24, 25	10-000-14900	14900 - Prepaid Expenses	\$3,000.00
					Total - WOO101 The Woodlands Township (23/24/25)	\$3,000.00
WOR120 BR Kym, Inc. dba Worthy Hydrocher	3/1/2026	137204	Clean and Flush Chilled Closed Water Loop Syste	10-016-55600	55600 - Maintenance & Repairs-Buildin	\$3,500.00
					Total - WOR120 BR Kym, Inc. dba Worthy Hydrochem of Houston	\$3,500.00
XIE100 Claire Xie	3/10/2026	XIE*03022026	Mileage - 03/02/2026	10-007-56200	56200 - Mileage Reimbursements	\$14.36
	3/10/2026	XIE*02282026	Mileage - 02/28/2026	10-007-56200	56200 - Mileage Reimbursements	\$6.60
	3/10/2026	XIE*03022026B	Mileage - 02/28/2026	10-007-56200	56200 - Mileage Reimbursements	\$8.63

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Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
	3/10/2026	XIE*03102026	MILEAGE (03/06/2026 - 03/06/2026)	10-007-56200	56200 - Mileage Reimbursements	\$5.44
					Total - XIE100 Claire Xie	\$35.03
ZOL200 Zoll Medical Corporation	3/1/2026	4384687	DME Restocking	10-008-54200	54200 - Durable Medical Equipment	\$2,332.90
	3/1/2026	4374594	DME RESTOCK	10-008-54200	54200 - Durable Medical Equipment	\$1,944.00
	3/1/2026	4438523	DME Restock PM Services	10-008-54200	54200 - Durable Medical Equipment	\$4,042.60
	3/1/2026	91000737	Basic Service Plan	10-008-55650	55650 - Maintenance-Equipment	\$17,927.35
	3/1/2026	4434462	Zoll AED Shipping & Repair	10-008-57650	57650 - Repair-Equipment	\$280.00
	3/1/2026	4439376	DME Restock PM Services	10-008-54200	54200 - Durable Medical Equipment	\$10,668.62
	3/2/2026	4442438	DME Repair on AED Plus	10-008-57650	57650 - Repair-Equipment	\$653.00
	3/4/2026	4444543	DME Restock	10-008-54200	54200 - Durable Medical Equipment	\$4,924.92
	3/6/2026	4446330	Warehouse Restock - CPR Electodes	10-008-53900	53900 - Disposable Medical Supplies	\$656.00
	3/11/2026	4449763	Warehouse Restock - CPR Electodes	10-008-53900	53900 - Disposable Medical Supplies	\$22,470.00
	3/13/2026	4451902	DME Repair	10-008-57650	57650 - Repair-Equipment	\$784.00
	3/16/2026	4453285	DME Replacement	10-008-54200	54200 - Durable Medical Equipment	\$5,958.84
	3/31/2026	91004970	X Series Service Plan Renew	10-008-55650	55650 - Maintenance-Equipment	\$82,128.00
	3/31/2026	91004969	X Series Service Plan Renew	10-008-55650	55650 - Maintenance-Equipment	\$32,568.00
					Total - ZOL200 Zoll Medical Corporation	\$187,338.23
					Total	\$2,498,340.89

CAPITAL PURCHASES

Vendor Name	Invoice Date	Invoice No.	Invoice Description	Account No.	Account Description	Amount
FRE101 Ed Morse Automotive, LLC	3/2/2026	79009	2026 Ram 1500 Chassis	10-010-59780	59780 - Capital Purchase-Vehicles	\$478,400.00
Total - FRE101 Ed Morse Automotive, LLC Db						\$478,400.00
LAW106 Law Construction & Consu	3/16/2026	LAW03162026	Payment # 3	10-016-59700	59700 - Capital Purchase-Building/Improvements	\$287,002.60
Total - LAW106 Law Construction & Consulting, LLC Db						\$287,002.60
MIC105 Micro Integration & Program	3/1/2026	241088	Lake Conroe tower cameras	10-004-59720	59720 - Capital Purchase-Equipment	\$12,629.00
Total - MIC105 Micro Integration & Programming Solutions, Inc.						\$12,629.00
STE106 Stewart Title of Montgomery	3/27/2026	STE03272026	Ernest Money for Willis Property/PO 26-000	10-040-59700	59700 - Capital Purchase-Building/Improvements	\$25,000.00
Total - STE106 Stewart Title of Montgomery County, Inc.						\$25,000.00
VIS150 VIS Houston LLC dba Vision	3/1/2026	2347	Replacement of Access Control Software an	10-016-59720	59720 - Capital Purchase-Equipment	\$23,484.48
Total - VIS150 VIS Houston LLC dba Vision Integrated Systems						\$23,484.48
ZOL200 Zoll Medical Corporation	3/1/2026	3884341	Zoll Basis Z Vent portable ventilator - Year 3	10-008-59720	59720 - Capital Purchase-Equipment	\$149,191.73
	3/1/2026	4437155	Medical Supplies	10-008-59720	59720 - Capital Purchase-Equipment	\$222,393.50
Total - ZOL200 Zoll Medical Corporation						\$371,585.23
Total						\$1,198,101.31

Account Summary

Fund	Department	Account	Total
10 - General	000 - Balance Sheet	14100 - A/R-EMS Billing	\$41,891.58
10 - General	000 - Balance Sheet	14900 - Prepaid Expenses	\$30,375.98
10 - General	001 - Administration	52200 - Advertising	\$1,084.50
10 - General	001 - Administration	53050 - Computer Software	\$127.25
10 - General	001 - Administration	53150 - Conferences - Fees, Travel, & Meals	\$137.00
10 - General	001 - Administration	53310 - Contractual Obligations-County Appraisal	\$67,307.10
10 - General	001 - Administration	54100 - Dues/Subscriptions	\$100.00
10 - General	001 - Administration	54900 - Insurance	\$17,472.00
10 - General	001 - Administration	55500 - Legal Fees	\$1,168.50
10 - General	001 - Administration	55900 - Meals - Business and Travel	\$362.50
10 - General	001 - Administration	56100 - Meeting Expenses	\$13.59
10 - General	001 - Administration	56200 - Mileage Reimbursements	\$48.44
10 - General	001 - Administration	58200 - Telephones-Cellular	\$206.05
10 - General	001 - Administration	59000 - Vehicle-Outside Services	\$15.00
10 - General	002 - HCAP	53300 - Contracted Services	\$961.50
10 - General	002 - HCAP	55700 - Management Fees	\$17,848.51
10 - General	002 - HCAP	58200 - Telephones-Cellular	\$151.63
10 - General	004 - Radio / Tower System	53000 - Computer Maintenance	\$2,413.36
10 - General	004 - Radio / Tower System	53150 - Conferences - Fees, Travel, & Meals	\$4,315.18
10 - General	004 - Radio / Tower System	53300 - Contracted Services	\$39,900.00
10 - General	004 - Radio / Tower System	54100 - Dues/Subscriptions	\$9.99
10 - General	004 - Radio / Tower System	54500 - Equipment Rental	\$3,681.94
10 - General	004 - Radio / Tower System	55600 - Maintenance & Repairs-Buildings	\$2,287.43
10 - General	004 - Radio / Tower System	57100 - Professional Fees	\$17,320.13
10 - General	004 - Radio / Tower System	57200 - Radio Repairs-Outsourced	\$4,808.76
10 - General	004 - Radio / Tower System	57225 - Radio-Parts	\$7,023.25
10 - General	004 - Radio / Tower System	57750 - Small Equipment & Furniture	\$118.90
10 - General	004 - Radio / Tower System	58200 - Telephones-Cellular	\$390.12
10 - General	004 - Radio / Tower System	58310 - Telephones-Service	\$241.10
10 - General	004 - Radio / Tower System	58800 - Utilities	\$4,620.10
10 - General	004 - Radio / Tower System	59720 - Capital Purchase-Equipment	\$12,629.00
10 - General	005 - Accounting	52100 - Accounting/Auditing Fees	\$10,000.00
10 - General	005 - Accounting	53050 - Computer Software	\$3,179.41
10 - General	005 - Accounting	53150 - Conferences - Fees, Travel, & Meals	\$129.00
10 - General	005 - Accounting	54100 - Dues/Subscriptions	\$118.00
10 - General	005 - Accounting	58200 - Telephones-Cellular	\$186.05
10 - General	006 - Alarm	52700 - Business Licenses	\$4,675.00
10 - General	006 - Alarm	53150 - Conferences - Fees, Travel, & Meals	\$906.00
10 - General	006 - Alarm	56100 - Meeting Expenses	\$36.90
10 - General	006 - Alarm	58200 - Telephones-Cellular	\$131.63
10 - General	007 - EMS	52700 - Business Licenses	\$10,410.00
10 - General	007 - EMS	53150 - Conferences - Fees, Travel, & Meals	\$559.00
10 - General	007 - EMS	53300 - Contracted Services	\$1,224.11
10 - General	007 - EMS	53550 - Customer Relations	\$5,624.40
10 - General	007 - EMS	54100 - Dues/Subscriptions	\$0.99
10 - General	007 - EMS	56200 - Mileage Reimbursements	\$355.25
10 - General	007 - EMS	58200 - Telephones-Cellular	\$1,161.10
10 - General	007 - EMS	58600 - Travel Expenses	\$11.02
10 - General	007 - EMS	58700 - Uniforms	\$23,156.72
10 - General	008 - Materials Management	52500 - Bio-Waste Removal	\$4,607.38
10 - General	008 - Materials Management	53050 - Computer Software	\$6,000.00
10 - General	008 - Materials Management	53800 - Disposable Linen	\$7,739.00
10 - General	008 - Materials Management	53900 - Disposable Medical Supplies	\$238,848.79
10 - General	008 - Materials Management	54000 - Drug Supplies	\$40.80
10 - General	008 - Materials Management	54200 - Durable Medical Equipment	\$75,174.47
10 - General	008 - Materials Management	55650 - Maintenance-Equipment	\$132,623.35
10 - General	008 - Materials Management	56300 - Office Supplies	(\$231.01)
10 - General	008 - Materials Management	56600 - Oxygen & Gases	\$14,641.33
10 - General	008 - Materials Management	56900 - Postage	\$2,555.42
10 - General	008 - Materials Management	57000 - Printing Services	\$459.74
10 - General	008 - Materials Management	57650 - Repair-Equipment	\$10,275.17
10 - General	008 - Materials Management	57750 - Small Equipment & Furniture	\$8,216.96
10 - General	008 - Materials Management	57900 - Station Supplies	\$9,797.47
10 - General	008 - Materials Management	58100 - Supplemental Food	\$227.38
10 - General	008 - Materials Management	58200 - Telephones-Cellular	\$186.05

Account Summary

Fund	Department	Account	Total
10 - General	008 - Materials Management	58700 - Uniforms	\$2,389.82
10 - General	008 - Materials Management	59720 - Capital Purchase-Equipment	\$371,585.23
10 - General	009 - Dept of Clinical Services	52600 - Books/Materials	\$11,780.53
10 - General	009 - Dept of Clinical Services	52700 - Business Licenses	\$505.42
10 - General	009 - Dept of Clinical Services	53050 - Computer Software	\$6,398.67
10 - General	009 - Dept of Clinical Services	53150 - Conferences - Fees, Travel, & Meals	\$249.00
10 - General	009 - Dept of Clinical Services	53550 - Customer Relations	\$234.13
10 - General	009 - Dept of Clinical Services	54000 - Drug Supplies	\$69,721.37
10 - General	009 - Dept of Clinical Services	54450 - Employee Recognition	\$85.79
10 - General	009 - Dept of Clinical Services	56100 - Meeting Expenses	\$3,614.04
10 - General	009 - Dept of Clinical Services	57100 - Professional Fees	\$21,076.00
10 - General	009 - Dept of Clinical Services	58200 - Telephones-Cellular	\$280.47
10 - General	009 - Dept of Clinical Services	58500 - Training & Continuing Education	\$11,352.64
10 - General	010 - Fleet	52000 - Accident Repair	\$262.00
10 - General	010 - Fleet	52725 - Capital Lease Expense	\$22,700.30
10 - General	010 - Fleet	53150 - Conferences - Fees, Travel, & Meals	\$880.00
10 - General	010 - Fleet	54100 - Dues/Subscriptions	\$35.00
10 - General	010 - Fleet	54700 - Fuel-Auto	\$69,835.38
10 - General	010 - Fleet	54800 - Hazardous Waste Removal	\$180.00
10 - General	010 - Fleet	55100 - Laundry Service & Purchase	\$188.17
10 - General	010 - Fleet	55600 - Maintenance & Repairs-Buildings	\$897.23
10 - General	010 - Fleet	56600 - Oxygen & Gases	\$106.64
10 - General	010 - Fleet	57100 - Professional Fees	\$14,843.34
10 - General	010 - Fleet	57725 - Shop Supplies	\$1,116.19
10 - General	010 - Fleet	57730 - Shop Tools	\$1,340.40
10 - General	010 - Fleet	57750 - Small Equipment & Furniture	\$10,064.00
10 - General	010 - Fleet	57900 - Station Supplies	\$160.42
10 - General	010 - Fleet	58200 - Telephones-Cellular	\$112.41
10 - General	010 - Fleet	58600 - Travel Expenses	\$480.00
10 - General	010 - Fleet	58900 - Vehicle-Batteries	\$2,154.81
10 - General	010 - Fleet	58950 - Vehicle-Fluids & Additives	\$4,375.27
10 - General	010 - Fleet	59000 - Vehicle-Outside Services	\$981.00
10 - General	010 - Fleet	59050 - Vehicle-Parts	\$37,355.98
10 - General	010 - Fleet	59100 - Vehicle-Registration	\$226.50
10 - General	010 - Fleet	59150 - Vehicle-Tires	\$1,235.40
10 - General	010 - Fleet	59200 - Vehicle-Towing	\$250.00
10 - General	010 - Fleet	59780 - Capital Purchase-Vehicles	\$478,400.00
10 - General	011 - EMS Billing	53050 - Computer Software	\$87.60
10 - General	011 - EMS Billing	53300 - Contracted Services	\$33,216.65
10 - General	011 - EMS Billing	56100 - Meeting Expenses	\$32.97
10 - General	011 - EMS Billing	58200 - Telephones-Cellular	\$74.42
10 - General	015 - Information Technology	52700 - Business Licenses	\$341.00
10 - General	015 - Information Technology	53000 - Computer Maintenance	\$10,733.27
10 - General	015 - Information Technology	53050 - Computer Software	\$32,303.09
10 - General	015 - Information Technology	53075 - Computer Software - MDC First Responder	\$400.00
10 - General	015 - Information Technology	53100 - Computer Supplies/Non-Capital	\$26,862.27
10 - General	015 - Information Technology	53150 - Conferences - Fees, Travel, & Meals	\$2,321.42
10 - General	015 - Information Technology	53300 - Contracted Services	\$240,573.70
10 - General	015 - Information Technology	54500 - Equipment Rental	\$180.00
10 - General	015 - Information Technology	55400 - Leases/Contracts	\$10,739.74
10 - General	015 - Information Technology	56200 - Mileage Reimbursements	\$18.27
10 - General	015 - Information Technology	57100 - Professional Fees	\$924.88
10 - General	015 - Information Technology	57650 - Repair-Equipment	\$435.62
10 - General	015 - Information Technology	57750 - Small Equipment & Furniture	\$8,146.20
10 - General	015 - Information Technology	58200 - Telephones-Cellular	\$9,254.68
10 - General	015 - Information Technology	58310 - Telephones-Service	\$67,325.67
10 - General	015 - Information Technology	58500 - Training & Continuing Education	\$219.24
10 - General	016 - Facilities	53050 - Computer Software	\$1,575.00
10 - General	016 - Facilities	53330 - Contractual Obligations-Other	\$14,724.80
10 - General	016 - Facilities	54500 - Equipment Rental	\$6,367.00
10 - General	016 - Facilities	55600 - Maintenance & Repairs-Buildings	\$91,478.46
10 - General	016 - Facilities	55650 - Maintenance-Equipment	\$6,049.11
10 - General	016 - Facilities	57100 - Professional Fees	\$19,600.00
10 - General	016 - Facilities	57500 - Rent	\$6,000.00
10 - General	016 - Facilities	57725 - Shop Supplies	\$581.71

Account Summary

Fund	Department	Account	Total
10 - General	016 - Facilities	57730 - Shop Tools	\$196.53
10 - General	016 - Facilities	57750 - Small Equipment & Furniture	\$10,354.26
10 - General	016 - Facilities	58200 - Telephones-Cellular	\$400.80
10 - General	016 - Facilities	58800 - Utilities	\$37,465.95
10 - General	016 - Facilities	59700 - Capital Purchase-Building/Improvements	\$287,002.60
10 - General	016 - Facilities	59720 - Capital Purchase-Equipment	\$23,484.48
10 - General	025 - Human Resources	51700 - Health & Dental	\$116,692.26
10 - General	025 - Human Resources	51710 - Health Insurance Claims	\$620,684.12
10 - General	025 - Human Resources	51720 - Health Insurance Admin Fees	\$1,068.95
10 - General	025 - Human Resources	54100 - Dues/Subscriptions	\$6,200.00
10 - General	025 - Human Resources	54350 - Employee Health/Wellness	\$2,690.72
10 - General	025 - Human Resources	54450 - Employee Recognition	\$2,148.13
10 - General	025 - Human Resources	57100 - Professional Fees	\$420.00
10 - General	025 - Human Resources	57300 - Recruit/Investigate	\$1,320.94
10 - General	025 - Human Resources	58200 - Telephones-Cellular	\$148.84
10 - General	025 - Human Resources	58500 - Training & Continuing Education	\$1,013.13
10 - General	025 - Human Resources	58625 - Tuition Reimbursement	\$200.00
10 - General	026 - Records Management	53300 - Contracted Services	\$1,178.15
10 - General	026 - Records Management	56500 - Other Services	\$330.06
10 - General	026 - Records Management	58200 - Telephones-Cellular	\$37.21
10 - General	027 - Emergency Management & Safety	53300 - Contracted Services	\$2,130.00
10 - General	027 - Emergency Management & Safety	56100 - Meeting Expenses	\$111.00
10 - General	027 - Emergency Management & Safety	58200 - Telephones-Cellular	\$97.21
10 - General	027 - Emergency Management & Safety	58500 - Training & Continuing Education	\$612.70
10 - General	039 - Community Paramedicine	58200 - Telephones-Cellular	\$209.62
10 - General	040 - Buildings MCHD	59700 - Capital Purchase-Building/Improvements	\$25,000.00
10 - General	042 - EMS Tactical Team	57750 - Small Equipment & Furniture	\$2,180.65
10 - General	042 - EMS Tactical Team	58200 - Telephones-Cellular	\$94.42
10 - General	045 - EMS Quality	52600 - Books/Materials	\$1,135.00
10 - General	045 - EMS Quality	53050 - Computer Software	\$1,074.95
10 - General	045 - EMS Quality	53150 - Conferences - Fees, Travel, & Meals	\$1,677.55
10 - General	045 - EMS Quality	58200 - Telephones-Cellular	\$171.62
10 - General	047 - Procurement	52200 - Advertising	\$431.40
10 - General	047 - Procurement	54100 - Dues/Subscriptions	\$125.00
10 - General	047 - Procurement	58500 - Training & Continuing Education	\$145.00
			\$22.94
		Total	\$3,738,333.78

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VENDOR NAME	INVOICE DATE	DESCRIPTION	AMOUNT
TEXAS MUNICIPAL LEAGUE	02/26/2026	GFOAT REGISTRATION - B. ALLEN 04/19-04/21	\$550.00
APPLE.COM/BILL	03/03/2026	26-000039 - M. WELLS MONTHLY ICLOUD STORAGE FEE	\$0.99
APPLE.COM/BILL	03/02/2026	MONTHLY APPLE STORAGE FEE FOR PUBLIC INFORMATIO	\$9.99
CCI*CONSTANT-CONTACT	02/16/2026	MONTHLY FEE FOR E-MAIL MARKETING TOOL FOR PUBLIC	\$94.05
APPLE.COM/BILL	02/09/2026	MONTHLY APPLECARE FOR PUBLIC INFORMATION OFFICE	\$21.23
APPLE.COM/BILL	02/09/2026	ADDITIONAL STORAGE HIPAA COMPLIANCE	\$0.99
CONNECTIONS HOUSING	02/26/2026	COURTYARD FDIC HOTEL DEPOSIT REFUND C. FORD	(\$50.00)
CONNECTIONS HOUSING	02/24/2026	COURTYARD FDIC HOTEL DEPOSIT C. FORD - ROOM HAS E	\$50.00
CONNECTIONS HOUSING	02/23/2026	COURTYARD FDIC HOTEL SECURE TRANSACTION FEE C. F	\$8.00
PAYPAL *LMC	02/12/2026	LMC ANNUAL DUES	\$100.00
SQ *LEADERSHIP MONTGOM	02/12/2026	LMC LEADERSHIP BREAKFAST SERIES	\$35.00
OUTBACK 4414	02/10/2026	LUNCH WITH CONROE FIRE DEPARTMENT CHIEFS TO DISC	\$327.50
OCEAN EXPRESS CAR WASH	02/23/2026	TAHOE CARWASH	\$15.00
WLV ADV DEPOSIT	03/05/2026	IWCE HOTEL - J. EVANS - 03/16-03/20	\$957.10
WLV ADV DEPOSIT	03/05/2026	IWCE HOTEL - J. EVANS - 03/16-03/20	\$132.64
UNITED AIRLINES	03/04/2026	IWCE BAGS - J. EVANS - 03/16-03/20	\$35.00
UNITED AIRLINES	03/04/2026	IWCE BAGS - J. EVANS - 03/16-03/20	\$35.00
UNITED AIRLINES	03/04/2026	IWCE AISLE SEAT UPGRADE - J. EVANS - 03/16-03/20	\$37.61
UNITED AIRLINES	03/04/2026	IWCE FLIGHT - J. EVANS - 03/16-03/20	\$649.59
UNITED AIRLINES	03/04/2026	IWCE AISLE SEAT UPGRADE - J. EVANS - 03/16-03/20	\$37.61
HILTON	02/23/2026	HARRIS USER GROUP HOTEL PARKING - J. MACEWAN 02/1	\$19.26
HILTON	02/23/2026	HARRIS USER GROUP HOTEL PARKING - C. THACKER 02/16	\$17.12
HILTON	02/23/2026	HARRIS USER GROUP HOTEL - J. MACEWAN 02/16-02/20 - F	\$1,276.84
HILTON	02/23/2026	HARRIS USER GROUP HOTEL - C. THACKER 02/16-02/20	\$1,233.28
TRAVELOCITY*7334866498	02/20/2026	HARRIS USER GROUP RENTAL CAR DOUBLE CHARGE REF	(\$411.87)
APPLE.COM/BILL	03/03/2026	I CLOUD STORAGE	\$9.99
THE HOME DEPOT #6523	02/11/2026	NUT SPLICER TOOL	\$36.86
AMAZON MKTPL*ZC0UI6KR3	02/25/2026	26-001542 - CISCO SFPS FOR RADIO FORTINET 91GS	\$82.04
TEXAS MUNICIPAL LEAGUE	02/27/2026	GFOAT REGISTRATION - M. MALDONADO 04/19-04/21	\$550.00
2026 INTERNATIONAL CAD	02/09/2026	INTERNATIONAL CAD CONSORTIUM REGISTRATION K. GOI	\$526.29
CHICK-FIL-A #03922	03/04/2026	ALARM NEOP BREAKFAST	\$36.90
UNITED AIRLINES	02/12/2026	AAA FLIGHT J. SEEK 04/19-04/23	\$389.80
SLADEK CONFERENCE SERV	02/11/2026	TEXAS NAEMSP REGISTRATION - N. SMITH - J. SEEK - J. CA	\$2,400.00
MGM GRAND HOTEL	02/09/2026	AAA HOTEL DEPOSIT - J. SEEK 4/19-4/23	\$197.28
2026 INTERNATIONAL CAD	02/09/2026	INTERNATIONAL CAD CONSORTIUM REGISTRATION J. CAM	\$526.29
APPLE.COM/BILL	02/16/2026	ADDITIONAL STORAGE HIPAA COMPLIANCE	\$0.99
AMAZON MKTPL*BE6A205M1	03/05/2026	26-001610 - A. CURRIE BOOTS (UNIFORM)	\$439.95
CHINOOK MEDICAL GEAR I	02/23/2026	26-000789 - BLACK MEDIC PACK FOR J. GUTIERREZ	\$509.99
OFFICE DEPOT #1127	03/05/2026	26-001625 - STAMP ENDORSEMENT FOR NEW PUBLIC HEAL	\$24.46
FEDEX57613792	02/23/2026	SHIPPING CHARGES - WEEK OF 02/09/26	\$23.75
UPS*BILLING CENTER	02/17/2026	SHIPPING CHARGES 01/02/26/02/07/26	\$487.18
FEDEX57537350	02/16/2026	SHIPPING CHARGES - WEEK OF 02/02/26	\$19.74
SAMSClub.COM	02/26/2026	26-001527 - RESTOCKING OF STATION (AND VENDING MAC	\$1,425.68
WALMART.COM 8009256278	02/19/2026	26-001393 - RESUBMISSION OF ORDER FOR ITEMS THAT W	\$208.81
WALMART.COM	02/17/2026	26-001393 - CREDIT DUE TO DISH DRYING RACK WAS NOT	(\$24.99)
WALMART.COM	02/17/2026	26-001393 - CREDIT DUE TO DINNERWARE SET WAS NOT C	(\$59.99)
WALMART.COM	02/17/2026	26-001393 - CREDIT DUE TO SILVERWARE WAS NOT DELIVI	(\$23.99)
WALMART.COM	02/17/2026	26-001393 - CREDIT DUE TO BATHROOM RUG SET WAS NO	(\$22.99)
ULINE *SHIP SUPPLIES	02/17/2026	26-001434 - OXYGEN CYLINDER RACK FOR STATION #24	\$776.12
WALMART.COM	02/17/2026	26-001393 - CREDIT DUE TO VARIOUS KITCHEN ITEMS WEF	(\$55.23)
WALMART.COM	02/17/2026	26-001393 - CREDIT DUE TO DISH CLOTHES WERE NOT DE	(\$11.88)
SAMS CLUB.COM	02/16/2026	26-001389 - RESTOCKING OF STATION SUPPLIES (COFFEE,	\$697.31
WALMART.COM	02/13/2026	26-001393 - SUPPLIES FOR STATION 24 OPENING (KITCHEN	\$420.63

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VENDOR NAME	INVOICE DATE	DESCRIPTION	AMOUNT
SAMS CLUB.COM	02/09/2026	26-001309 - RESTOCKING STATION SUPPLIES (PLASTICWA	\$254.61
AMAZON.COM*B96L86EF1	02/25/2026	26-001480 - TV DINNER TRAY TABLES FOR STATION 24	\$58.05
AMAZON MKTPL*BE6WV0492	02/25/2026	26-001528 - RESTOCKING STATION SUPPLIES (SHOE POLIS	\$47.96
AMAZON MKTPL*B94L87FQ1	02/24/2026	26-001528 - STATION SUPPLIES RESTOCKING (NON DAIRY	\$87.98
AMAZON MKTPL*BR1V85B03	02/19/2026	26-001322 - RESTOCKING STATION SUPPLIES (CLEAR ORG	\$94.78
AMAZON.COM*B16QW3142	02/17/2026	26-001428 - OXYGEN CYLINDER RACK (2)	\$174.30
AMAZON.COM*AX4144PF3	02/16/2026	26-001428 - OXYGEN CYLINDER RACK (2)	\$174.30
AMAZON.COM*PW5MS9NY3	02/12/2026	26-001384 - DISH SET FOR STATION 22	\$40.49
AMAZON MKTPL*5Z6R840O3	02/11/2026	26-001374 - STATION SUPPLIES (LEAF BLOWER AND BATTE	\$97.54
AMAZON MKTPL*TQ79R0BQ3	02/11/2026	26-001366 - WAREHOUSE SUPPLIES (5 COMPARTMENT POI	\$256.20
AMAZON MKTPL*KE5HX80L3	02/09/2026	26-001313 - STATION SUPPLIES FOR WAREHOUSE (WOOL I	\$60.82
SAMSClub.COM	02/19/2026	26-001454 - RESTOCKING STATION (DISINFECTING WIPES)	\$227.38
AMAZON MKTPL*B940L2KP0	03/03/2026	26-001627 - PPE SHOES FOR RADIO PERSONNEL (UNIFORM	\$1,169.17
AMAZON MKTPL*P43RH1Z73	02/12/2026	26-001339 - FLEET SHOP SUPPLIES (PRESSURE SWITCH F	\$162.87
SLADEK CONFERENCE SERV	02/13/2026	TEXAS EMS EDUCATOR SUMMIT REGISTRATION M. REED -	\$680.00
VERIFIED FIRST	02/26/2026	EMT DRUG TESTING	\$441.44
AMAZON MKTPL*BE4H774X1	03/02/2026	26-001557 - DRY ERASE BOARDS FOR INTERACTIVE LEARN	\$40.81
AMAZON MKTPL*B977T1PE0	03/02/2026	26-001557 - FOLDING HAND TRUCK WITH BASKET FOR EDL	\$339.98
AMAZON MKTPL*BE3SP8FK1	03/02/2026	26-001560 - BATTERIES AND EXPRESS CARD READER FOR	\$80.98
AMAZON MKTPL*B17J79WI0	02/27/2026	26-001560 - CAMERA SUPPLIES FOR EDUCATION	\$88.99
AMAZON MKTPLPLACE PMTS	02/16/2026	26-001138 - CREDIT FROM RETURNED BADGE PRINTER RIE	(\$595.74)
AMAZON MKTPLPLACE PMTS	02/16/2026	26-001138 - CREDIT FROM RETURNED BADGE PRINTER RIE	(\$198.57)
AMAZON MKTPLPLACE PMTS	02/16/2026	26-001138 - CREDIT FROM RETURNED BADGE PRINTER RIE	(\$198.58)
DSHS REGULATORY PROG	02/26/2026	A. ADAMS RENEWAL	\$126.00
DSHS REGULATORY PROG	02/25/2026	H. RAMPY RENEWAL	\$96.00
DSHS REGULATORY PROG	02/20/2026	N. TOBIN RENEWAL	\$96.00
DSHS REGULATORY PROG	02/10/2026	M. FLANAGAN RENEWAL	\$64.00
DSHS REGULATORY PROG	02/10/2026	S. SANDERS RENEWAL	\$126.00
AMAZON MKTPLPLACE PMTS	02/16/2026	26-001138 - CREDIT FROM RETURNED BADGE PRINTER RIE	(\$198.58)
TIFF'S TREATS	02/11/2026	OLENDORF SAVE REUNION	\$85.79
CHICK-FIL-A #03321	03/02/2026	Q1 CE BREAKFAST DAY 5	\$705.65
CHICK-FIL-A #03321	03/02/2026	Q1 CE BREAKFAST DAY 4	\$705.65
TIFF'S TREATS	02/27/2026	TIFF'S TREATS OLENDORF SAVE REUNION DUPLICATE OR	\$85.79
CHICK-FIL-A #03321	02/27/2026	Q1 CE BREAKFAST DAY 3	\$705.65
CHICK-FIL-A #03321	02/26/2026	Q1 CE BREAKFAST DAY 2	\$705.65
CHICK-FIL-A #03321	02/25/2026	Q1 CE BREAKFAST DAY 1	\$705.65
AMAZON MKTPL*B14FV0IRO	02/26/2026	26-001528 - STATION SUPPLIES RESTOCKING (HAND SOAP	\$590.06
MEDICAL MATERIALS INC	02/23/2026	PICC, CENTRAL, AND MIDLINES FOR DEMONSTRATION IN	\$435.00
PY *TAEVT	03/05/2026	B. ARITA EVT MEMBERSHIP	\$35.00
AMZ*GLOBAL FUELING S	02/16/2026	26-001427 - DURO REEL - HEAVY DUTY OIL HOSE REEL FO	\$897.23
AMAZON MKTPL*B90FM8RW0	03/04/2026	26-001634 - CARBON MONOXIDE (CO) TESTER	\$32.29
AMAZON MKTPL*B923U6ZS0	03/02/2026	26-001614 - TOOL STIPEND FOR C. GILBERT (LED UNDERH	\$153.72
AMAZON MKTPL*BE4O34431	03/02/2026	26-001614 - TOOL STIPEND FOR C. GILBERT (SAW KIT, WIR	\$82.55
AMAZON MKTPL*B98TK94F1	02/24/2026	26-001453 - TOOL STIPEND B. ARITA (VOLTAGE TESTER AN	\$24.68
THE HOME DEPOT 508	02/11/2026	EMERGENCY REPLACEMENT OF AIR COMPRESSOR HOSE	\$139.96
AMAZON MKTPL*0334G4LC3	02/13/2026	26-001416 - TOOLS FOR FLEET (BUFFER POLISHER, WIRE E	\$378.45
AMAZON MKTPL*M29OD1RX3	02/10/2026	26-001253 - TOOL STIPEND FOR W. HARRIS (VOLTAGE TES	\$89.98
AMAZON.COM*EM2MD98C3	02/10/2026	26-001343 - TOOL STIPEND FOR B. ARITA (AIR IMPACT GUN	\$39.99
AMAZON MKTPL*0K1412KB3	02/09/2026	26-001253 - TOOL STIPEND FOR W. HARRIS (HAMMERS, TE	\$220.74
AMAZON MKTPL*KT2RB78L3	02/09/2026	26-001306 - TOOL STIPEND FOR A. LEDWIG (SOCKETS, FLA	\$200.03
AMAZON MKTPL*3J6BW1Y3	02/09/2026	26-001343 - TOOL STIPEND FOR B. ARITA (IMPACT SOCKET	\$90.98
AMAZON MKTPLPLACE PMTS	02/06/2026	26-001226 CREDIT FOR RETURN OF CORDLESS VACUUM C	(\$33.00)
AMAZON MKTPL*WR3CF5GS3	02/06/2026	26-001226 - TOOL STIPEND FOR J. MCMINN (JUMP STARTEI	\$59.99

March 2026 Credit Card Transactions JP Morgan Chase Bank

VENDOR NAME	INVOICE DATE	DESCRIPTION	AMOUNT
AMAZON MKTPL*VK4131KI3	02/09/2026	26-001322 - WAREHOUSE SUPPLIES FOR STATIONS (SHOE	\$160.42
HCTRA EZ TAG REBILL	02/17/2026	FLEET TOLL ACCOUNT REFILL	\$480.00
AMAZON MKTPL*B90GC4CB0	02/27/2026	26-001603 - MDC AND KNOX BOX CABLES	\$104.86
AMAZON MKTPL*B97FB93P2	02/19/2026	26-001339 - 11.5 GAS PROP, (SUPPORTS) FOR FLEET	\$63.80
AMAZON MKTPL*OC01C16B3	02/12/2026	26-001410 - FLEET SUPPLIES (ETHERNET EXTENDERS ANC	\$32.47
AMAZON MKTPL*GS97X97N3	02/12/2026	26-001410 - FLEET SUPPLIES (ETHERNET EXTENDERS ANC	\$133.60
AMAZON MKTPL*CP3XT1Q13	02/09/2026	26-001339 - SHOP SUPPLIES (PRESSURE SWITCH, LUBRIC/	\$335.11
MONTGOMERY CO TX MV -	03/03/2026	REGISTRATION SHOP 24, SHOP 65, AND SHOP 66	\$24.00
MONTGOMERY CO TX MV -	03/03/2026	REGISTRATION SHOP 604 AND SHOP 622	\$22.00
MONTGOMERY CO TX MV -	02/25/2026	REGISTRATION SHOP 611, SHOP 613, SHOP 614, SHOP 615	\$70.50
MONTGOMERY CO TX MV -	02/16/2026	REGISTRATION SHOP 34	\$9.00
MONTGOMERY CO TX MV -	02/16/2026	REGISTRATION TRAILERS	\$16.50
MONTGOMERY CO TX MV -	02/16/2026	REGISTRATION SHOP 18, SHOP 23, SHOP 33, SHOP 46, SHC	\$69.75
AUTHORIZE.NET	03/05/2026	MONTHLY CHARGE FOR AUTHORIZE.NET A PAYMENT GAT	\$87.60
2026 INTERNATIONAL CAD	02/09/2026	INTERNATIONAL CAD CONSORTIUM REGISTRATION S. TRA	\$1,052.58
BGP.TOOLS SUB	03/03/2026	FY26 BPO- SMALL NETWORK SERVICES PO# 26-000801	\$33.78
BGP.TOOLS SUB	03/03/2026	FY26 BPO- SMALL NETWORK SERVICES PO# 26-000801	\$0.34
GOOGLE *CLOUD 56VW84	03/02/2026	FY26 BPO-GOOGLE CLOUD SUBSCRIPTION FOR EMS TRAC	\$39.59
DNS MADE EASY	02/17/2026	DNS QUERY/RECORD USAGE 1/2026 - PO# 26-001387	\$4.49
DNS MADE EASY	02/17/2026	DNS QUERY/RECORD USAGE FOR 12/2025 - PO# 26-001456	\$7.70
DNS MADE EASY	02/17/2026	DNS QUERY/RECORD USAGE FOR 11/2025 - PO# 26-001455	\$8.25
AMAZON.COM*BE5A84FK1	03/02/2026	26-001482 - HARD DRIVES FOR CPD SYNOLOGY	\$1,074.42
UNITED AIRLINES	02/06/2026	LASERFICHE EMPOWER FLIGHT M. SPECK	\$389.80
UNITED AIRLINES	02/06/2026	LASERFICHE EMPOWER BAGGAGE D. MARSHALL	\$35.00
UNITED AIRLINES	02/06/2026	LASERFICHE EMPOWER BAGGAGE D. MARSHALL	\$35.00
UNITED AIRLINES	02/06/2026	LASERFICHE EMPOWER BAGGAGE M. SPECK	\$35.00
UNITED AIRLINES	02/06/2026	LASERFICHE EMPOWER FLIGHT D. MARSHALL	\$389.80
UNITED AIRLINES	02/06/2026	LASERFICHE EMPOWER BAGGAGE M. SPECK	\$35.00
AMAZON MKTPL*B923L8E01	02/26/2026	26-001482 - HARD DRIVES FOR CPD SYNOLOGY	\$429.00
STARLINK	02/10/2026	STARLINK - GATEWAY ETHERNET CABLE PO # - 26-001352	\$35.00
AMAZON MKTPL*BE75X9RN2	03/02/2026	26-001512 - ANKER USB C TO USB C CABLE (ONLY ALLOWE	\$17.98
AMAZON MKTPL*BE1L88R42	03/02/2026	26-001512 - ANKER USB C TO USB C CABLE (ONLY ALLOWE	\$17.98
AMAZON MKTPL*BE09Y9FN1	03/02/2026	26-001512 - ANKER USB C TO USB C CABLE (ONLY ALLOWE	\$17.98
AMAZON MKTPL*B94M51HP0	03/02/2026	26-001512 - ANKER USB C TO USB C CABLE (ONLY ALLOWE	\$17.98
AMAZON MKTPL*BE7S88IN2	03/02/2026	26-001512 - USB A TO USB C CABLES AND IPHONE CHARGI	\$150.58
AMAZON MKTPL*BE3174TE2	02/26/2026	26-001539 - MONITOR AND LAPTOP MOUNT - EMS ANALYST	\$137.72
AMAZON.COM*S72Q46T13	02/19/2026	26-001114 - CABLE MANAGEMENT RAILS FOR SERVER RAC	\$426.45
STARLINK	02/09/2026	STARLINK INTERNET SERVICE - PO #26-001736	\$605.00
AMAZON MKTPL*B934W8GD1	02/26/2026	26-001556 - SCREEN PROTECTORS AND CHARGING CABLE	\$566.98
CRAWFORD CONROE	03/05/2026	WIRE FOR A/C AT STATION 31	\$639.90
NTE 5665	03/03/2026	HOSES FOR CAR WASH	\$69.99
ABC SUPPLY 174	02/17/2026	ADAPTERS FOR ST. 32 GUTTERS DOWN SPOUT	\$76.60
LOWES #00232*	02/16/2026	CORRUGATED PIPE	\$96.18
THE HOME DEPOT 508	02/12/2026	BOLTS TO MOUNT GENERATOR AT ST. 32	\$120.82
LOWES #00232*	02/06/2026	BOLTS FOR PARKING STOPS	\$159.20
ULINE *SHIP SUPPLIES	02/27/2026	26-001605 - DELINEATORS FOR SATION 15 BAY PARKING	\$399.89
HOMEDEPOT.COM	02/26/2026	26-001511 - 6FT VINYL TRACK COVER IN ROLL	\$30.94
HOMEDEPOT.COM	02/25/2026	26-001481 - OUTDOOR WALL PACK LIGHTS FOR STATION 1	\$537.58
AMAZON MKTPL*B93AG5PX1	02/26/2026	26-001566 - CAPACITOR FOR STOCK FOR GARAGE DOOR C	\$12.99
AMAZON MKTPL*B96OJ1001	02/26/2026	26-001531 - CAPACITOR FOR GARAGE DOOR OPENER AT S	\$11.99
AMAZON MKTPL*BE7MH0OY2	02/24/2026	26-001516 - HEAVY DUTY DOOR STOPPERS	\$34.56
AMAZON MKTPL*B90KT5LY1	02/24/2026	26-001513 - AMERICAN LOCK A3560WO 1 3/4" PADLOCK IC (\$93.94
AMAZON MKTPL*X070P7UJ3	02/18/2026	26-001468 - SLIDING DOOR REPAIR TRACK FOR HCAP	\$158.56

March 2026 Credit Card Transactions JP Morgan Chase Bank

VENDOR NAME	INVOICE DATE	DESCRIPTION	AMOUNT
AMAZON MKTPL*8C02M8IH3	02/18/2026	26-001466 - SLIDING WINDOW ROLLER ASSEMBLY'S FOR R	\$19.98
AMAZON MKTPL*B97RX8OQ2	02/18/2026	26-001438 - REPLACEMENT SIGNAL TOWER FOR ALARM	\$160.61
THE HOME DEPOT 508	03/04/2026	TOOLS AND BOLTS FOR STATION 15	\$46.79
THE HOME DEPOT #0508	02/09/2026	TOOLS	\$149.74
(PC) 1316 CED	03/05/2026	BREAKERS	\$220.00
THE HOME DEPOT 508	03/04/2026	CONCRETE BOLTS FOR ST. 15 AND PAINT SPRAYER PART:	\$130.23
THE HOME DEPOT #0508	02/27/2026	SUPPLIES FOR SHOP	\$213.65
SHERWIN-WILLIAMS727015	02/19/2026	PARTS FOR SHOP	\$17.83
THE HOME DEPOT 508	02/25/2026	MICROWAVE FOR STATION 32	\$182.29
THEATERSEATSTORECOM	03/04/2026	SIX RECLINERS FOR NEW STATION #48	\$4,375.80
THE HOME DEPOT #0508	03/02/2026	26-001611 - WHIRLPOOL RANGE FOR NEW STATION #48	\$731.26
TRUE FITNESS TECHNOLOG	02/27/2026	26-001606 - TREADMILL OFR ADMINISTRATION GYM	\$4,251.39
OFFICE DEPOT #1127	02/25/2026	26-001499 - DRY ERASE WHITEBOARD FOR DR. DEPASQUA	\$529.98
UNIVERSAL NAT GAS PYMT	02/17/2026	STATION 27 01/03/26-02/02/26	\$169.58
PINES GAS, INC.	02/11/2026	STATION 40 (14583 FM 1488) 11/26/25-12/22/25	\$494.86
PINES GAS, INC.	02/11/2026	STATION 40 (14575 FM 1488) 11/26/25-12/22/25	\$87.58
*PERKSATWORK*FTD	03/04/2026	26-001629 - BEREAVEMENT FLOWERS FOR L. BEDAIR	\$82.26
*PERKSATWORK*FTD	03/03/2026	26-001632 - BEAREAVEMENT FLOWERS FOR D. DANIEL	\$82.26
*PERKSATWORK*FTD	03/03/2026	26-001647 - BEREAVEMENT FLOWERS L. FITZGERALD	\$82.26
*PERKSATWORK*FTD	02/20/2026	26-001503 - BEREAVEMENT FLOWERS FOR R. HOOTS	\$82.26
*PERKSATWORK*FTD	02/12/2026	26-001424 - GET WELL SOON FLOWERS FOR A. SHORT	\$97.41
*PERKSATWORK*FTD	02/12/2026	26-001423 - BEREAVEMENT FLOWERS FOR C. FORD	\$97.41
SOCIETYFORHUMANRESOURC	03/04/2026	26-001643 - SHRM EMPLOYEE HANDBOOK BUILDER	\$420.00
PARIS LAS VEGAS HOTEL	02/18/2026	PWW ABC360/XI HOTEL DEPOSIT REFUND D. DANIEL 04/09.	(\$174.61)
REV.COM	02/26/2026	FEBRUARY TRANSCRIPTION BOD MEETING	\$99.50
TDEM - STATE OF TEXAS	03/02/2026	TDEM CONFERENCE REGISTRATION - J. GUTIERREZ 05/26-	\$300.00
AMAZON MKTPL*HZ54B2MQ3	02/16/2026	26-001289 - WPU ARGUES PACK TESTING (WEIGHTED VES'	\$612.70
SOMA	02/27/2026	SOMA CONFERENCE REGISTRATION - G. LARA - 4/26-5/1	\$295.00
SOMA	02/27/2026	SOMA CONFERENCE REGISTRATION - M. BORSKI - 4/26-5/1	\$295.00
SOMA	02/27/2026	SOMA CONFERENCE REGISTRATION - Z. MANCHESTER - 4	\$295.00
SOMA	02/26/2026	SOMA CONFERENCE LABS REGISTRATION - G. LARA - 4/26-	\$450.00
SOMA	02/26/2026	SOMA CONFERENCE LABS REGISTRATION - M. BORSKI - 4	\$450.00
SOMA	02/26/2026	SOMA CONFERENCE LABS REGISTRATION - Z. MANCHEST	\$450.00
SP OFFBASE.CO 9248	02/11/2026	26-001356 - UNIFORMS AND SUPPLIES FOR TACTICAL TEA	\$2,180.65
IMAGETREND INC	03/02/2026	IMAGETREND CONNECT REGISTRATION REFUND M. WELL	(\$699.00)
IMAGETREND INC	02/13/2026	IMAGETREND CONNECT REGISTRATION - M. WELLS 5/11-5,	\$699.00
DELTA	02/13/2026	IMAGETREND CONNECT REGISTRATION - M. WELLS 5/11-5,	\$479.80
DELTA	02/13/2026	IMAGETREND CONNECT FLIGHT - S. LANTZ 5/11-5/15	\$479.80
IMAGETREND INC	02/12/2026	IMAGETREND CONNECT REGISTRATION - S. LANTZ 5/11-5/1	\$699.00
WWW.TANGO.AI	02/23/2026	26-001315 - TANGO INSTUCTIONAL LICENSES FOR J. BRIG	\$273.52
YODECK.COM FLIPNODE	02/06/2026	26-001315 - TWO YODECK SOFTWARE SUBSCRIPTIONS	\$548.77
EMBASSY SUITES	02/11/2026	EARLY RETURN REFUND NAEMSP - M. WELLS	(\$340.87)
NATIONAL INSTITUTE OF	02/19/2026	MEMBERSHIP FOR NATIONAL INSTITUTE OF GOVERNMENT	\$125.00
LONE STAR TOMBALLCKSD	02/26/2026	PROCTOR FEE FOR CTCD EXAM AT LONE STAR COLLEGE	\$25.00
UT STUDENT TESTING SRV	02/12/2026	26-001383 - CTCD EXAM FEE FOR H. LIMA	\$120.00
ULINE *SHIP SUPPLIES	02/17/2026	26-001401 - STORAGE BINS FOR CATEGORIZING PATCH CA	\$73.32
Total			\$55,883.74

Montgomery County Hospital District
Bank Register - Operating Acct-WF
Patient Refunds - One Time Checks (03/01/2026 - 03/31/2026)

Payment number	Payment type	Invoice date	Vendor name	Invoice amount
123106	Computer Check	3/3/2026	Refund	\$330.39
123107	Computer Check	3/3/2026	Refund	\$923.89
123108	Computer Check	3/3/2026	Refund	\$125.00
123109	Computer Check	3/3/2026	Refund	\$288.28
123110	Computer Check	3/3/2026	Refund	\$207.32
123111	Computer Check	3/3/2026	Refund	\$23.14
123112	Computer Check	3/3/2026	Refund	\$100.00
123113	Computer Check	3/3/2026	Refund	\$105.80
123114	Computer Check	3/3/2026	Refund	\$176.44
123115	Computer Check	3/3/2026	Refund	\$135.52
123116	Computer Check	3/3/2026	Refund	\$111.66
123117	Computer Check	3/3/2026	Refund	\$233.33
123118	Computer Check	3/3/2026	Refund	\$315.00
123119	Computer Check	3/3/2026	Refund	\$1,171.46
123120	Computer Check	3/3/2026	Refund	\$125.00
123121	Computer Check	3/3/2026	Refund	\$1,003.26
123122	Computer Check	3/3/2026	Refund	\$50.00
123123	Computer Check	3/3/2026	Refund	\$132.52
123124	Computer Check	3/3/2026	Refund	\$306.46
123125	Computer Check	3/3/2026	Refund	\$93.22
123126	Computer Check	3/3/2026	Refund	\$586.90
123127	Computer Check	3/3/2026	Refund	\$125.00
123128	Computer Check	3/3/2026	Refund	\$290.00
123129	Computer Check	3/3/2026	Refund	\$641.93
123130	Computer Check	3/3/2026	Refund	\$111.11
123131	Computer Check	3/3/2026	Refund	\$275.00
123132	Computer Check	3/3/2026	Refund	\$50.00
123133	Computer Check	3/3/2026	Refund	\$149.72
123134	Computer Check	3/3/2026	Refund	\$371.43
123135	Computer Check	3/3/2026	Refund	\$106.33
123136	Computer Check	3/3/2026	Refund	\$516.88
123137	Computer Check	3/3/2026	Refund	\$845.66
123138	Computer Check	3/3/2026	Refund	\$211.81
123139	Computer Check	3/3/2026	Refund	\$315.00
123140	Computer Check	3/3/2026	Refund	\$335.00
123181	Computer Check	3/17/2026	Refund	\$957.01
123182	Computer Check	3/17/2026	Refund	\$1,438.64
123183	Computer Check	3/17/2026	Refund	\$1,195.25
123184	Computer Check	3/17/2026	Refund	\$108.18
123185	Computer Check	3/17/2026	Refund	\$377.24
123186	Computer Check	3/17/2026	Refund	\$1,153.16
123187	Computer Check	3/17/2026	Refund	\$1,438.64
123230	Computer Check	3/24/2026	Refund	\$278.82
123231	Computer Check	3/24/2026	Refund	\$356.92
123232	Computer Check	3/24/2026	Refund	\$332.31
123233	Computer Check	3/24/2026	Refund	\$441.36
123234	Computer Check	3/24/2026	Refund	\$100.00
123235	Computer Check	3/24/2026	Refund	\$275.00
123236	Computer Check	3/24/2026	Refund	\$129.78

Montgomery County Hospital District
Bank Register - Operating Acct-WF
Patient Refunds - One Time Checks (03/01/2026 - 03/31/2026)

Payment number	Payment type	Invoice date	Vendor name	Invoice amount
123237	Computer Check	3/24/2026	Refund	\$260.00
123238	Computer Check	3/24/2026	Refund	\$546.73
123239	Computer Check	3/24/2026	Refund	\$343.59
123240	Computer Check	3/24/2026	Refund	\$344.58
123241	Computer Check	3/24/2026	Refund	\$114.05
123242	Computer Check	3/24/2026	Refund	\$20.00
123243	Computer Check	3/24/2026	Refund	\$269.56
123244	Computer Check	3/24/2026	Refund	\$181.49
123245	Computer Check	3/24/2026	Refund	\$20.00
123246	Computer Check	3/24/2026	Refund	\$315.00
123247	Computer Check	3/24/2026	Refund	\$115.30
123248	Computer Check	3/24/2026	Refund	\$530.16
123249	Computer Check	3/24/2026	Refund	\$171.07
123250	Computer Check	3/24/2026	Refund	\$675.40
123251	Computer Check	3/24/2026	Refund	\$586.09
123252	Computer Check	3/24/2026	Refund	\$950.35
123253	Computer Check	3/24/2026	Refund	\$63.50
123254	Computer Check	3/24/2026	Refund	\$488.49
123255	Computer Check	3/24/2026	Refund	\$1,206.02
123256	Computer Check	3/24/2026	Refund	\$647.03
123257	Computer Check	3/24/2026	Refund	\$999.36
123258	Computer Check	3/24/2026	Refund	\$336.79
123259	Computer Check	3/24/2026	Refund	\$989.46
123260	Computer Check	3/24/2026	Refund	\$1,413.02
123261	Computer Check	3/24/2026	Refund	\$875.86
123262	Computer Check	3/24/2026	Refund	\$1,171.46
123263	Computer Check	3/24/2026	Refund	\$526.92
123301	Computer Check	3/31/2026	Refund	\$133.62
123302	Computer Check	3/31/2026	Refund	\$972.31
123303	Computer Check	3/31/2026	Refund	\$462.67
123304	Computer Check	3/31/2026	Refund	\$757.81
123305	Computer Check	3/31/2026	Refund	\$315.00
123306	Computer Check	3/31/2026	Refund	\$1,038.62
123307	Computer Check	3/31/2026	Refund	\$137.39
123308	Computer Check	3/31/2026	Refund	\$37.70
123309	Computer Check	3/31/2026	Refund	\$111.11
123310	Computer Check	3/31/2026	Refund	\$2,143.49
123311	Computer Check	3/31/2026	Refund	\$100.00
123312	Computer Check	3/31/2026	Refund	\$159.91
123313	Computer Check	3/31/2026	Refund	\$200.00
123314	Computer Check	3/31/2026	Refund	\$15.00
123315	Computer Check	3/31/2026	Refund	\$113.12
123316	Computer Check	3/31/2026	Refund	\$122.22
123317	Computer Check	3/31/2026	Refund	\$1,220.87
123318	Computer Check	3/31/2026	Refund	\$88.83
123319	Computer Check	3/31/2026	Refund	\$128.86

Total **\$41,891.58**

Montgomery County Hospital District
Expense Allocation Report - Public Health
Board Meeting 04/28/2026 Paid Invoices

Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
ATT103 AT&T Mobility-Roc (6463)	3/19/2026	287283884314X03272026	02/20/2026-03/19/2026	22-200-58200-1000	58200 - Telephones-Cellular	\$30.00
					Total - ATT103 AT&T Mobility-Roc (6463)	\$30.00
BHA100 Meghna Joshi	3/24/2026	BHA*03082026	PER DIEM - TACCHO Annual Premier Public Heal	22-206-53150-1010	53150 - Conferences - Fees, Travel, & M	\$218.00
					Total - BHA100 Meghna Joshi	\$218.00
DAI100 Dailey Wells Communication Inc.	3/12/2026	26CC031103	Portable Radios for Public Health Staff	22-203-57250-1013	57250 - Radios	\$26,830.84
					Total - DAI100 Dailey Wells Communication Inc.	\$26,830.84
DEA110 Dearborn National Life Ins Co Known	3/1/2026	F021753 03.01.26	03/01/2026 - 03/31/2026	22-202-51700-1014	51700 - Health & Dental	\$96.28
	3/1/2026	F021753 03.01.26	03/01/2026 - 03/31/2026	22-200-51700-1000	51700 - Health & Dental	\$324.64
	3/1/2026	F021753 03.01.26	03/01/2026 - 03/31/2026	22-205-51700-1011	51700 - Health & Dental	\$109.60
	3/1/2026	F021753 03.01.26	03/01/2026 - 03/31/2026	22-203-51700-1013	51700 - Health & Dental	\$131.39
	3/1/2026	F021753 03.01.26	03/01/2026 - 03/31/2026	22-206-51700-1011	51700 - Health & Dental	\$244.31
	3/1/2026	F021753 03.01.26	03/01/2026 - 03/31/2026	22-204-51700-1012	51700 - Health & Dental	\$117.52
					Total - DEA110 Dearborn National Life Ins Co Known As BCBS	\$1,023.74
JPM100 JP Morgan Chase Bank	3/19/2026	0003 6741 03.19.2026	CC transactions for March 2026	22-206-54100-1010	54100 - Dues/Subscriptions	\$419.00
					Total - JPM100 JP Morgan Chase Bank	\$419.00
MCK113 Mckesson Medical-Surgical Governr	3/4/2026	25144547	Public Health Supplies for Warehouse	22-201-53900-1001	53900 - Disposable Medical Supplies	\$439.70
					Total - MCK113 Mckesson Medical-Surgical Government Solutions LLC	\$439.70
MET185 Metropolitan Life Insurance Company	3/5/2026	88684030 (22)	Dental & vision premiums for February 2026	22-200-51700-1000	51700 - Health & Dental	\$79.79
	3/5/2026	88684030 (22)	Dental & vision premiums for February 2026	22-204-51700-1012	51700 - Health & Dental	\$68.79
	3/5/2026	89033967 (22)	Dental & vision premiums for March 2026	22-204-51700-1012	51700 - Health & Dental	\$68.79
	3/5/2026	89033967 (22)	Dental & vision premiums for March 2026	22-200-51700-1000	51700 - Health & Dental	\$79.79
	3/5/2026	88684030 (22)	Dental & vision premiums for February 2026	22-202-51700-1014	51700 - Health & Dental	\$43.66
	3/5/2026	88684030 (22)	Dental & vision premiums for February 2026	22-206-51700-1010	51700 - Health & Dental	\$236.44
	3/5/2026	89033967 (22)	Dental & vision premiums for March 2026	22-203-51700-1013	51700 - Health & Dental	\$163.85
	3/5/2026	89033967 (22)	Dental & vision premiums for March 2026	22-205-51700-1011	51700 - Health & Dental	\$163.85
	3/5/2026	88684030 (22)	Dental & vision premiums for February 2026	22-203-51700-1013	51700 - Health & Dental	\$163.85
	3/5/2026	89033967 (22)	Dental & vision premiums for March 2026	22-202-51700-1014	51700 - Health & Dental	\$43.66
	3/5/2026	88684030 (22)	Dental & vision premiums for February 2026	22-205-51700-1011	51700 - Health & Dental	\$163.85
	3/5/2026	89033967 (22)	Dental & vision premiums for March 2026	22-206-51700-1010	51700 - Health & Dental	\$236.44
					Total - MET185 Metropolitan Life Insurance Company	\$1,512.76
OPT100 Optiquet Internet Services, Inc.	3/1/2026	89175	FY26 BPO - Monthly EHR Records Hosting Fee	22-200-53050-1000	53050 - Computer Software	\$400.00
	3/1/2026	89409	FY26 BPO - Monthly EHR Records Hosting Fee	22-200-53050-1000	53050 - Computer Software	\$400.00
					Total - OPT100 Optiquet Internet Services, Inc.	\$800.00
SIM109 Sims, Charles R M.D.	3/16/2026	SIM*02202026	MCPHD Medical Director March 2026	22-205-53330-1011	53330 - Contractual Obligations-Other	\$1,835.00
	3/16/2026	SIM*02202026	MCPHD Medical Director March 2026	22-200-53330-1000	53330 - Contractual Obligations-Other	\$165.00

**Montgomery County Hospital District
Expense Allocation Report - Public Health
Board Meeting 04/28/2026 Paid Invoices**

				Total - SIM109 Sims, Charles R M.D.	\$2,000.00
STA129 Staples Advantage	3/1/2026	6057079322	Office Supplies - PH Dept 205	22-205-56300-1011 56300 - Office Supplies	\$15.39
	3/1/2026	6057079324	Office Supplies - PH Dept 205	22-205-56300-1011 56300 - Office Supplies	\$14.67
				Total - STA129 Staples Advantage	\$30.06
VER104 Verizon Wireless (Pob 660108)	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	22-205-58200-1011 58200 - Telephones-Cellular	\$225.60
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	22-204-58200-1012 58200 - Telephones-Cellular	\$75.20
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	22-206-58200-1010 58200 - Telephones-Cellular	\$225.60
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	22-200-58200-1000 58200 - Telephones-Cellular	\$74.42
	3/9/2026	6138147438	Monthly Charge Feb 10 - Mar 09, 2026	22-203-58200-1013 58200 - Telephones-Cellular	\$75.20
				Total - VER104 Verizon Wireless (Pob 660108)	\$676.02
WIL118 Nicholas Wilkey	3/16/2026	WIL*03132026B	PER DIEM - 2026 Preparedness Summit (04/12/20	22-205-58600-1011 58600 - Travel Expenses	\$341.00
				Total - WIL118 Nicholas Wilkey	\$341.00
				Total	<u><u>\$34,321.12</u></u>

Account Summary

Fund	Department	Account	Total
22 - MCPHD General Fund	200 - PH Clinic	58200 - Telephones-Cellular	\$30.00
22 - MCPHD General Fund	200 - PH Clinic	51700 - Health & Dental	\$324.64
22 - MCPHD General Fund	200 - PH Clinic	51700 - Health & Dental	\$159.58
22 - MCPHD General Fund	200 - PH Clinic	53050 - Computer Software	\$800.00
22 - MCPHD General Fund	200 - PH Clinic	53330 - Contractual Obligations-Other	\$165.00
22 - MCPHD General Fund	200 - PH Clinic	58200 - Telephones-Cellular	\$74.42
22 - MCPHD General Fund	201 - MCPHD County Funding	53900 - Disposable Medical Supplies	\$439.70
22 - MCPHD General Fund	202 - RLSS/LPHS	51700 - Health & Dental	\$96.28
22 - MCPHD General Fund	202 - RLSS/LPHS	51700 - Health & Dental	\$87.32
22 - MCPHD General Fund	203 - CPS/CRI	51700 - Health & Dental	\$131.39
22 - MCPHD General Fund	203 - CPS/CRI	51700 - Health & Dental	\$327.70
22 - MCPHD General Fund	203 - CPS/CRI	58200 - Telephones-Cellular	\$75.20
22 - MCPHD General Fund	204 - EAIDU/SUR	51700 - Health & Dental	\$117.52
22 - MCPHD General Fund	204 - EAIDU/SUR	51700 - Health & Dental	\$137.58
22 - MCPHD General Fund	204 - EAIDU/SUR	58200 - Telephones-Cellular	\$75.20
22 - MCPHD General Fund	205 - CPS/PHEP	51700 - Health & Dental	\$109.60
22 - MCPHD General Fund	205 - CPS/PHEP	51700 - Health & Dental	\$327.70
22 - MCPHD General Fund	205 - CPS/PHEP	53330 - Contractual Obligations-Other	\$1,835.00
22 - MCPHD General Fund	205 - CPS/PHEP	56300 - Office Supplies	\$30.06
22 - MCPHD General Fund	205 - CPS/PHEP	58200 - Telephones-Cellular	\$225.60
22 - MCPHD General Fund	205 - CPS/PHEP	58600 - Travel Expenses	\$341.00
22 - MCPHD General Fund	206 - CPS/PHIG	53150 - Conferences - Fees, Travel, & Meals	\$218.00
22 - MCPHD General Fund	206 - CPS/PHIG	54100 - Dues/Subscriptions	\$419.00
22 - MCPHD General Fund	206 - CPS/PHIG	51700 - Health & Dental	\$472.88
22 - MCPHD General Fund	206 - CPS/PHIG	58200 - Telephones-Cellular	\$225.60
22 - MCPHD General Fund	203 - CPS/CRI	57250 - Radios	\$26,830.84
22 - MCPHD General Fund	206 - CPS/PHIG	51700 - Health & Dental	\$244.31
Total			\$34,321.12

MCHD Surplus/Salvage
April 2026

Qty	Serial Number	MCHD Tag	Product Description	S/S	Reason	Submitter	HRS/ Miles
1	J40241	NCA 20466	EZ IO DRIVER	SALVAGE	END OF LIFE	A. MATHEWS	
1	J63178	N/A	EZ IO DRIVER	SALVAGE	END OF LIFE	A. MATHEWS	
1	K31906	NCA 21211	EZ IO DRIVER	SALVAGE	END OF LIFE	A. MATHEWS	
1	L54400	NCA 21403	EZ IO DRIVER	SALVAGE	END OF LIFE	A. MATHEWS	
1	K64972	NCA 21228	EZ IO DRIVER	SALVAGE	END OF LIFE	A. MATHEWS	
1	X15L802701	CAP 30304	ZOLL AED PLUS	SALVAGE	END OF LIFE	A. MATHEWS	
1	X15L800933	CAP 30256	ZOLL AED PLUS	SALVAGE	END OF LIFE	A. MATHEWS	
1	X19B116978	NCA 20954	ZOLL AED PLUS	SALVAGE	END OF LIFE	A. MATHEWS	
1	FNX3146	N/A	NITRONOX UNIT	SALVAGE	END OF LIFE	A. MATHEWS	
1	FNX3536	N/A	NITRONOX UNIT	SALVAGE	END OF LIFE	A. MATHEWS	
1	Z6HWHCLFC02606R	No Tag	Samsung Monitor	Salvage	Broken/no longer functions for intended purpose. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN-OCC388-71618-773-ALSC	007609	Dell Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN-ORNMH6-74445-156-J6GL	009747	Dell Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN-ORNMH6-74445-O4N-BUAL	009062	Dell Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN-ORNMH6-74445-O4N-BUEL	009070	Dell Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN-OD319J-74261-95N-4YPS	008722	Dell Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN-ORNMH6-74445-O4N-BUTL	009067	Dell Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	MY-OH6304-47603-54J-ARZ6	No Tag	Dell Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN-ORNMH6-74445-O4N-BTFL	009063	Dell Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN-ORNMH6-74445-O4N-BTAL	009073	Dell Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN-ORNMH6-74445-O4N-BUGL	009060	Dell Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN-ORNMH6-74445-O4N-BTDL	009057	Dell Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN-ORNMH6-74445-O4N-BTVL	009064	Dell Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN-ORNMH6-74445-O4N-BUCL	009068	Dell Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN-ORNMH6-74445-O4N-BS6L	009065	Dell Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	RWS101701296	000010 (PUBLIC HEALTH TAG)	ViewSonic Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	RWS101701822	000009 (PUBLIC HEALTH TAG)	ViewSonic Monitor	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	SG548410FQ	No Tag	HP Printer	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	MY62M7R189	No Tag	HP Printer	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN6B2EG2DQ	No Tag	HP Printer	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	G56Y144275	No Tag	Epson Printer	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	
1	CN94N5H1Q0	No Tag	HP Printer	Salvage	Exceeded useful life. Per DSHS, any item that is under \$500 and not reported on the GC-11 may be disposed of in the way we determine best.	Meghna Joshi	

AGENDA ITEM # 20

Board Mtg.: 04/28/2026

Montgomery County Hospital District

Proceeds from Sale of Vehicles

10/01/2025 - 03/31/2026

<u>Account Name</u>	<u>Shop No.</u>	<u>Description</u>	<u>Mileage</u>	<u>Engine Hrs</u>	<u>Sale Date</u>	<u>Sale of Surplus</u>
Vehicles	X-1151	2017 Dodge Ram 4500 Frazer Type 1 Ambulance	370,147		11/12/25	\$ 7,500.00
Vehicles	E-2797	2016 Dodge Ram 4500 Frazer Type 1 Ambulance	380,797		11/12/25	\$ 7,500.00
Vehicles	E-2698	2016 Dodge Ram 4500 Frazer Type 1 Ambulance	371,160		11/12/25	\$ 7,500.00
Vehicles	X-1153	2017 Dodge Ram 4500 Frazer Type 1 Ambulance	368,828		11/12/25	\$ 7,500.00
Vehicles	E-2735	2016 Dodge Ram 4500 Frazer Type 1 Ambulance	377,292		11/12/25	\$ 7,500.00
Vehicles	X-1110	2016 Dodge Ram 4500 Frazer Type 1 Ambulance	384,337		11/12/25	\$ 7,500.00
Vehicles	E-2737	2016 Dodge Ram 4500 Frazer Type 1 Ambulance	381,504		11/12/25	\$ 7,500.00
Vehicles	E-2875	2016 Dodge Ram 4500 Frazer Type 1 Ambulance	373,096		11/12/25	\$ 7,500.00
Vehicles	X-1154	2017 Dodge Ram 4500 Frazer Type 1 Ambulance	371,614		11/12/25	\$ 7,500.00
		Vehicles Total				67,500.00
		Total Proceeds				<u>67,500.00</u>

**MINUTES OF A REGULAR MEETING
OF THE BOARD OF DIRECTORS
MONTGOMERY COUNTY HOSPITAL DISTRICT**

The regular meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 4:00 p.m., March 24, 2026 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:

Bob Bagley
Jason Walker
Jackie Williams
Charles Shirley
Kelly Inman
Chris Grice

Not Present:

Robert Hudson

5. Public Comment

No one from the public made a comment.

6. Special Recognition

Years of Service

10 years – Christian Ford

Employee of the Month

Field Employee – Calista Pope and Reagan Jones

NonField Employee – Andy Adams

Clinical Excellence Award – Catherine Orton and Victoria Santos

7. Present, consider and act on the Weaver and Tidwell, L.L.P. Audit of Fiscal Year Ended September 30, 2025. (Mr. Shirley, Treasurer – MCHD Board)

Ms. Randi Vaughn, Engagement Manager of Weaver and Tidwell, L.L.P. presented the Audit of Fiscal Year Ended September 30, 2025.

Mr. Grice made a motion to accept Weaver and Tidwell, L.L. P. Audit of Fiscal Year Ended September 30, 2025 as presented. Mrs. Williams offered a second and motion passed unanimously.

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, IT and Public Health.**
- d. **Health Care Services Report to include regulatory update, outreach, eligibility, service, utilization, community education and clinical services.**
- e. **Update on Accounting, Billing and Public Health departments.**

Mr. Randy Johnson, CEO presented the CEO report to the board.

Mr. James Campbell, EMS Chief presented the EMS report to the board.

Mrs. Melissa Miller, COO presented the COO report to the board.

Mrs. Ade Moronkeji, HCAP Manager presented the HCAP report.

Mr. Brett Allen, CFO presented the Accounting, Billing and procurement report.

9. Consider and act on Proclamation in support of National Public Safety Telecommunicators Week, April 12-18, 2026. (Mr. Bagley, Chair – EMS Committee)

Mr. Bagley read the Proclamation in support of the National Public Safety Telecommunicators.

Mr. Bagley made a motion to consider and act on Proclamation in support of National Public Safety Telecommunicators Week, April 12-18, 2026. Mr. Grice offered a second and motion passed unanimously.

10. Consider and act on Zoll Cardiac Monitors one year warranty contract renewal. (Mr. Walker, Chair – PADCOM Committee)

Mr. Walker made a motion to consider and act on Zoll Cardiac Monitors one year warranty contract renewal. Mr. Grice offered a second and motion passed unanimously.

11. Consider and act on Docunav Annual Agreement. (Mr. Walker, Chair – PADCOM Committee)

Mr. Walker made a motion to consider and act offered a second and motion passed unanimously. Mrs. Williams offered a second and motion passed unanimously.

12. 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. Grice offered a second and motion passed unanimously.

13. 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. Mrs. Williams offered a second and motion passed unanimously.

14. Consider and act on ratification of contract 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 contract with additional network providers for indigent care. Mr. Bagley offered a second and motion passed unanimously.

15. CFO report of preliminary financials for five months ended February 28, 2026, and report updates on financial statements and investment.

Mr. Brett Allen, CFO presented the Financial Report to the board.

16. Consider and act on ratification of payment of District invoices. (Mr. Grice, Treasurer – MCHD Board)

Mr. Grice made a motion to consider and act on ratification of District invoices. Mrs. Inman offered a second and motion passed unanimously.

17. Consider and act on salvage and surplus. (Mr. Grice, Treasurer – MCHD Board)

Mr. Grice made a motion to consider and act on salvage and surplus. Mrs. Williams offered a second and motion passed unanimously.

18. Consider and act on Secretary's Report – Minutes from the February 24, 2026 Regular BOD meeting. (Mrs. Williams, Secretary – MCHD Board)

Mrs. Williams made a motion to consider and act on Minutes from the February 24, 2026 Regular BOD meeting. Mr. Bagley offered a second and motion passed unanimously.

19. 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 property on 200 South Kennedy, Willis, TX and other comparable properties. (Mr. Shirley, 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 property on 809 West Semands Street, Conroe, TX. (Mr. Shirley, Chairman – MCHD Board)**
- c. **In regards to section 551.074 of the Texas Government code to deliberate the appointment, employment, evaluation, reassignment, duties, of a public officer or employee; General Counsel for MCHD. (Mr. Shirley, Chairman – MCHD Board)**

Mr. Shirley convened the board into executive session at 4:59 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 551.072 of the Texas Government code for deliberations about real estate property and under 551.071 to receive legal advice, both regarding property on 200 South Kennedy, Willis, TX and other comparable properties. (Mr. Shirley, 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 property on 809 West Semands Street, Conroe, TX. (Mr. Shirley, Chairman – MCHD Board)
- c. In regards to section 551.074 of the Texas Government code to deliberate the appointment, employment, evaluation, reassignment, duties, of a public officer or employee; General Counsel for MCHD. (Mr. Shirley, Chairman – MCHD Board)

20. Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Mr. Shirley, Chairman - MCHD Board)

Mr. Shirley reconvened the board from executive session at 5:25 p.m.

Mr. Shirley made a motion to set the final contract on property located at 200 South Kennedy, Willis, TX. Mr. Bagley offered a second and motion passed unanimously.

Mr. Shirley made a motion to authorize staff to make an offer on the property located at 809 West Semands Street, Conroe, TX. Mr. Bagley offered a second and motion passed unanimously.

Mr. Shirley advised that the interview process for the General Counsel would begin and requested each candidate give a short review of their qualifications and how they are qualified for the position.

Mr. Art Aguilar gave a brief introduction and experience that make him qualified for General Counsel.

Mr. Leonard Schneider gave a brief introduction and experience that make him qualified for General Counsel.

MCHD board members then asked questions and gave the candidates an opportunity to answer.

Mr. Shirley made a motion accept General Counsel to Art Aguilar Law Firm. Mrs. Inman offered a second and motion passed five for (Mr. Bagley, Mr. Walker, Mrs. Williams, Mr. Shirley and Mrs. Inman) to one opposed (Mr. Grice).

21. Adjourn.

The board adjourned at 5:47 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., April 9, 2026, 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
Jackie Williams
Charles Shirley
Kelley Inman
Robert Hudson

Not Present

Jason Walker

3. Present, consider and act on the renewal of the District insurance portfolio. (Mr. Shirley, Chairman – MCHD Board)

Mrs. Susan Golla with McGriff presented the renewal of District insurance portfolio.

Mr. Shirley made a motion to accept the proposed renewal of the District insurance portfolio. Mrs. Williams offered a second and motion passed unanimously.

4. Consider and act on interview/discussion of applicants for the appointment to the vacated At Large #2 position of the MCHD board of Directors. (Mr. Shirley, Chairman – MCHD Board)

The board interviewed Dr. Tanya Peacock for the At Large #2 position of the MCHD Board of Directors.

Mr. Shirley made a motion to accept Dr. Tanya Peacock as replacement board member for the At Large #2 position of the MCHD board of Director. Mr. Hudson offered a second and motion passed unanimously.

5. 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 551.074 of the Texas Government code to deliberate the appointment to the vacated At Large #2 position of the MCHD Board of Directors. (Mr. Shirley, 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**

property on 809 West Semands Street, Conroe, TX. (Mr. Shirley, Chairman – MCHD Board)

The board convened into executive session at 4:15 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:

- 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 property on 809 West Semands Street, Conroe, TX. (Mr. Shirley, Chairman – MCHD Board)
- 6. Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Mr. Shirley, Chairman – MCHD Board)**

The board reconvened from executive session at 4:19 p.m.

No action was taken by the board.

- 7. Consider and take action on election of replacement for board officer, Treasurer. (Mr. Shirley, Chairman - MCHD Board)**

No action was taken on agenda item 7.

- 8. Adjourn**

Meeting adjourned at 4:19 p.m.

Jackie Williams, Secretary

Agenda Item # 22



We Make a Difference!

To: Board of Directors

From: Randy Johnson, CEO

Date: April 28, 2026

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 property on 200 South Kennedy, Willis, TX and other comparable properties. (Mr. Shirley, 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 purchase of 809 West Semands Street. (Mr. Shirley, Chairman – MCHD Board)
- c. In regards to section 551.074 of the Texas Government code to deliberate the appointment, employment, evaluation, reassignment, duties, of a public officer or employee; Chief executive office, Randy Johnson. (Mr. Shirley, Chairman – MCHD Board)

Agenda Item # 23



We Make a Difference!

To: Board of Directors

From: Randy Johnson, CEO

Date: April 28, 2026

Re: Reconvene from Executive Session

Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Mr. Shirley, Chairman - MCHD Board)