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: **July 28, 2026**

Time: **4:00 P.M.**

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

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

This Notice in detail was posted 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. Presentation of Investment report for quarter ending June 30, 2026. (Mr. Walker, Treasurer - MCHD Board)

District

8. 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.
9. Consider and act on annual review of CEO Communication Plan with Board. (Mr. Shirley, Chairman - MCHD Board)

10. Presentation of the HR Turnover Report. (Mrs. Williams, Chair – Personnel Committee)
11. Consider and act on renewal contract for EEZE Fiber for internet and network services for MCHD buildings and towers. (Mr. Walker, Chair – PADCOM 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 proposed revisions to the Health Care Assistance Program (HCAP), including updates to 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 nine months ended June 30, 2026, and report updates on financial statements and investment.
16. Provide guidance and act on potential revisions to ACC 05-101 District Purchasing Policy. (Mr. Walker, Treasurer – MCHD Board)
17. Consider and act on update of ACC 05-005 Banking and Investment Policy. (Mr. Walker, Treasurer – MCHD Board)
18. Consider and act upon recommendation for amendment(s) to budget for fiscal year ending September 30, 2026. (Mr. Walker, Treasurer – MCHD Board)
19. Consider and ratify the payment of the Impac Fleet monthly invoice for fuel charges for the month of June 2026. (Mr. Walker, Treasurer – MCHD Board)
20. Consider and act on ratification of payment of District invoices. (Mr. Walker, Treasurer – MCHD Board)
21. Consider and act on salvage and surplus. (Mr. Walker, Treasurer – MCHD Board)
22. Consider and act on Secretary's Report – Minutes from the June 23, 2026 Regular BOD meeting. (Mrs. Williams, Secretary – MCHD Board)

Executive Session

23. 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, employment, evaluation, reassignment, duties, of a public officer or employee; Assistant Medical Director, Dr. DePasquale. (Mr. Shirley, Chairman – MCHD Board)
24. Reconvene into open session and take action, if necessary, on matters discussed in closed executive session. (Mr. Shirley, Chairman - MCHD Board)
25. 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).

QUARTERLY INVESTMENT REPORT

For the Quarter Ended

June 30, 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	March 31, 2026 Book Value	March 31, 2026 Market Value	June 30, 2026 Book Value	June 30, 2026 Market Value	Ave. Yield
DDA	$ 2,036,902	$ 2,036,902	$ 3,226,225	$ 3,226,225	2.09%
MMA	43,319,144	43,319,144	45,129,188	45,129,188	3.83%
MMF/LGIP	21,897,415	21,897,415	4,135,166	4,135,166	3.63%
CD/Security	9,180,323	9,180,323	11,100,662	11,100,662	3.88%
Totals	**$ 76,433,784**	**$ 76,433,784**	**$ 63,591,240**	**$ 63,591,240**	3.74%

Current Quarter Portfolio Performance: *(1)*	
Average Quarterly Yield	3.74%
Rolling Three Month Treasury	3.74%
Rolling Six Month Treasury	3.72%
TexPool	3.65%

Fiscal Year-to-Date Portfolio Performance: *(2)*	
Average Quarter End Yield	3.80%
Rolling Three Month Treasury	3.76%
Rolling Six Month Treasury	3.77%
TexPool	3.72%

Interest Earnings (Approximate)	
Quarterly Interest Earnings	$ 647,486
Fiscal YTD Interest Earnings	$ 1,798,734

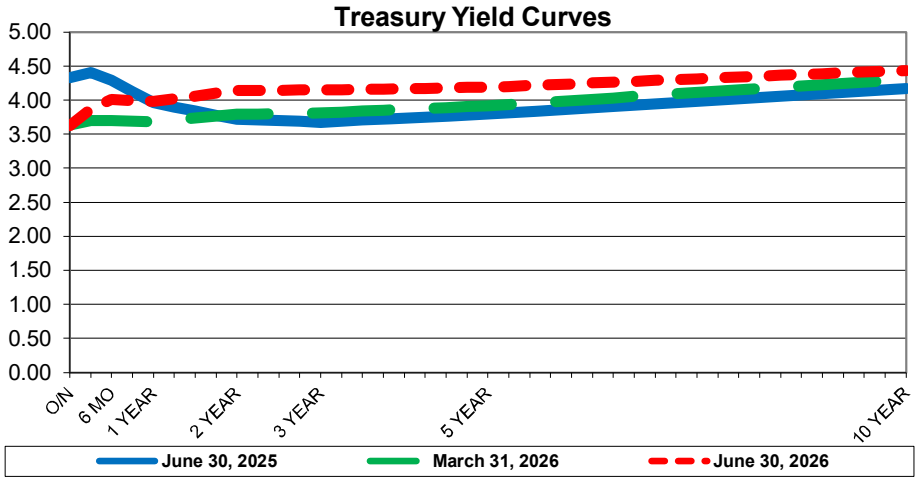
(1) **Current Quarter Average Yield** - based on adjusted book value, realized and unrealized gains/losses and investment advisory fees are not considered. The yield for the reporting month is used for bank, pool, and money market balances.
(2) **Fiscal Year-to-Date Average Yield**s - calculated using quarter end report yield and adjusted book values and does not reflect a total return analysis or account for advisory fees.

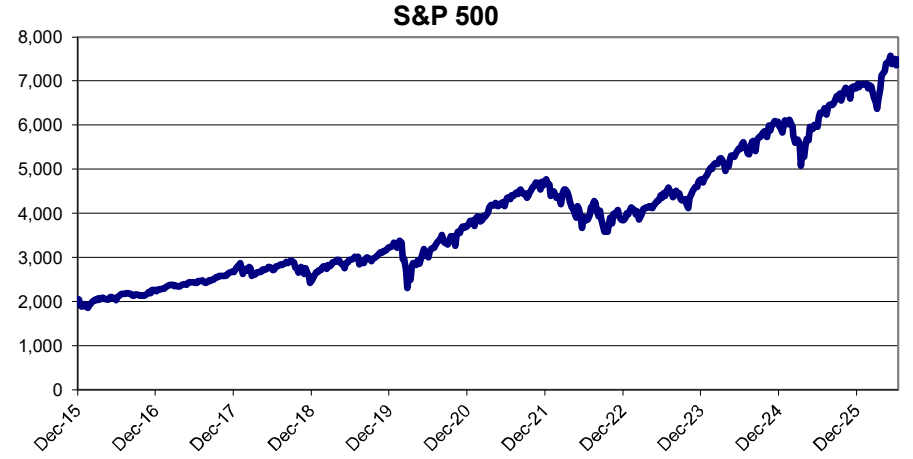
Valley View Consulting, L.L.C.

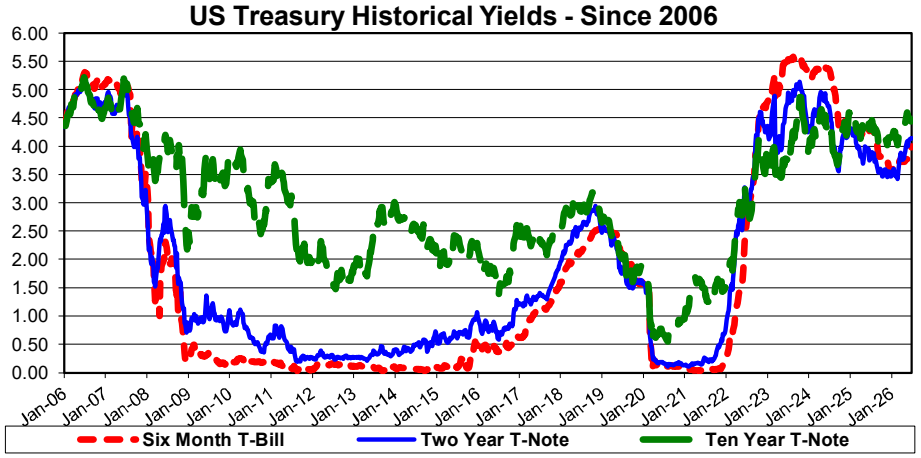
Economic Overview

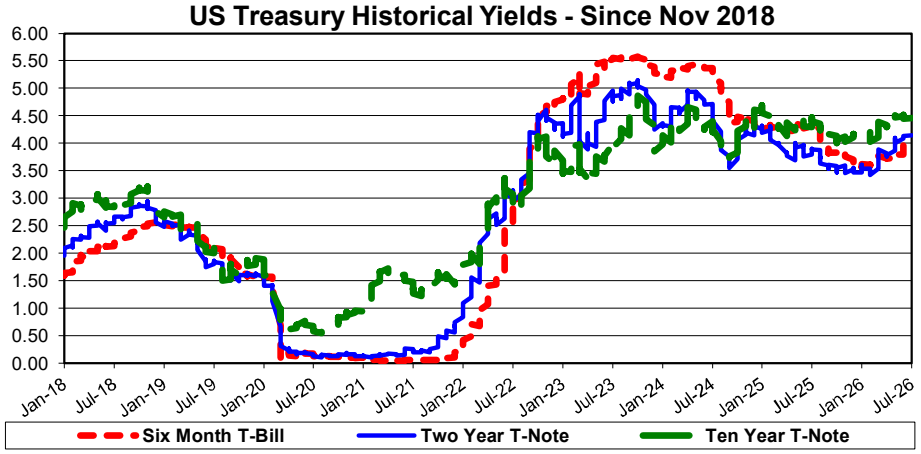
6/30/2026

The Federal Open Market Committee's (FOMC) on June 16th and 17th, hosted by new Chairman Kevin Warsh, resulted in no change to the Fed Funds 3.50% - 3.75% target (Effective Fed Funds trade +/-3.62%). First Quarter GDP expanded by 2.1%. June Non-Farm Payroll added 57k (below the +110k expectation). The three month average decreased to +111k. The S&P 500 Stock Index rretreated from 7,600 but remained +/-7,500. The positively sloped yield curve increased slighlty. Crude Oil declined to +/-$70. Inflation continues above the FOMC 2% target (Core CPI 2.9% and Core PCE +/-3.4%). The uncertain world events still influence volatility.









Investment Holdings

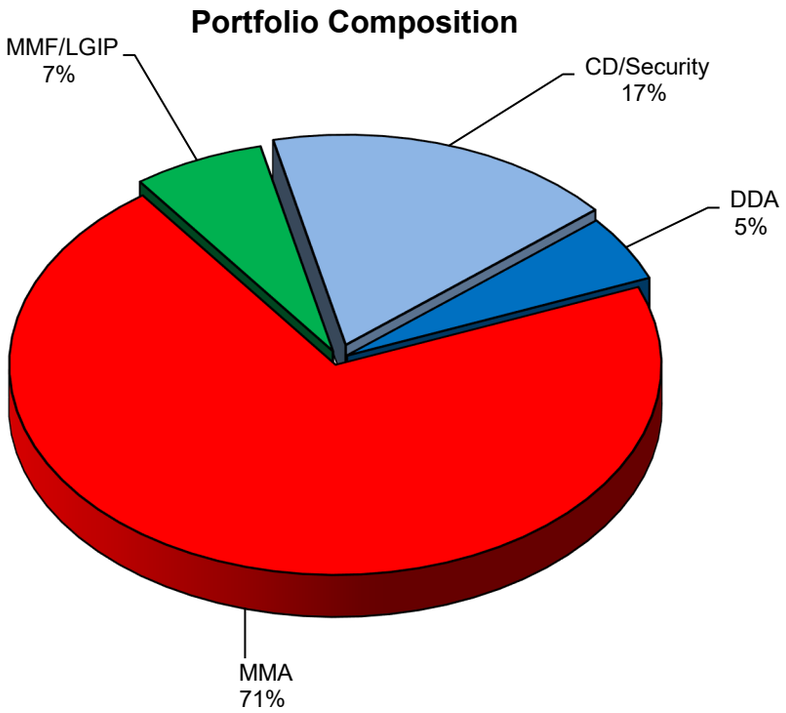
June 30, 2026

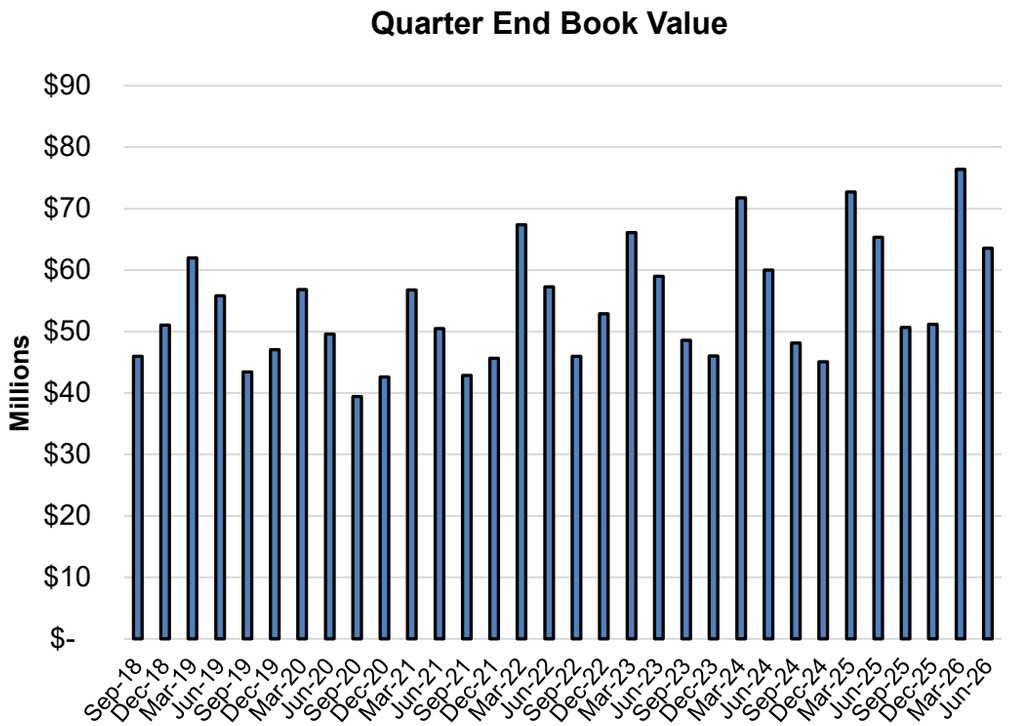
Description	Rating	Coupon/ Discount	Maturity Date	Settlement Date	Original Face\ Par Value	Book Value	Market Price	Market Value	Life (Days)	Yield
Woodforest Bank DDA		2.09%	07/01/26	06/30/26	$ 3,226,225	$ 3,226,225	1.00	$ 3,226,225	1	2.09%
Woodforest Bank MMA		3.82%	07/01/26	06/30/26	19,698,777	19,698,777	1.00	19,698,777	1	3.82%
NexBank IntraFi MMA		3.82%	07/01/26	06/30/26	23,336,124	23,336,124	1.00	23,336,124	1	3.82%
InterBank MMA		3.97%	07/01/26	06/30/26	240,769	240,769	1.00	240,769	1	3.97%
InterBank ICS		3.98%	07/01/26	06/30/26	1,853,517	1,853,517	1.00	1,853,517	1	3.98%
TexPool	AAAm	3.65%	07/01/26	06/30/26	2,077,750	2,077,750	1.00	2,077,750	1	3.65%
TexSTAR	AAAm	3.62%	07/01/26	06/30/26	2,057,416	2,057,416	1.00	2,057,416	1	3.62%
SouthState Bank CD		3.75%	12/08/26	12/08/25	5,094,224	5,094,224	100.00	5,094,224	161	3.82%
Third Coast Bank CD		3.79%	02/22/27	05/21/26	2,006,438	2,006,438	100.00	2,006,438	237	3.86%
Third Coast Bank CD		3.89%	06/03/27	06/03/26	4,000,000	4,000,000	100.00	4,000,000	338	3.96%
					$ 63,591,240	**$ 63,591,240**		**$ 63,591,240**	**42**	**3.74%**
									(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
MMF/LGIP
7%
CD/Security
17%
DDA
5%
MMA
71%


Quarter End Book Value
Millions
$90
$80
$70
$60
$50
$40
$30
$20
$10
$-
Sep-18
Dec-18
Mar-19
Jun-19
Sep-19
Dec-19
Mar-20
Jun-20
Sep-20
Dec-20
Mar-21
Jun-21
Sep-21
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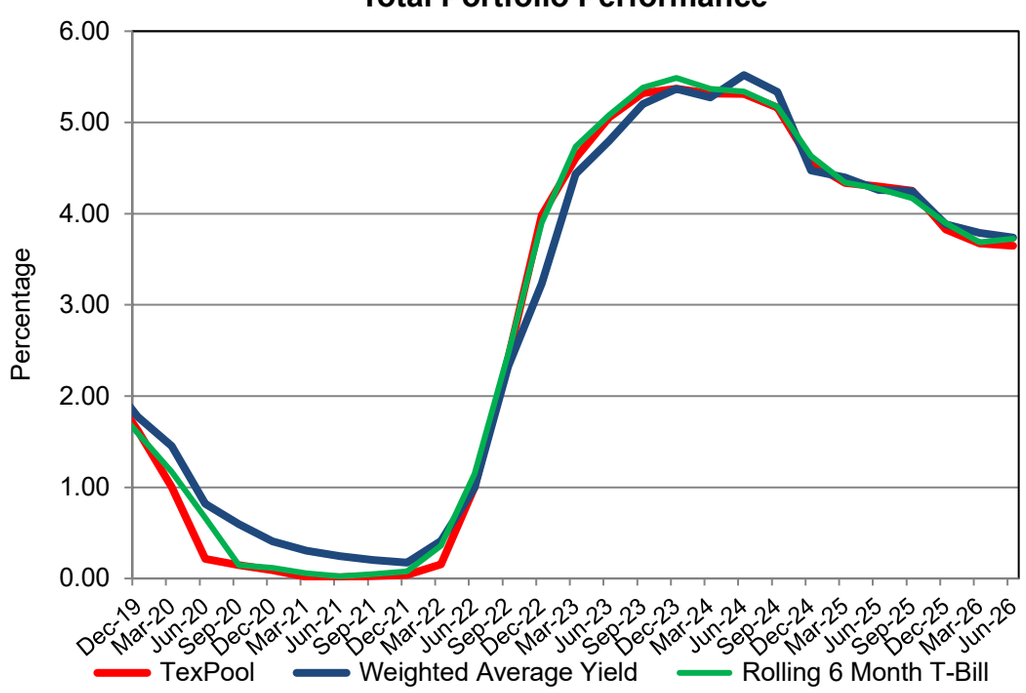
Jun-25
Sep-25
Dec-25
Mar-26
Jun-26


Total Portfolio Performance
Percentage
6.00
5.00
4.00
3.00
2.00
1.00
0.00
Dec-19
Mar-20
Jun-20
Sep-20
Dec-20
Mar-21
Jun-21
Sep-21
Dec-21
Mar-22
Jun-22
Sep-22
Dec-22
Mar-23
Jun-23
Sep-23
Dec-23
Mar-24
Jun-24
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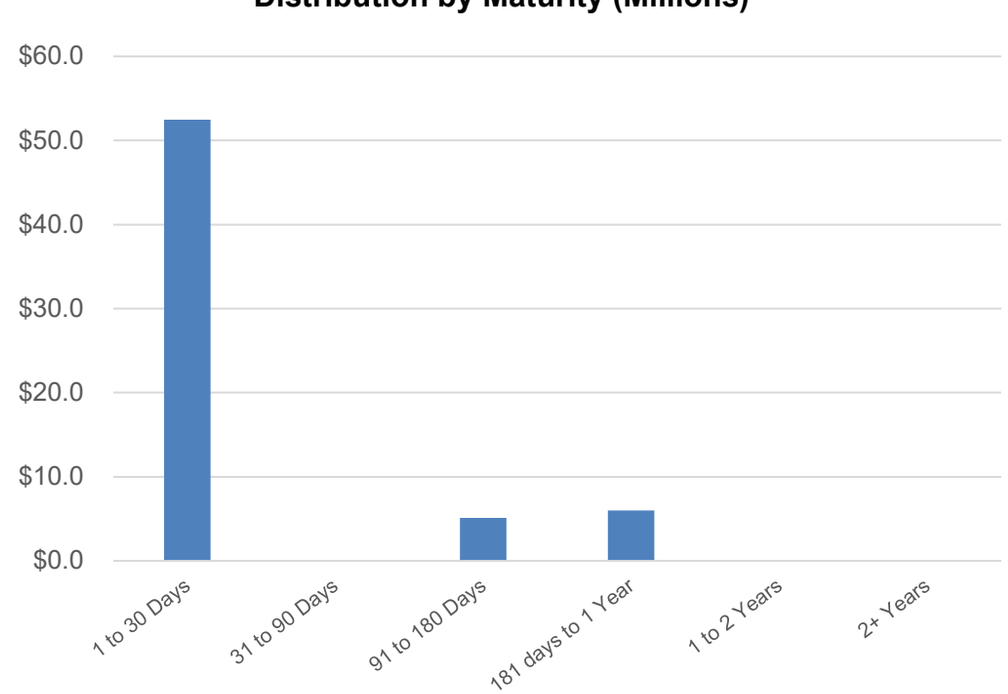
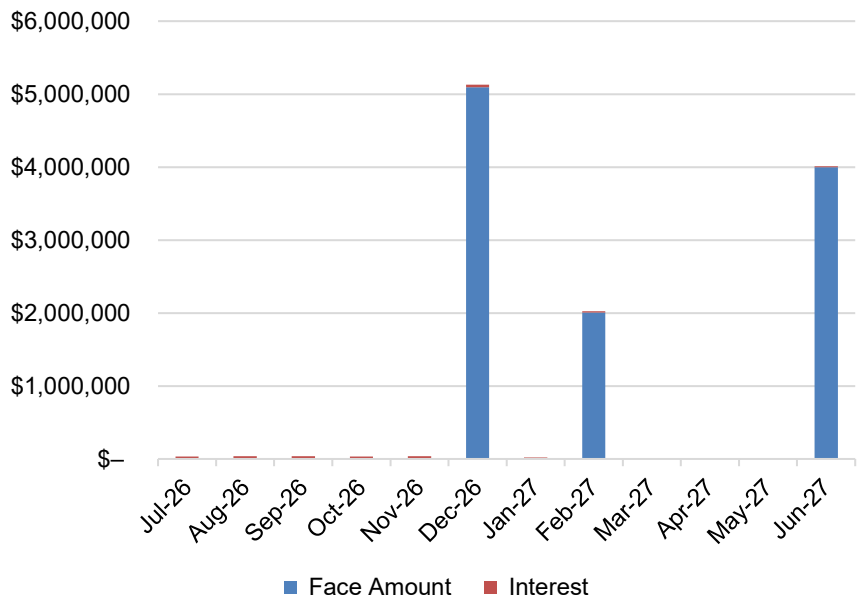
Sep-25
Dec-25
Mar-26
Jun-26
TexPool
Weighted Average Yield
Rolling 6 Month T-Bill


Distribution by Maturity (Millions)
$60.0
$50.0
$40.0
$30.0
$20.0
$10.0
$0.0
1 to 30 Days
31 to 90 Days
91 to 180 Days
181 days to 1 Year
1 to 2 Years
2+ Years

Maturity Cash Flows - Next 12 Months

Month	Face Amount	Interest	Total
Jul-26	$ –	$ 34,741	$ 34,741
Aug-26	–	35,899	35,899
Sep-26	–	35,899	35,899
Oct-26	–	34,741	34,741
Nov-26	–	35,899	35,899
Dec-26	5,094,224	34,741	5,128,965
Jan-27	–	19,674	19,674
Feb-27	2,006,438	19,882	2,026,320
Mar-27	–	11,936	11,936
Apr-27	–	13,215	13,215
May-27	–	12,789	12,789
Jun-27	4,000,000	13,215	4,013,215
TOTALS	**$ 11,100,662**	**$ 302,630**	**$ 11,403,292**



Book & Market Value Comparison

Issuer/Description	Yield	Maturity Date	Book Value 03/31/26	Increases	Decreases	Book Value 06/30/26	Market Value 03/31/26	Change in Market Value	Market Value 06/30/26
Woodforest Bank DDA	2.09%	07/01/26	$ 2,036,902	$ 1,189,322	$ –	$ 3,226,225	$ 2,036,902	$ 1,189,322	$ 3,226,225
Woodforest Bank MMA	3.82%	07/01/26	18,126,139	1,572,637	–	19,698,777	18,126,139	1,572,637	19,698,777
NexBank IntraFi MMA	3.82%	07/01/26	23,118,977	217,147	–	23,336,124	23,118,977	217,147	23,336,124
InterBank MMA	3.97%	07/01/26	240,795	–	(26)	240,769	240,795	(26)	240,769
InterBank ICS	3.98%	07/01/26	1,833,232	20,285	–	1,853,517	1,833,232	20,285	1,853,517
TexPool	3.65%	07/01/26	10,958,548	–	(8,880,798)	2,077,750	10,958,548	(8,880,798)	2,077,750
TexSTAR	3.62%	07/01/26	10,938,867	–	(8,881,451)	2,057,416	10,938,867	(8,881,451)	2,057,416
Origin Bank CD	4.45%	05/19/26	2,066,974	–	(2,066,974)	–	2,066,974	(2,066,974)	–
Origin Bank CD	4.45%	05/27/26	2,066,974	–	(2,066,974)	–	2,066,974	(2,066,974)	–
SouthState Bank CD	3.82%	12/08/26	5,046,375	47,849	–	5,094,224	5,046,375	47,849	5,094,224
Third Coast Bank CD	3.86%	02/22/27	–	2,006,438	–	2,006,438	–	2,006,438	2,006,438
Third Coast Bank CD	3.96%	06/03/27	–	4,000,000	–	4,000,000	–	4,000,000	4,000,000
TOTAL /AVERAGE	**3.74%**		**$ 76,433,784**	**$ 9,053,679**	**$ (21,896,222)**	**$ 63,591,240**	**$ 76,433,784**	**$ (12,842,544)**	**$ 63,591,240**

Allocation
June 30, 2026
Book & Market Value

	Total	General Fund	Public Health Fund
Demand Deposits–Woodforest Nat'l Bank	$ 3,226,225	$ 2,779,067	$ 447,157
Woodforest Nat'l Bank MMA	19,698,777	17,761,281	1,937,495
NexBank IntraFi MMA	23,336,124	23,336,124	–
InterBank MMA	240,769	240,769	–
InterBank ICS	1,853,517	1,853,517	–
TexPool	2,077,750	2,077,750	–
TexSTAR	2,057,416	2,057,416	–
12/08/26–SouthState Bank CD	5,094,224	5,094,224	–
02/22/27–Third Coast Bank CD	2,006,438	2,006,438	–
06/03/27–Third Coast Bank CD	4,000,000	4,000,000	–
Totals	**$ 63,591,240**	**$ 61,206,588**	**$ 2,384,653**

Agenda Item # 8a

We Make a Difference!

To: Board of Directors

From: Randy Johnson, CEO

Date: July 28, 2026

Re: **CEO Report**

Current Significant Activities:

- Board Members met with MCHD Management to review the 2027 Fiscal Budget Plans. Four board members spent two days reviewing the projects and expenses planned for each department in preparation for the next fiscal year.

- Dr. Patrick, Chief Seek, Jason Gutierrez and I attended the funeral for the Sherriff's Deputy who lost her life in the line of duty.

- We attended the bi-monthly Montgomery County Fire Chief's Association meeting. There we discussed the fire departments' concern of using their trucks to block freeway traffic for MVA's. Several departments have had their fire units damaged as cars have crashed into them. This places their fire apparatus out of service for up to two years. We and area Fire Chiefs are going to Commissioners Court on July 23rd to support Jason Millsaps in his request for three traffic blocking vehicles to be used on IH 45 and IH 69 to aid the fire departments when long traffic blocking times are required.

- I and the executive team met with each department head to review quarterly year-to-date financials, capital budget year-to-date, any issues the department is having, and discussions of plans for the next 90 days. These sessions are very informative to senior management.

- I was involved in interviewing Michael Wells for the Division Chief of Quality position. Mr. Wells had a very informative interview and I was impressed with his plans and knowledge of how he wanted to work with the Medical Directors to coordinate quality initiatives in EMS.

- We have been interviewing consultants to help us with the Accounts Payable processes in order that we may better work with the recently implemented Oracle Accounting system. We have had good responses from potential consultants and should be able to present our choice of proposal for work product at the August Board meeting.

- We are also working to find a potential consultant to help us carefully begin the journey of safely working with AI to improve our work processes and analytics. We know that we will need help framing the governance rules needed to assure that we use AI in safe and well-planned manner.

- Finally, this month Ms. Miller and Justin Evans took our new Board Member, Ms. Tanya Peacock to tour our control point tower site. There, they discussed the MCHD tower system, how it works, what we are responsible for providing, and why. Afterwards, Chief Campbell and I took Ms. Peacock to visit Station 10, Station 15, Station 13, and the new Station 16 to get a better understanding of our EMS deployment.

Plans for the Next Ninety Days:

- Completing the 2027 Fiscal Budget for approval by the Board.
- Focusing on our EMS staffing and deployment models for FY 2027.
- Completing the transition from our legacy financial software to our new financial and procurement software.
- Streamlining and simplifying our procurement and accounts payable processes.

Thank you,

Randy

Agenda Item #8b

To: Board of Directors

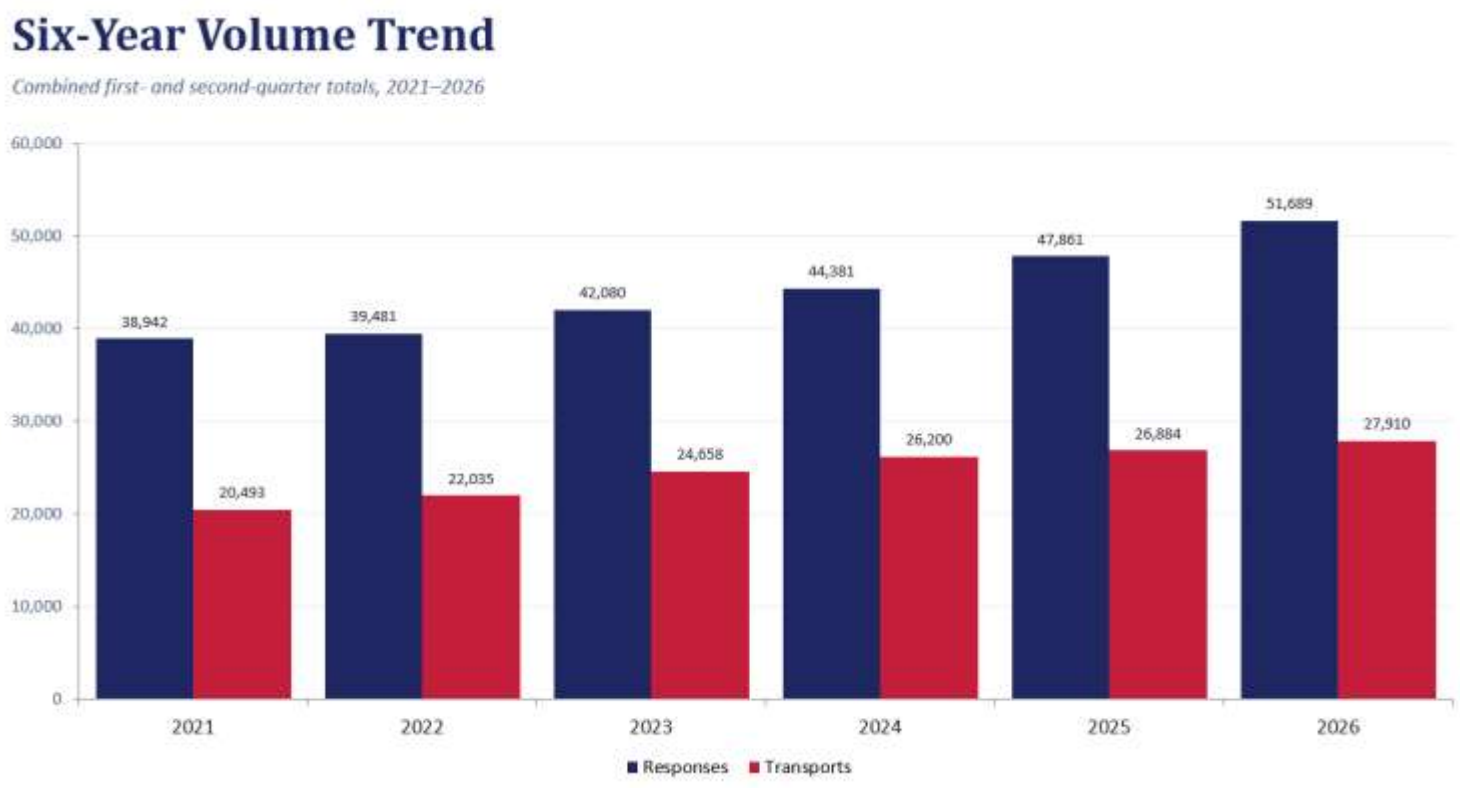
From: James Campbell

Date: July 28, 2026

RE: EMS Division Report

Executive Summary

- The MCHD EMS overall Customer Service score for June 2026 was 96.51. There were 218 patient surveys returned between 6/1/2026 and 6/30/2026. Our overall Top Box score, which represents the percentage of the highest possible rating of 'Very Good,' was 90%. In addition, our rolling 12-month score of 95.40 is 0.96 points higher than the national database score of 94.44.
    - Nationally, there are a total of 258 organizations using EMS Survey team, which includes various organizational sizes and call volumes. For June 2026, MCHD ranked 13th, which is in the top 5%.
- In June, we responded to 8,848 calls and transported 4,749 patients to the hospital. That averages 295 responses and 158 transports per day.
- June marks the end of the second quarter of 2026. Keeping the same approach of showing historical data comparisons, we are trying a different view of our data below. The data represents the combined first and second quarter totals of responses and transports from 2021 – 2026.
    - Transport growth grew 2.6% in 2025 compared to 2024 and 3.9% in 2026 compared to 2025.
    - Second-quarter volume has exceeded first-quarter volume in every year of the review, showing a stable seasonal pattern useful for scheduling.



- The FIFA games in Houston came to end this month. Many thanks to everyone who helped plan and prepare MCHD for this historic event. Unfortunately, the US team didn't make it further, but it was a memorable event for our region.
- July Montgomery County Fire Chiefs meeting major updates include:
    - Looking at a collaborative way to ensure we all have appropriate blocking on the major roadways. One request from Fire was to ensure EMS works as quickly as possible to get off the roadway, as the more time we are all on these roadways the more risk there is to everyone.
    - OEM has finished redesigning the ambulance we donated to them – it has been converted into a smaller rehab unit, pictures attached.
- Michael Wells has formally accepted an offer to be the Division Chief – Quality, effective 7/12. Big congratulations to Chief Wells, as he has made major contributions to MCHD over the past several years and we are excited to see him continue to contribute and grow in his new role!

Updates from Chief Seek

Hiring, Onboarding & Training
The Hiring team remains active with consecutive hiring cycles.

- 6 Paramedics are progressing through field training phases with an anticipated release late July.
- In our recent hiring process, the number of applicants has been promising with 279 EMT's and 56 Paramedics. 11 Paramedics and 27 EMTs will begin their careers with MCHD on August 3rd.
- All 8 EMT June 2025 Cohort staff have completed paramedic training and passed their national registry exam. Congratulations to all on their accomplishment.
- 10 EMT's are progressing through paramedic training at LSC – Montgomery. 7 began paramedic training in June and the remaining 3 began in January. Having this pipeline of future paramedics provides opportunity for staff and stabilization to staffing for MCHD.
- EMS Operations on-boarded two new District Chiefs. Congratulations Chief Powell and Chief Ayres! The District Chief (Field Supervisor) is now

Staffing
Staffing is stabilizing but can be challenging some days. Hiring cycles have been adjusted – size of academy, timing to keep pace with attrition, and approach to hiring EMT's and Paramedics in the same Academy - to add staff to fill empty positions and prepare for 2027 service expansion. Currently 6 paramedics have nearly completed training and 38 new EMS staff begin training August 3rd. There are currently 10 Attendant paramedics in the various stages of In-Charge promotional processes. We have momentum to further stabilize staffing; however, to maintain a high standard and set our staff up for success it takes time.
Full-time staffing reflects current headcount by role, net change since May, and the number of open positions actively being worked.

- Deputy Chief: 3 — no change, 0 openings
- District Chief: 16 - +2, 0 openings
- Captain: 13 — -3, (2 promoted to District Chief)
- In-Charge Paramedic: 100 — decreased 2, 11 openings *(10 currently in promotional process)*
- Attendant Paramedic: 109 — increase 8, 11 openings
- EMT Basic Attendant: 35 — down 9, surplus of 11 *(intentional, buffer for attendant paramedic vacancies, 7 moved to Cohort EMT position)*
- EMT Cohort: 10 — decrease 1, *(8 promoted to Attendant Paramedic, 7 began paramedic training)*

Part-time staff:

- In-Charge Paramedic: 15
- Attendant Paramedic: 9

June EMS System Performance

- Incident volume up 8% YoY
- Low-Level decreased to 1.58%
- Operationally committed UHU was 42%, steady MoM and YoY
- On a call UHU 31%
- AP or EMT units handled 14% of incident volume
- Averaged 39 Units staffed during peak demand hours and 27.5 overnight. Units staffed aligns with call demand timing and demand forecasting.
- We are closing monitoring call volume growth and other system performance measure to ensure efficiency and future deployment planning to ensure a steady level of readiness for our communities.

General Updates

- Monthly District Chief meeting covered clinical and operational updates along with reviewing system performance metrics.
- DCS – Operations attended as well as hosted a Captain meeting to restate the mission of group is to focus on field training and mentorship. Additional training is planned and a townhall is set for early August to address changes and upcoming promotional process.
- Administrative staff and Dr. Patrick attended Deputy Serrato's funeral to pay respects and support MCSO. The service was well attended and served as a strong reminder of what is asked daily of first responders and the importance of continued partnership across public safety agencies.
- Implemented a system fix within the dispatch process by updating 38 response cards to 77 response cards for interstate MVC incidents. This change helps ensure the appropriate resources are assigned, including a blocking unit to improve scene safety and operational response.
- Modified call dispatching to increase efficiency with call processing extends.
- Station 48 occupancy/operational planning taking place with EMS and Support Departments.
- MCHD hosted two impact reunions reunited responding FD and EMS crew with patient and family. The commitment, exceptional care and teamwork of the crews directly impacted the course of these patient's care.
- EMS, DCS, EM and Operations presented fiscal YTD performance, operational undated and financial review to Executives.
- EMS and EM provided standby coverage at multiple events on the 4th of July. Notable events were staffing Medic on a Lake Conroe with Pct. 1, New Caney 250th Celebration, Red, White and Blue The Woodlands, and 4th of July Parade in South County.

Upcoming Focus

- Continue hiring and refining new employee onboarding process.
- Monitor tropics during Hurricane season.
- Continue collaboration across departments to prepare 2027 operational changes aligned with the Shift Bid. Major changes include: transitioning to Attendant Paramedic units from EMT units, + 2 Squads, +2 transport units, unit alignment for increased efficiency, and adjustments to response plan in CAD.
- In collaboration with the Docs, continue monitoring hospital wait-times, adjust when needed and adjust response plan for attendant paramedic units.
- AI planning and timeline of adoption for MCHD.
- Captain promotional process planning, implementation and execution
- 3rd Quarter CE for all EMS employees
- 2027 Operational Plan

- One – on one meetings with each District Chief Debit Day shift to gain insights into current challenges, opportunities and strengths of District from field perspective.

Dispatched Incident Review

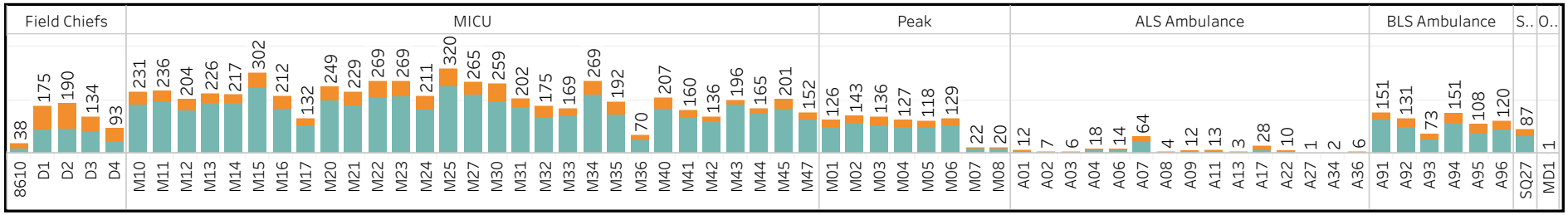
June 1, 2026 to June 30, 2026

Dispatched	
Incidents	6,848
Responses	8,848

On Scene	
Incidents	6,438
Responses	6,976

Transports	
Incidents	4,688
Transports	4,749

Response Times			
Priority 1	Priority 2	Priority 3	Overall
80.69%	82.84%	78.37%	81.06%

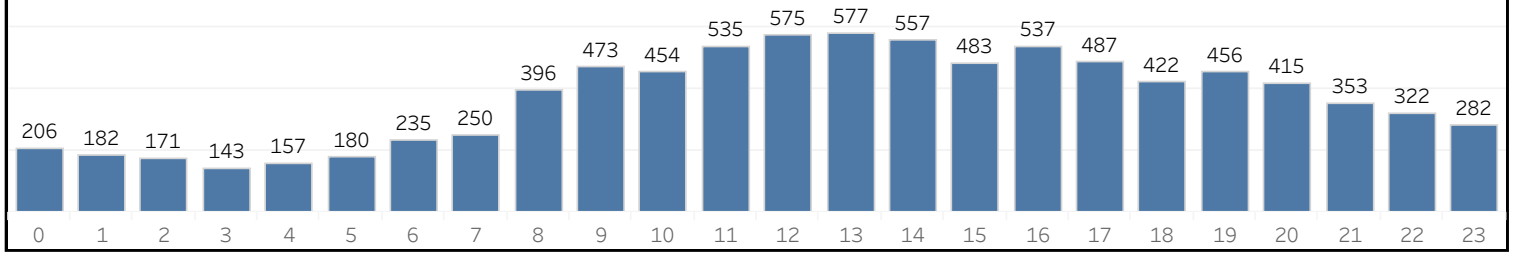


Incident Types (Top 20)

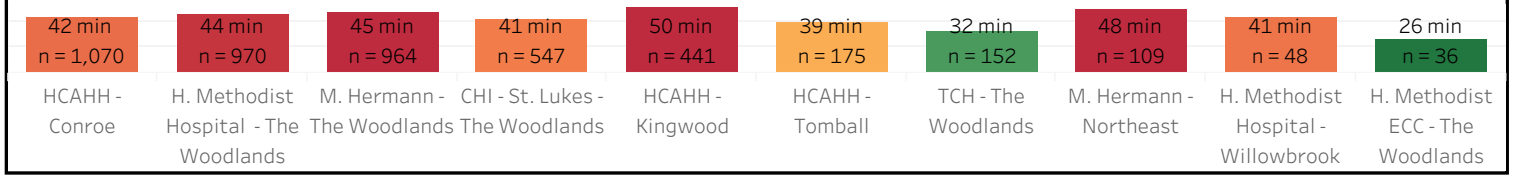
Problem Category	
Fall	923
Sick Person	573
Breathing Problems	501
Chest Pain	491
MVC	469
Unconscious/Fainting	443
Transfer/Evaluation	394
Stroke	354
SEND	343
Seizures	243
Abdominal Pain	214
Hemorrhage	183
Emotional Crisis	179
Assault	165
Traumatic Injury	151
Unknown Problem	141
Heart Problems	137
Medical Alarm	101
Overdose Ingestion	95
Diabetic	80

Responses On Scene

Responses by Hour of Day



Median Hospital Turn-Around Time (Top 10 Facilites by Transports)



Hospital Patient Transports

06/01/26 - 6/30/2026

Total Transports to All Facilities

5,241

	Sepsis	STEMI	Stroke	Trauma	Grand Total
M.Hermann - The Woodlands	14	2	21	8	45
HCAHH - Conroe	9	7	22	4	42
HCAHH - Kingwood	5		23	6	34
H. Methodist - The Woodlands	9	3	22		34
CHI - St. Lukes - The Woodlands	8	5	15		28
HCAHH - Tomball	3	2	1		6
H.Methodist Hospital - Willowbrook		2	3		5
TCH - The Woodlands			1	1	2
M.Hermann - TMC	2				2
TCH - TMC				1	1
M.Hermann - Northeast	1				1
H. Methodist Hospital - Cypress	1				1
CHI - St. Luke's Vintage	1				1
Grand Total	53	21	108	20	202

Avg. Turnaround Time Main Facilities (Minutes)

M.Hermann - TMC	67.50
Ben Taub General	63.00
HCAHH - Kingwood	53.60
M.Hermann - Northeast	50.92
HCAHH - Northwest	48.00
MD Anderson Cancer Center - TMC	47.38
M.Hermann - The Woodlands	47.32
H. Methodist - The Woodlands	46.62
H.Methodist Hospital - Willowbrook	45.73
M.Hermann - Katy	45.00
HCAHH - Conroe	44.34
CHI - St. Lukes - The Woodlands	44.25
CHI - St. Luke's Vintage	43.71
M. Hermann - Children's TMC	41.00
HCAHH - Tomball	39.92
Michael E. DeBakey VA Medical Center	39.33
TCH - The Woodlands	35.17
Huntsville Memorial	33.50
TCH - TMC	33.00
Lyndon B Johnson General	30.00
M. Hermann – Cypress	28.85
H. Methodist Hospital - TMC	28.00
HCAHH - Clearlake	24.00

Patients Per Facility Main Facilities (Count)

HCAHH - Conroe	1,200
M.Hermann - The Woodlands	1,079
H. Methodist - The Woodlands	1,076
CHI - St. Lukes - The Woodlands	603
HCAHH - Kingwood	480
HCAHH - Tomball	186
TCH - The Woodlands	178
M.Hermann - Northeast	118
H.Methodist Hospital - Willowbrook	49
CHI - St. Luke's Vintage	24
M. Hermann – Cypress	13
M.Hermann - TMC	10
MD Anderson Cancer Center - TMC	8
HCAHH - Northwest	7
Michael E. DeBakey VA Medical Center	3
TCH - TMC	3
H. Methodist Hospital - TMC	2
Huntsville Memorial	2
Ben Taub General	1
HCAHH - Clearlake	1
Lyndon B Johnson General	1
M. Hermann - Children's TMC	1
M.Hermann - Katy	1

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

Avg. Turnaround Time Support Facilities (Minutes)

CHI - St. Luke's - Springwoods Village	36.00
H. Methodist Hospital - Cypress	35.87
CHI - St. Luke's - Lakeside	32.14
M.Hermann - Woodlands West	30.39
HCAHH - Cleveland ER	29.76
M. Hermann CCC – Kingwood	27.52
H. Methodist ECC – The Woodlands	27.21
H. Methodist ECC - Magnolia	25.25
America's ER Magnolia	24.50
HCAHH - Spring Freestanding	23.40
Behavioral - Tri-County	21.25
M.Hermann CCC - Spring	19.50
Behavioral - Kingwood Pines	16.00
Behavioral - Voyages	13.67

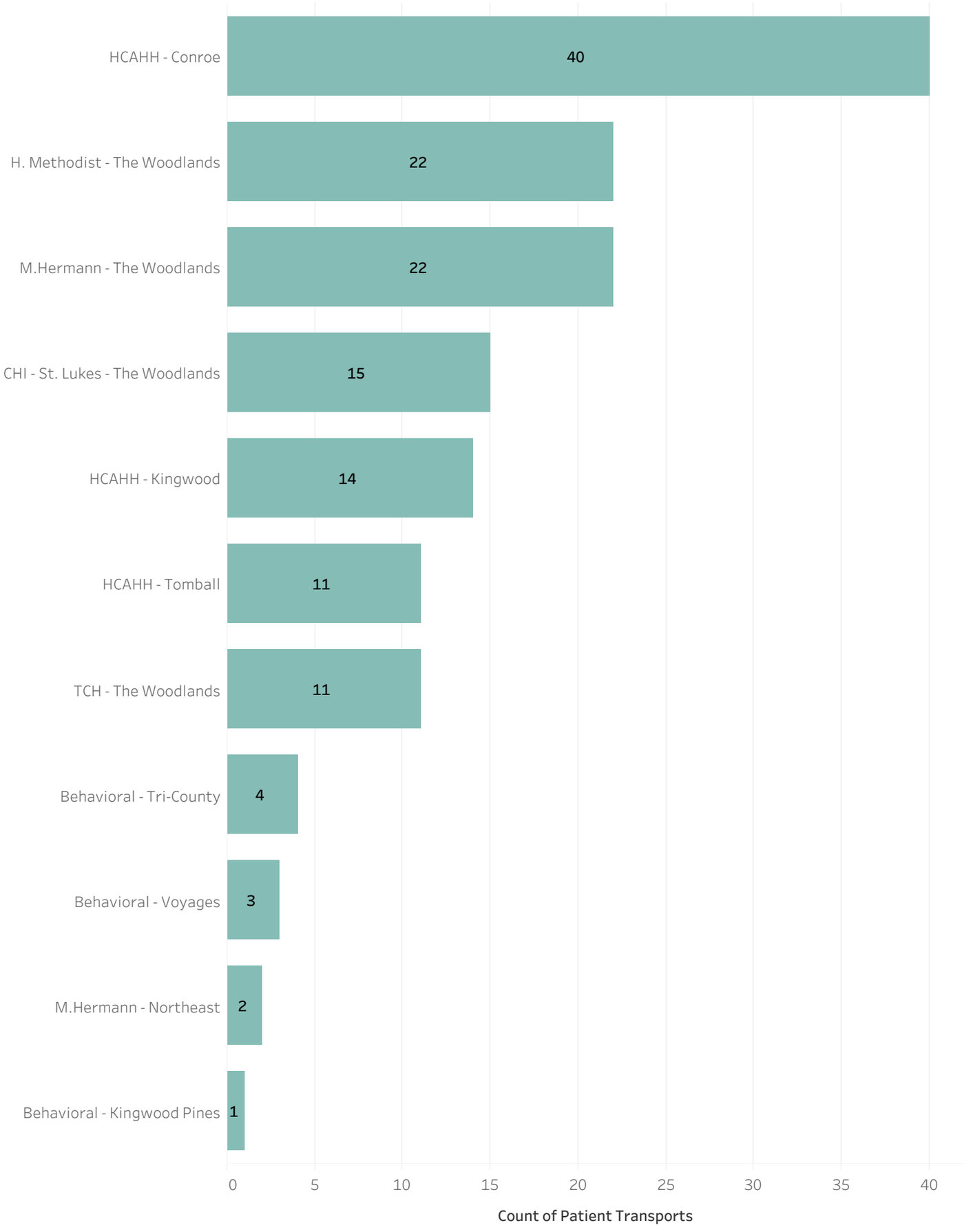
Patients Per Facility Support Facilities (Count)

H. Methodist ECC – The Woodlands	39
HCAHH - Spring Freestanding	25
H. Methodist ECC - Magnolia	24
M. Hermann CCC – Kingwood	23
M.Hermann - Woodlands West	18
HCAHH - Cleveland ER	17
H. Methodist Hospital - Cypress	15
CHI - St. Luke's - Lakeside	14
CHI - St. Luke's - Springwoods Village	5
America's ER Magnolia	4
Behavioral - Tri-County	4
Behavioral - Voyages	3
M.Hermann CCC - Spring	2
Behavioral - Kingwood Pines	1

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

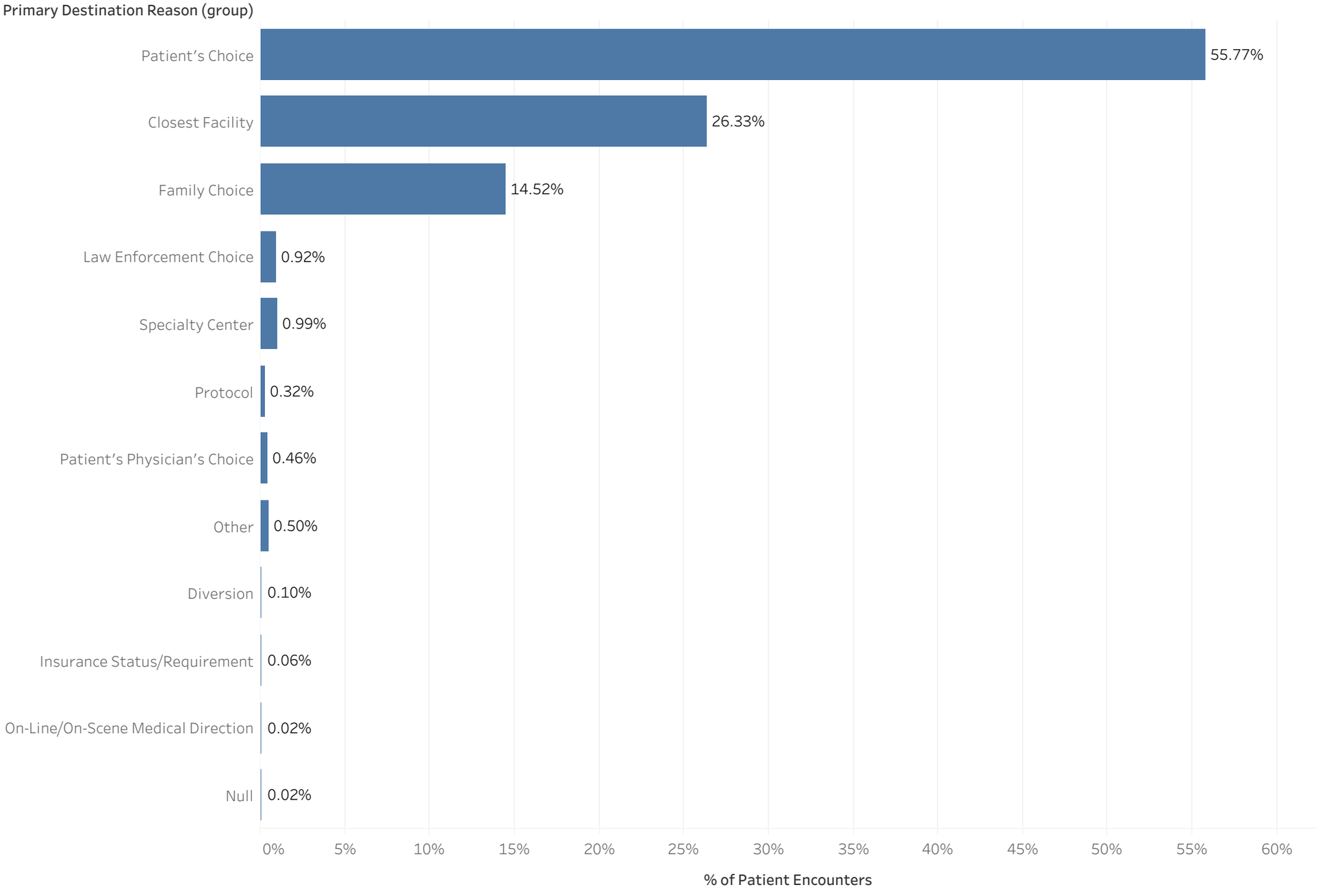
Psychiatric / Behavioral Patients per Facility

06/01/26 - 6/30/2026



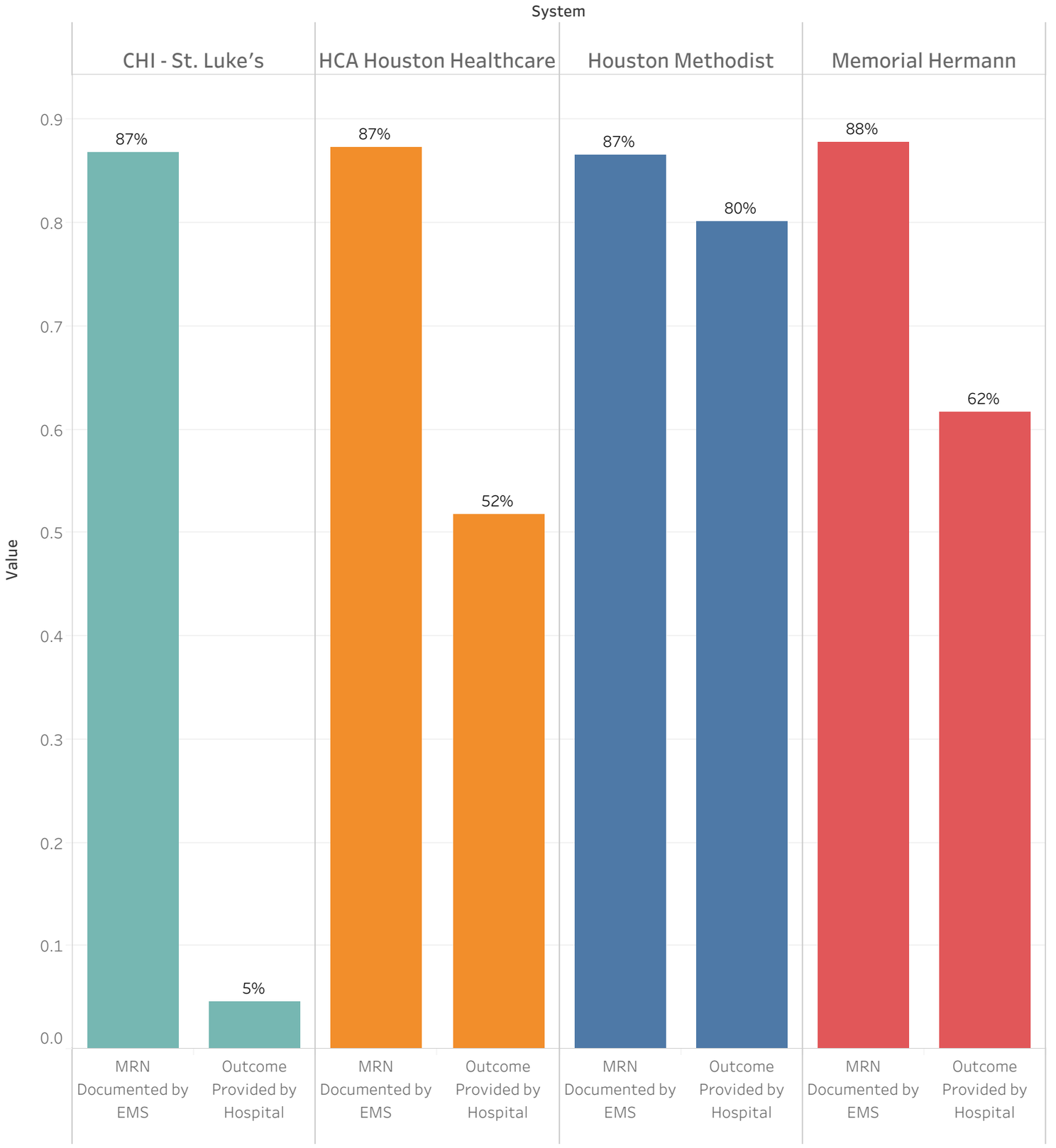
Primary Reason for Destination Choice

06/01/26 - 6/30/2026



Hospital Outcome Returned Performance By Hospital System

January 1, 2026 to June 30, 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 manor. 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

June 01, 2026 to June 30, 2026

Your Score

96.51

Your Patients in this Report

218

Number of National Database Patients in this Report

5088

Total EMS Organizations

258

Executive Summary

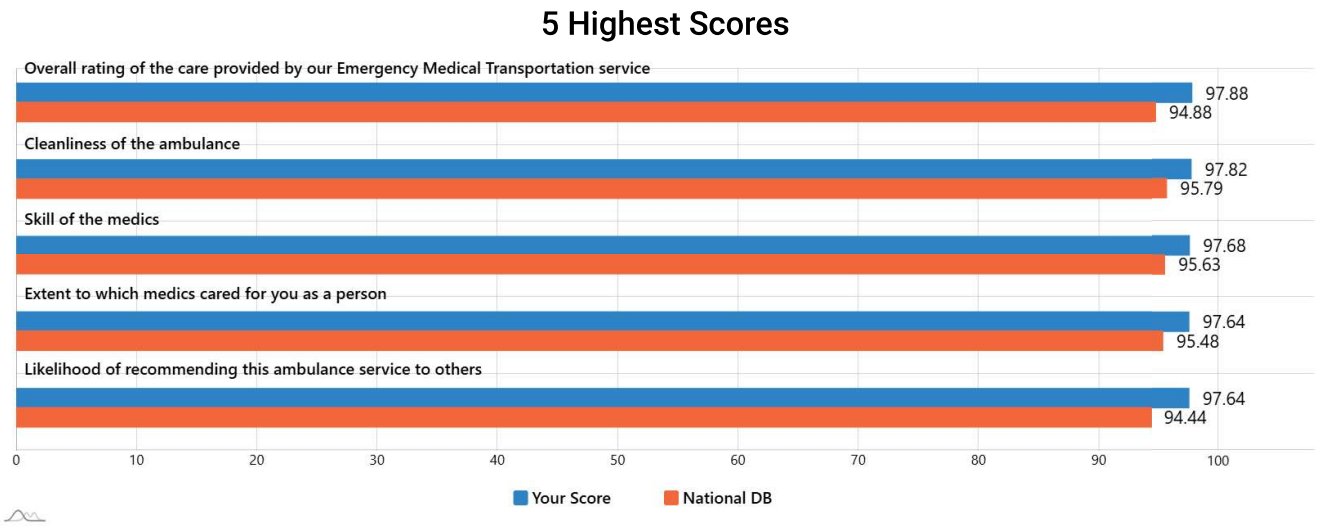
Your overall score for the period selected is **96.11**, a difference of **+0.69**, compared to your score from the previous year, **95.42**.

Your overall Top Box score, which represents the percentage of the highest possible rating Very Good, is **90**%.

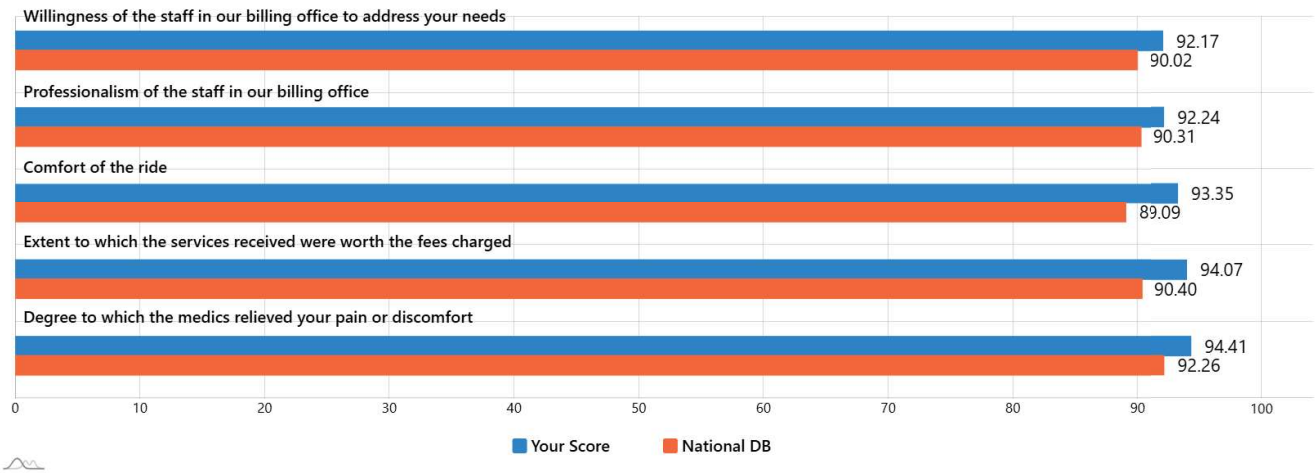
In addition, your rolling **12-** month score of **95.40** is a difference of **+0.96** from the national database score of **94.44**.

When compared to all organizations in the national database, your score of **95.40** is ranked **13rd**.

Highest and Lowest Scores



5 Lowest Scores



Monthly Overall Score Trend

Question Analysis

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

Dispatch Composite

	Current	Previous	+/-	National DB
Helpfulness of the person you called for ambulance service	97.22	+0.18	97.04	94.50
Concern shown by the person you called for ambulance service	96.74	+0.17	96.57	94.11
Extent to which you were told what to do until the ambulance arrived	96.67	+1.08	95.59	93.13
Overall Composite Score	96.88	+0.48	96.40	93.91

Ambulance Composite

	Current	Previous	+/-	National DB
Extent to which the ambulance arrived in a timely manner	95.85	-0.20	96.05	93.94
Cleanliness of the ambulance	97.82	+0.21	97.61	95.79
Comfort of the ride	93.35	+0.37	92.98	89.09
Skill of the person driving the ambulance	97.19	+0.73	96.46	95.35
Overall Composite Score	96.05	+0.28	95.77	93.54

Medic Composite

	Current	Previous	+/-	National DB
Care shown by the medics who arrived with the ambulance	97.34	-0.30	97.64	95.58
Degree to which the medics took your problem seriously	97.11	+0.23	96.88	95.46
Degree to which the medics listened to you and/or your family	96.94	+0.14	96.80	95.15
Skill of the medics	97.68	+0.23	97.45	95.63
Extent to which the medics kept you informed about your treatment	96.65	+0.66	95.99	94.11
Extent to which medics included you in the treatment decisions (if applicable)	96.47	-0.26	96.73	93.84
Degree to which the medics relieved your pain or discomfort	94.41	+1.46	92.95	92.26
Medics' concern for your privacy	96.70	+0.18	96.52	94.71
Extent to which medics cared for you as a person	97.64	+0.52	97.12	95.48
Overall Composite Score	96.77	+0.32	96.45	94.69

Billing Office Staff Composite

	Current	Previous	+/-	National DB
Professionalism of the staff in our billing office	92.24	+1.80	90.44	90.31
Willingness of the staff in our billing office to address your needs	92.17	+2.21	89.96	90.02
Overall Composite Score	92.20	+2.00	90.20	90.17

Overall Experience Composite

	Current	Previous	+/-	National DB
How well did our staff work together to care for you	96.71	+0.18	96.53	94.96
Extent to which our staff eased your entry into the medical facility	97.42	+0.38	97.04	94.80
Appropriateness of Emergency Medical Transportation treatment	97.54	+1.22	96.32	94.84
Extent to which the services received were worth the fees charged	94.07	+1.45	92.62	90.40
Overall rating of the care provided by our Emergency Medical Transportation service	97.88	+1.13	96.75	94.88
Likelihood of recommending this ambulance service to others	97.64	-2.36	100.00	94.44
Overall Composite Score	96.88	+0.34	96.54	94.05

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.

Medic	Your Score	National DB
Extent to which the medics kept you informed about your treatment	95.93	94.00
Skill of the medics	96.50	95.30
Extent to which medics cared for you as a person	96.67	95.37
Extent to which medics included you in the treatment decisions (if applicable)	95.15	93.73
Medics' concern for your privacy	96.70	94.60
Care shown by the medics who arrived with the ambulance	96.99	95.50
Degree to which the medics relieved your pain or discomfort	92.70	92.22
Degree to which the medics listened to you and/or your family	96.36	95.26
Degree to which the medics took your problem seriously	96.81	95.59

Ambulance	Your Score	National DB
Skill of the person driving the ambulance	96.89	94.99
Comfort of the ride	91.86	88.71
Cleanliness of the ambulance	97.65	95.41
Extent to which the ambulance arrived in a timely manner	95.70	93.63

Billing Office Staff	Your Score	National DB
Professionalism of the staff in our billing office	92.40	90.19
Willingness of the staff in our billing office to address your needs	91.55	89.52

Dispatch	Your Score	National DB
Concern shown by the person you called for ambulance service	96.45	94.12
Extent to which you were told what to do until the ambulance arrived	96.07	92.94
Helpfulness of the person you called for ambulance service	97.31	94.53

Overall Experience	Your Score	National DB
Extent to which the services received were worth the fees charged	93.00	90.50
How well did our staff work together to care for you	95.68	94.79
Extent to which our staff eased your entry into the medical facility	95.51	94.77
Likelihood of recommending this ambulance service to others	95.18	94.22
Appropriateness of Emergency Medical Transportation treatment	95.31	94.55
Overall rating of the care provided by our Emergency Medical Transportation service	96.21	94.89

Benchmark Comparison By Question

	Your Score	ACE	CAAS	Texas
Helpfulness of the person you called for ambulance service	97.64	95.88	94.68	95.81
Concern shown by the person you called for ambulance service	96.84	95.05	94.54	95.19
Extent to which you were told what to do until the ambulance arrived	96.50	94.49	93.46	95.37
Extent to which the ambulance arrived in a timely manner	96.24	94.87	93.87	95.35
Cleanliness of the ambulance	97.97	96.61	95.73	96.64
Comfort of the ride	92.54	90.70	88.98	91.61
Skill of the person driving the ambulance	97.26	96.11	95.37	96.23
Care shown by the medics who arrived with the ambulance	97.41	96.84	95.82	97.02
Degree to which the medics took your problem seriously	97.25	96.93	96.01	96.85
Degree to which the medics listened to you and/or your family	96.88	96.59	95.74	96.51
Skill of the medics	96.94	96.60	95.64	96.75
Extent to which the medics kept you informed about your treatment	96.41	95.85	94.42	95.79
Extent to which medics included you in the treatment decisions (if applicable)	95.70	95.45	94.38	95.05
Degree to which the medics relieved your pain or discomfort	93.27	93.06	92.71	93.63
Medics' concern for your privacy	97.12	95.89	95.03	96.26
Extent to which medics cared for you as a person	97.13	96.61	95.91	96.58
Professionalism of the staff in our billing office	92.90	91.15	91.03	92.13
Willingness of the staff in our billing office to address your needs	92.12	90.25	90.42	91.71
How well did our staff work together to care for you	96.12	95.99	95.27	96.15
Extent to which our staff eased your entry into the medical facility	96.07	96.27	95.18	96.07
Appropriateness of Emergency Medical Transportation treatment	95.87	95.81	95.12	95.66
Extent to which the services received were worth the fees charged	93.51	90.87	90.24	93.10
Overall rating of the care provided by our Emergency Medical Transportation service	96.66	96.05	95.45	96.18
Likelihood of recommending this ambulance service to others	95.70	95.25	94.73	96.21
Overall Score	**95.92**	**94.97**	**94.16**	**95.33**

Agenda Item # 8c

We Make a Difference!

To: Board of Directors

From: Melissa Miller, COO

Date: July 28, 2026

Re: **COO Report**

FACILITIES:

- Station 13 – 200 S. Kennedy St. in Willis – The property closing has been postponed to address the survey finding of an alley through the middle of the property. The City of Willis notified ESD 1 that this is approximately a 3-month process to "abandon" the alley. This will push back closing on the property until late September or October. ESD 1 will not charge MCHD rent from July -closing.
- Station 15 Expansion – MCHD closed on the 809 W. Semands, Conroe property May 11. The "Notice of Sealed Bid" was posted July 13 with sealed bids being accepted until 2pm on August 6.
- Station 48 at 13984 FM 2854: June exterior and roof work is complete. The propane tank has been set and interior work is underway. The projected completion date has been pushed back until the first week of September due to weather delays during exterior siding and roofing.

Propane tank delivery and set-up

Bathroom tile work

RADIO and TOWERS:

- Continue to evaluate property in Porter for Tower placement
- In preparation for the potential TS Bertha the radio team:
  - checked all tower sites and verified propane levels,
  - tested the generator/transfer switch operations -all tower sites transferred to generator and ran fully loaded without issues – verified Robinson Rd. Tower is now transferring to generator power without issue since the recent ATS repair.

- verified UPS status and checked for system alarms- no UPS alarms or issues
- Verified all propane tanks were within 5-10% of the maximum fill level, there were no UPS alarms or issues, and no system alarms at all sites. Robinson is now transferring to generator power without issue since the recent ATS repair.

INFORMATION TECHNOLOGY and COMPUTER AIDED DISPATCH (CAD):

- The CAD team has been working with a Central-Square project to update CAD in the testing environment to the latest version. This project is over a year old as there are several new security updates that are needed for the latest version. This will allow to team to test on new features and assist in training the Alarm staff when we upgrade the production system.

- The IT team replaced one of our fiber providers at administration for improved reliability and the new provider is more economical. This provider helps to connect a couple of stations, radio towers, and disaster recovery site.

- IT team also completed the network design and setup for the new door security system for all MCHD and radio tower locations for the facilities department.

LASERFICHE:

- We migrated most of our Laserfiche environment from on-premise servers (managed by IT & OCS) to cloud-hosted servers (managed by Docunav) on Friday, June 26. We expected most of our user-facing functions to be available by the end of that same day, and nearly full functionality by Monday. There were unexpected issues with user licensing and access groups during the migration, which created a cascade of other issues. As of July 16, we are currently about 95% functionality and working on the last remaining issues affecting users. We will also be having an after-action review of the migration to document and share lessons learned.

MATERIALS MANAGEMENT:

- Materials Management Coordinator and Warehouse Tech utilized some training hours the week of July 14 with Operative IQ to go over their current processes to see if there were more efficient way recording inventory and ask any questions they may have.
- The week of July 20 Distribution Techs have been increasing supplies in stations as preparation for TS Bertha approaches.
- Make-Ready Techs will start next week setting up the old uniform storage room as a prepping area for bins and bags to help make ready trucks more efficiently.

COMMUNITY PARAMEDICINE:

- Presentation of Case Study

PUBLIC HEALTH:

Clinic Division - Immunizations, STD and TB:

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

1. $600,000 Contracted County funding
2. $ 67,320/year Regional and Local Service System/ Local Public Health Systems (RLSS-LPHS)
3. June YTD $14,099.39 revenue for the administration of immunizations, STD screening and treatment.

Immunizations Program:

The clinic provided immunizations to 70 patients in June.

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.

Sexually Transmitted Infections/Disease Program (STI/STD):

In May, the clinic screened 40 patients for STI's. Testing positive: 2 for Gonorrhea
Note: The clinic only reports positive tests done in the clinic to the Epidemiology team.

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. Our TB team worked closely with the Regional TB team to access inpatient treatment at Texas Center for Infectious Disease (TCID) for one of our complex, critically ill patients. TCID is a specialized, 75-bed public health hospital operated by the Texas Department of State Health Services. It is dedicated to the diagnosis and treatment of complex infectious diseases, primarily Tuberculosis (TB). Current case load of 17 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 10 patients.

As the TB team workload per patient increases, we are coordinating with Regional and Central DSHS staff to explore partnership opportunities to reach our shared goals of:

- Providing consistent, high-quality, patient-centered services that improve individual and community health outcomes.
- Enhancing job satisfaction to retain specialized staff at all levels.
- Sustaining and reducing total operating expenses through greater efficiency.

Epidemiology and Preparedness Division Grant Funding:

Community Preparedness Section / Public Health Emergency Preparedness (CPS / PHEP)

Funds: Restricted
Grant Year: July 1 -June 30
Expenses:

- Salary and fringe for 3 full-time employees
- 10% match required
- Health Authority Contract
- Other Operating Expenses

Activities Allowed:

- Public health surveillance and epidemiological Investigations
- Infectious disease preparedness and outbreak response
- Community preparedness initiatives
- Public health emergency operations coordination planning and exercising
- Public health information and warning activities
- Assist with medical counter measure dispensing activities

Public Health Infrastructure Grant

Funds: Restricted
Grant: This 5-year block grant funding ends in 2027, no word of extension, additional funds or replacement grant
Expenses:

- Salary and fringe for 3. 5 full-time employees
- Other Operating Expenses

Activities Allowed:

- Recruit and hire new public health personnel
- Retain public health staff, strengthen retention incentives, and create promotional opportunities
- Support and sustain the public health workforce and strengthen workplace well-being programs
- Improve the quality and scope of training and professional development opportunities for staff
- Strengthen workforce planning, systems, processes, and policies

Infectious Disease Control Unit / Surveillance (EAIDU/SUR)

Funds: Restricted
Grant Year: Oct. 1 - Sept 30
Expenses:

- Salary and fringe for 1 full-time employee
- Other Operating Expenses

Activities Allowed:

- Infectious disease investigation, prevention and outbreak response activities
- Public health surveillance and epidemiological investigations

Cities Readiness Initiative (CRI)

Funds: Restricted

Grant Year: July 1 -June 30

Expenses:

- Salary and fringe for 1 full-time employee
- 10% match required
- Other Operating Expenses

Activities Allowed:

- Responder safety and health
- Plan for and participate in full-scale exercises
- Point of Dispensing coordination training and exercising
- Community preparedness and recovery
- Emergency operations coordination consistent with National Incident Management System (NIMS)

July 2026 Board Book – Epidemiology and Preparedness Division

Investigations of foodborne illnesses, waterborne illnesses, zoonotic diseases, vaccine-preventable diseases, high consequence infectious diseases, hospital-acquired infections, multidrug-resistant organisms (MDRO's), and emerging and re-emerging diseases remain ongoing. Guidance provided to partners regarding disease activity and reporting processes while staying current with local, state, national, and global disease trends.

- Notable:
  - Epidemiology received two PUM's (Persons Under Monitoring) for the Ebola Virus Disease caused by Bundibugyo virus. Both individuals related to travel to affected countries, considered low-risk, and completed the 21-day monitoring period without symptoms.
  - June 26, 2026: Press release of the first confirmed human West Nile Virus (WNV) case, neuroinvasive. A second WNV, non-neuroinvasive also investigated. Epidemiology team in contact with Montgomery County Mosquito Abatement and the Woodlands Township regarding cross streets to conduct trapping and surveillance of mosquitoes for disease. Mosquito species collected are identified and tested for mosquito-borne diseases, like West Nile Virus. The Montgomery County Mosquito Control Program surveys areas of where positive samples are found to look for any mosquito breeding sites in the county right-of-way on public property, and conducts treatment activities.
  - Four probable cases of flea borne typhus, all exposed to animals within jurisdiction.
  - Multidrug-Resistant Organisms (MDRO's): defined as microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agent, thus options for treating these infections are often extremely limited. Epidemiological investigations for each individual MDRO case reported is time-sensitive, significantly lengthy, and can often take weeks to months. For June, we see a high volume of cases, with one Epidemiologist Certified in Infection Control (CIC) to appropriately conduct these investigations and provide the infection control guidance necessary.
    - 11 *Candida auris (C. auris)* reported*:* a type of yeast that can cause severe illness and spread easily among very sick patients in healthcare facilities.
    - 5 Carbapenem-resistant Enterobacterales (CRE) reported: Enterobacterales are a group of bacteria (germs) that are a normal part of the human and animal gut but can also cause infections. Carbapenem-resistant Enterobacterales (CRE) are germs resistant to one or several antibiotics called carbapenems.
  - Ongoing preparations regarding Ebola and New World Screwworm.
  - Continued monitoring of respiratory disease trends through wastewater and syndromic surveillance.

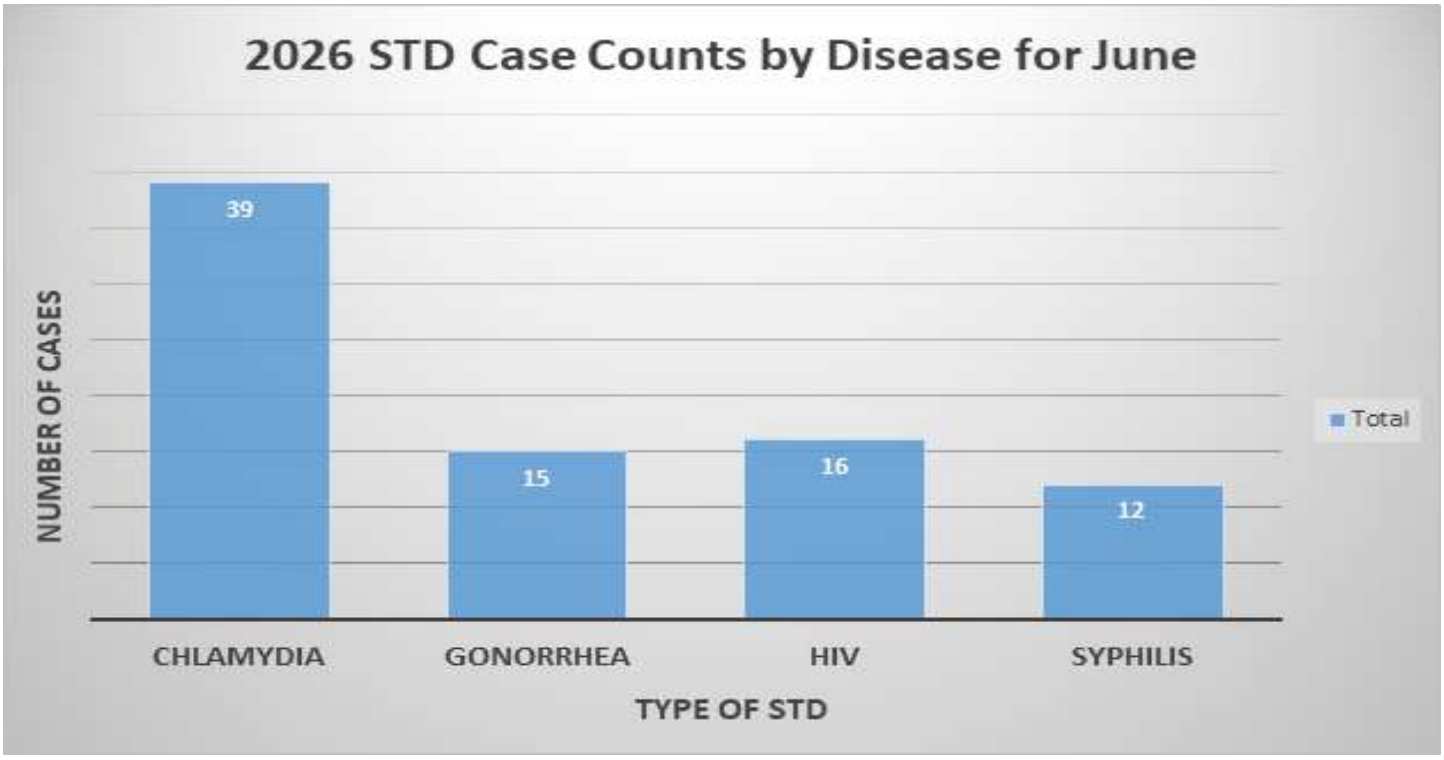
- World Cup Community of Practice, Texas Rapid Response Team FIFA calls, Ad Hoc DSHS and CDC calls, CDC STLT Calls, DSHS EAIDU Calls, TACCHO and NACCHO calls.

Continued collaboration with regional and state partners by updating plans, participating in trainings, exercises, and remaining current with potential public health threats, including internal epidemiology and preparedness training on Public Health Operations Center.

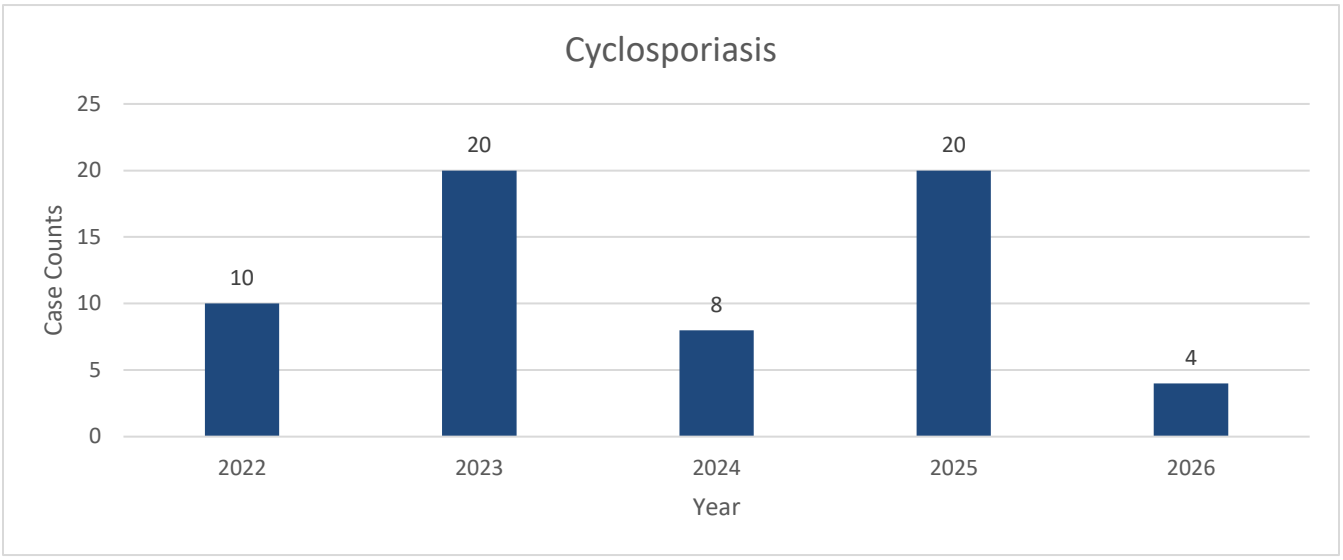
- Notable:
  - FIFA public health monitoring with Houston Health Department Daily Situation Reports: infectious disease reports, wastewater surveillance, and syndromic surveillance. Epidemiology Analyst creating ESSENCE dashboards for real-time monitoring of emergency room data.
  - Daily SETRAC World Cup Healthcare Update Call participation.
  - Participation in Regional Mass Care Workgroup and Galveston County Health District's Active Shooter Functional Exercise
  - Trainings: Preventing Mass Attacks: Examining the Impact of Targeted Violence and P2R Consortium Blood Borne Pathogens.
  - Submitted After-Action Review/Improvement Plan for SETRAC's Operation-Critical-Line tabletop exercise.

Ongoing monthly PHEP, Medical Countermeasures (MCM), CHEMPACK, and Strategic National Stockpile (SNS), regional CMOC radio checks and DSHS regional Public Health radio checks. Continued collaborations with local, regional, and stakeholders. POD (Point Of Dispensing) site discussions with local partners.

- Walk through with Conroe ISD for potential POD site location determination.



- 83 STD's reported directly to Epidemiology. 2 (Gonorrhea) reported from the Public Health Clinic. These do not include cases that may have been reported directly to DSHS. Investigations for these cases are completed by DSHS.


Cyclosporiasis
Case Counts
25
20
15
10
5
0
10
20
8
20
4
2022
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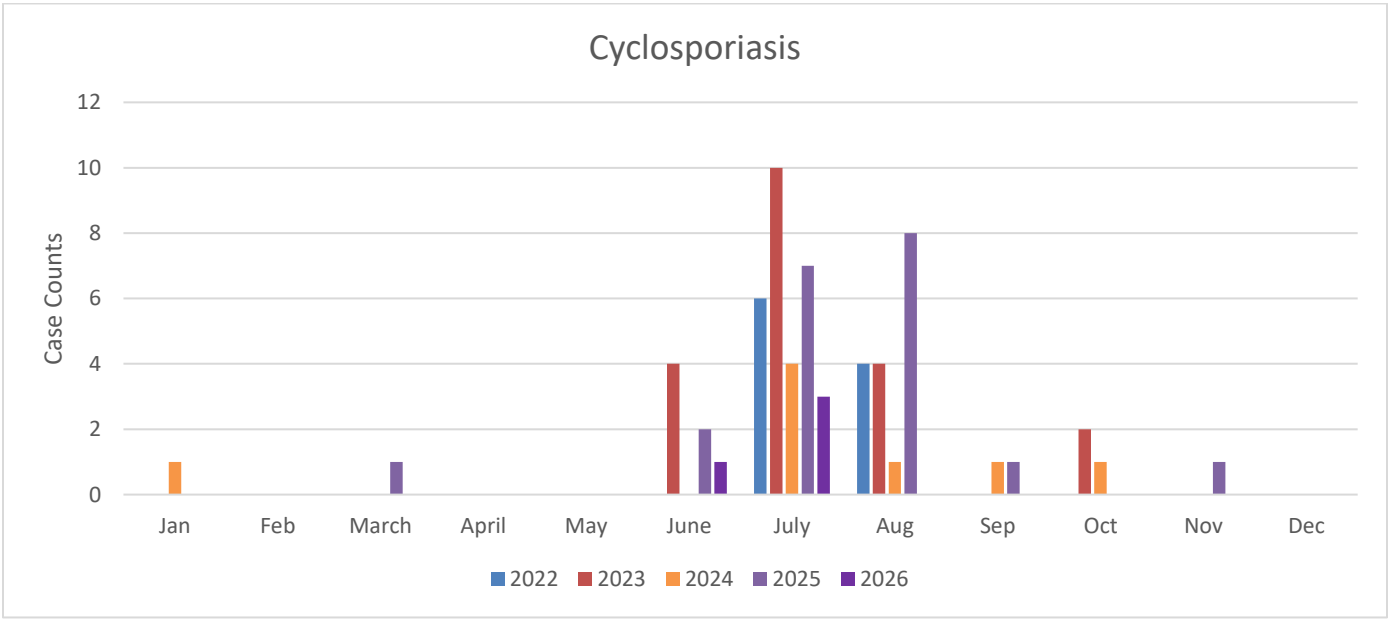
Year


Cyclosporiasis
Case Counts
12
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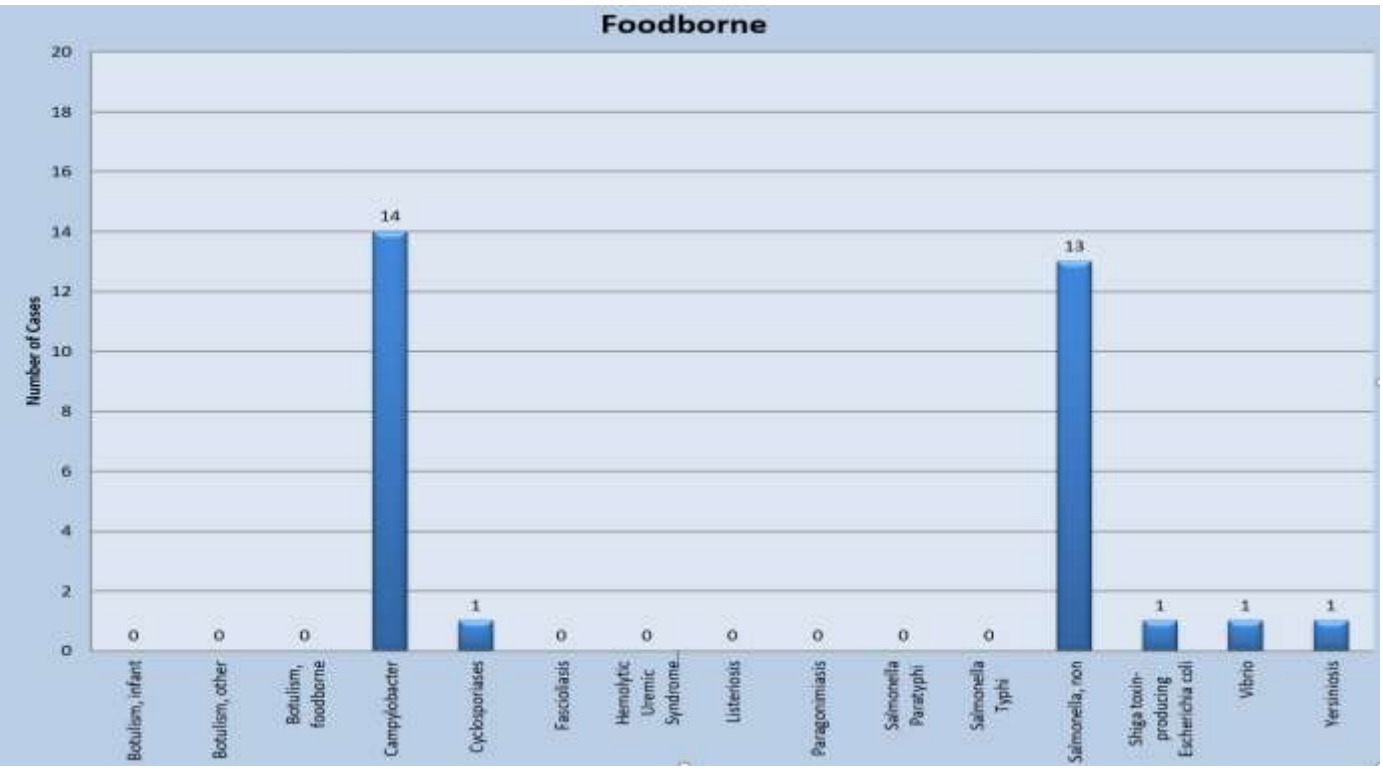
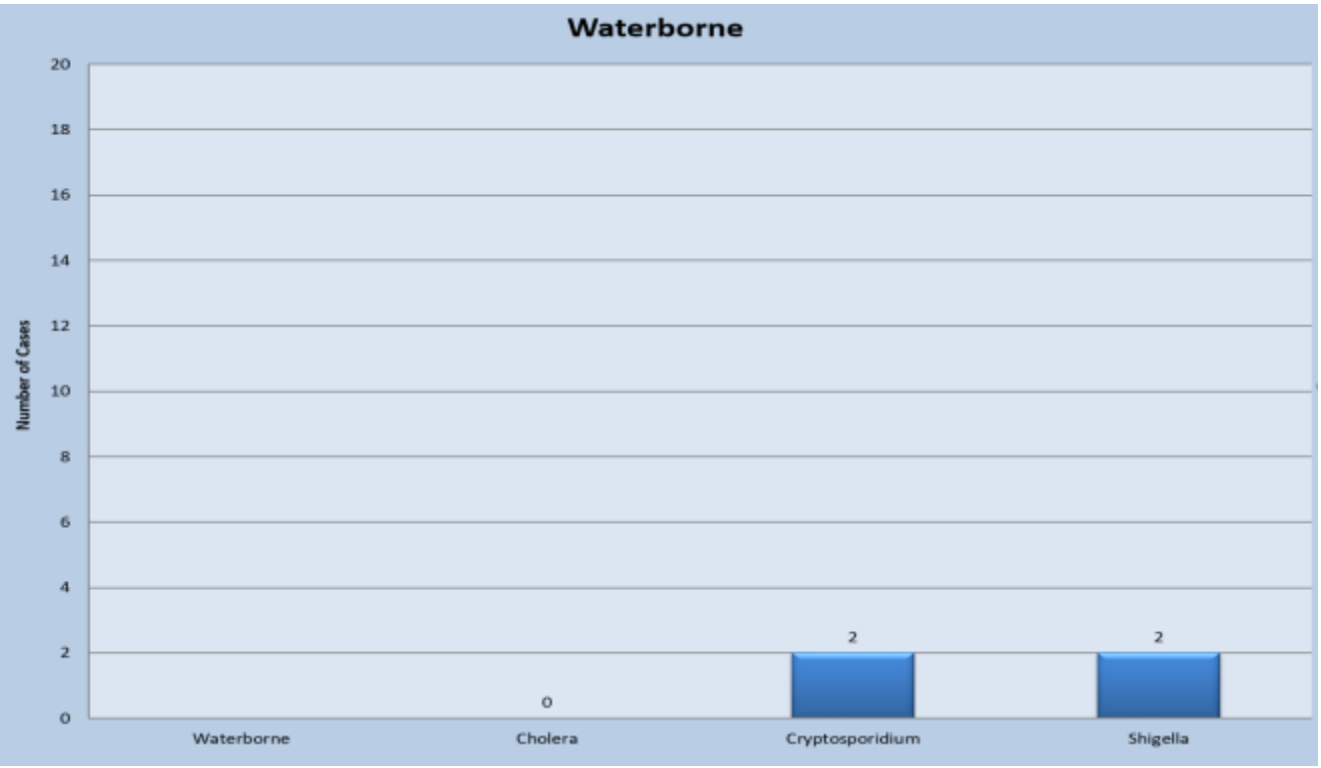


- Campylobacter: Age range: 5 years old – 83 years old. No exposures identified and no relation between cases.
- *Cyclospora:* Age: 45 years old. Considered an internationally acquired case due to travel to Mexico.
- Salmonella, non-typhi/paratyphi: Age range: <1 year old - 52 years old. 3 cases were linked to each other as a household outbreak. No additional exposures identified and no relation between cases.
- Shiga toxin-producing E. coli: Age: 32 years old. Case was linked to a national outbreak where 10 cases have been identified. No specific exposure has been identified at time of this report.
- Vibrio: Age: 9 years old. Reported out of state travel and touching a crustacean.
- Yersinia: Age: 39 years old.



- Cryptosporidium: Age range: 4 years old - 19 years old. One case reported out of state travel. No exposures identified and no relation between cases.
- Shigella: Age range: 2 years old - 18 years old. One case reported international travel to Mexico. No additional exposures identified and no relation between cases.

Agenda Item # 8d

We Make a Difference!

To: Board of Directors

From: Ade Moronkeji, HCAP Manager

Date: July 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

- HCAP hosted the I.H.S. Regional Training on June 3-4. Indigent health care representatives across Texas participated in refresher training covering applicant eligibility determination and application processing in accordance with state regulations and applicable guidelines.
- Caroline Pilkington, Community Resource Coordinator for the Montgomery Food Bank, presented information on available health care resources to HCAP staff and the Community

Paramedics. The information shared will enhance the program's ability to connect HCAP applicants and other community members with additional support services.

Eligibility Updates

Applications

- The application volume for June was 189, which brings the fiscal year total to 1,598. This volume represents a 7% increase over FY25 numbers. Approximately 33% of the applications originated from local hospitals including 52 from HCA Conroe and 11 from HCA Kingwood. 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 tracking system developed by the Intake Specialist to monitor the origin of new applications; and Figure 3 summarizes the primary reasons for application denials.

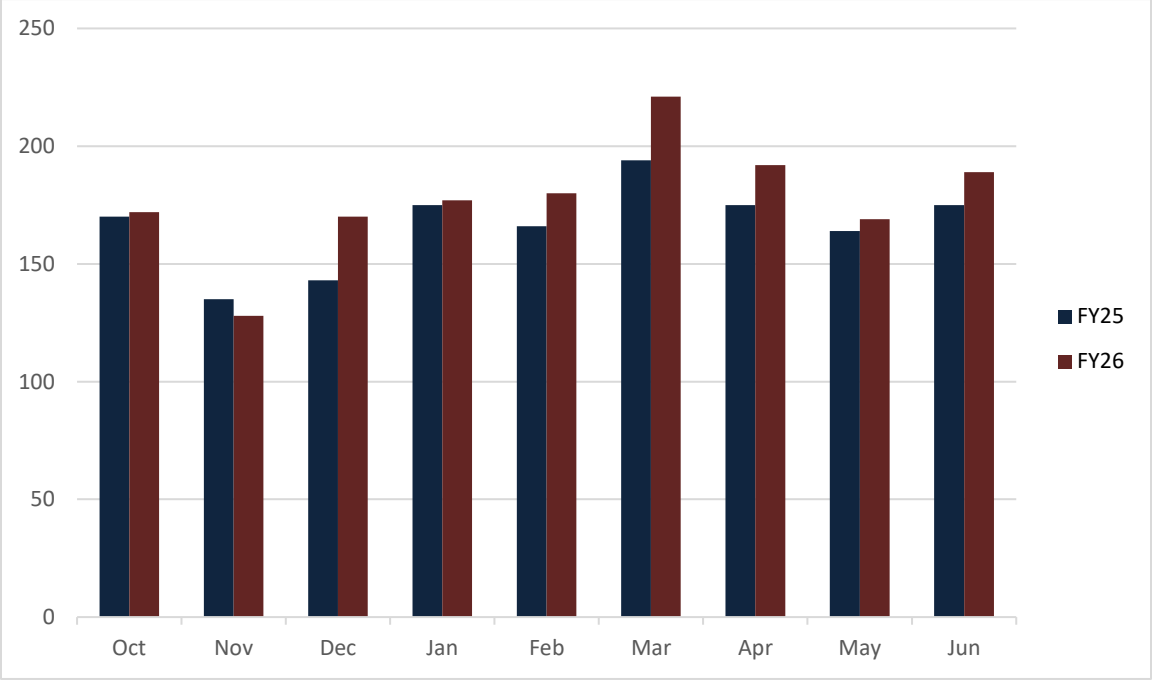


Figure 1 – Monthly Application Volume FY25 V. FY26

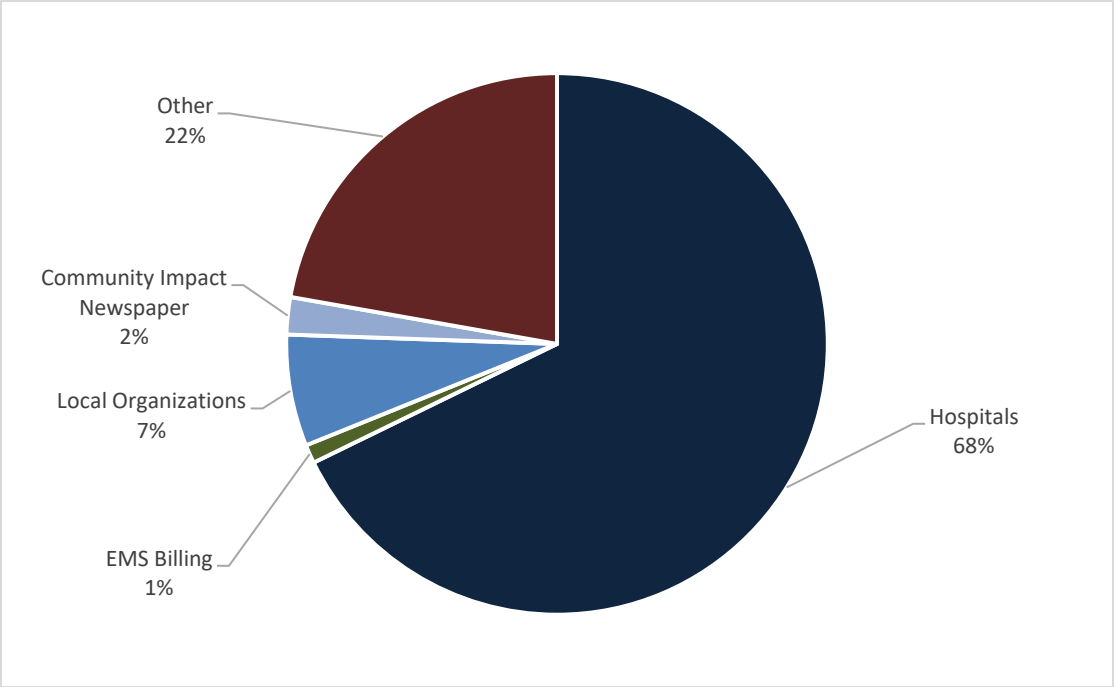


Figure 2 – New Application Sources

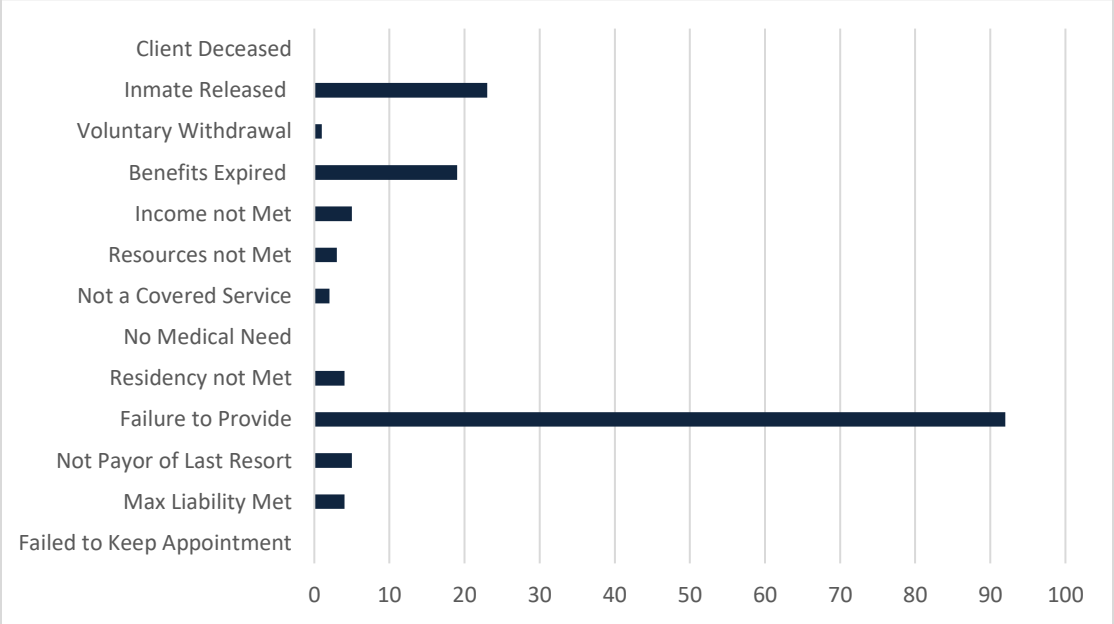


Figure 3 – Reasons for Application Denials

- We received 105 applications through Laserfiche, marking the highest application volume to date this fiscal year. Laserfiche is an electronic application tool designed to make HCAP information and services accessible to the public. The corresponding graph compares monthly online application volumes between FY25 versus FY26. Current trend is higher than FY25 volume.

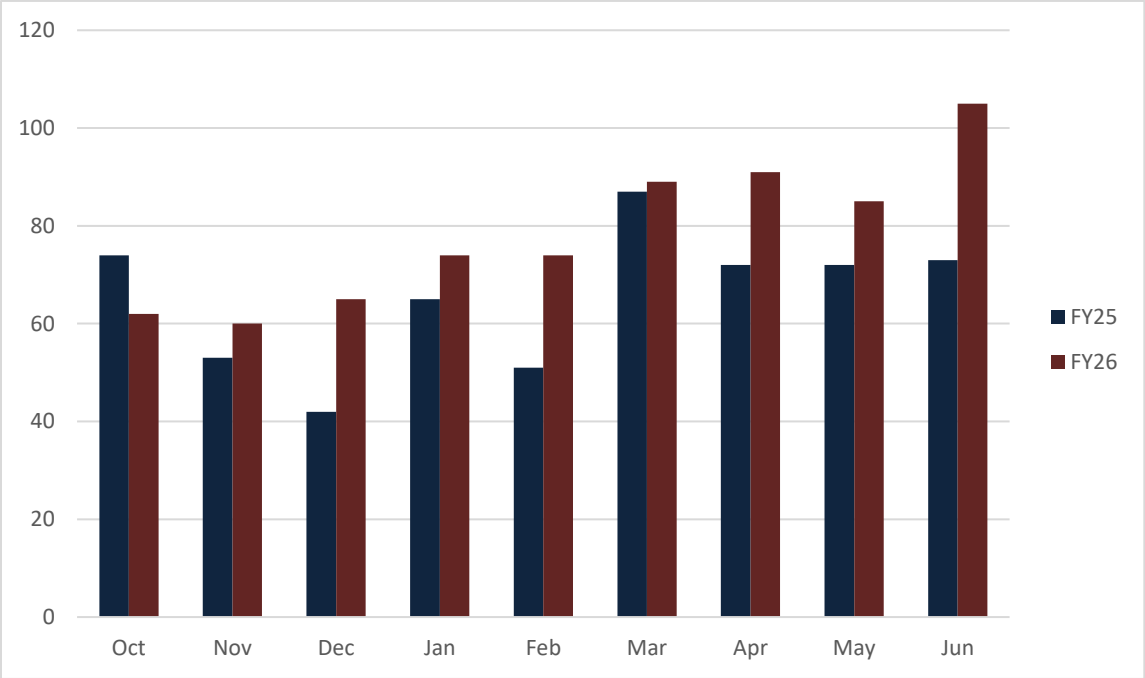


Figure 4 – Monthly Online Application Volume FY25 V. FY26

Enrollment

- Active clients totaled 309 in June, which is a 3% increase from May's volume.
- Medical service utilization was 61%, a decrease from FY25 average of 76%. 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.

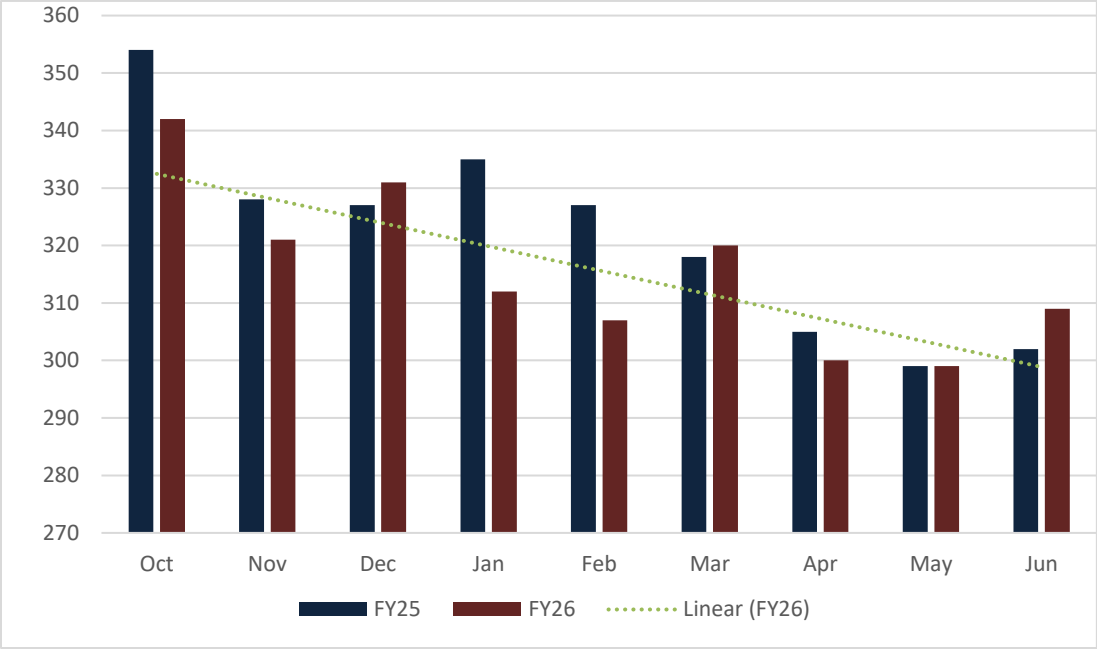


Figure 5 - Active Clients FY25 V. FY26

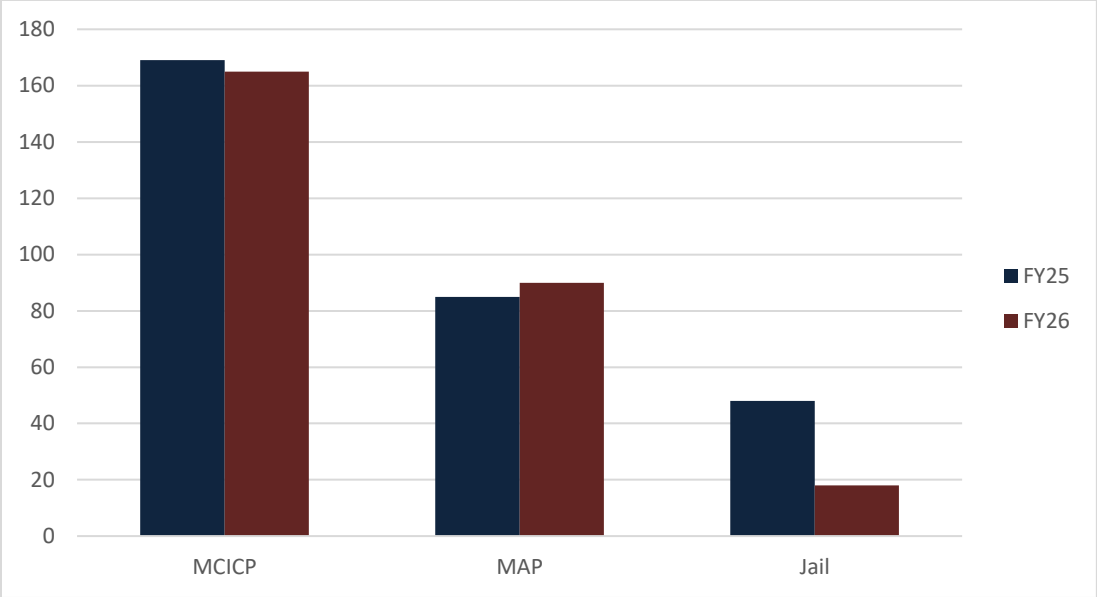


Figure 6 – June HCAP Program Breakdown FY25 V. FY26

New Clients

Client growth during the reporting period totaled 36 new clients. The graph below illustrates monthly trends in new client enrollment, highlighting ongoing program growth.

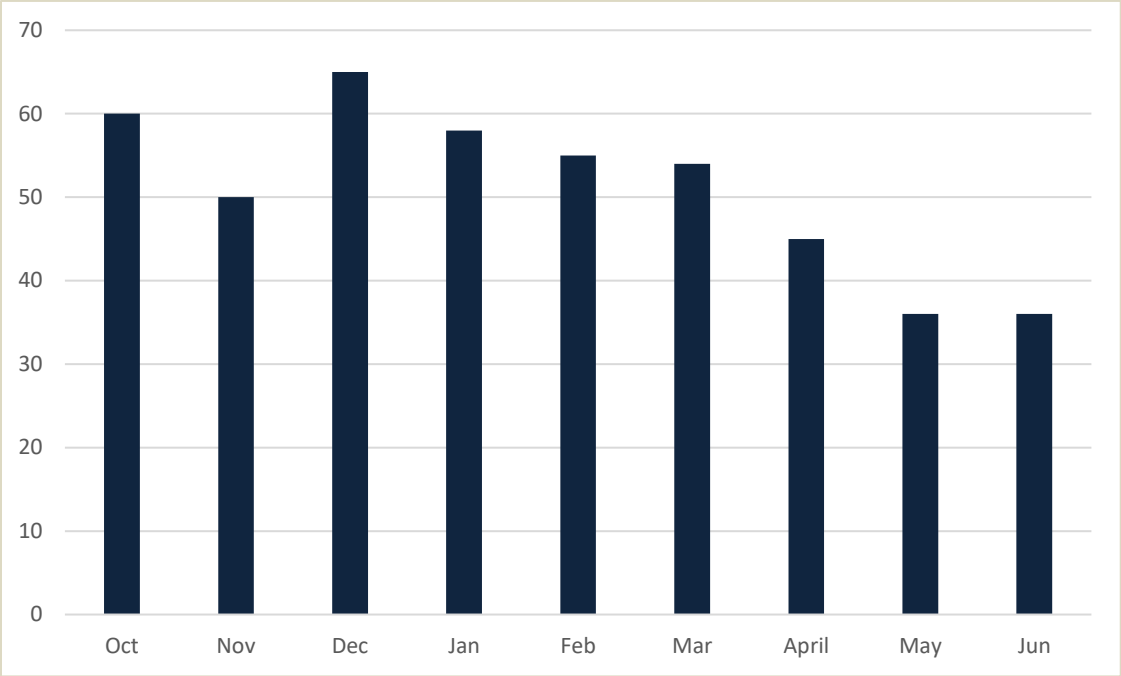


Figure 7 – Monthly New Clients

Bill Pay Updates

Claims Administration

- The team received 737 medical claims in June, reflecting a 21% increase from May's volume. Uncompensated Care provider claims accounted for 18% of the total, while Specialty providers accounted for the remaining 82%. Figure 8 provides a monthly comparison of medical claim volumes between FY25 and FY26.

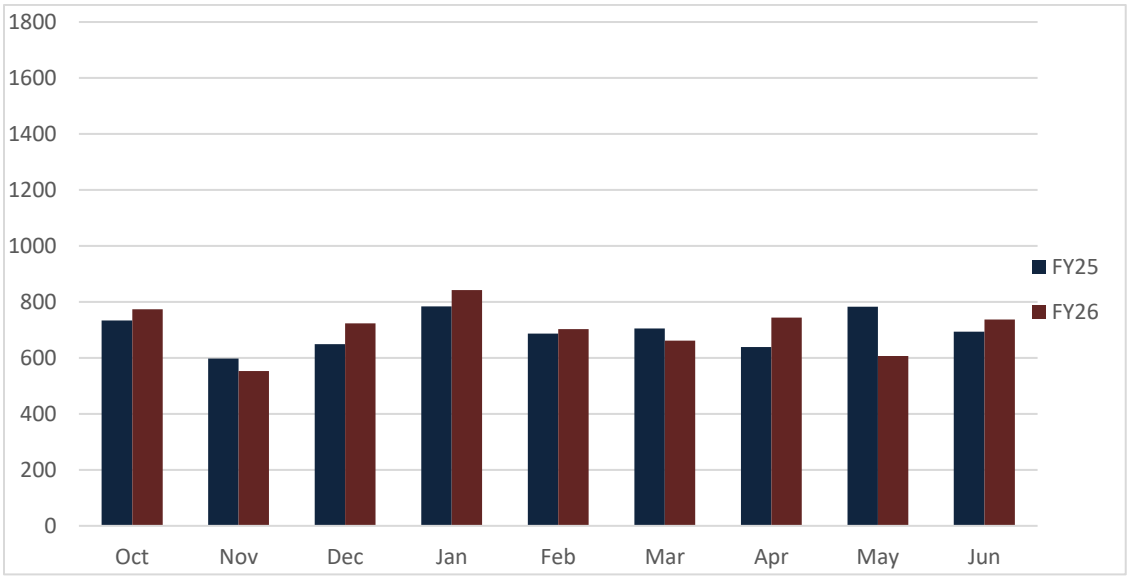


Figure 8 – Volume of Medical Claims FY25 V. FY26

- A total of 110 claims were denied during the month, representing 19% of all claims processed by the bill pay team. The primary reasons for these denials are illustrated in Figure 9 and help inform ongoing discussions with providers to improve claim outcomes.

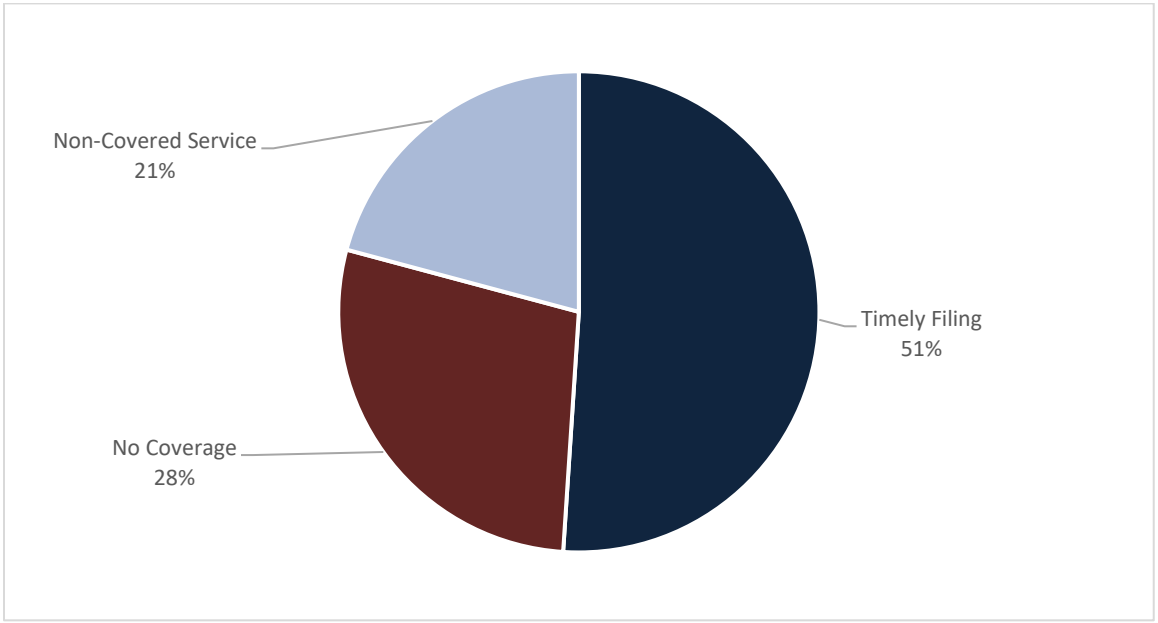


Figure 9 – Main Reasons for Denied Claims

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 and outpatient services accounted for the highest share of claim expenditures in June.

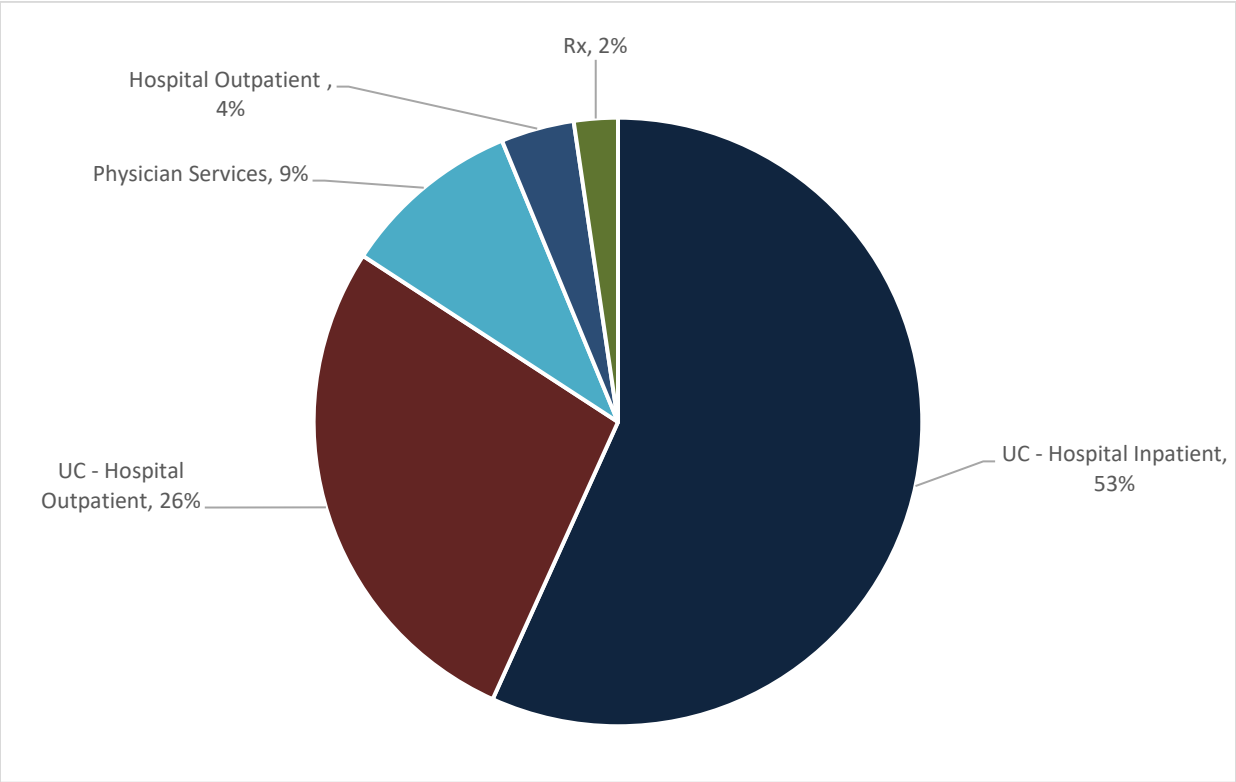


Figure 10 - Source of Care Identified by the Top 5 Utilized Providers in June

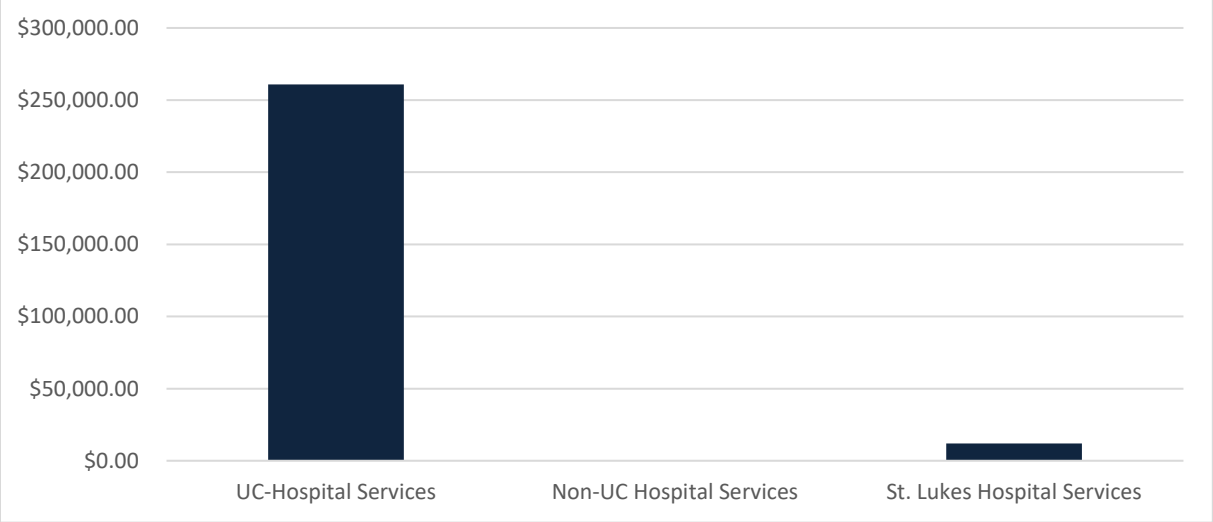


Figure 11 – Reimbursement Amount for Top Provider Groups

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.

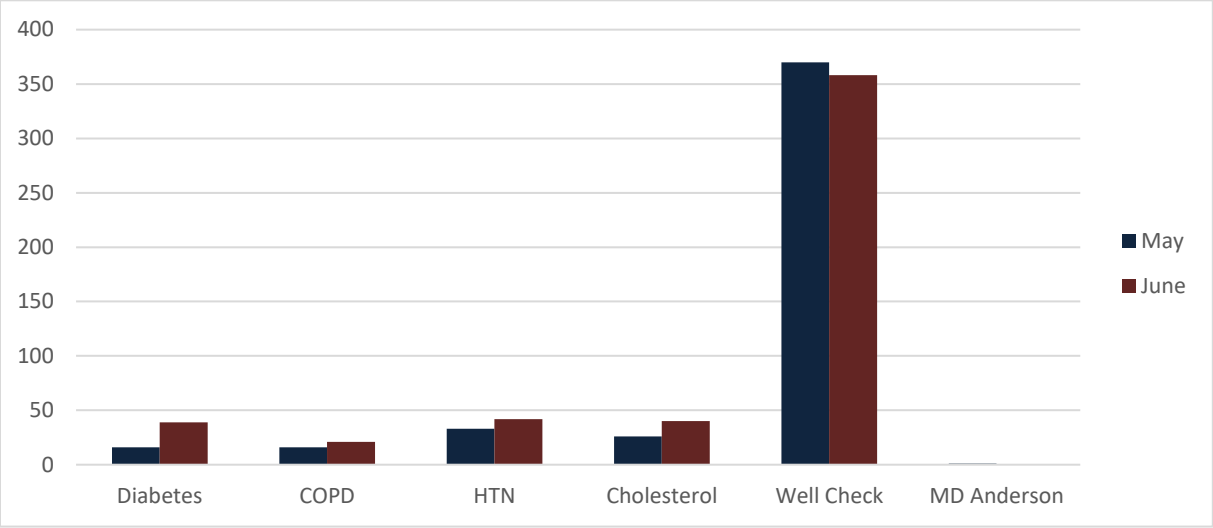


Figure 12 - Client Education

Top Five Diagnoses

This data, drawn from claims processed in June serves as a reference 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 five most prevalent diagnoses in the HCAP population, and the corresponding reimbursement amount for services provided.

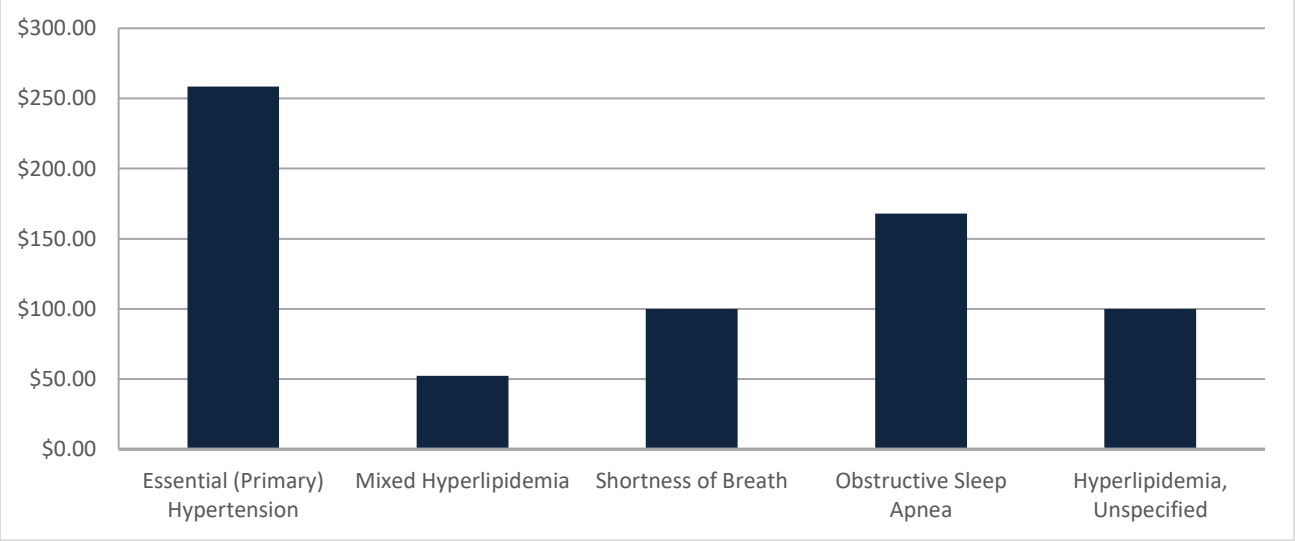
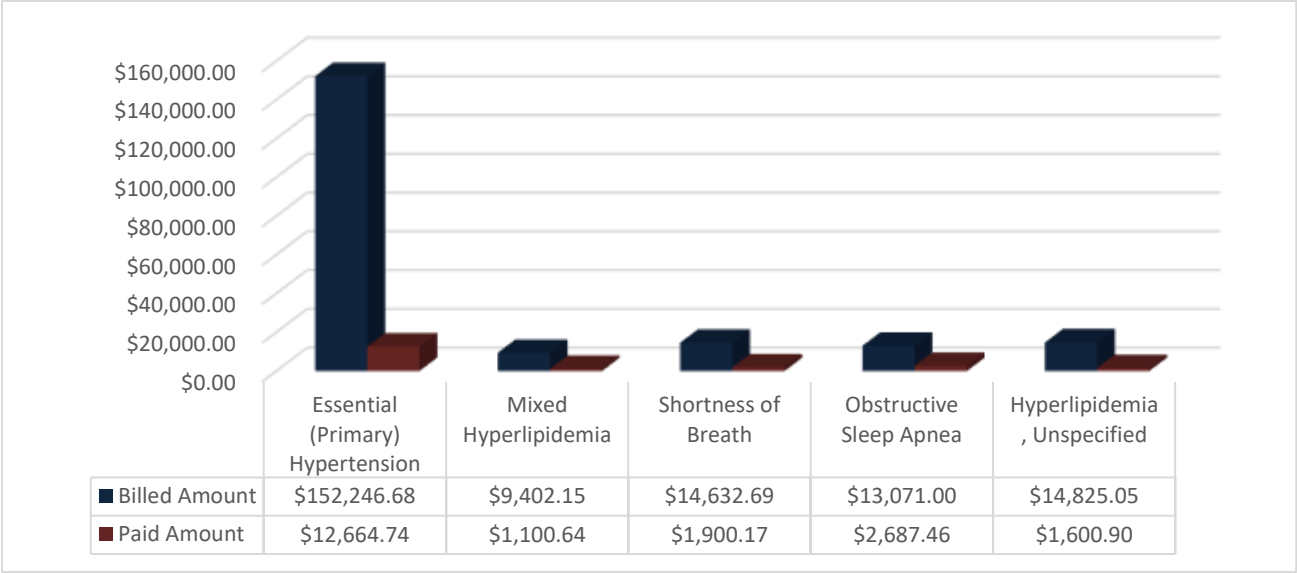


Figure 13 – Average Cost per Claim for Top 5 Diagnoses



	Essential (Primary) Hypertension	Mixed Hyperlipidemia	Shortness of Breath	Obstructive Sleep Apnea	Hyperlipidemia, Unspecified
Billed Amount	$152,246.68	$9,402.15	$14,632.69	$13,071.00	$14,825.05
Paid Amount	$12,664.74	$1,100.64	$1,900.17	$2,687.46	$1,600.90

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. 11 clients have reached the maximum liability for the fiscal year.

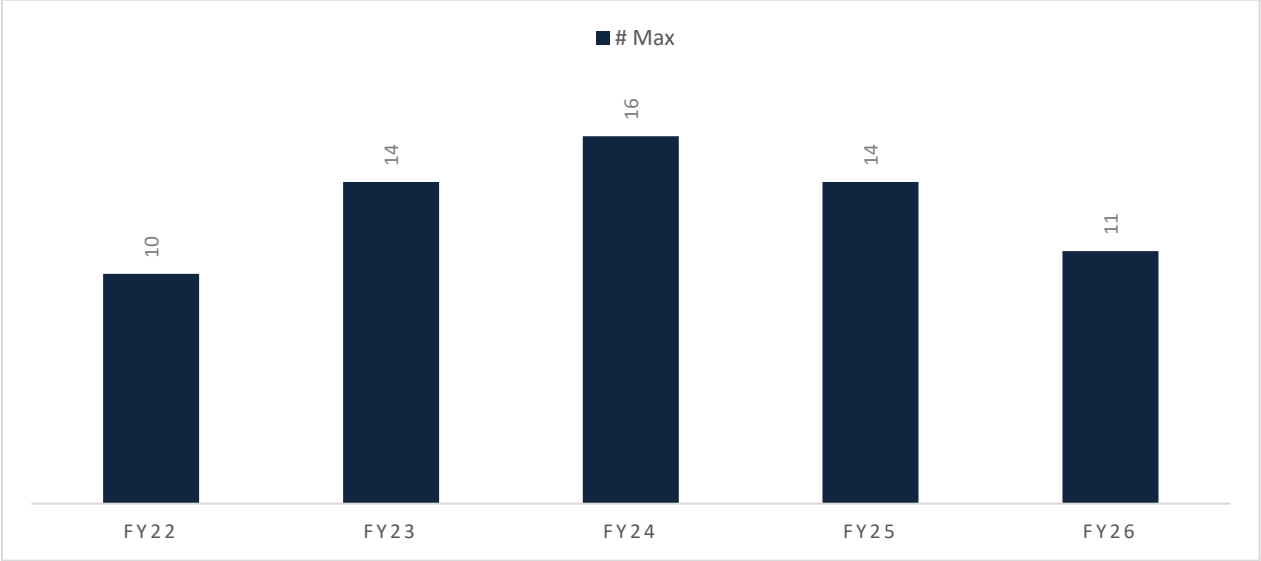


Figure 15 – Maximum Liability Exhausted FY22-26

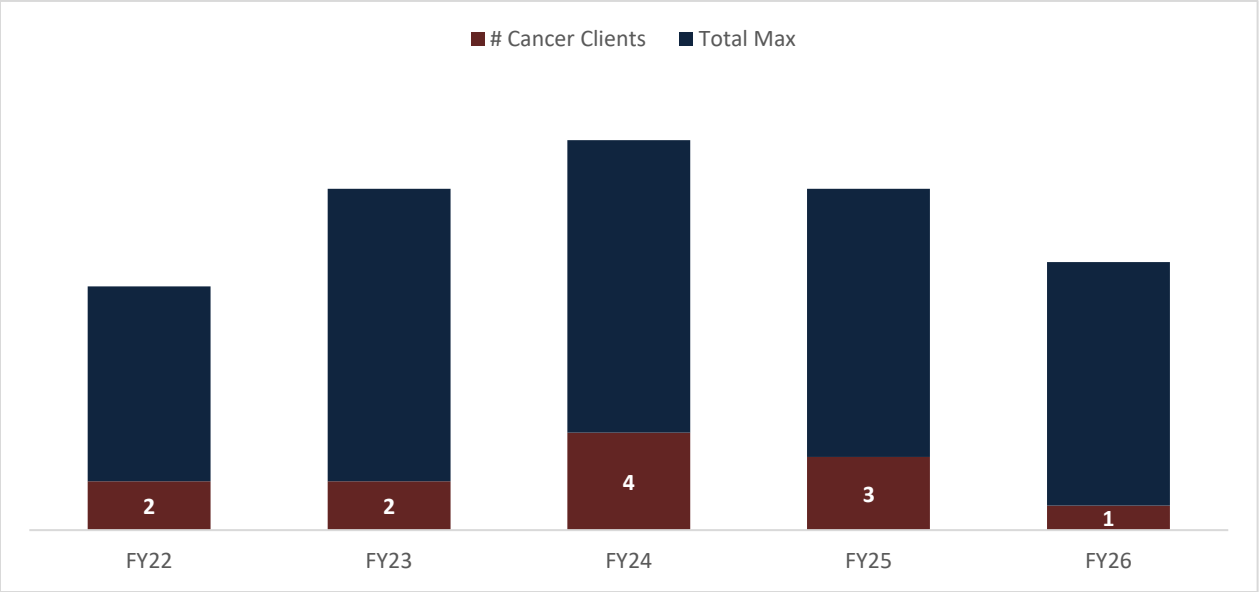


Figure 16 – Number of Clients at Maximum Liability V. Portion of Max with Cancer Diagnosis

Prescription Benefit Updates:

Table 1

Month	Applying Clients	Total Applications	Monthly Savings= (ACQ + Dispensing Fee + 2%)
Jun-26	5	5	$15,134.98
May-26	6	9	$6,405.78
Apr-26	9	15	$29,193.70
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

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

A total of 650 claims were filled in June; an increase of 4% from May. Of these, 642 were generic prescriptions and eight were brand. Figure 17 illustrates the total number of prescriptions dispensed each month, while Figure 18 shows MCHD's total monthly cost for all prescriptions.

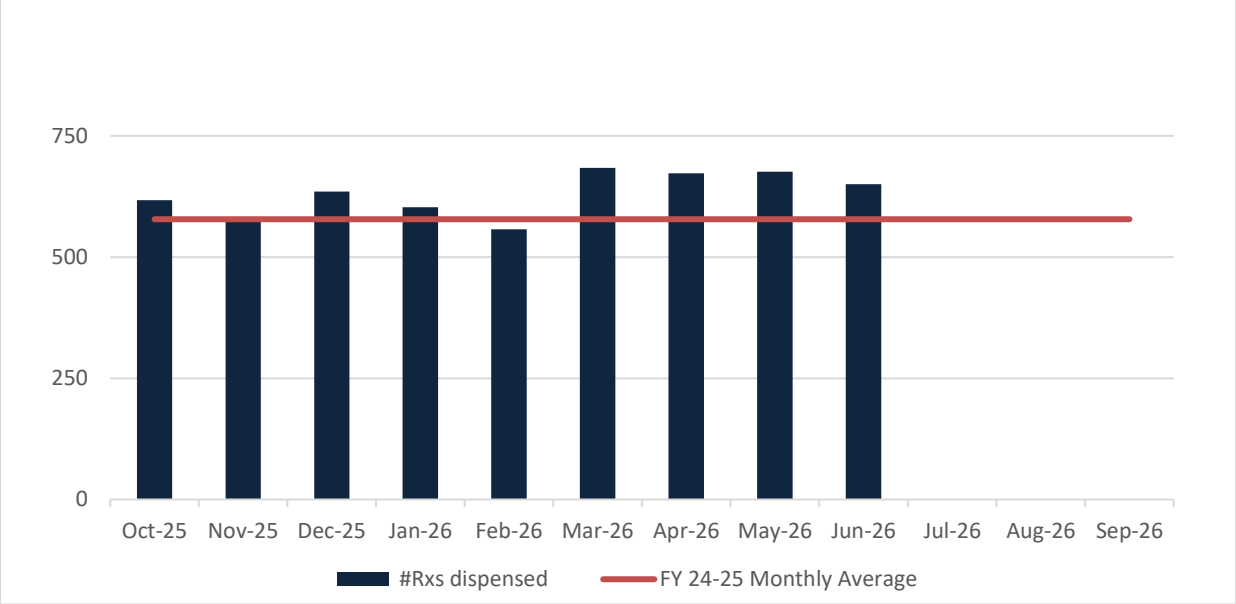


Figure 17 – Monthly Volume of Claims

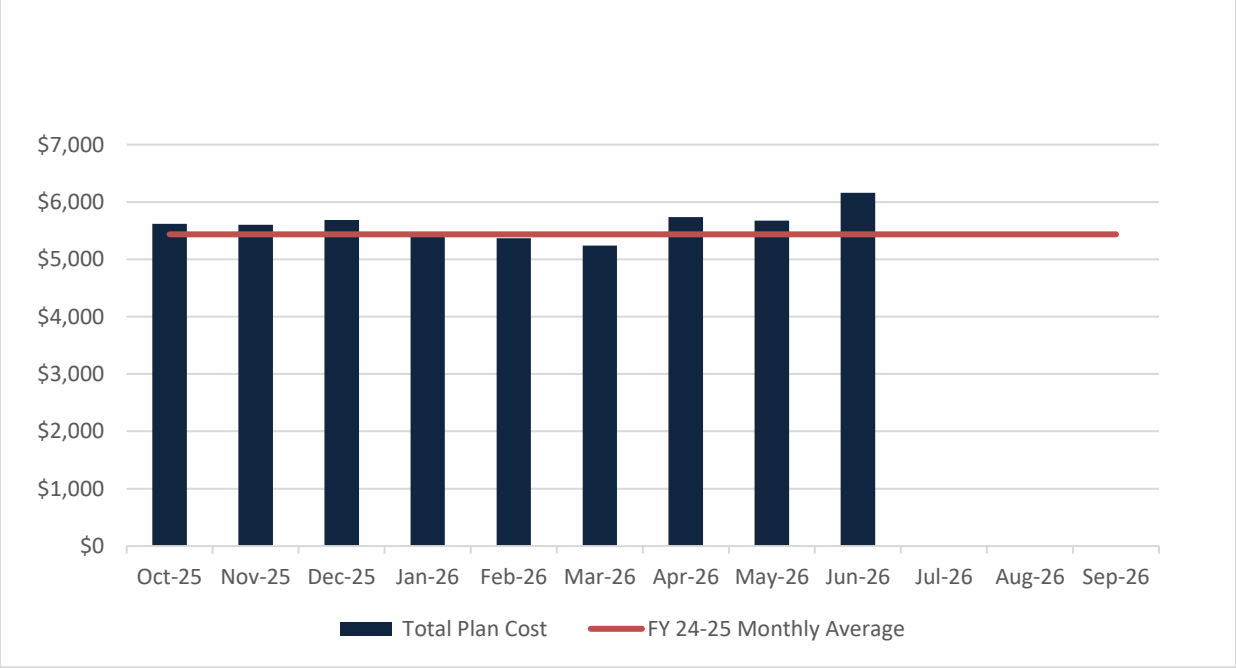


Figure 18 – Total Plan Cost

Agenda Item # 8e

We Make a Difference!

To: Board of Directors

From: Brett Allen, CFO

Date: July 28, 2026

Re: Update on Accounting, Billing, and Procurement Departments

---

Accounting

- Budget
  - Accounting continues to work with managers on the FY 2027 budget.
  - Budget workshops were held on July 21st and 22nd.
  - A special meeting will be held on August 11th when Tammy McRae will present tax rate information, and a tax rate for 2026 will be proposed.
- Oracle Implementation - Staff continues to work through the software conversion.

Billing

- Billing Software Conversion - Billing continues to analyze work flow activity and make adjustments to improve processes.
- Collections
  - Collections for June 2026: $2,496,310
  - Collections for June 2025: $3,058,586
- Days in Accounts Receivable
  - As of June 30, 2026: days in accounts receivable are 61.
  - As of June 30 2025: days in accounts receivable were 74.

Procurement

- Oracle Implementation
  - Staff continues to work through the software conversion and process changes.
  - An outside consultant is being sought to help with procurement to payment processes and maximize the utility of the software.

Agenda Item # 9

We Make a Difference!

To: Board of Directors

From: Randy Johnson, CEO

Date: July 28, 2026

Re: **CEO Communitcation Plan**

Consider and act on annual review of CEO Communication Plan with Board. (Mr. Shirley, Chairman - MCHD Board)

“Annual Review”

CEO Communication Plan

I. Communication to the Board

A. Emergencies – If the county experiences a mass casualty incident (MCI) or emergent event that may extraordinarily affect MCHD personnel or ~~,~~ the news media~~;~~ the CEO or their designee will:

1.) First gather information from the EMS Chief to ensure scene is safe, a command post is established~~, and~~ support crews are organized, and assure that the ~~. Notify~~ PIO is notified for media management.

2.) Call the Board Chairman and text the board members to notify them of the event and initial information once the immediate scene management is accomplished.

~~•~~ If the Board Chairman cannot immediately be reached, CEO will ~~reach~~ call ~~out to~~ the Vice-Chairman. If the Vice-Chairman cannot be reached the CEO will call the~~,~~ ~~then~~ Personnel Committee Chairman~~, in that order.~~

3.) Ensure employees, patients, patient families, media and other necessary parties of the scene are taken care of and responded to appropriately.

4.) Follow up with Board Chairman and board members with any additional information at regular intervals, or as the situation significantly changes, or as more is known about the circumstances of the event.

Note: At no time will a patient's name or any identifying information be given to any board member until that information has been made public by the patient or media.

B. Large-Scale Events – Anytime the county experiences a major event, whether it be positive or negative, the CEO or their designee will:

1.) First gather information from the EMS Chief ~~and manage~~ regarding the MCHD response management, and ~~. N~~notify the PIO for media management if needed.

2.) Communicate with Board Chairman and text board members ~~to notify~~ notifying them of the event.

3.) Communicate with board members with appropriate and timely information as needed as the event continues.

Note: At no time will a patient's name or any identifying information be given to any board member until that information has been made public by the patient or media.

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C. Personnel Changes – Anytime there are any personnel changes at or above the position of manager or chief (hires, promotions, resignations), the CEO or their designee will communicate with ~~the Board Chairman and~~ Personnel Committee Chairman.

D. Board Preparation – In anticipation of a board meeting, the CEO or their designee will:

1.) Review and email draft agenda ~~approve the board agenda with~~ to the Board Chairman and Secretary no later than ~~the Friday (~~4 days prior~~)~~ to a regular Tuesday board meeting.

2.) ~~Contact board members to discuss relevant board agenda items and wait for responses.~~After the Administrative team has reviewed the boardbook content (usually Thursday afternoon) the CEO or their designee will review board content with each committee chair who will be sponsoring a board agenda item.

~~3.) If necessary, contact the Board Chairman to discuss any proposed changes.~~

~~4.) If necessary, contact other board members to communicate Board Chairman's wishes on any proposed changes.~~

~~5.) Present provisional board agenda to Secretary for his/her approval by 2:00 p.m. the Wednesday before the board meeting.~~

IV. Review – The CEO will review this plan with the Board of Directors annually.

CEO Communication Plan

I. Communication to the Board

A. Emergencies – If the county experiences a mass casualty incident (MCI) or emergent event that may extraordinarily affect MCHD personnel or the news media; the CEO or their designee will:

1.) First gather information from the EMS Chief to ensure scene is safe, a command post is established support crews are organized, and assure that the PIO is notified for media management.
2.) Call the Board Chairman and text the board members to notify them of the event and initial information once the immediate scene management is accomplished. If the Board Chairman cannot immediately be reached, CEO will call the Vice-Chairman. If the Vice-Chairman cannot be reached the CEO will call the Personnel Committee Chairman.
3.) Ensure employees, patients, patient families, media and other necessary parties of the scene are taken care of and responded to appropriately.
4.) Follow up with Board Chairman and board members with any additional information at regular intervals, or as the situation significantly changes, or as more is known about the circumstances of the event.

Note: At no time will a patient's name or any identifying information be given to any board member until that information has been made public by the patient or media.

B. Large-Scale Events – Anytime the county experiences a major event, whether it be positive or negative, the CEO or their designee will:

1.) First gather information from the EMS Chief regarding the MCHD response management, and notify the PIO for media management if needed.
2.) Communicate with Board Chairman and text board members notifying them of the event.
3.) Communicate with board members with appropriate and timely information as needed as the event continues.

Note: At no time will a patient's name or any identifying information be given to any board member until that information has been made public by the patient or media.

C. Personnel Changes – Anytime there are any personnel changes at or above the position of manager or chief (hires, promotions, resignations), the CEO or their designee will communicate with Personnel Committee Chairman.

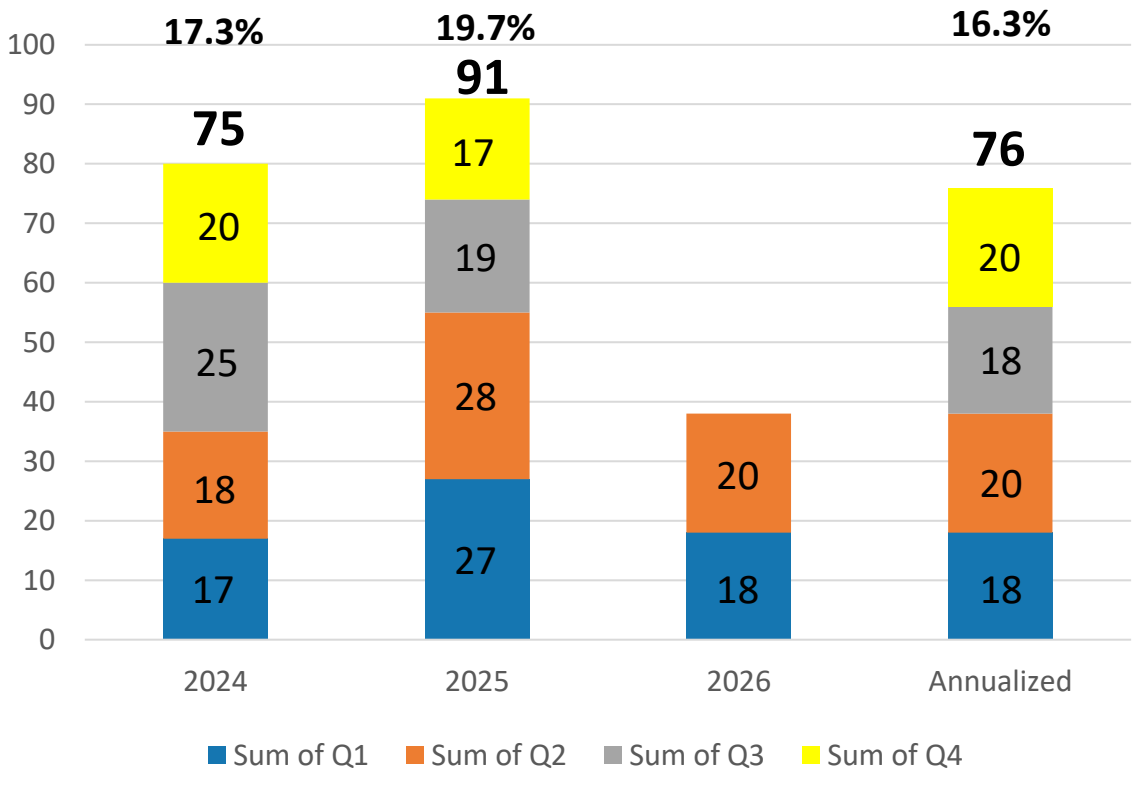
D. Board Preparation – In anticipation of a board meeting, the CEO or their designee will:
    1.) Review and email draft agenda to the Board Chairman and Secretary no later than 4 business days prior to a regular Tuesday board meeting.
    2.) After the Administrative team has reviewed the boardbook content (usually Thursday afternoon) the CEO or their designee will review board content with each committee chair who will be sponsoring a board agenda item.

IV. Review – The CEO will review this plan with the Board of Directors annually.

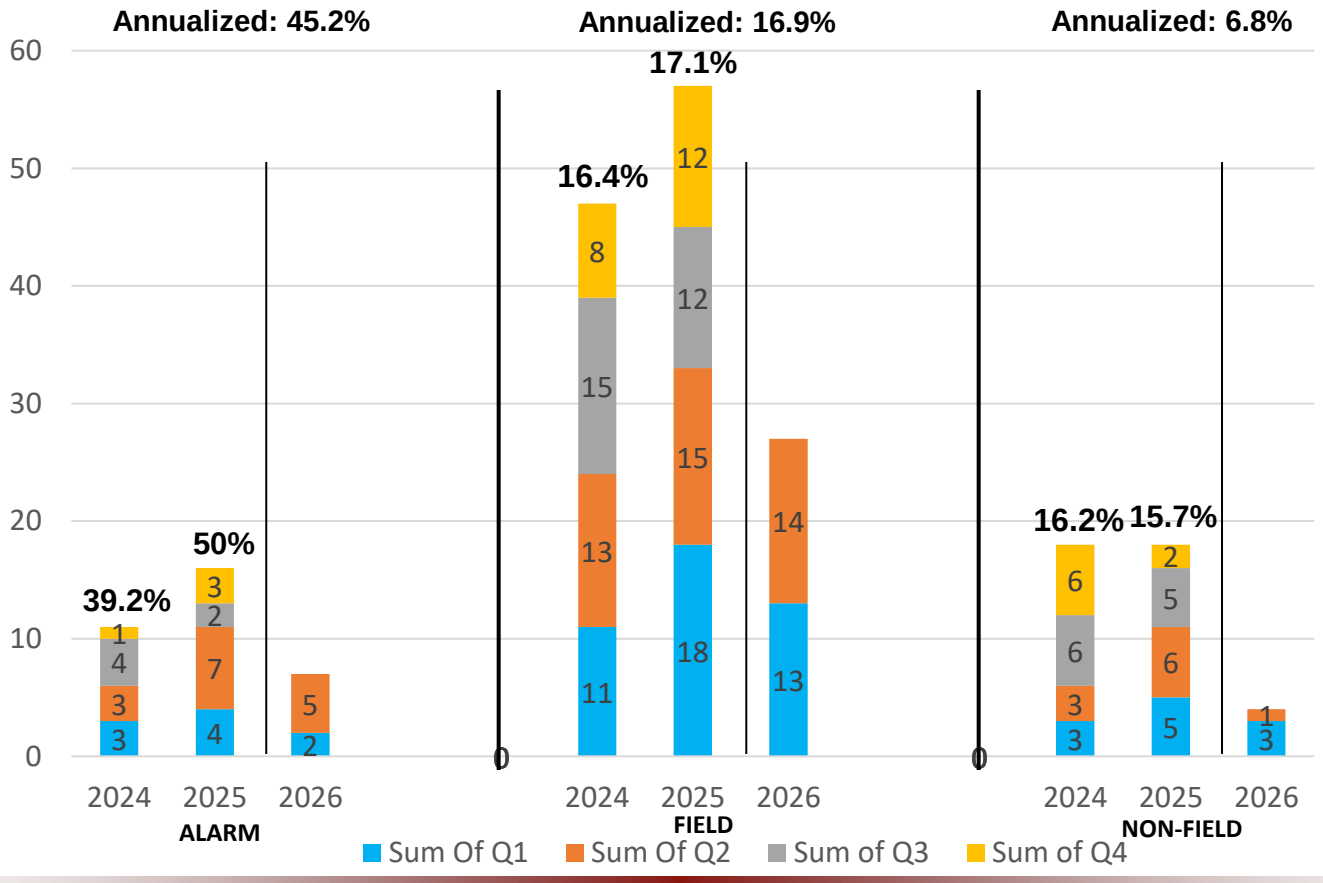
Turnover Report
4/1/2026 – 6/30/2026

Human Resources
July 2026

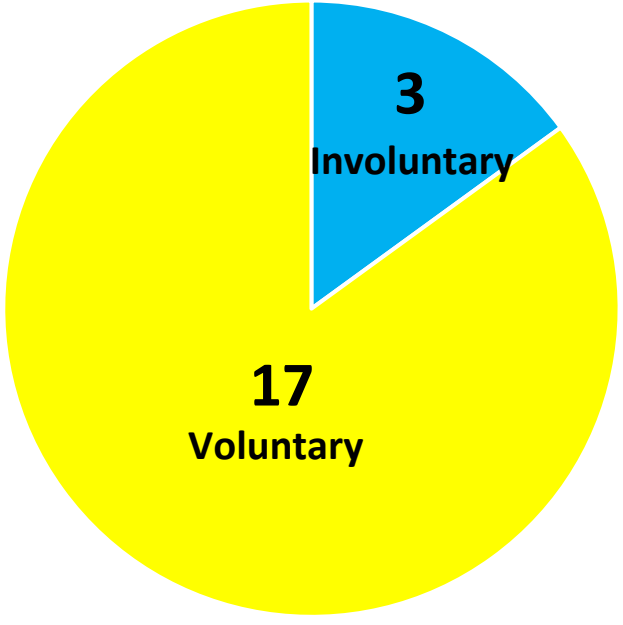
4/1 – 6/30 TURNOVER REPORT



4/1 – 6/30 TURNOVER BY DEPARTMENT



4/1 – 6/30 Voluntary VS Involuntary Turnover



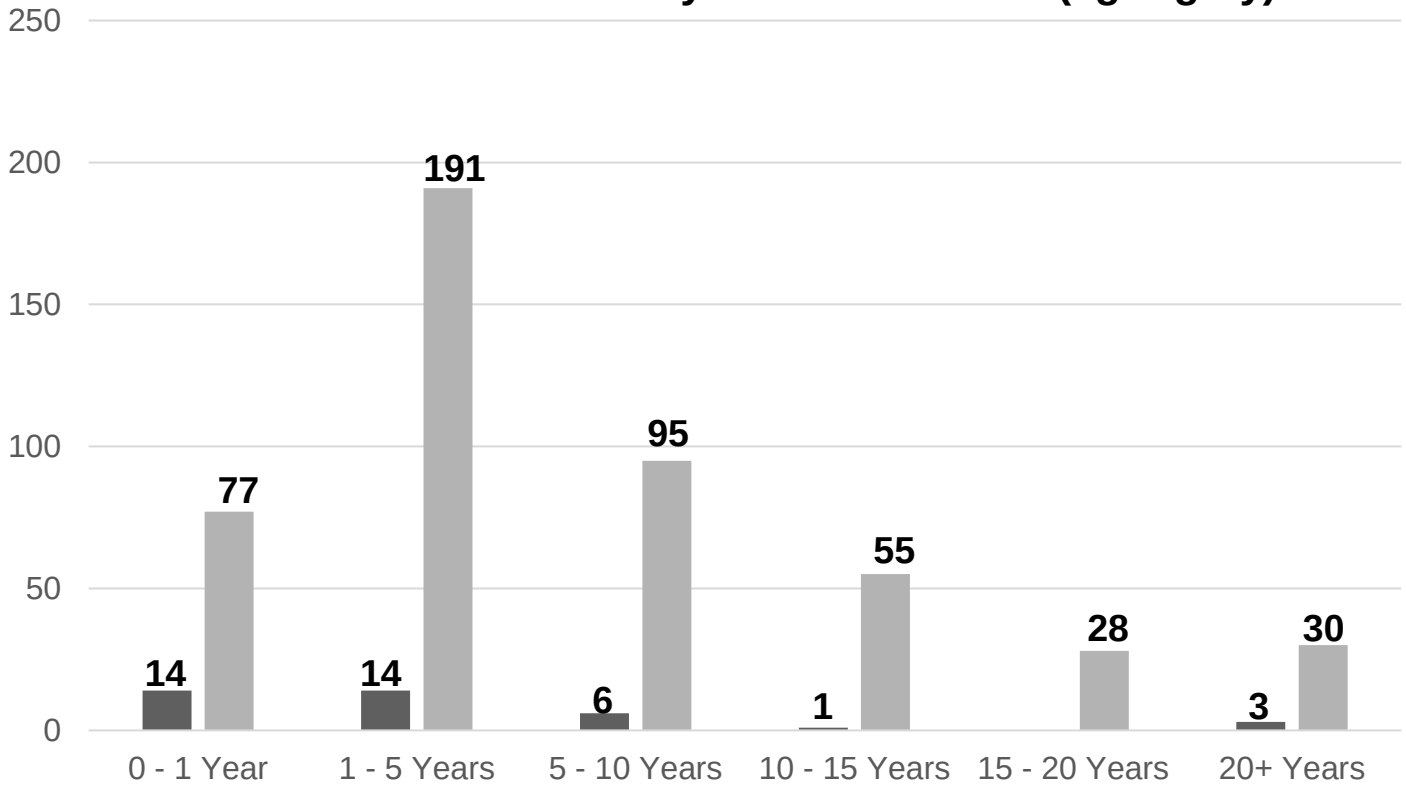
Voluntary Reasons

April 1, 2026 – June 30, 2026

17 Voluntarily left

- **1 Non Field –** Accepted another job as the Program Manager for Texas EMS for Children at Baylor College of Medicine
- **1 Alarm –** Moving out of state to be with family
- **1 Alarm** – Took another job with ESD 11 as an EMT on the truck
- **2 Alarm** – Personal Reasons
- **2 Field–** Were part time and could not fulfill the part time hours due to their full time job
- **1 Field** – Retired
- **3 Field –** Took another job opportunity (hospital job to gain more experience, Memorial Hermann CP Program & full time nursing position)
- **3 Field** – Going back to school (1 for Respiratory Therapy, 2 Medical School)
- **3 Field** - Personal Reasons (Commuting from New Braunfels, burnout and personal goals)

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: Calvin Hon, IT Manager

Date: July 28th, 2026

Re: **EEZE Fiber for internet and network services for MCHD buildings and towers.**

MCHD IT department is requesting the approval of a renewal contract for fiber services provided by EEZE Fiber (formerly ICTX Wavemedia). EEZE Fiber currently provides network and internet connectivity at our core facilities, radio towers, and 14 MCHD station locations across the county. These core sites include our headquarters, primary dispatch center, backup dispatch center, and IT disaster recovery site.

The original 5 year contract was board approved in late 2021.

This renewal proposal is a 5 year contract. The proposal retains the same pricing originally negotiated by Justin Evans in 2021 and adds new installation at 2 radio towers.

MCHD was able to negotiate this proposal with zero construction fees for these 2 tower sites by co-terming recent installations and doing an early renewal.

EEZE fiber is currently budgeted in the IT department and this contract is within budget.

Fiscal Impact: Minimal

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

Service Order Proposal

Metro Ethernet

Montgomery County Hospital District

SOP / SO # MCHD Renewal + add Tower Sites 6172026

Customer Information

Company Name	Montgomery County Hospital District
Contact Name	Justin Evans
Street, Suite, City ZIP	1400 S Loop 336 W Conroe, TX 77304
Contact Phone	936-521-5604
Contact Email	jevans@mchd-tx.org

Date	6/17/2026
New	X
Amendment	
Renewal	X
Replacement	
Ref	

#	Requires	Loc A / Z (# Street, City ZIP)	Product Description	(Qty) Service	NRC	MRC	Term - Months	Protect (Item)		Location License	WM Demarc (existing)	Service Demarc	Extend Demarc	Space	Power	Service Handoff
1		EMS Station 10 2920 N Loop 336 E Conroe, TX 77301	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								NA	NA	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
2		EMS Station 13 200 S Kennedy St, Willis, TX 77378	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								NA	NA	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
3		EMS Station 14 1818 League Line Rd Conroe, TX 77304	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								NA	NA	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
4		EMS Station 16 11111 Calvary Rd., Willis TX 77318	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								NA	NA	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
5		EMS Station 20 250 Harpers Landing Blvd Conroe, TX 77385	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								NA	NA	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
6		EMS Station 21 28830 Birnham Woods Dr, Spring, TX 77386	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA

7		EMS Station 22 335 Volunteer Ln Spring, TX 77380	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
8		EMS Station 23 9303 Gosling Road The Woodlands, TX 77381	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
9		EMS Station 24 8001 McBeth Way The Woodlands, TX 77382	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								NA	NA	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
10		EMS Station 25 9951 Grogans Mill Rd The Woodlands, TX 77380	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
11		EMS Station 30 21084 Loop 494 New Caney, TX 77357	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
12		EMS Station 34 23550 Loop 494 New Caney, TX 77357	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
13		EMS Station 35 20515 FM-1314, Porter, TX 77365	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
14		EMS Station 41 12527 Patridge Cir, Pinehurst, TX 77362	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA

15		EMS Station 42 26555 Nichols Sawmill Rd, Magnolia, TX 77355	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
16		EMS Station 43 18960 Freeport Dr, Montgomery, TX 77356	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	4 RU Wall	1x 120v-20a	NA
17		EMS Station 45 14344 TX-105, Conroe, TX 77304	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
18		Tower – Magnolia Tower – 14575 FM 1488 Magnolia, TX 77354	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
19		Tower – Robinson Rd Tower – 27900 Robinson Rd Conroe, TX 77385	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
20		Tower – Thompson Rd Tower – 12370 Thompson Rd Willis, TX 77318	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
21		Tower – Grangerland Tower – 13885 Grangerland Rd Conroe, TX 77306	Ethernet	1 Gbps	$ -	$ 480	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
22		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304	Ethernet	10 Gbps	$ -	$ 750	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		Conroe PD - 2300 Plantation Dr, Conroe, TX 77303								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA

23		Firecomm – 9951 Grogans Mill Rd The Woodlands, TX 77380	Ethernet	10 Gbps	$ -	$ 750	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
24		Conroe PD - 2300 Plantation Dr, Conroe, TX 77303	Ethernet	10 Gbps	$ -	$ 750	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
25		Bunker - 550 Club Dr, Montgomery TX 77316	Ethernet	10 Gbps	$ -	$ 750	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
26		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304	Dedicated Internet Access (DIA)	1 Gbps	$ -	$ 995	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		Ezee Fiber Internet Gateway								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
27		MCHD Main Campus - 1400 S Loop 336 W Conroe, TX 77304	Dark Fiber	2 Strands	$ -	$ 300	60	None	None	Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		Conroe Radio Tower (405 Sgt. Ed Holcomb Blvd. N.)								Customer	MPoE	Ezee Fiber Demarc	NA	8 RU Wall	1x 120v-20a	NA
		Total xxxx		**NRC / MRC**	**$ -**	**$ 14,375**	**60**										

Product and/or Service Notes

> None

Loc A / Z Notes

> Unless otherwise noted, pricing does not include fees for building access, colocation or cross-connection at Loc A or Z.

Service Handoff Notes

> None

Other Notes

> None

Billing Information

Company Name	On File
Contact Name	
Street, Suite	

Technical Contacts

Primary Contact	Justin Evans
Primary Contact Phone	936-521-5604
Primary Contact Email	jevans@mchd-tx.org

Service Order Proposal — Metro Ethernet

Montgomery County Hospital District | **SOP / SO #** | **MCHD Renewal + add Tower Sites 6172026**

City, State ZIP		**Second Contact**	Calvin Hon
Contact Phone		**Second Contact Phone**	936-523-1120
Contact Email		**Second Contact Email**	chon@mchd-tx.org

General Notes / Additional Terms and Conditions

This document is used in conjunction with the Existing Ezee Fiber/WaveMedia ("WM") MPSA and applicable Supplement.

1. NRC - Non-Recurring Charge, MRC - Monthly Recurring Charge. NRC is due at execution of this Service Order.
2. Pricing does not include applicable taxes or other fees imposed by local, state, or federal authorities / This service is considered "Enhanced Data". ICTX does not provide E911 capabilities.
3. Unless otherwise noted, pricing does not include any building access fees imposed by building owner or operator. Unless otherwise noted, pricing does not include any 3rd party cross-connect fees.
4. Early Termination fee is 100% of remaining Term, plus any outstanding amounts due.
5. Subject to change without notice. Subject to availability. Not binding until final agreement is executed by WaveMedia. Last date of execution (Acceptance) below is the effective date ("Effective Date").

Acceptance

By Customer		**By ICTX**	
Print Name		**Print Name**	
Title		**Title**	
Date		**Date**	

Process Flow	
ICTX Job#	
MPSA	
Supp	
Rep	

AGENDA ITEM # 12

Board Mtg: 07/28/26

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 05/06/26 to 06/24/26

Disbursement Date	Board Reviewed		Payments Made to All Other Vendors (Non-UPL)
May			
May 6, 2026	Yes	$	31,532.64
May 13, 2026	Yes	$	16,113.34
May 20, 2026	Yes	$	20,292.75
May 27, 2026	Yes	$	18,653.73
Total May Payments - MTD		**$**	**86,592.46**
Monthly Budget - May 2026		**$**	**161,047.00**
June			
June 3, 2026	No	$	10,564.88
June 10, 2026	No	$	12,027.29
June 17, 2026	No	$	19,680.05
June 24, 2026	No	$	19,592.95
Total June Payments - MTD		**$**	**61,865.17**
Monthly Budget - June 2026		**$**	**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: 07/28/26

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 07/01/26 through 07/31/26

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

Agenda Item # 14

We Make a Difference!

To: Board of Directors

From: Ade Moronkeji

Date: July 28, 2026

Re: Proposed revisions and modifications to Health Care Assistance Program (HCAP), including updates to the Montgomery County Indigent Care Plan and the Medical Assistance Plan Handbooks.

MCICP Current Language/Guidelines:

– Section Two, Eligibility Criteria, Citizenship

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

New Proposed Language/Guidelines:

– Section Two, Eligibility Criteria, Citizenship

Applicant must be a U.S. citizen by birth or naturalization, or a lawful permanent resident (Green Card holder) who has maintained lawful permanent resident status for a minimum of five (5) years prior to the date of application.

MAP Current Language/Guidelines:

– Section Two, Eligibility Criteria, Citizenship

A person must be a natural born citizen, a naturalized citizen, or a documented alien that has a green card and has had that status for at least 5 years as per citizenship guidelines of this text.

- All applicants must fill out HCAP Form F, Proof of Citizenship for MCHD MAP, which documents the citizenship status of the applicant.

Applicants must be one of the following:

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

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

New Proposed Language/Guidelines:

– Section Two, Eligibility Criteria, Citizenship

Applicant must be a U.S. citizen by birth or naturalization, or a lawful permanent resident (Green Card holder) who has maintained lawful permanent resident status for a minimum of five (5) years prior to the date of application.

Fiscal Impact:

Yes	No	N/A	
☒	☐	☐	Budgeted item?
☐	☐	☒	Within budget?
☐	☐	☒	Renewal contract?
☐	☐	☒	Special request?

Montgomery County Hospital District

Montgomery County Indigent Care Plan

Handbook
Procedures and Guidelines

Revised April 1, 2026

Board Reviewed/Approved

MONTGOMERY COUNTY HOSPITAL DISTRICT

MONTGOMERY COUNTY INDIGENT CARE PLAN HANDBOOK

TABLE OF CONTENTS

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

SECTION ONE
PLAN ADMINISTRATION

INTRODUCTION

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

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

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

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

Applicant must be a U.S. citizen by birth or naturalization, or a lawful permanent resident (Green Card holder) who has maintained lawful permanent resident status for a minimum of five (5) years prior to the date of application.

HOUSEHOLD

General Principles

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

- Legal responsibility for support exists between:

    - Persons who are legally married under the laws of the State of Texas, (including common-law marriage),

    - A legal parent and a minor child (including unborn children), or

    - A managing conservator and a minor child.

- Medicaid is the only program that disqualifies a person from the Montgomery County Indigent Care Plan.

MCHD MCICP Household

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

Disqualified Persons

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

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

MCHD MCICP One-Person Household

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

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

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

Verifying Household

All households are verified.

Proof may include but is not limited to:

- Lease agreement or

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

Documenting Household

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

RESOURCES

General Principles

- A household must pursue all resources to which the household is legally entitled unless it is unreasonable to pursue the resource. Reasonable time (at least three months) must be allowed for the household to pursue the resource, which is not considered accessible during this time.

- The resources of all MCHD MCICP household members are considered.

- Resources are either countable or exempt.

- Resources from disqualified and non-household members are excluded, but may be included if processing an application for a sponsored alien.

- A household is not eligible if the total countable household resources exceed:

    - $3,000.00 when a person who is aged or has disabilities and who meets relationship requirements lives in the home or

    - $2,000.00 for all other households.

- A household is not eligible if their total countable resources exceed the limit on or after:

    - A household is not eligible if their total countable resources exceed the limit on or after the first interview date or the process date for cases processed without an interview.

- In determining eligibility for a prior month, the household is not eligible if their total countable resources exceed the limit anytime during the prior month.

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

Alien Sponsor's Resources

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

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

Sec.61.012. REIMBURSEMENT FOR SERVICES.
(a) In this section, "sponsored alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

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

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

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

Bank Accounts

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

Burial Insurance (Prepaid)

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

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

Burial Plots

Exempt all burial plots.

Crime Victim's Compensation Payments

Exempt.

Energy Assistance Payments

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

Exemption: Resources/Income Payments

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

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

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

Homestead

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

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

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

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

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

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

Income- Producing Property

Exempt property that:

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

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

Insurance Settlement

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

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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 or investment performance.

Exclude all retirement accounts or plans established under:

- Internal Revenue Code of 1986, Sections 401(a), 403(a), 403(b), 408, 408A, 457(b), 501(c)(18);

- Federal Thrift Savings Plan, Section 8439, Title 5, United States Code; and

- Other retirement accounts determined to be tax exempt under the Internal Revenue Code of 1986.

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

Trust Fund

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

- The trust arrangement is unlikely to end during the certification period; and

- No household member can revoke the trust agreement or change the name of the beneficiary during the certification period; and

- The trustee of the fund is either a

  - Court, institution, corporation, or organization not under the direction or ownership of a household member; or

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

- The trust investments do not directly involve or help any business or corporation under the control, direction, or influence of a household member. Exempt trust funds established from the household's own funds if the trustee uses the funds

  - 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)
-12,450	(Amount still owed)
$2,550	(Equity Value)
-4,650	
$0	(Countable resource)

$9,000	(FMV)
- 0	(Amount still owed)
$9,000	(Equity Value)
-4,650	
$4,350	(Countable resource)

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

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

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

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

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

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

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

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

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

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

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

How To Determine Fair Market Value of Vehicles.

- Determine the current fair market value of licensed vehicles using the average trade-in or wholesale value listed on a reputable automotive buying resource website (i.e., National Automobile Dealers Association (NADA), Edmunds, or Kelley Blue Book). Note: If the household claims that the listed value does not apply because the vehicle is in less-than-average condition, allow the household to provide proof of the true value from a reliable source, such as a bank loan officer or a local licensed car dealer.

- Do not increase the basic value because of low mileage, optional equipment, or special equipment for the handicapped.

- Accept the household's estimate of the value of a vehicle no longer listed on an automotive buying resource website unless it is questionable and would affect the household's eligibility. In this case, the household must provide an appraisal from a licensed car dealer or other evidence of the vehicle's value, such as a tax assessment or a newspaper advertisement indicating the sale value if similar vehicles.

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

Penalty for Transferring Resources

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

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

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

Use the chart below to determine the length of denial.

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

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

Verifying Resources

Verify all countable resources.

Proof may include but is not limited to:

- Bank account statements and
- Award letters.

Documenting Resources

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

INCOME

General Principles

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

Adoption Payments

Exempt.

Alien Sponsor's Income

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

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

Sec. 61.012. REIMBURSEMENT FOR SERVICES.

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

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

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

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

Cash Gifts and Contributions

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

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

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

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

Child's Earned Income

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

Child Support Payments

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

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

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

Count child support arrears as income to the caretaker.

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

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

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

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

Crime Victim's Compensation Payments

Exempt.

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

Disability Insurance Payments

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

Dividends and Royalties

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

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

Educational Assistance

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

Energy Assistance

Exempt the following types of energy assistance payments:

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

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

Foster Care Payments

Exempt.

Government Disaster Payments

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

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

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

In-Kind Income

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

Interest

Count as unearned income.

Job Training

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

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

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

Loans (Non-educational)

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

Lump-Sum Payments

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

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

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

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

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

Military Pay

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

Mineral Rights

Count payments for mineral rights as unearned income.

Pensions

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

Reimbursement

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

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

RSDI Payments

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

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

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

Self-Employment Income

Count as earned income, minus the allowable costs of producing the self-employment income. (Use HCAP Form 200: Employer Verification Form).
Self-employment income is earned or unearned income available from one's own business, trade, or profession rather than from an employer. However, some individuals may have an employer and receive a regular salary. If an employer does not withhold FICA or income taxes, even if required to do so by law, the person is considered self-employed.

Types of self-employment include:

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

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

SSI Payments

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

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

TANF

Exempt Temporary Assistance to Needy Families (TANF) benefits.

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

Terminated Income

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

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

Income is not terminated if:

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

Third-Party Payments

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

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

Tip Income

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

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

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

Trust Fund

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

Unemployment Compensation Payments

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

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

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

VA Payments

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

Vendor Payments

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

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

Wages, Salaries, Commissions

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

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

Workers' Compensation Payments

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

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

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

Other Types of Benefits and Payments

Exempt benefits and payments from the following programs:

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

Verifying Income

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

Proof may include but is not limited to:

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

Documenting Income

On HCAP Form 101, document the following items.

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

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

The following exceptions apply:

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

BUDGETING INCOME

General Principles

- Count income already received and any income the household expects to receive. If the household is not sure about the amount expected or when the income will be received, use the best estimate.

- Income, whether earned or unearned, is counted in the month that it is received.

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

- View at least two pay amounts in the time period beginning 45 days before the interview date or the process date for cases processed without an interview. However, do not require the household to provide verification of any pay amount that is older than two months before the interview date or the process date for cases processed without an interview.

- When determining the amount of self-employment income received, verify four recent pay amounts that accurately represent their pay. Verify one month's pay amount that accurately represent their pay for self-employed income received monthly. Do not require the household to provide verification of self-employment income and expenses for more than two calendar months before the interview date or the case process date if not interviewed, for income received monthly or more often.

- Accept the applicant's statement as proof if there is a reasonable explanation of why documentary evidence or a collateral source is not available and the applicant's statement does not contradict other individual statements or other information received by the entity.

- The self-employment income projection, which includes the current month and 3 months prior, is the period of time that the household expects the income to support the family.

- There are deductions for earned income that are not allowed for unearned income.

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

Steps for Budgeting Income

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

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	$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

Note: Based on the 2026 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 in received.

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

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:

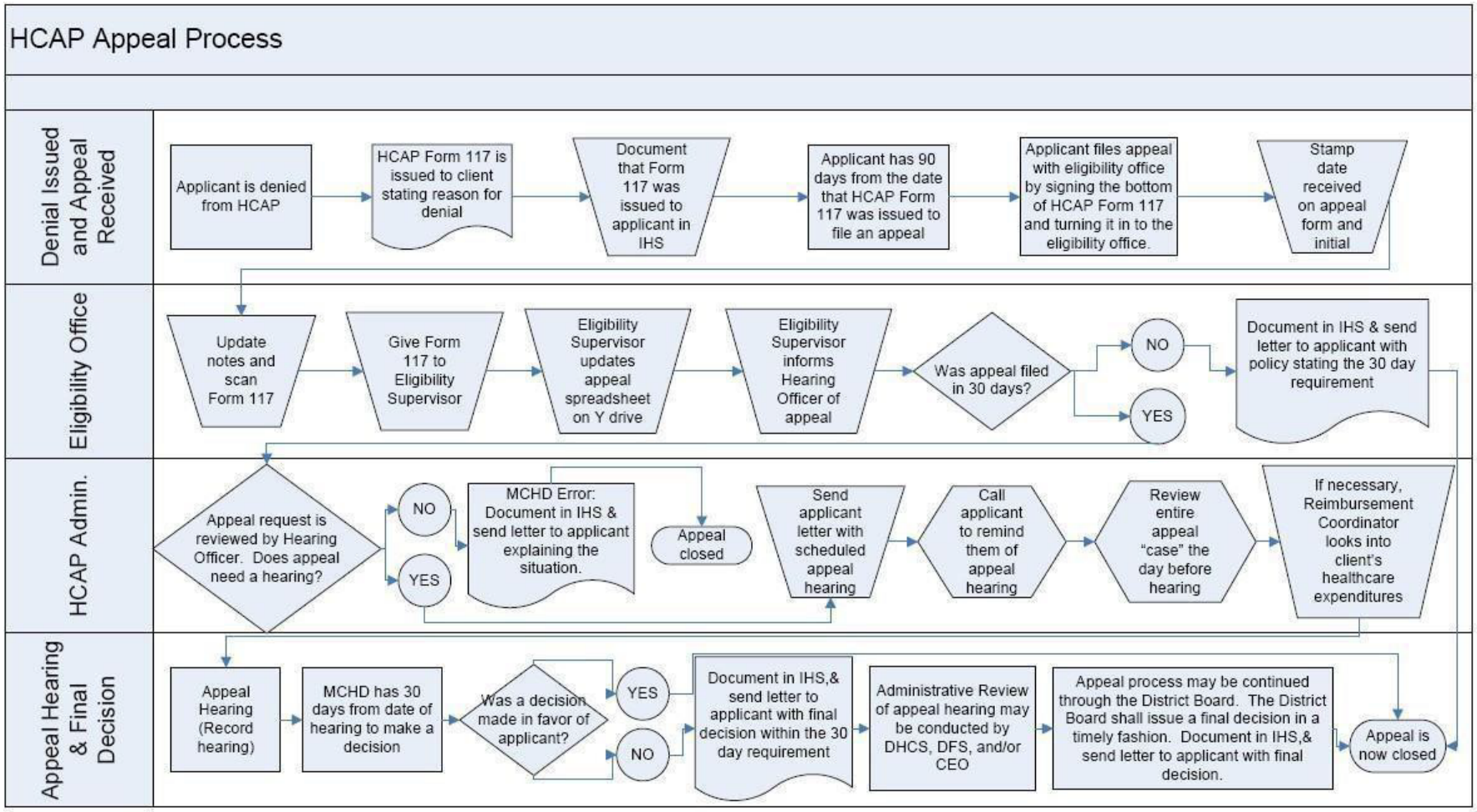
    1. An appeal hearing is not necessary as a mistake has been made on MCHD's behalf. MCHD and the client will take the appropriate steps required to remedy the situation, or
    2. An appeal hearing is necessary and the Hearing Officer or appointee will schedule a date and time for the appeal hearing.

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.

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

Emergency Medical Services:

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

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

Federally Qualified Health Center (FQHC) Services:

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

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 routing foot care more than once every six months, including the cutting or removal of corns, warts, or calluses, the trimming of nails, and other routine hygienic care

- Treatment of obesity and/or for weight reduction services or supplies (including weight loss programs);

- Vision Care, including eyeglasses, contacts, and glass eyes;

    - Except, every 12 month's one **diabetic** eye examination only may be covered.

- Vocational evaluation, rehabilitation or retraining;

- Voluntary self-inflicted injuries or attempted voluntary self-destruction while sane or insane;

- Whole blood or packed red cells available at not cost to patient.

Conflicts In Other Agreements:

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

SERVICE DELIVERY DISPUTES

Appeals of Adverse Benefits Determinations

All claims and questions regarding health claims should be directed to the 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-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 DISTRICT [1]

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

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[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 employee technicians, nurses, and employees of the district. The board shall be authorized to contract with any other political subdivision or governmental agency whereby the district will provide investigatory or other services as to the medical, health care, hospital, or welfare needs of the inhabitants of the district and shall be authorized to contract with any county or incorporated municipality located outside its boundaries for the care and treatment of the sick, diseased, or injured persons of any such county or municipality and shall have the authority to contract with the State of Texas or agencies of the federal government for the treatment of sick, diseased, or injured persons.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 o fthe date the invalid petition was submitted.

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

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

(1) the first Saturday in May; or

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

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

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

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

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

* Effective 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:

I.
ENROLLMENT INTO HOSPITAL DISTRICT PUBLIC ASSISTANCE PROGRAM

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

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

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

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

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 Sheriffand the Chief Executive Officer of MCHD shall meet to discuss the facts of such claims and the underlying responsibi1ity 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 ofthe inmate's release or transfer from the County jail.

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

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

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

II.
LIABILITY

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

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

III.
NOTICES

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

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

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

IV.
TERM

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

V.
TERMINATION

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

VI.

APPROPRIATIONS AND CURRENT REVENUES

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

VII.

AMENDMENT

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

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

PASSED AND APPROVED to become effective on the Effective Date.

MONTGOMERY COUNTY HOSPITAL DISTRICT

By: Randy Johnson, Chief Executive Officer

Date: March 25, 2014

MONTGOMERY COUNTY, TEXAS

By; Alan B. Sadler, County Judge

Date;_____

Attest:

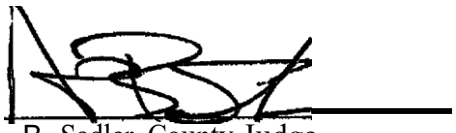
Mark Turnbull, County Clerk

MONTGOMERY COUNTY HOSPITAL DISTRICf

By: Randy Johnson, ChiefExecutive Officer

Date:

MONTGOMERY COUNTY, TEXAS



By: Ala B. Sadler, County Judge

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

Attest:

Mark Turnbull

Mark Turnbull, County Clerk

APPENDIX VII
MCHD
HCAP FORMULARY

Montgomery County Hospital District

Medical Assistance Plan

Handbook
Procedures and Guidelines

Revised April 1, 2026

Board Reviewed/Approved

MONTGOMERY COUNTY HOSPITAL DISTRICT

MEDICAL ASSISTANCE PLAN HANDBOOK

TABLE OF CONTENTS

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

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

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

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

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

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

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

MCHD MAP Handbook

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

The purpose of the MCHD MAP Handbook is to:

- Establish the eligibility standards and application, documentation, and verification procedures for MCHD MAP,

- Define basic and extended health care services.

GENERAL ADMINISTRATION

MCHD Responsibility

The District will:

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

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

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

- Establish an optional work registration procedure that will contact the local Texas Workforce Commission (TWC) office to determine how to establish their procedure and to negotiate what type of information can be provided. In addition, MCHD must follow the guidelines below

    1. Notify all eligible residents and those with pending applications of the Plan requirements at least 30 days before the Plan begins.

    2. Allow an exemption from work registration if applicants or eligible residents meet one of the following criteria:

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

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

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

  - For one month or until he agrees to comply, whichever is later, for the first non-compliance;
  - For three consecutive months or until he agrees to comply, whichever is later, for the second non-compliance; or
  - For six consecutive months or until he agrees to comply, whichever is later, for the third or subsequent non-compliance.

- Establish Behavioral Guidelines that all applicants and MAP clients must follow in order to protect MCHD employees, agents such as third party administrators, and providers. Each situation will be carefully reviewed with the Chief Operating Officer, Chief Financial Officer, and/or Chief Executive Officer for determination. Failure to follow the guidelines will result in definitive action and up to and including refusal of coverage or termination of existing benefits.

SECTION TWO
ELIGIBILITY CRITERIA

RESIDENCE

General Principles

- A person must live in the Montgomery County prior to filing an application.

- An inmate of a county correctional facility, who is a resident of another Texas county, would not be required to apply for assistance to their county of residence. They may apply for assistance to the county of where they are incarcerated.
- A person lives in Montgomery County if the person's home and/or fixed place of habitation is located in the county and he intends to return to the county after any temporary absences.

- A person with no fixed residence or a new resident in the county who declares intent to remain in the county is also considered a county resident if intent is proven. Examples of proof of intent can include the following: change of driver's license, change of address, lease agreement, and proof of employment.

- A person does not lose his residency status because of a temporary absence from Montgomery County.

- A person cannot qualify for healthcare assistance from more than one county simultaneously.

- A person living in a Halfway House may be eligible for MAP benefits after he has been released from the Texas Department of Corrections if the state only paid for room and board at the halfway house and did not cover health care services.

    - If this person otherwise meets all eligibility criteria and plans to remain a resident of the county where the halfway house is located, this person is eligible for MAP.

    - If this person plans to return to his original county of residence, which is not the county where the halfway house is located, this person would not be considered a resident of the county and therefore not eligible for MAP.

- Persons Not Considered Residents:

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

Verifying Residence

Verify residence for all clients.

Proof may include but is not limited to:

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

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

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

Documenting Residence

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

CITIZENSHIP

General Principles

- Applicant must be a U.S. citizen by birth or naturalization, or a lawful permanent resident (Green Card holder) who has maintained lawful permanent resident status for a minimum of five (5) years prior to the date of application.

HOUSEHOLD

General Principles

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

- Legal responsibility for support exists between:

    - Persons who are legally married under the laws of the State of Texas (including common-law marriage),

        - In Texas, a common-law is considered a legal marriage. A man and a woman who want to establish a common-law marriage must sign a form provided by the county clerk. In addition, they must (1) agree to be married, (2) cohabit, and (3) represent to others that they are married. The only way to dissolve a common-law marriage is through a formal divorce proceeding in a court of law

    - Persons who are legally married under the laws of the State of Texas and not divorced,

        - Persons that are separated from their spouse and not divorced are considered part of the household because the law states that if you are not legally divorced, everything you have is still considered community property.

            - Applicant may provide proof of income and resources for absent spouse, or

            - If applicant cannot provide proof of income and resources for absent spouse, they must:

                1. Present three verifiable domicile forms, HCAP Form 103, Request for Domicile Verification (provided by District) and,

                2. Sign HCAP Form 104, the MAP Affidavit of Marital Status and Financial Support regarding separation from spouse.

3. Review of background check:

    a. If background check illustrates that there are no joint income/resources between applicant and absent spouse, continue with eligibility process as normal.

    b. If background check identifies joint income/resources between applicant and absent spouse, the applicant may be given a single 3 month period to pursue all income and resources from absent spouse.

        i. Upon recertification, the applicant must prove or disprove any discrepancies identified on the background check.

        ii. Once all requested documents are provided, completed, and accepted, the client may then become recertified for MAP benefits.

- A legal parent and a minor child (including unborn children), or
- A managing conservator and a minor child.

- Eligibility for the Medicaid program automatically disqualifies a person from the Medical Assistance Plan.

MCHD MAP Household

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

Disqualified Persons

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

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

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

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

MCHD MAP One-Person Household

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

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

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

Verifying Household

All households are verified.

Proof may include but is not limited to:

- Lease agreement or

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

Documenting Household

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

RESOURCES

General Principles

- A household must pursue all resources to which the household is legally entitled unless it is unreasonable to pursue the resource. Reasonable time (at least three months) must be allowed for the household to pursue the resource, which is not considered accessible during this time.

    - The applicant must not be eligible or potentially eligible for any other resource. Example: Medicaid, Medicare, Insurance, group health insurance, VA Veteran medical benefits, or any other source. MCHD's Medical Assistance Plan is payor of last resort!

- The resources of all MCHD MAP household members are considered.

- Resources are either countable or exempt.

- Resources from disqualified and non-household members are excluded, but may be included if processing an application for a sponsored alien.

- A household is not eligible if the total countable household resources exceed:

    - $3,000.00 when a person who is aged or has disabilities and who meets relationship requirements lives in the home or

    - $2,000.00 for all other households.

- A household is not eligible if their total countable resources exceed the limit on or after:

    - A household is not eligible if their total countable resources exceed the limit on or after the first interview date or the process date for cases processed without an interview.

- In determining eligibility for a prior month, the household is not eligible if their total countable resources exceed the limit anytime during the prior month.

- Consider a joint bank account with a nonmember as inaccessible if the money in the account is used solely for the nonmember's benefit. The

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

Alien Sponsor's Resources

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

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

Sec.61.012. REIMBURSEMENT FOR SERVICES.
(a) In this section, "sponsored alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

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

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

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

Bank Accounts

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

Burial Insurance (Prepaid)

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

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

Burial Plots

Exempt all burial plots.

Crime Victim's Compensation Payments

Exempt.

Energy Assistance Payments

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

Exemption: Resources/Income Payments

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

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

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

Homestead

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

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

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

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

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

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

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

Income- Producing Property

Exempt property that:

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

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

Insurance Settlement

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

Lawsuit Settlement

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

Life Insurance

Exempt the cash value of life insurance policies.

Liquid Resources

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

Loans (Non-Educational)

Exempt these loans from resources.

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

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

Lump-Sum Payments

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

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

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

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

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

Personal Possessions

Exempt.

Real Property

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

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 or investment performance.

Exclude all retirement accounts or plans established under:

• Internal Revenue Code of 1986, Sections 401(a), 403(a), 403(b), 408, 408A, 457(b), 501(c)(18);

• Federal Thrift Savings Plan, Section 8439, Title 5, United States Code; and

• Other retirement accounts determined to be tax exempt under the Internal Revenue Code of 1986.

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

Trust Fund

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

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

- The trust investments do not directly involve or help any business or corporation under the control, direction, or influence of a household member. Exempt trust funds established from the household's own funds if the trustee uses the funds

  - 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)
-12,450	(Amount still owed)
$2,550	(Equity Value)
-4,650	
$0	(Countable resource)

$9,000	(FMV)
- 0	(Amount still owed)
$9,000	(Equity Value)
-4,650	
$4,350	(Countable resource)

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

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

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

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

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

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

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

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

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

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

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

How To Determine Fair Market Value of Vehicles.

- Determine the current fair market value of licensed vehicles using the average trade-in or wholesale value listed on a reputable automotive buying resource website (i.e., National Automobile Dealers Association (NADA), Edmunds, or Kelley Blue Book). Note: If the household claims that the listed value does not apply because the vehicle is in less-than-average condition, allow the household to provide proof of the true value from a reliable source, such as a bank loan officer or a local licensed car dealer.

- Do not increase the basic value because of low mileage, optional equipment, or special equipment for the handicapped.

- Accept the household's estimate of the value of a vehicle no longer listed on an automotive buying resource website unless it is questionable and would affect the household's eligibility. In this case, the household must provide an appraisal from a licensed car dealer or other evidence of the vehicle's value, such as an ax assessment or a newspaper advertisement indicating the sale value if similar vehicles.

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

Penalty for Transferring Resources

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

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

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

Use the chart below to determine the length of denial.

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

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

Verifying Resources

Verify all countable resources.

Proof may include but is not limited to:

- Bank account statements and
- Award letters.

Documenting Resources

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

INCOME

General Principles

- A household must pursue and accept all income to which the household is legally entitled, unless it is unreasonable to pursue the resource. Reasonable time (at least three months) must be allowed for the household to pursue the income, which is not considered accessible during this time.

- The income of all MCHD MAP household members is considered.

- Income is either countable or exempt.

- If attempts to verify income are unsuccessful because the payer fails or refuses to provide information and other proof is not available, the household's statement is used as best available information.

- All income of a disqualified person is exempt.

- Income of disqualified and non-household members is excluded, but may be included if processing an application for a sponsored alien.

Adoption Payments

Exempt.

Alien Sponsor's Income

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

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

Sec. 61.012. REIMBURSEMENT FOR SERVICES.
(a) In this section, "sponsored alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

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

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

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

Cash Gifts and Contributions

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

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

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

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

Child's Earned Income

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

Child Support Payments

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

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

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

Count child support arrears as income to the caretaker.

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

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

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

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

Crime Victim's Compensation Payments

Exempt.

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

Disability Insurance Payments

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

Dividends and Royalties

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

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

Educational Assistance

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

Energy Assistance

Exempt the following types of energy assistance payments:

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

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

Foster Care Payments

Exempt.

Government Disaster Payments

Exempt federal disaster payments and comparable disaster assistance provided by states, local governments and disaster assistance organizations if the household is subject to legal penalties when the funds are not used as intended.

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

In-Kind Income

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

Interest

Count as unearned income.

Job Training

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

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

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

Loans (Non-educational)

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

Lump-Sum Payments

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

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

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

Effective January 1, 2013 exempt federal tax refunds permanently as income and resources for 12 months after receipt. Exempt the Earned

Income Credit (EIC) for a period of 12 months after receipt through December 31, 2018.

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

Military Pay

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

Mineral Rights

Count payments for mineral rights as unearned income.

Pensions

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

Reimbursement

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

RSDI Payments

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

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

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

Self-Employment Income

Count as earned income, minus the allowable costs of producing the self-employment income. (Use HCAP Form 200: Employer Verification Form).
Self-employment income is earned or unearned income available from one's own business, trade, or profession rather than from an employer. However, some individuals may have an employer and receive a regular salary. If an employer does not withhold FICA or income taxes, even if required to do so by law, the person is considered self-employed.

Types of self-employment include:

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

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

SSI Payments

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

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

TANF

Exempt Temporary Assistance to Needy Families (TANF) benefits.

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

Terminated Income

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

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

Income is not terminated if:

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

Third-Party Payments

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

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

Tip Income

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

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

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

Trust Fund

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

Unemployment Compensation Payments

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

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

VA Payments

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

Vendor Payments

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

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

Wages, Salaries, Commissions

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

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

Workers’ Compensation Payments

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

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

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

Other Types of Benefits and Payments

Exempt benefits and payments from the following programs:

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

Verifying Income

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

Proof may include but is not limited to:

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

Documenting Income

On HCAP Form 101, document the following items.

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

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

The following exceptions apply:

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

BUDGETING INCOME

General Principles

- Count income already received and any income the household expects to receive. If the household is not sure about the amount expected or when the income will be received, use the best estimate.

- Income, whether earned or unearned, is counted in the month that it is received.

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

- View at least two pay amounts in the time period beginning 45 days before the interview date or the process date for cases processed without an interview. However, do not require the household to provide verification of any pay amount that is older than two months before the interview date or the process date for cases processed without an interview.

- When determining the amount of self-employment income received, verify four recent pay amounts that accurately represent their pay. Verify one month's pay amount that accurately represent their pay for self-employed income received monthly. Do not require the household to provide verification of self-employment income and expenses for more than two calendar months before the interview date or the case process date if not interviewed, for income received monthly or more often.

- Accept the applicant's statement as proof if there is a reasonable explanation of why documentary evidence or a collateral source is not available and the applicant's statement does not contradict other individual statements or other information received by the entity.

- Use at least three consecutive, current pay periods to calculate fluctuating income.

- The self-employment income projection, which includes the current month and 3 months prior, is the period of time that the household expects the income to support the family.

- There are deductions for earned income that are not allowed for unearned income.

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

Steps for Budgeting Income

- Determine countable income.
- Determine how often countable income is received.
- Convert countable income to monthly amounts.
- Convert self-employment allowable costs to monthly amounts.
- Determine if countable income is earned or unearned.
- Subtract converted monthly self-employment allowable costs, if any, from converted monthly self-employment income.
- Subtract earned income deductions, if any.
- Subtract the deduction for Medicaid individuals, 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.

- Daily. Use this method when there is less than one full representative calendar month of self-employment income, and the source or frequency of the income is unknown or inconsistent.

- Determine if the self-employment income is monthly, daily, or seasonal, since that will determine the length of the projection period.

  - The projection period is monthly if the self-employment income is intended to support the household for at least the next 6 months. The projection period is the last 3 months and the current month.

  - The projection period is seasonal if the self-employment income is intended to support the household for less than 12 months since it is available only during certain months of the year. The projection period is the number of months the self-employment is intended to provide support.

- Determine the allowable costs of producing self-employment income, by accepting the deductions listed on the 1040 U.S. Individual Income Tax Return or by allowing the following deductions:

  - Capital asset improvements,
  - Capital asset purchases, such as real property, equipment, machinery and other durable goods, i.e., items expected to last at least 12 months,
  - Fuel,
  - Identifiable costs of seed and fertilizer,
  - Insurance premiums,
  - Interest from business loans on income-producing property,
  - Labor,
  - Linen service,
  - Payments of the principal of loans for income-producing property,
  - Property tax,
  - Raw materials,
  - Rent,
  - Repairs that maintain income-producing property,
  - Sales tax,
  - Stock,
  - Supplies,
  - Transportation costs. The person may choose to use 50.0 cents per mile instead of keeping track of individual transportation expenses. Do not allow travel to and from the place of business.
  - Utilities

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

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

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

Step 3

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

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

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

Step 4

Convert self-employment allowable costs to monthly amounts.

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

Step 5

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

Step 6

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

Step 7

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

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

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

Step 8

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

Deductions for Medicaid-Eligible Individuals

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

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

Step 9

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

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

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

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

Step 10

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

MONTGOMERY COUNTY HOSPITAL
DISTRICT MEDICAL ASSISTANCE PLAN
INCOME GUIDELINES EFFECTIVE 4/1/2026
21- 150% FPIL

# of Individuals in the MAP Household	Income Standard 21% FPIL	Income Standard 150% FPIL
1	$279	$1,995
2	$379	$2,705
3	$478	$3,415
4	$578	$4,125
5	$677	$4,835
6	$776	$5,545
7	$876	$6,255
8	$975	$6,965
9	$1,075	$7,675
10	$1,174	$8,385
11	$1,273	$9,095
12	$1,373	$9,805

Note: Based on the 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.

- Issue written notice, namely, HCAP Form 109, Notice of Eligibility and HCAP Form 110, the MAP Identification Card, HCAP Form 120, Notice of Incomplete Application, or HCAP Form 117, Notice of Ineligibility, of the District's decision. If the District denies health care assistance, the written notice shall include the reason for the denial and an explanation of the procedure for appealing the denial.

- Review each eligible case record at least once every six months.

    - Approved applications are valid for a period not to exceed six (6) months but no less than 1 month.
    - Before the expiration date, all clients will receive a notice by mail that benefits will expire in the next two weeks.
    - All clients must start the eligibility process all over again at the time or re-application.

- Use the "Prudent Person Principle" in situations where there are unusual circumstances in which an applicant's statement must be accepted as proof if there is a reasonable explanation why documentary evidence or a collateral contact is not available and the applicant's statement does not contradict other client statements or other information received by staff.

- Current eligibility continues until a change resulting in ineligibility occurs and a HCAP Form 117 is issued to the household.

- Consult the hospital district's legal counsel to develop procedures regarding disclosure of information.

- Be aware that a person involved in a motor vehicle accident or an assault (before or during MAP benefit period) will not receive benefit coverage for any medical expenses related to that accident or assault, unless proper documentation is provided showing no other liability. The minimum documentation required consists of at least police report or auto insurance information. Other documentation may be necessary.

- Be aware that a person injured on the job (before or during MAP benefit period) who is entitled to Worker's Compensation, must pursue that resource for benefit coverage.

- Remember that MCHD is the payor of last resort. Do not hesitate to explain this to the client.

- The applicant has the right to:

- Have his application considered without regard to race, color, religion, creed, national origin, age, sex, disability, or political belief;

- Request a review of the decision made on his application or re-certification for health care assistance; and

- Request, orally and in writing, a fair hearing about actions affecting receipt or termination of health care assistance.

- The applicant is responsible for:

  - Completing the HCAP Form 100 accurately.

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

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

  - Attending the scheduled interview appointment.

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

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

- Reporting changes, which affect eligibility, within 14 days after the date that the change actually occurred. Failure to report changes could result in repayment of expenditures paid.

- Any changes in income, resources, residency other than federal cost of living adjustments mandates re application and reconsideration of determination.

- To cooperate or follow through with an application process for any other source of medical assistance before being processed for the Medical Assistance Plan, since MCHD is a payor of last resort.

- Note: Misrepresentation of facts or any attempt by any applicant or interested party to circumvent the policies of the district in order to become or remain eligible is grounds for immediate and permanent refusal of assistance. Furthermore, if a client fails to furnish any requested information or documentation, the application will be denied.

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

PROCESSING AN APPLICATION

Steps for Processing an Application

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

Step 1

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

Step 2

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

Step 3

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

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

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

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

Step 4

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

Step 5

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

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

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

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

Step 6

Repeat Steps 2 and 3 as necessary.

Step 7

Determine eligibility based on the five eligibility criteria.

Document information in the case record to support the decision.

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

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

If a candidate has a telephone interview or does not require an interview and becomes eligible for MAP benefits, the forms listed above must be filled out at the time the client comes in to get their MAP Identification Card, HCAP Form 110, and the Notice of eligibility, HCAP Form 109.

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

1. Statement of Support, HCAP Form 102
2. Request for Domicile Verification, HCAP Form 103
3. Affidavit Regarding Marital Status and Financial Support, HCAP Form 104
4. Employer Verification Form, HCAP Form 200
5. Other Forms as may be developed and approved by Administrator
6. Assignment of Health Insurance Proceeds, HCAP Form I:

Staff Acknowledgement regarding Step 2

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

Step 8

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

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

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

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

Reasons for denial include but are not limited to:

- Not a resident of the county,
- A recipient of Medicaid,
- Resources exceed the resource limit,
- Income exceeds the income limit,
- Failed to keep an appointment,
- Failed to provide information requested,
- Failed to return the review application,
- Failed to comply with requirements to obtain other assistance, or
- Voluntarily withdrew.

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

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

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

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

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

Termination of Coverage

Expiration of Coverage:

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

Termination:

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

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

DENIAL DECISION DISPUTES

Responses Regarding a Denial Decision

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

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

The Household/Client Appeal Process

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

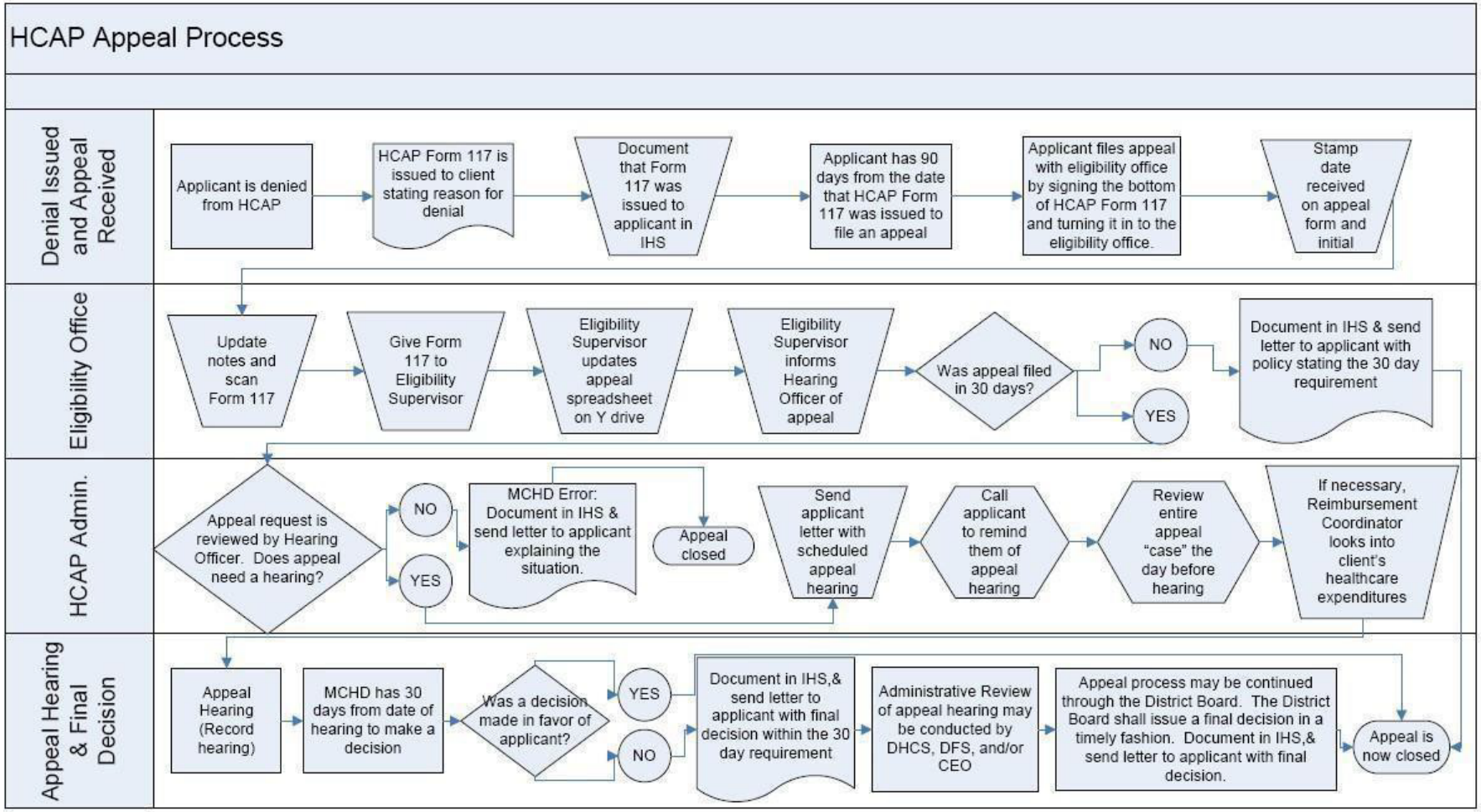
    1. An appeal hearing is not necessary as a mistake has been made on MCHD's behalf. MCHD and the client will take the appropriate steps required to remedy the situation, or
    2. An appeal hearing is necessary and the Hearing Officer or appointee will schedule a date and time for the appeal hearing.

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

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

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

MAP Appeal Process Flowchart



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

SECTION FOUR
SERVICE DELIVERY

SERVICE DELIVERY

General Principles

- MCHD shall provide or arrange for the basic health care services established by TDSHS or less restrictive health care services.
    - The basic health care services are:
        - Physician services
        - Annual physical examinations
        - Immunizations
        - Medical screening services
            - Blood pressure
            - Blood sugar
            - Cholesterol screening
        - Laboratory and x-ray services
        - Skilled nursing facility services
        - Prescription drugs
        - Rural health clinic services
        - Inpatient hospital services
        - Outpatient hospital services

- In addition to providing basic health care services, MCHD may provide other extended health care services that the hospital district determines to be cost-effective.
    - The extended health care services are:
        - Advanced practice nurse services provided by
            - Nurse practitioner services (ANP)

- Clinical nurse specialist (CNS)
- Certified nurse midwife (CNM)
- Certified registered nurse anesthetist (CRNA)

- Ambulatory surgical center (freestanding) services
- Bi-level Positive Airway Pressure (BIPAP) therapy
- Mental Health - Counseling services provided by:
  - Licensed clinical social worker (LCSW)
  - Licensed marriage family therapist (LMFT)
  - Licensed professional counselor (LPC)
  - Ph.D. psychologist
- Colostomy medical supplies and equipment
- Diabetic medical supplies and equipment
- Durable medical equipment (DME)
- Emergency medical services (EMS)
- Federally qualified health center services (FQHC)
- Home and community health care services (in special circumstances with authorization)
- Occupational Therapy Services
- Physician assistant services (PA)
- Physical Therapy Services

- Other medically necessary services or supplies that the Montgomery County Hospital District determines to be cost effective.

- Services and supplies must be usual, customary, and reasonable as well as medically necessary for diagnosis and treatment of an illness or injury.

- A hospital district may:

  - Arrange for health care services through local health departments, other public health care facilities, private providers, or insurance companies regardless of the provider's location;

  - Arrange to provide health care services through the purchase of insurance for eligible residents;

  - Affiliate with other governmental entities, public hospitals, or hospital districts for administration and delivery of health care services.

  - Use out-of-county providers.

- As prescribed by Chapter 61, Health and Safety Code, a hospital district shall provide health care assistance to each eligible resident in its service area who meets:

  - The basic income and resources requirements established by the department under Sections 61.006 and 61.008 and in effect when the assistance is requested; or

  - A less restrictive income and resources standard by the hospital district serving the area in which the person resides.

- The maximum Hospital District liability for each fiscal year for health care services provided by all assistance providers, including hospital and skilled nursing facility (SNF), to each MAP client is, excluding Oncology clients:

  1. $60,000; or

  2. the payment of 30 days of hospitalization or treatment in a SNF, or both, or $60,000, whichever occurs first.

a. 30 days of hospitalization refers to inpatient hospitalization.

- The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospital, to each MAP client is:

  1. $20,000;

- The Montgomery County Hospital District is the payor of last resort and shall provide assistance only if other adequate public or private sources of payment are not available. In addition, MCHD is not secondary to any insurance benefits or exhausted benefits.

- For claim payment to be considered, a claim should be received:

  1. Within 95 days from the approval date for services provided before the household was approved or

  2. Within 95 days from the date of service for services provided after the approval date.

- The payment standard is determined by the date the claim is paid.

- MCHD MAP mandated providers must provide services and supplies.

- Montgomery County Hospital District's EMS must provide all EMS services.
  - Upon request for EMS the provider must identify the patient as an MAP client to the EMS Dispatch center.

- Any exception requires MCHD MAP approval for each service, supply, or expense.

- Co-payments:

  Pursuant to Chapter 61 of the Texas Health and Safety Code, the District recognizes that it may request contribution toward cost of assistance.

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

Services for which co-payments are requested:

- Diabetic training
- EMS transports
- ED visits
- Hyperbaric Services
- Physical therapies
    - OT
    - PT
    - ST
- Primary care visits
- Specialty care visits

Basic and Extended Health Care Services do not Include Services and Supplies that:

- Are provided to a patient before or after the time period the patient is eligible for the MCHD Medical Assistance Plan;

- Are payable by or available under any health, accident, or other insurance coverage; by any private or governmental benefit system; by any legally liable third party, or under other contract;

- Are provided by military medical facilities, Veterans Administration facilities, or United States public health service hospitals;

- Are related to any condition covered under the worker's compensation laws or any other payor source.

BASIC HEALTH CARE SERVICES

MCHD-established Basic Health Care Services:

- **Annual Physical Examinations**
- **Immunizations**
- **Inpatient Hospital Services**
- **Laboratory and X-Ray Services**
- **Medical Screening Services**
- **Outpatient Hospital Services**
- **Physician Services**
- **Prescription Drugs**
- **Rural Health Clinic Services**
- **Skilled Nursing Facility Services**

Annual Physical Examinations

These are examinations provided once per client per calendar year by a Texas licensed physician or midlevel practitioner.

Associated testing, such as mammograms, can be covered with a physician's referral.

These services may also be provided by an Advanced Practice Nurse (APN) if they are within the scope of practice of the APN in accordance with the standards established by the Board of Nurse Examiners.

Immunizations

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

Inpatient Hospital Services

Inpatient hospital services must be medically necessary and be:

- Provided in an acute care hospital that is JCAHO and TDH compliant,

- Provided to hospital inpatients,
- Provided under the direction of a Texas licensed physician in good standing, and
- Provided for the medical care and treatment of patients.

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

Laboratory and X-Ray Services

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

Medical Screening Services

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

Outpatient Hospital Services

Outpatient hospital services must be medically necessary and be:

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

Physician Services

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

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

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

Prescription Drugs

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

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

The MCHD HCAP Formulary may be found in Appendix VII.

The MCICP co-payment for the monthly three covered formulary medications on both generic and brand name drugs, is zero. Co-payment requested on additional medications is $7.50 for each generic drug and $12.50 for each brand name drug.

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

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

Rural Health Clinic (RHC) Services

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

Skilled Nursing Facility Services

Services must be:

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

EXTENDED HEALTH CARE SERVICES

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

Advanced Practice Nurse (APN) Services

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

Ambulatory Surgical Center (ASC) Services

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

Bi-level Positive Airway Pressure (BIPAP)

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

Colostomy Medical Supplies and Equipment:

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

The hospital district requires the supplier to receive prior authorization.

Items covered are:

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

Colostomy Medical Supplies and Equipment:

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

Mental Health - Counseling Services:

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

disorders, and other nonpsychotic mental disorders.

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

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

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

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

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

Diabetic Medical Supplies and Equipment:

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

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

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

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

Diabetic Medical Supplies and Equipment:

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

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

Durable Medical Equipment:

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

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

Items covered with MCHD authorization are:

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

Durable Medical Equipment:

Description
Digital blood pressure & pulse monitor

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

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

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

Emergency Medical Services:

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

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

Federally Qualified Health Center (FQHC) Services:

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

Home Health Care Services

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

The hospital district requires the provider to receive prior authorization.

Occupational Therapy Services:

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

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

The hospital district requires the provider to receive prior authorization.

Physician Assistant (PA) Services:

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

Physical Therapy Services:

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

The hospital district requires the provider to receive prior authorization.

EXCLUSIONS AND LIMITATIONS

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

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

- Cosmetic (plastic) surgery to improve appearance, rather than to correct a functional disorder; here, functional disorders do not include mental or emotional distress related to a physical condition. All cosmetic surgeries require MCHD authorization;

- Cryotherapy machine for home use;

- Custodial care;

- Dental care; except for reduction of a jaw fracture or treatment of an oral infection when a physician determines that a life-threatening situation exists and refers the patient to a dentist;

- Dentures;

- Drugs, which are:

    - Not approved for sale in the United States, or

    - Over-the-counter drugs (except with MCHD authorization)

    - Outpatient prescription drugs not purchased through the prescription drug program, or

    - Not approved by the Food and Drug Administration (FDA), or

    - Dosages that exceed the FDA approval, or

    - Approved by the FDA but used for conditions other than those indicated by the manufacturer;

- Durable medical equipment supplies unless they are authorized by MCHD;

- Exercising equipment (even if prescribed by a physician), vibratory equipment, swimming or therapy pools, hypnotherapy, massage therapy, recreational therapy, enrollment in health or athletic clubs;

- Experimental or research programs;

- Family planning services are not payable if other entities exist to provide these services in Montgomery County;

- For care or treatment furnished by:

  - Christian Science Practitioner
  - Homeopath
  - Marriage, Family, Child Counselor (MFCC)
  - Naturopath.

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

- Infertility, infertility studies, invitro fertilization or embryo transfer, artificial insemination, or any surgical procedure for the inducement of pregnancy;

- Legal services;

- Marriage counseling, or family counseling when there is not an identified patient;

- Medical services, supplies, or expenses as a result of a motor vehicle accident or assault unless MCHD MAP is the payor last resort ;

- More than one physical exam per year per **active** client;

- Obstetrical Care, except with MCHD Administration authorization;

- Other CPT codes with zero payment or those not allowed by county indigent guidelines;

- Outpatient psychiatric services (Counseling) that exceed 30 visits during a fiscal year unless the hospital district chooses to exceed this limit upon hospital district review of an individual's case record.

- Parenteral hyperalimentation therapy as an outpatient hospital service unless the service is considered medically necessary to sustain life. Coverage does not extend to hyperalimentation administered as a nutritional supplement;

- Podiatric care unless the service is covered as a physician service when provided by a licensed physician;

- Private inpatient hospital room except when:

    - A critical or contagious illness exists that results in disturbance to other patients and is documented as such,

    - It is documented that no other rooms are available for an emergency admission, or

    - The hospital only has private rooms.

- Prosthetic or orthotic devices, except under MAP Administration authorization;

- Recreational therapy;

- Routine circumcision if the patient is more than three days old unless it is medically necessary. Circumcision is covered during the first three days of his newborn's life;

- Separate payments for services and supplies to an institution that receives a vendor payment or has a reimbursement formula that includes the services and supplies as a part of institutional care;

- Services or supplies furnished for the purpose of breaking a "habit", including but not limited to overeating, smoking, thumb sucking;

- Services or supplies provided in connection with cosmetic surgery unless they are authorized for specific purposes by the hospital district or its designee before the services or supplies are received and are:

    - Required for the prompt repair of an accidental injury

    - Required for improvement of the functioning of a malformed body member

- Services provided by an immediate relative or household member;

- Services provided outside of the United States;

- Services rendered as a result of (or due to complications resulting from) any surgery, services, treatments or supplier specifically excluded from coverage under this handbook;

- Sex change and/or treatment for transsexual purposed or treatment for sexual dysfunctions of inadequacy which includes implants and drug therapy;

- Sex therapy, hypnotics training (including hypnosis), any behavior modification therapy including biofeedback, education testing and therapy (including therapy intended to improve motor skill development delays) or social services;

- Social and educational counseling;

- Spinograph or thermograph;

- Surgical procedures to reverse sterilization;

- Take-home items and drugs or non-prescribed drugs;

- Transplants, including Bone Marrow;

- Treatment of flat foot (flexible pes planus) conditions and the prescription of supportive devices (including special shoes), the treatment of subluxations of the foot and routing foot care more than once every six months, including the cutting or removal of corns, warts, or calluses, the trimming of nails, and other routine hygienic care

- Treatment of obesity and/or for weight reduction services or supplies (including weight loss programs);

- Vision Care, including eyeglasses, contacts, and glass eyes;

    - Except, every 12 month's one **diabetic** eye examination only may be covered.

- Vocational evaluation, rehabilitation or retraining;

- Voluntary self-inflicted injuries or attempted voluntary self-destruction while sane or insane;

- Whole blood or packed red cells available at not cost to patient.

Conflicts In Other Agreements:

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

SERVICE DELIVERY DISPUTES

Appeals of Adverse Benefits Determinations

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

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

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

Full and Fair Review of All Claims

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

1. Provider at least 95 days following receipt of a notification of an initial adverse benefit determination within which to appeal the determination and 60 days to appeal a second adverse benefit determination;

2. Provider the opportunity to submit written comments, documents, records, and other information relating to the claim for benefits;

3. For an independent review that does not afford deference to the previous adverse benefit determination and that is conducted by an appropriate named fiduciary of the Plan, who shall be neither the individual who made the adverse benefit determination that is the subject of the appeal, nor the subordinate of such individual;

4. For a review that takes into account all comments, documents, records, and other information submitted by the Provider relating to the claim, without regard to whether such information was submitted or considered in any prior benefit determination;

5. That, in deciding an appeal of any adverse benefit determination that is based in whole or in part upon a medical judgment, the Plan fiduciary shall consult with one or more health care professionals who have appropriate training and experience in the field of medicine involved in the medical judgment, and who are neither individuals who were consulted in connection with the adverse benefit determination that is the subject of the appeal, nor the subordinates of any such individual;

6. For the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claim, even if the Plan did not rely upon their advice; and

7. That a Provider will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the Provider's claim for benefits to the extent such records are in possession of the MCHD or the Third Party Administrator; information regarding any voluntary appeals procedures offered by the Plan; any internal rule, guideline, protocol or other similar criterion relied upon in making the adverse determination; and an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the Client's medical circumstances.

First Appeal Level

Requirements for First Appeal

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

Claims Appeal

HCAPbillpay@mchd-tx.org

Fax Number: 936-523-5137

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

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

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

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

Timing of Notification of Benefit Determination on First Appeal
MCHD shall notify the Provider of the Plan's benefit determination on review within the following timeframes:

Pre-service Non-urgent Care Claims
Within a reasonable period of time appropriate to the medical circumstances, but not later than 15 business days after receipt of the appeal

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

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

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

Manner and Content of Notification of Adverse Benefit Determination on First Appeal.
MCHD may provide a Provider with notification, in writing or electronically, of a Plan's adverse benefit determination on review, setting forth:

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

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

Second Appeal Level

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

Timing of Notification of Benefit Determination on Second Appeal
MCHD shall notify the Provider of the Plan's benefit determination following the second appeal within the following timeframes:

Pre-service Non-urgent Care Claims
Within a reasonable period of time appropriate to the medical circumstances, but not later than 15 business days after receipt of the second appeal.

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

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

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

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

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

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

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

MANDATED PROVIDER INFORMATION

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

Continuity of Care:

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

Prior Approval:

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

Mandatory Notification Requirements:

- The non-mandated provider shall attempt to determine if the patient resides within District's service area when the patient first receives services if not beforehand as the patients condition may dictate.

- The provider, the patient, and the patient's family shall cooperate with the District in determining if the patient is an active client on the MAP rolls of the District for MAP services.

- Each individual provider is independently responsible for their own notification on each case as it presents.

- If a non-mandated provider delivers emergency or non-emergency services to a MAP patient who the provider suspects might be an active client on the MAP rolls with the District, the provider shall notify the District's MAP Office that services have been or will be provided to the patient.

- The notice shall be made:

  (1) By telephone not later than the 72nd hour after the provider determines that the patient resides in the District's service area and is suspect of being an active client on the District's MAP rolls; and

  (2) By mail postmarked not later than the fifth working day after the date on which the provider determines that the patient resides in the District's service area.

Authorization:

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

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

Emergency Defined:

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

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

Emergency Medical Services:

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

Reimbursement:

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

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

Return to Mandated Provider:

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

Appeal:

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

SECTION FIVE
FORMS

FORMS

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

- HCAP Form 100: MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE APPLICATION
- HCAP Form 2: HCAP APPOINTMENT CARD
- HCAP Form 3: HCAP BEHAVIORAL GUIDELINES
- HCAP Form A: ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FORM
- HCAP Form B: ASSET AND BACKGROUND CHECK FORM
- HCAP Form C: MEDICAL HISTORY FORM
- HCAP Form D: RELEASE FORM
- HCAP Form E: SUBROGATION FORM
- HCAP Form F: PROOF OF CITIZENSHIP FOR MCHD HCAP
- HCAP Form G: HOW TO CONTACT THE ELIGIBILITY OFFICE REGARDING YOUR SSI STATUS
- HCAP Form H: REPRESENTATION AND ACKNOWLEDGEMENT FORM
- HCAP Form I: ASSIGNMENT OF HEALTH INSURANCE PROCEEDS
- HCAP Form J: HCAP FRAUD POLICY AND PROCEDURES
- HCAP Form 12: REQUEST FOR INFORMATION
- HCAP Form 101: WORKSHEET (*Electronic Version)*
- HCAP Form 102: STATEMENT OF SUPPORT
- HCAP Form 103: REQUEST FOR DOMICILE VERIFICATION
- HCAP Form 104: AFFIDAVIT REGARDING MARITAL STATUS AND FINANCIAL SUPPORT
- HCAP Form 109: NOTICE OF ELIGIBILITY (*Electronic Version)*
- HCAP Form 110: HCAP IDENTIFICATION CARD
- HCAP Form 117: NOTICE OF INELIGIBILITY (*Electronic Version)*
- HCAP Form 120: NOTICE OF INCOMPLETE APPLICATION
- HCAP Form 200: EMPLOYER VERIFICATION FORM
- HCAP Form 201: SELF-EMPLOYMENT VERIFICATION FORM

APPENDIX I
GLOSSARY OF TERMS

GLOSSARY

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

Accessible Resources - Resources legally available to the household.

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

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

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

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

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

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

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

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

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

Common Law Marriage - Relationship recognized under Texas law in which the parties age 18 or older are free to marry, live together, and hold out to the public that they are husband and wife. A man and a woman who want to establish a common-law marriage must sign a form provided by the county clerk. In addition, they must (1) agree to be married, (2) cohabit, and (3) represent to others that they are married.

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

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

- The applicant's full name and address,

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

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

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

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

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

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

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

A disabled person includes:

1. A person approved for SSI, Social Security disability, or blindness.

2. A veteran who receives VA benefits because he/she is rated a 100% service-connected disability or who according to the VA needs regular aid and attendance or is permanently housebound.

3. A surviving spouse of a deceased veteran who meets one of the following criteria according to the VA.

    - Needs regular aid and attendance
    - Permanently housebound
    - Approved for VA benefits because of the veteran's death and could be considered permanently disabled for social security purposes.

4. A surviving child (any age) of a deceased veteran who the VA has determined is:

   - Permanently incapable of self-support, or
   - Approved for benefits because of the veteran's death and could be considered permanently disable for social security purpose.

5. A person receiving disability retirement benefits from any government agency for a disability that could be considered permanent for social security purposes.

6. A person receiving Railroad Retirement Disability, who is also covered by Medicare.

   Note: Permanent disability for Social Security purposes is any of the following conditions that may be obvious by observation or may require a physician's opinion:

   - Permanent loss of use of both hands, both feet, or one hand and one foot;
   - Amputation of leg at hip
   - Amputation of leg or foot because of diabetes mellitus or peripheral vascular diseases;
   - Total deafness, not correctable by surgery or hearing aid;
   - Statutory blindness, unless caused by cataracts or detached retina;
   - IQ 59 or less, established after the person becomes 16 years old;
   - Spinal cord or nerve root lesion resulting in paraplegia or quadriplegia;
   - Multiple sclerosis in which there is damage to the nervous system caused by scattered areas of inflammation. The inflammation recurs and has progressed to varied interferences with the function of the nervous system, including severe muscle weakness, paralysis, and vision and speech defects.
   - Muscular dystrophy with irreversible wasting of the muscles, impairing the ability to use arms or legs;
   - Impaired renal function caused by chronic renal disease, resulting in severely reduced function which may require dialysis or kidney transplant;
   - Amputation of a limb of a person at least 55 years old;
   - Acquired Immune Deficiency Syndrome (AIDS) progressed so that it results in extensive and/or recurring physical or mental impairment.

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

The District – Montgomery County Hospital District

Domicile - A residence

DSHS - Department of State Health Services (Texas DSHS)

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

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

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

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

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

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

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

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

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

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

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

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

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

Gross Income - Income before deductions.

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

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

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

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

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

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

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

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

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

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

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

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

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

Net income - Gross income minus allowable deductions.

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

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

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

Real Property - Land and any improvements on it.

Reimbursement - Repayment for a specific item or service.

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

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

Relationship also extends to:

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

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

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

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

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

TDSHS – Texas Department of State Health Services

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

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

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

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

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

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

APPENDIX II
MCHD'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT [1]

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

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[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 employee technicians, nurses, and employees of the district. The board shall be authorized to contract with any other political subdivision or governmental agency whereby the district will provide investigatory or other services as to the medical, health care, hospital, or welfare needs of the inhabitants of the district and shall be authorized to contract with any county or incorporated municipality located outside its boundaries for the care and treatment of the sick, diseased, or injured persons of any such county or municipality and shall have the authority to contract with the State of Texas or agencies of the federal government for the treatment of sick, diseased, or injured persons.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 o fthe date the invalid petition was submitted.

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

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

(1) the first Saturday in May; or

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

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

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

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

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

of the most recent election to dissolve the district.

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

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

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

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

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

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

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

APPENDIX III
CHAPTER 61

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

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

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

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

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

APPENDIX IV
TEXAS ADMINISTRATIVE CODE SUBCHAPTERS

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

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

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

The CIHCP rules may be accessed at:

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

APPENDIX V
FEDERAL POVERTY GUIDELINES

MONTGOMERY COUNTY HOSPITAL DISTRICT
MEDICAL ASSISTANCE PLAN
INCOME GUIDELINES EFFECTIVE
04/01/2026
21- 150% FPIL

# of Individuals in the MAP Household	Income Standard 21% FPIL	Income Standard 150% FPIL
1	$279	$1,995
2	$379	$2,705
3	$478	$3,415
4	$578	$4,125
5	$677	$4,835
6	$776	$5,545
7	$876	$6,255
8	$975	$6,965
9	$1,075	$7,675
10	$1,174	$8,385
11	$1,273	$9,095
12	$1,373	$9,805

* Effective 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:

I.
ENROLLMENT INTO HOSPITAL DISTRICT PUBLIC ASSISTANCE PROGRAM

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

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

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

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

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 Sheriffand the Chief Executive Officer of MCHD shall meet to discuss the facts of such claims and the underlying responsibility therefor. Any agreement(s) reached at such meeting shall be reduced to writing and recommended by such persons to their respective governing boards for approval as necessary. Should the parties be unable to reach agreement as to financial responsibility, the dispute will be submitted to binding arbitration. The prevailing party in such arbitration shall be entitled to recover its reasonable attorneys' fees.

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

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 ofthe inmate's release or transfer from the County jail.

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

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

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

II.
LIABILITY

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

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

III.
NOTICES

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

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

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

IV.
TERM

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

V.
TERMINATION

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

VI.

APPROPRIATIONS AND CURRENT REVENUES

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

VII.

AMENDMENT

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

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

PASSED AND APPROVED to become effective on the Effective Date.

MONTGOMERY COUNTY HOSPITAL DISTRICT

By: Randy Johnson, Chief Executive Officer

Date: March 25, 2014

MONTGOMERY COUNTY, TEXAS

By; Alan B. Sadler, County Judge

Date;_____

Attest:

Mark Turnbull, County Clerk

MONTGOMERY COUNTY HOSPITAL DISTRICf

By: Randy Johnson, ChiefExecutive Officer

Date:

MONTGOMERY COUNTY, TEXAS

By: Ala B. Sadler, County Judge

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

Attest:

Mark Turnbull

Mark Turnbull, County Clerk

APPENDIX VII
MCHD
HCAP FORMULARY

AGENDA ITEM # 15

Board Mtg.: 07/28/26

Montgomery County Hospital District
Financial Dashboard for June 2026
(dollars expressed in 000's)

	Jun 2026	Jun 2025	Var	Var %
Cash and Investments	62,321	66,060	(3,739)	-5.7%

Legend	
Green	Favorable Variance
Red	Unfavorable Variance

Months	% of Total
9	75.0%

Income Statement	Jun 2026 Actual	YTD Actual	Total Annual Budget	% YTD Annual Budget
Revenue				
Tax Revenue	380	51,934	52,148	99.6%
EMS Net Revenue	2,507	21,457	30,475	70.4%
Other Revenue	767	8,819	10,194	86.5%
Total Revenue	**3,653**	**82,210**	**92,818**	88.6%
Expenses				
Payroll	4,771	43,404	62,317	69.7%
Operating	1,592	13,933	20,238	68.8%
Indigent Healthcare	380	3,131	5,259	59.5%
Total Operating Expenses	**6,743**	**60,468**	**87,814**	68.9%
Capital	2,989	12,223	20,142	60.7%
Total Expenditures	**9,732**	**72,691**	**107,955**	67.3%
Revenue Over / (Under) Expenses	**(6,079)**	**9,519**	**(15,138)**	

Total Tax Revenue: We have collected $51.9M or 100.4% of the year-to-date budget and 99.6% of total budgeted Tax Revenue.

EMS Net Revenue: EMS Net Revenue is less than expected at 70.4% year to date. Billable trips per day are 0.7% less than budgeted. Adjustments are greater than budget due to cleaning up old accounts and adjusting workflows as we transitioned to new billing software.

Other Revenue: Year-to-Date, Other Revenue is better than expected primarily due to the Ambulance Supplemental Payment Program, Investment Income, Miscellaneous Income, and the Tobacco Setlement exceeding budget.

Payroll: Through the first nine months of the year, overall payroll expenses are 69.7% of the annual budget. Wages and healthcare expenses are less than budgeted thus far.

Operating Expenses: Operating expenses are 68.8% of the annual budget thus far. Much of this variance can be attributed to the timing of expenses.

Indigent Care Expenses: Year to date, indigent healthcare expenses are 59.5% of budget. Enrollment in the program and cost per client have been less than expected.

Capital: Capital Expenditures are 60.7% of the annual budget at the end of June. This is primarily due to timing as many of the planned projects are expected to be completed in the last quarter of the year or in FY 2027.

Montgomery County Hospital District
Balance Sheet
For the period ending Jun - Total Fund (10 & 22)

	FY26
Assets	
10100 - Petty Cash	1,400.00
11401 - MCHD Operating Account WF	1,507,296.88
11501 - PH Operating Account	447,157.22
12500 - Investments MMDA	25,430,410.87
13100 - TexPool	2,077,750.13
13300 - MCHD Investments WF Bank	17,761,281.31
13301 - PH Investments WF Bank	1,937,495.39
13400 - TexStar	2,057,415.72
13500 - Investments CD	11,100,662.22
Cash and Equivalents	62,320,869.74
14100 - A/R-EMS Billings	11,910,274.78
14200 - Allowance for Bad Debt	(3,000,193.77)
14300 - A/R Other	1,434,276.63
14305 - A/R Employee	6,300.43
14400 - A/R-Grant	106,505.47
14450 - Capital Lease Receivable	1,455,677.44
14605 - Capital Lease Interest Receivable	5,669.57
14700 - Taxes Receivable	2,818,756.11
14750 - Allowance for Bad Debt-Tax Rev	(421,256.38)
Receivables	14,316,010.28
14800 - Deposits	8,434.00
14900 - Prepaid Expenses	554,303.62
15000 - Inventory	1,257,492.32
Other Assets	1,820,229.94
Total Assets	**78,457,109.96**
Liabilities	

Montgomery County Hospital District
Balance Sheet
For the period ending Jun - Total Fund (10 & 22)

	FY26
20500 - Accounts Payable	86,811.89
20600 - Accounts Payable-Other	11,811.78
21000 - Accrued Expenditures	2,823,532.17
21400 - Accrued Payroll	369,786.74
21525 - P/R-Charitable Deductions	7,630.95
21585 - P/R-Flexible Spending	9,794.40
21590 - P/R-Supplemental Insurance Premiums	3,512.78
21595 - P/R-Health Savings	20,257.70
21600 - Employee Deferred Comp.	9,911.42
21650 - TCDRS Defined Benefit Plan	853,195.11
Total Current Liabilities	4,196,244.94
23000 - Deferred Tax Revenue	2,397,499.73
23200 - Deferred Revenue	18,205.00
23300 - Deferred Capital Lease Revenue	1,305,553.04
Deferred Inflow	3,721,257.77
Total Liabilities	**7,917,502.71**
Capital	
30225 - Assigned - Open Purchase Orders	7,351,316.83
30400 - Nonspendable - Inventory	1,257,492.32
30700 - Nonspendable - Prepaids	554,303.62
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	46,876,494.48
Capital	70,539,607.25
Total Liabilities and Capital	**78,457,109.96**

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the period ending Jun - 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	279,312.85	50,832,021.76	51,106,066.00	99.46%
40100 - Delinquent Tax Revenue	52,391.77	738,889.07	574,391.00	128.64%
40200 - Penalties and Interest	48,252.14	344,885.07	459,257.00	75.10%
40300 - Miscellaneous Tax Revenue	0.00	17,729.98	8,423.00	210.49%
Tax Revenue	**379,956.76**	**51,933,525.88**	**52,148,137.00**	**99.59%**
40500 - Advanced Life Support Revenue	4,841,938.64	42,111,712.56	58,824,083.00	71.59%
40550 - Basic Life Support Revenue	1,107,766.44	9,604,417.00	10,513,735.00	91.35%
40600 - Transfer Service Fees	0.00	0.00	8,052.00	0.00%
40650 - Non-Transport Fees	37,698.94	318,176.44	425,320.00	74.81%
40800 - Contractual Allowance	(1,824,407.87)	(16,857,279.33)	(22,940,767.00)	73.48%
40825 - Charity Care	(1,637,396.75)	(13,486,208.49)	(13,933,306.00)	96.79%
40850 - Provision for Bad Debt	(45,208.28)	(436,773.26)	(2,532,692.00)	17.25%
40875 - Recovery of Bad Debt	26,110.50	203,140.48	111,000.00	183.01%
EMS Net Revenue	**2,506,501.62**	**21,457,185.40**	**30,475,425.00**	**70.41%**
41025 - Ambulance Supplemental Payment Program	0.00	1,035,293.10	1,000,000.00	103.53%
41050 - Contract Revenue	13,758.86	258,058.95	209,451.00	123.21%
41075 - Dispatch Fees	103,546.00	203,299.00	385,612.00	52.72%
41105 - Education/Training Revenue	10,678.95	69,153.45	182,448.00	37.90%
41125 - Employee Medical Premiums	179,349.79	1,217,787.19	1,684,201.00	72.31%
41150 - EMS-Trauma Fund Income	40,034.00	40,034.00	30,000.00	133.45%
41175 - Gain/Loss on Sale of Assets	(9,800.00)	82,200.00	291,750.00	28.17%
41200 - Immunization Fees	1,886.74	14,099.39	24,456.00	57.65%
41225 - Inter Local 800 Mhz	0.00	0.00	329,996.00	0.00%
41250 - Interest Income	3,387.15	5,123.11	4,800.00	106.73%
41255 - Interest Income-Capital Lease	4,782.75	45,376.40	61,302.00	74.02%
41275 - Investment Income	187,675.03	1,798,734.33	2,276,000.00	79.03%
41325 - MDC Revenue - First Responders	900.00	101,806.00	90,150.00	112.93%
41350 - Miscellaneous Income	140,129.46	1,113,837.97	779,540.00	142.88%
41410 - P.A. Processing Fees	0.00	0.00	120.00	0.00%
41425 - Proceeds from Capital Lease	0.00	280,146.03	433,059.00	64.69%

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the period ending Jun - 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	65,049.18	729,532.05	926,534.00	78.74%
41545 - Stand-By Fees	7,752.50	120,293.40	194,532.00	61.84%
41625 - Tobacco Settlement Proceeds	0.00	1,235,052.44	800,000.00	154.38%
41650 - Tower Contract Revenue	13,494.45	355,450.26	443,080.00	80.22%
41675 - VHF Project Revenue	0.00	75,643.15	0.00	0.00%
41700 - Weyland Bldg. Land Lease	4,265.83	38,392.48	47,192.00	81.35%
Other Revenue	**766,890.69**	**8,819,312.70**	**10,194,223.00**	**86.51%**
Total Revenue	**3,653,349.07**	**82,210,023.98**	**92,817,785.00**	88.57%
Expenditure				
51100 - Regular Pay	2,900,707.10	25,490,883.13	35,772,979.00	71.26%
51200 - Overtime Pay	276,038.03	2,745,304.52	3,883,371.00	70.69%
51300 - Paid Time Off	326,879.65	2,984,490.76	4,208,140.00	70.92%
51400 - Stipend Pay	21,275.75	197,205.90	349,034.00	56.50%
51500 - Payroll Taxes	256,173.14	2,264,214.29	3,201,951.00	70.71%
51650 - TCDRS Plan	335,075.42	2,989,332.30	4,177,440.00	71.56%
51700 - Health & Dental	57,588.11	1,181,950.95	1,158,549.00	102.02%
51710 - Health Insurance Claims	481,311.44	4,770,221.49	8,433,084.00	56.57%
51720 - Health Insurance Admin Fees	116,019.52	780,460.29	1,132,464.00	68.92%
Payroll Expenses	**4,771,068.16**	**43,404,063.63**	**62,317,012.00**	**69.65%**
52000 - Accident Repair	0.00	91,966.88	60,000.00	153.28%
52100 - Accounting/Auditing Fees	0.00	43,000.00	56,100.00	76.65%
52200 - Advertising	0.00	4,134.30	16,600.00	24.91%
52300 - Bank Charges	(67.20)	165.45	0.00	0.00%
52500 - Bio-Waste Removal	5,496.18	41,475.61	50,400.00	82.29%
52600 - Books/Materials	9,941.38	98,380.21	268,143.00	36.69%
52700 - Business Licenses	764.00	29,970.62	52,373.00	57.23%
52725 - Capital Lease Expense	27,253.69	195,875.33	275,971.00	70.98%
52730 - Capital Lease Interest Expense	7,929.12	73,521.43	86,918.00	84.59%
52735 - Capital IT Subscription Assets Interest Expense	178.38	3,570.66	0.00	0.00%
52900 - Collection Fees	34,341.11	103,809.04	39,600.00	262.14%
52950 - Community Education	0.00	1,122.00	6,522.00	17.20%
53000 - Computer Maintenance	6,479.04	590,044.47	867,253.00	68.04%
53050 - Computer Software	57,721.53	1,142,235.81	1,863,952.00	61.28%

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the period ending Jun - Total Fund (10 & 22)

	FY26 Base Current Month Actual	FY26 YTD YTD Actual	FY26 Base Total Annual Budget	%YTD Annual Budget
53075 - Computer Software - MDC First Responder	600.00	64,558.22	56,100.00	115.08%
53100 - Computer Supplies/Non-Capital	7,633.32	53,658.75	70,105.00	76.54%
53150 - Conferences - Fees, Travel, & Meals	17,164.19	146,612.19	251,489.00	58.30%
53300 - Contracted Services	137,467.62	1,580,638.18	1,965,949.00	80.40%
53310 - Contractual Obligations-County Appraisal	119,096.00	303,007.10	486,689.00	62.26%
53330 - Contractual Obligations-Other	27,797.80	226,284.07	203,428.00	111.24%
53335 - Contractual Obligations-Tax Collector Assessor	10.79	123,197.21	130,100.00	94.69%
53400 - Credit Card Processing Fee	6,320.46	49,773.75	58,116.00	85.65%
53500 - Customer Property Damage	0.00	7,513.30	20,000.00	37.57%
53550 - Customer Relations	5,624.40	51,855.47	85,400.00	60.72%
53800 - Disposable Linen	5,767.47	74,876.00	67,956.00	110.18%
53900 - Disposable Medical Supplies	109,952.77	1,150,909.45	1,767,052.00	65.13%
54000 - Drug Supplies	2,478.21	274,183.04	460,225.00	59.58%
54100 - Dues/Subscriptions	3,419.99	81,174.68	134,800.00	60.22%
54200 - Durable Medical Equipment	39,040.84	565,880.81	838,619.00	67.48%
54350 - Employee Health/Wellness	3,188.60	37,374.19	87,000.00	42.96%
54450 - Employee Recognition	10,256.24	100,836.36	154,950.00	65.08%
54500 - Equipment Rental	0.00	13,440.60	34,254.00	39.24%
54700 - Fuel-Auto	115,070.54	833,354.32	1,148,757.00	72.54%
54725 - Fuel-Non-Auto	0.00	0.00	8,000.00	0.00%
54800 - Hazardous Waste Removal	154.50	940.00	2,400.00	39.17%
54900 - Insurance	123,614.39	761,573.39	1,036,180.00	73.50%
55025 - Interest Expense	0.00	31,577.21	42,163.00	74.89%
55100 - Laundry Service & Purchase	171.68	1,648.91	2,100.00	78.52%
55400 - Leases/Contracts	5,118.48	45,470.75	80,436.00	56.53%
55500 - Legal Fees	13,594.90	57,075.98	166,000.00	34.38%
55600 - Maintenance & Repairs-Buildings	14,158.23	306,745.88	478,309.00	64.13%
55650 - Maintenance-Equipment	41,010.42	446,966.57	1,099,320.00	40.66%
55700 - Management Fees	6,683.93	86,226.79	112,200.00	76.85%
55900 - Meals - Business and Travel	220.26	805.54	1,250.00	64.44%
56100 - Meeting Expenses	9,304.46	21,899.67	45,250.00	48.40%
56200 - Mileage Reimbursements	295.03	4,009.64	10,427.00	38.45%
56300 - Office Supplies	4,612.24	15,019.28	14,956.00	100.42%
56500 - Other Services	330.06	3,015.26	6,000.00	50.25%
56600 - Oxygen & Gases	10,620.54	80,190.24	100,925.00	79.46%
56900 - Postage	1,704.10	22,904.76	28,082.00	81.56%
57000 - Printing Services	126.80	5,725.27	16,304.00	35.12%

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the period ending Jun - Total Fund (10 & 22)

	FY26 Base Current Month Actual	FY26 YTD YTD Actual	FY26 Base Total Annual Budget	%YTD Annual Budget
57100 - Professional Fees	21,695.68	280,988.64	348,288.00	80.68%
57200 - Radio Repairs-Outsourced	2,439.86	28,636.63	66,000.00	43.39%
57225 - Radio-Parts	3,147.22	42,204.80	74,627.00	56.55%
57250 - Radios	(9,800.00)	100,570.10	73,500.00	136.83%
57300 - Recruit/Investigate	8,197.38	76,473.57	62,942.00	121.50%
57500 - Rent	17,965.71	144,454.29	184,328.00	78.37%
57650 - Repair-Equipment	8,867.68	67,609.77	56,020.00	120.69%
57725 - Shop Supplies	5,409.00	35,293.99	69,520.00	50.77%
57730 - Shop Tools	135.87	24,468.29	38,008.00	64.38%
57750 - Small Equipment & Furniture	56,521.01	561,784.63	714,929.00	78.58%
57800 - Special Events Supplies	1,545.00	6,797.97	9,250.00	73.49%
57900 - Station Supplies	12,002.53	59,262.91	73,620.00	80.50%
58100 - Supplemental Food	(647.26)	(765.17)	4,440.00	17.23%
58200 - Telephones-Cellular	13,072.16	105,485.79	185,541.00	56.85%
58310 - Telephones-Service	59,417.19	352,982.38	403,200.00	87.55%
58500 - Training & Continuing Education	4,509.29	180,591.77	446,578.00	40.44%
58600 - Travel Expenses	1,295.00	11,171.96	38,353.00	29.13%
58625 - Tuition Reimbursement	7,131.74	62,756.49	99,000.00	63.39%
58650 - Unemployment Expense	1,500.00	7,727.78	18,000.00	42.93%
58700 - Uniforms	13,064.95	159,053.65	326,165.00	48.76%
58800 - Utilities	41,936.07	349,425.35	478,320.00	73.05%
58900 - Vehicle-Batteries	4,064.63	19,146.72	37,500.00	51.06%
58950 - Vehicle-Fluids & Additives	2,297.37	14,603.70	39,504.00	36.97%
58975 - Vehicle-Oil & Lubricants	763.50	32,254.54	51,075.00	63.15%
59000 - Vehicle-Outside Services	282.50	12,983.75	23,992.00	54.12%
59050 - Vehicle-Parts	252,003.49	630,874.48	752,577.00	83.83%
59100 - Vehicle-Registration	163.58	1,412.69	2,496.00	56.60%
59150 - Vehicle-Tires	19,863.40	66,972.45	86,400.00	77.51%
59200 - Vehicle-Towing	1,658.13	11,921.31	12,000.00	99.34%
59350 - Worker's Compensation Insurance	48,638.00	436,018.90	546,912.00	79.72%
Operating Expenses	**1,591,787.17**	**13,933,358.77**	**20,238,208.00**	**68.85%**
59610 - 1115 Medicaid Waiver-Uncompensated Care	277,163.00	2,100,439.42	3,325,952.00	63.15%
59620 - Specialty Healthcare Providers	103,061.43	1,030,698.43	1,932,568.00	53.33%
Indigent Care Expenses	**380,224.43**	**3,131,137.85**	**5,258,520.00**	**59.54%**
59700 - Capital Purchase-Building/Improvements	176,622.05	3,081,521.55	6,753,042.00	45.63%

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the period ending Jun - Total Fund (10 & 22)

	FY26 Base Current Month Actual	FY26 YTD YTD Actual	FY26 Base Total Annual Budget	%YTD Annual Budget
59720 - Capital Purchase-Equipment	2,812,594.32	5,461,344.98	7,639,187.00	71.49%
59740 - Capital Purchase-Land	0.00	0.00	750,000.00	0.00%
59760 - Capital Purchase-Leases	0.00	280,146.03	433,059.00	64.69%
59770 - Capital Purchase-Site Improvements	0.00	29,275.24	0.00	0.00%
59780 - Capital Purchase-Vehicles	0.00	3,371,035.00	4,566,225.00	73.83%
Capital Expenditures	**2,989,216.37**	**12,223,322.80**	**20,141,513.00**	**60.69%**
Total Expenditure	**9,732,296.13**	**72,691,883.05**	**107,955,253.00**	67.34%
Revenue over Expenditures	**(6,078,947.06)**	**9,518,140.93**	**(15,137,468.00)**	62.88%

Montgomery County Hospital District
Year-Over-Year Income Statement Comparison

For the period ending Jun

	FY26 Current Month Actual - Jun	FY25 Last Year Month Actual - Jun	Month Variance	Month Variance %	FY26 YTD Actual	FY25 Last Year YTD Actual	YTD Variance	YTD Variance %	FY26 Total Annual Budget
Total Department									
Revenue									
Tax Revenue	379,956.76	246,322.06	133,634.70	54.25%	51,933,525.88	50,096,891.57	1,836,634.31	3.67%	52,148,137.00
EMS Net Revenue	2,506,501.62	2,569,518.35	(63,016.73)	2.45%	21,457,185.40	21,632,425.20	(175,239.80)	0.81%	30,475,425.00
Other Revenue	639,338.30	643,641.90	(4,303.60)	0.67%	7,556,534.97	7,037,338.51	519,196.46	7.38%	8,525,052.00
Total Revenue	**3,525,796.68**	**3,459,482.31**	**66,314.37**	1.92%	**80,947,246.25**	**78,766,655.28**	**2,180,590.97**	2.77%	**91,148,614.00**
Expenditure									
Payroll Expenses	4,661,144.37	4,263,358.09	397,786.28	9.33%	42,496,690.98	40,107,921.71	2,388,769.27	5.96%	60,920,695.00
Operating Expenses	1,585,337.90	2,234,265.37	(648,927.47)	29.04%	13,755,849.76	13,755,065.89	783.87	0.01%	20,120,211.00
Indigent Care Expenses	380,224.43	335,450.16	44,774.27	13.35%	3,131,137.85	2,935,234.87	195,902.98	6.67%	5,258,520.00
Capital Expenditures	2,989,216.37	929,517.42	2,059,698.95	221.59%	12,223,322.80	9,084,645.12	3,138,677.68	34.55%	20,105,913.00
Total Expenditure	**9,615,923.07**	**7,762,591.04**	**1,853,332.03**	23.88%	**71,607,001.39**	**65,882,867.59**	**5,724,133.80**	8.69%	**106,405,339.00**
Revenue over Expenditures	**(6,090,126.39)**	**(4,303,108.73)**	**(1,787,017.66)**	41.53%	**9,340,244.86**	**12,883,787.69**	**(3,543,542.83)**	27.50%	**(15,256,725.00)**

AGENDA ITEM # 15

Board Mtg.: 07/28/26

Montgomery County Hospital District
Payer Mix and Service Mix

Payer	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	12-Month Total
Medicare	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	2,846,773	2,970,883	2,994,898	34,089,544
Medicaid	572,444	575,914	507,742	548,352	519,593	611,301	503,926	552,911	589,820	574,691	553,478	518,349	6,628,520
Insurance	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	1,551,812	1,586,110	1,573,810	18,659,972
Facility Contract			0							922			922
Bill Patient	874,777	890,038	772,981	839,827	776,241	790,823	764,818	688,556	871,364	944,601	961,795	926,457	10,102,278
Standby	10,848	5,247	36,293	39,366	27,587	2,795	4,463	11,470	4,300	5,751	16,797	7,753	172,669
Total	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	5,924,550	6,089,062	6,021,267	69,653,904

Payer	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	12-Month %
Medicare	48.1%	47.4%	48.0%	47.6%	48.7%	50.6%	52.1%	50.0%	48.5%	48.1%	48.8%	49.7%	49.0%
Medicaid	9.5%	9.7%	9.6%	9.5%	9.4%	10.5%	8.9%	10.1%	9.8%	9.7%	9.1%	8.6%	9.6%
Insurance	27.8%	27.9%	27.2%	27.8%	27.4%	25.3%	25.6%	27.1%	27.1%	26.2%	26.0%	26.1%	26.8%
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%	0.1%
Bill Patient	14.5%	14.9%	14.6%	14.5%	14.0%	13.6%	13.4%	12.6%	14.5%	15.9%	15.8%	15.4%	14.6%
Standby	0.2%	0.1%	0.7%	0.7%	0.5%	0.0%	0.1%	0.2%	0.1%	0.1%	0.3%	0.1%	0.3%
Total	100.1%	100.0%	100.1%	100.1%	100.0%	100.0%	100.1%	100.0%	100.0%	100.0%	100.0%	99.9%	100%

Payer	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	12-Month Total
ALS	4,015	3,971	3,456	3,774	3,560	3,656	3,494	3,444	3,798	3,735	3,838	3,774	44,515
BLS	894	876	868	925	939	1,108	1,089	925	1,058	1,027	1,021	1,049	11,779
Other	286	323	247	293	321	285	237	269	269	263	309	303	3,405
Transfer			0										0
Standby	13	5	54	58	44	5	30	8	1	6	19	8	251
Total	5,208	5,175	4,625	5,050	4,864	5,054	4,850	4,646	5,126	5,031	5,187	5,134	59,950

Payer	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	12-Month %
ALS	77.1%	76.7%	74.7%	74.7%	73.2%	72.3%	72.0%	74.1%	74.1%	74.2%	74.0%	73.6%	74.3%
BLS	17.2%	16.9%	18.8%	18.3%	19.3%	21.9%	22.5%	19.9%	20.6%	20.4%	19.7%	20.4%	19.6%
Other	5.5%	6.2%	5.3%	5.8%	6.6%	5.6%	4.9%	5.8%	5.2%	5.2%	6.0%	5.9%	5.7%
Transfer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Standby	0.2%	0.1%	1.2%	1.1%	0.9%	0.1%	0.6%	0.2%	0.0%	0.1%	0.4%	0.2%	0.4%
Total	100.0%	99.9%	100.0%	99.9%	100.0%	99.9%	100.0%	100.0%	99.9%	99.9%	100.1%	100.1%	100.0%

AGENDA ITEM # 15

Board Mtg.: 07/28/26

Montgomery County Hospital District
Accounts Receivable Analysis

Days in Accounts Receivable

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
A/R Balance	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	11,747,235	11,906,560	11,909,478
Charges	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	5,613,707	6,089,062	6,021,267
Total 6-Mo Charges	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	34,144,553	34,691,956	34,896,457
Avg Charge / Day *	186,645	190,250	187,611	188,812	187,050	191,370	189,498	186,631	190,682	189,692	192,733	193,869
A/R Days	75	72	67	62	60	58	61	61	60	62	62	61

* Accounts are aged from date of service.
** Avg Charge / Day is calculated using the most current six months' charges divided by 180 days.

	Days								
Month	Current	31-60	61-90	91-120	121-180	>180	Total	> 90 Days	> 120 Days
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
Apr-26	6,097,047	2,359,656	1,959,413	1,061,236	160,819	109,064	11,747,235	1,331,119	269,883
May-26	6,303,646	2,341,649	1,725,487	1,198,465	177,265	160,048	11,906,560	1,535,778	337,313
Jun-26	6,215,204	2,387,718	1,988,384	972,827	210,462	134,883	11,909,478	1,318,172	345,345

	Days								
Month	Current	31-60	61-90	91-120	121-180	>180	Total	> 90 Days	> 120 Days
Jul-25	42%	15%	14%	10%	6%	14%	100%	29%	20%
Aug-25	40%	18%	14%	12%	4%	12%	100%	28%	14%
Sep-25	42%	15%	15%	14%	6%	8%	100%	29%	17%
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%
Apr-26	52%	20%	17%	9%	1%	1%	100%	11%	2%
May-26	53%	20%	14%	10%	1%	1%	100%	13%	3%
Jun-26	52%	20%	17%	8%	2%	1%	100%	11%	3%

AGENDA ITEM # 15

Board Mtg.: 07/28/26

Montgomery County Hospital District
Accounts Payable Analysis

Accounts Payable Aging by Dollars

Month	Current	Days					$ Total minus Credits
		31-60	61-90	> 90	Credits	Total	
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
Apr-26	355,184	-	-	-	-	355,184	355,184
May-26	851,543	-	-	-	-	851,543	851,543
Jun-26	86,572	-	-	-	-	86,572	86,572

Agenda Item # 16

We Make a Difference!

To: Board of Directors

From: Brett Allen, CFO

Date: July 28, 2026

Re: **ACC 05-101 District Purchasing Policy**

Provide guidance and act on potential revisions to ACC 05-101 District Purchasing Policy. (Mr. Walker, Treasurer – MCHD Board)

"Board annual review"

We Make a Difference!

Montgomery County Hospital District

District Purchasing Policy

MONTGOMERY COUNTY HOSPITAL DISTRICT

PURCHASING POLICIES

Updated through September 23, 2025

TABLE OF CONTENTS

INTRODUCTION

Montgomery County Hospital District is a political subdivision of the State of Texas created by an election of the District's voters in 1977. The District's purpose is to provide medical care and other health care services to qualifying, low-income residents of Montgomery County. In connection with such duties, the District must periodically make expenditures of public funds for purchases of supplies, equipment, materials and services. Although not required by the District's enabling legislation, the Board of Directors has sought to adopt comprehensive purchasing policies to ensure that District receives the best value.

This policy outlines the methods of procurement and the duties and responsibilities of the Montgomery County Hospital District as delegated to the Chief Executive Officer or his/her designee(s) by the Board of Directors.

It is the District's intention that all purchases of supplies, equipment, materials, and contracted services, (other than those covered by the Texas Professional Services Procurement Act)[1] where the costs exceed $100,000 are to be purchased using a procurement methodology selected by the Chief Executive Officer and/or Board of Directors which is intended to result in obtaining the best value for the district.

Purchases of less than $100,000 may be made to the open market by the District's Chief Executive Officer and/or his/her designee(s) as outlined in this policy.

PUBLIC PURCHASING HAS SEVERAL GOALS:

- Purchase the proper goods or services to suit the District's needs.
- Procure the best possible price and value for the goods or services required.
- Have the goods or services available where and when they are needed.
- Assure a continuing supply of needed goods and services.
- Guard against any misappropriation of the District Funds.

PUBLIC PURCHASING MUST ALSO ASSURE THAT:

- Responsible bidders are given a fair opportunity to compete for the District's business.
- The best value is received for the public dollar.
- Public spending is not used to enrich elected officials or government employees, or to confer favors upon constituents.

[1] Texas Local Government Code ch. 2254

The efficiency and effectiveness of any program depends on good, sound principles and management. Purchasing is no different. There are common, basic principles of purchasing which can be applied to any purchasing program to make it operational to the best advantage of any organization.

It is the intent of the policy to promote effective, efficient and consistent procurement in Montgomery County Hospital District, using procurement methodologies yielding the best value to the District for the benefit of its taxpayers.

There are several different types of purchases. They are as follows:

EMERGENCY:

Emergency purchases are made to meet a critical, unforeseen need of the District due to urgent circumstances and/or factors outside the District's control. Because the utilization of normal procurement processes would result in unreasonable delay in situations where public health and/or safety is at immediate risk, emergency purchases shall be exempt from otherwise applicable purchasing procedures as set forth herein.

SOLE SOURCE:

Sole Source purchases are goods and services available from only one supplier. This may be because of patents and copyrights or simply because a single vendor supplies the particular goods or services. These purchases shall be exempt from the otherwise applicable purchasing procedures set forth herein, so long as the decision is made that sole source procurement represents the best value to the District in light of the circumstances.

SERVICES:

Different types of services are needed by the District. Professional services shall be procured pursuant to the Professional Services Procurement Act for those services contemplated under said Act, and pursuant to a request for qualifications and/or request for proposals for services not contemplated under the Professional Services Procurement Act. In some instances, due to sole source, specialized skills and/or knowledge, service providers will be directly retained by the District, based upon the discretion of the Chief Executive Officer that a request for qualifications and/or request for proposals is unnecessary.

CONSTRUCTION:

These are projects normally involving the extensive use of plans, prints and/or professional construction services. The supervision of this type of procurement typically requires the services of an engineer. These projects will be procured pursuant to the methodology which results in the best value to the District and in strict compliance with Chapter 2267 of the Texas Government Code.

ITEMS:

Items include any service, equipment, goods, or other tangible or intangible personal property, including insurance and technology and are generally subject to competitive procurement as provided by these policies.

MCHD utilizes the following instruments in effecting purchases:

REQUISITION: Is a request for a purchase to be made. It is the first step taken after the need for goods and services is recognized. The requisition process must include a system of authorizations and safeguards to ensure that ethical purchasing procedures are followed.

PURCHASE ORDERS: Constitutes a contract for delivery of the goods and services and usually contains the terms, quantity, delivery and price.

MCHD personnel shall exercise diligence in utilizing requisitions and purchase orders for purchases of goods and services.

CIRCUMVENTING THE SYSTEM

Some types of purchases by the District are governed by statutory requirements of local, state or federal origin. The requirements of the statutes have been incorporated into the District's internal policies and will be followed where applicable. Circumvention of these policies is discouraged and any evidence of circumvention will constitute grounds for disciplinary action up to and including termination.

CHAPTER 1

STATEMENT OF PURCHASING POLICY

Montgomery County Hospital District operates under the authority granted by the State of Texas in its enabling statute (Chapter 1063 Texas Special District Local Law Code). With the exception of contracts for construction governed by ch. 2267 of the Government Code, the District's Board of Directors has been granted "the power to prescribe the method and manner of making purchases and expenditures by and for the hospital district."[2] The District's Board of Directors has elected to establish the following policies and reserve the right to amend them at any time.

The Montgomery County Hospital District pledges to discharge its duties in a manner that will provide, to all responsible vendors and contractors, an equitable and competitive access to Montgomery County Hospital District procurement processes. Further, the District's procurement will be conducted in a manner that will promote public confidence in the integrity of the organization.

[2] Texas Special District Local Law Code §1063.106 .

CHAPTER 2

PURCHASING

CODE OF ETHICS

GENERAL ETHICAL STANDARDS

1. It shall be a breach of ethics for an employee of the Montgomery County Hospital District to attempt to realize personal gain through public employment with Montgomery County Hospital District by any conduct inconsistent with the proper discharge of the employee's duties.

2. It shall be a breach of ethics for an employee of the Montgomery County Hospital District to attempt to influence any public employee of Montgomery County Hospital District to breach the standards of ethical conduct set forth in these policies.

3. It shall be a breach of ethics for any employee of Montgomery County Hospital District to participate directly or indirectly in procurement when the employee knows that:

    a. the employee, or a member of the employee's immediate family has a financial interest pertaining to the procurement;

    b. A business or organization in which the employee, or any member of the employee's immediate family, has a financial interest pertaining to the procurement; or any other person, business, or organization with whom the employee, or any member of the employee's immediate family, is negotiating or, has an arrangement concerning prospective employment, or is involved in the procurement.

4. Gifts – It shall be a breach of ethics for any person to offer, give or agree to give any employee or former employee of Montgomery County or for any employee or former employee of Montgomery County Hospital District to solicit, demand, accept or agree to accept from another person, a gift or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation of any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or any other advisory capacity in any proceeding or application request for ruling, determination, claim or controversy, or other peculiar matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal, therefore, pending before the District.

5. Kickbacks – It shall be a breach of ethics for any payment, gift or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier of subcontractor for any contract for Montgomery County Hospital District or any person associated therewith, as an inducement for the award of a subcontract or order. No such inducement is proper prior to or subsequent to an award of contract.

6. It shall be a breach of ethics for any employee or former employee of Montgomery County Hospital District knowingly to use confidential information for actual or anticipated personal gain or for the actual or anticipated gain of any person.

7. Employees of the Montgomery County Hospital District who are found to have violated any one or more of the Code of Ethics shall be subject to disciplinary action, including possible termination of employment with the District and prosecution as may be afforded by law.

8. Employees of the Montgomery County Hospital District shall ensure that all applicable laws and regulations pertaining to procurements of goods and services are honored, including for example, acknowledging conflicts of interest under Chapter 171 of the Texas Local Government Code, vendors who are disbarred from participating in government contracts due to violations of Medicare or Medicaid regulations, et cetera.

9. It shall be a breach of ethics for any employee who is involved in the purchasing of goods or services for Montgomery County Hospital District to intentionally seek to evade the competitive procurement of such goods or services by breaking down the purchase into component or sequential purchases.

CHAPTER 3

THE PURCHASING AGENT

1. The Chief Executive Officer of the Hospital District, and/or his designee(s), shall act as the District's purchasing agent and supervise all purchases to ensure compliance with this policy.

2. A purchase made by the Chief Executive Officer and/or his designee(s) shall be paid for by the manner provided by law, including but not limited to the Texas Prompt Payment Act (Texas Government Code chapter 2251). The District may not honor a payment for a purchase unless the purchase is made and/or authorized by the Chief Executive Officer and/or his designee(s) or by the Board of Directors and funds have been appropriated and budgeted for such purchase.

3. In addition to the aforementioned requirements, the Chief Executive Officer for Montgomery County Hospital District and/or his designee(s) will:

    a. encourage and support compliance with the Texas state statutes, including the District's enabling legislation and the policies adopted there under by the Board of Directors, including but not limited to this policy; and

    b. promote local business participation in the Montgomery County Hospital District procurement process.

CHAPTER 4

THE PURCHASING PROCESS

A. GENERAL INFORMATION

1. Montgomery County Hospital District will not be obligated to purchase equipment or accessories that are delivered for use on a trial basis.

2. The following purchasing procedures that are made with the intention of avoiding competitive bidding requirements are not authorized:

   a. COMPONENT PURCHASES: defined as purchasing an item that, as a whole, would have normally been competitively bid, in a series of component purchases.

   b. SEPARATE PURCHASES: defined as purchasing an item in a series of separate purchases that normally would have been purchased in one.

   c. SEQUENTIAL PURCHASES: defined as purchases made over a period of time that in normal purchasing practices would be made as one purchase.

3. No District employee has the authority to request a purchase of supplies, materials, equipment, or services for his/her own personal use.

B. ADDITIONAL PURCHASING RESPONSIBILITIES

1. The Chief Executive Officer and/or his designee(s) should be cognizant of budget balances and refrain approving expenditures in excess of those balances, except in cases of public necessity and/or public calamity.

2. The Chief Executive Officer and/or his designee(s) shall plan purchases in order to keep "rush" and "emergency" purchases to a minimum. The District rarely enjoys any economic benefits from rush and emergency purchases. In most cases, prices for commodities and services are at a premium when there is not proper time allowed to explore sources, options, and alternatives.

3. The Chief Executive Officer and/or his designee(s) shall assure that all District employees responsible for making requests for purchases have read and understand the purchasing policies of Montgomery County Hospital District as embodied in this policy.

4. The Chief Executive Officer and/or his designee(s) shall ensure that where possible, purchase and procurement requests are descriptive and specific but do not prevent competitive bidding of comparable items.

5. The Chief Executive Officer and/or his designee(s) should understand and appreciate the nature of public purchasing, and seek to put all interested vendors on a level playing field with respect to awards of MCHD contracts.

C. PURCHASES

1. The purchase process should include a system of authorizations and safeguards so that improper or illegal purchasing is difficult both to initiate and to conceal.

2. Purchases for services will include information from the requisitioning employee that will provide additional details regarding the required service if necessary, and the budget account for which such item shall be charged.

3. The Chief Executive Officer may designate one or more persons authorized to make purchasing decisions for MCHD based upon department needs, employment seniority, employment responsibility, employment designation, amount of purchase, or other criteria as chosen by the Chief Executive Officer. The Chief Executive Officer at his discretion may set purchasing limits for his designees and authorized employees. All such delegations shall be memorialized in writing in one or more instruments.

4. In purchasing under this Policy any real property or personal property that is not affixed to real property, if MCHD receives one or more bids from a responsible bidder whose principal place of business is in Montgomery County and whose bid is within three percent of the lowest bid price received by MCHD from a responsible bidder who is not a resident of Montgomery County, MCHD, at its sole option may enter into a contract with:

    a. the lowest responsible bidder; or

    b. the responsible bidder whose principal place of business is in Montgomery County if MCHD determines, in writing, that the local bidder offers MCHD the best combination of contract price and additional economic development opportunities for MCHD created by the contract award, including the employment of residents of Montgomery County and increased tax revenues to MCHD.[3]

[3] Texas Local Government Code § 271.905.

c. This section does not prohibit MCHD from rejecting all bids.

CHAPTER 5

STANDARD PURCHASE ORDERS

A. STANDARD PURCHASE ORDERS

1. Authorized purchases must be conducted through the District's Requisition Process. Whenever practical the Purchase Order must be completed and approved prior to the time of purchase of the good or service. Point of sale purchases, generally for smaller amounts and small items are not required to have a Purchase Order completed prior to purchase; however, all District employees shall endeavor to use the Purchase Order process as much as possible.

2. Whenever possible, a Purchase Order should be generated using the online electronic Requisition System.

3. File copies of all Purchase Orders will be maintained in accordance with the District's records retention policy.

B. CONTRACTS/BLANKET PURCHASE ORDERS

1. Contract/Blanket Purchase Orders are agreements with vendors which allow frequent or small purchases by departments during the District's fiscal year without going through repetitive procurement procedures. Blanket Purchase Orders can also control pricing.

2. Montgomery County Hospital District will have two classes of Contract/Blanket Purchase Orders:

   a. Purchase Orders of up to and including $100,000 in a fiscal year which will be solicited unilaterally by the Chief Executive Officer and/or his designee(s);

   b. Purchase Orders expected to exceed $100,000 in a fiscal year, and which require the approval of the Board of Directors.

3. Annual Contracts for Maintenance and Service Agreements.

   a. Where feasible, the District may enter into annual contracts with selected vendors for various maintenance services. These contracts may include, but not be limited to, office machine maintenance including computers and related office equipment, software maintenance and upgrades, cleaning services, pest control, and equipment rental agreements.

b. Negotiation of these contracts and agreements is the responsibility of the Chief Executive Officer and/or his designee(s).

c. As contracts are initiated, appropriate staff will be notified as to the terms of the agreements and how to obtain needed service through them.

C. PURCHASE ORDERS FOR TRAINING, SEMINARS, MEMBERSHIPS, SUBSCRIPTIONS, TRAVEL, LODGING, FOOD, AND BOOKS.

Competitive quotes are not required for individual expenses incurred in connection with training, seminars, memberships, subscriptions, travel, foods, or books which total less than $2,000.00 per person unless the Chief Executive Officer and/or his designee(s) deems it necessary; however, persons making such purchases are encouraged to ensure the District is obtaining a reasonable governmental rate for all expenditures in connection with District business. Persons making such expenses are not required to select the lowest cost item under this section if legitimate reasons exist for selection of an item of higher cost. Expenses incurred for travel, lodging, and meals will be approved and paid in accordance with the Personnel Policies & Procedures – Travel and Entertainment Policy[4].

D. DOLLAR THRESHOLDS FOR PURCHASE ORDERS

1. If a purchase requires an expenditure of funds in an amount up to and including $100,000.00 the Chief Executive Officer and/or his designee(s) will make and approve all purchases unilaterally. The purchasing procedure will be as follows:

   a. $5,000.00 or LESS –
   quotations may or may not be solicited, only if Chief Executive Officer and/or his designee(s) deems necessary;

   b. $5,000.01 to $25,000.00
   telephone and/or electronic (internet, online, email) price quotations will be sought. All telephone and/or electronic quotations will be documented and recorded by the Chief Executive Officer and/or his designee(s). Alternatively, informal written bids and/or proposals may be solicited. Whenever possible, any quotes received shall be documented in the electronic Requisition system;

   c. $25,000.01 to $100,000.00
   written quotations will be requested and documented in connection with the award decision;

   d. Greater than $100,000.00

[4] These policies incorporate by reference the reimbursement rates approved by the federal government.

will be conducted by the formal, sealed, bid or request for proposal process.

2. The Chief Executive Officer and/or his designee(s) reserves the right to deviate from these policies for any purchases under the $100,000 competitive bidding threshold, if it is in the best interest of the District and if it will facilitate specific District operations.

3. Sequential, Component, Separate, or Cumulative purchase orders for a single particular product and which would amount to more than $100,000 within a fiscal year shall be subject to the competitive bid procedures set out in this policy.

E. EXCEPTIONS TO THE PURCHASE CYCLE FOR EXPENDITURES UP TO $100,000

1. As with any set of guidelines or rules, there will be exceptions to the normal purchasing cycle with the understanding that the exceptions will only apply when there is a legitimate and obvious need.

2. EMERGENCY: An emergency situation is commonly described as an unforeseen situation which adversely and unduly affects the life, health, or convenience of the residents of Montgomery County, or circumstances that would cause a loss to the District. If an emergency arises during normal working hours, the affected employee(s) shall:

   a. notify the Chief Executive Officer and/or his designee(s) of the situation and possible cost, if known;

   b. within the working day or not exceeding the next working day, the employee will submit the Requisition to the Chief Executive Officer and/or his designee(s) noting the reason for the emergency.

3. If an emergency should arise after regular hours, the employee may proceed with the emergency acquisition and on the next regular day of business, a Requisition, invoices and properly completed receiving report (including a brief explanation of the purchase) will be sent to the Chief Executive Officer and/or his designee(s). The Chief Executive Officer and/or his designee(s) will then assign a Purchase Order number and forward that number to the appropriate vendor.

EMERGENCY PURCHASES EXCEEDING $100,000 CAN NOT BE MADE WITHOUT PRIOR APPROVAL FROM THE BOARD OF DIRECTORS AND THE CHIEF EXECUTIVE OFFICER OR HIS EXECUTIVE STAFF DESIGNEE.

F. REIMBURSEMENTS TO AN INDIVIDUAL AND/OR STORE ACCOUNT

1. Since reimbursements are different from purchases, only in that the vendor is a specified employee or Store account, they must meet all purchasing procedures as outlined in the Purchasing Policy.

2. When possible, reimbursements must have prior approval from the Chief Executive Officer and/or his designee(s).

3. If prior approval was not obtained, written documentation explaining why it was not possible to do so, must be submitted to the Chief Executive Officer and/or his designee(s).

G. CONTRACT WITH PERSON INDEBTED TO THE DISTRICT

1. The District may refuse to enter into a contract or other transaction with a person and/or entity indebted to the District.

CHAPTER 6

PROCUREMENT OF PROFESSIONAL SERVICES

1. The procurement of professional services will be governed by the "Professional Services Procurement Act" (Tex. Gov't. Code ch. 2254). Professional Services includes:
    a. accounting,
    b. architecture,
    c. landscape architecture,
    d. land surveying,
    e. medicine,
    f. optometry,
    g. professional engineering,
    h. real estate appraising, or
    i. professional nursing.

2. Though competitive bids/quotes may not be used, it will be the policy of the District to procure, in most cases, professional services through a request for qualifications (RFQ). There may be instances when it is not practical to pursue this method of procurement for professional services. The procurement of services must be based on qualifications and competence, and shall comply with the express statutory requirements where such are applicable.

3. The Board of Directors is required to approve any contract for a professional service which will exceed $50,000 during a fiscal year. The contract shall be in writing and approved and signed before services are rendered.

4. The Chief Executive Officer will sign contracts up to and including $50,000 for professional services; the contract shall be in writing and signed before services are rendered.

5. For other professional type services not specifically defined above in paragraph 1 of this Chapter, the District shall review whether such services should be bid by Request for Proposal (RFP), Request for Qualifications (RFQ), or direct hire. The Chief Executive Officer or his designee shall have the discretion to decide the manner and method of contracting for such services based upon his evaluation of each circumstance.

CHAPTER 7

COMPETITIVE BIDS/PROPOSALS

A. COMPETITIVE BIDS

1. Competitive bidding means letting the available vendors compete with each other to provide goods and/or services. In the case of local governmental entities, the bidding process has two additional purposes.

    a. The first purpose of competitive bidding is to ensure that public monies are spent properly, legally, and for public projects or goods, and that the best possible value is received for the money.

    b. The second purpose is to give those qualified and responsible vendors who desire to do business with the District a fair and equitable opportunity to do so. The employment of a standard, and consistent bidding process provides the public with an assurance that their tax dollars are being spent properly.

2. With a few exceptions, competitive bidding of expenditures in excess of $100,000 will be accomplished by the following:

    a. After specifications are developed, notice of the proposed purchase will be advertised in the manner required by law or this policy.

    b. All purchases over $100,000 require Board approval and are subject to the bidding criteria set forth in the bid specifications.

3. Nothing in these policies shall be construed to prohibit or prevent the District from using competitive bidding and/or competitive proposals for procurements of items in which the anticipated expenditure by the District is $100,000 or less where it is determined to be advantageous to the District to do so.

B. REQUEST FOR PROPOSALS

If the Chief Executive Officer and/or his designee(s) determine that it is impractical to prepare detailed specifications for an item to support the award of a purchase contract, the person may use a competitive proposal procedure.

C. BONDING

Bid solicitations may include, as necessary, bonding requirements (e.g. bid bonds). This is to ensure that if the bidder attempts to withdraw after his bid is accepted, the District will not suffer financial loss.

D. PRE-BID CONFERENCE

The Chief Executive Officer and/or his designee may require a principal, officer, or employee of each prospective bidder/proposer to attend a mandatory pre-bid/pre-proposal conference for the purpose of discussing specifications, contract requirements and answering questions of prospective bidders/proposers.

E. AWARDING A CONTRACT

1. The Chief Executive Officer and/or his designee(s) will evaluate all bids and/or proposals, and a recommendation will be made to the Board of Directors for those purchases that require Board of Directors' approval. Factors that shall be considered in such evaluation shall include but not be limited to, the bidder's/proposer's ability to perform and or supply the product or service in a timely manner, the bidder's/proposer's history in supplying such goods and /or services, the quality of the goods and/or services offered, and any other factors identified by the Chief Executive Officer and/or his designee as being pertinent to the determination of a bidder's/proposer's responsibility and ability to perform under its bid and/or proposal. The District shall endeavor to determine and publish its scoring criteria for evaluation of bids and/or proposals in the bid specifications and/or request for proposals.

2. The Chief Executive Officer and/or his designee(s) or Board of Directors as appropriate, will either approve the recommendation or reject all bids and authorize the Chief Executive Officer to re-bid the item and/or service.

3. After an award is made, a purchase order will be issued and a contract signed as may be appropriate under the circumstances.

F. MODIFICATION AFTER AWARD

1. After award of a contract but before the contract is made, the Chief Executive Officer and/or his designee(s) may negotiate a modification of the contract if the

modification is in the best interests of the District and does not substantially change the scope of the contract or cause the contract amount to exceed the next lowest bid.

2. If it becomes necessary to make changes in plans, specifications, or proposals after a contract is made or if it becomes necessary to increase or decrease the quantity of items purchased, the Chief Executive Officer and/or his designee(s) may make the changes. Generally such changes will be documented in a change order or a contract amendment reflecting the reasons for the change and the amount the contract is increased or decreased. However, the total contract price may not be increased unless the cost of the change can be paid from budgeted and available funds of the District.

3. No change order and/or attempted modification of a contract, in the aggregate, which causes the contract price to increase by $25,000 or more shall be valid unless approved by the District's Board of Directors.

CHAPTER 8

EXEMPTIONS TO THE COMPETITIVE BIDDING PROCESS

Some goods and services are exempt from the competitive bidding process. Section 262.024 of Texas Local Government Code lists several circumstances when purchases may be exempt from the competitive bidding process. While the District is not bound to Section 262.024 of the Texas Local Government Code, by way of example, the following is a list of items and circumstances that may be exempt from competitive bidding. The Chief Executive Officer may in his discretion exempt a purchase from competitive bidding for good cause. In such instance the Chief Executive Officer must get Board approval for any exception over $100,000.

A. ITEMS AND SERVICES THAT ARE EXEMPT FROM COMPETITIVE BIDDING INCLUDE:

1. An item that must be purchased in a case of public calamity, if it is necessary to make the purchase promptly to relieve the necessity of the citizens, or to preserve the property of the District,
2. Personal or professional services,
3. Real property purchases or right of way circumstance,
4. Personal property sold at auction or at a going out of business sale,
5. Property owned by a political subdivision of a local, state or federal governmental entity,
6. Purchases made by and through the District's participation in a local government purchasing cooperative and/or through an interlocal agreement[5] with another governmental entity shall be deemed to have satisfied the requirements of this policy.

(NOTE: EMERGENCY ORDERS WHICH EXCEED $100,000 REQUIRE THE BOARD OF DIRECTORS APPROVAL BEFORE A PURCHASE ORDER CAN BE ISSUED)

B. GOODS AND SERVICES WHICH CAN ONLY BE OBTAINED FROM ONE SOURCE, INCLUDING:

1. Goods and services for which competition is precluded because of the existence of patents, copyrights, trade secrets, or monopolies,
2. Electric power, gas, water, other utility type services,
3. Captive replacement parts for equipment or parts made by a specific manufacturer for equipment produced by same manufacturer,
4. Other goods or services which may be provided by only one vendor or manufacturer.

SOLE SOURCE ITEMS require a memo or statement from the Chief Executive Officer and/or his designee(s) supported by a statement from the vendor as to the existence of only one source, to be accepted by the Board of Directors and this must be reflected in the minutes of the meeting of the Board of Directors.

C. THE RENEWAL AND/OR EXTENSION OF A LEASE, MAINTENANCE AGREEMENT, LICENSE AGREEMENT, OR SIMILAR CIRCUMSTANCE.

1. The renewal or extension of a lease, maintenance agreement, license, or similar issue is exempt from competitive bidding, but remains subject to appropriations by the Board when:

    a. The lease, maintenance agreement, license, or similar issue has gone through the competitive bidding procedure originally, or was exempt by Sole Source exceptions and continues to be subject to Sole Source exceptions.

2. It is possible that a lease, maintenance agreement, license, or similar issue may be subject to a Sole Source exception as well. In such cases, the Chief Executive Officer may with good cause exempt the purchase from competitive bidding on that basis. However, the Chief Executive Officer shall endeavor at all times to secure the best price available for the District.

3. The Chief Executive Officer may in his discretion exempt EMS Station Leases which are $25,000 or less per year per Station from competitive bidding requirements.

CHAPTER 9

CONSTRUCTION

A. Chapter 2267 of the Texas Government Code shall govern all contracts for construction by the Montgomery County Hospital District. In addition, the bonding requirements set forth in Chapter 2253 of the Texas Government Code shall apply to all contracts for construction.

B. The District will consult legal counsel before entering into a construction contract to ensure all legal requirements have been met.

C. All the methods for construction set forth in Chapter 2267 of the Texas Government Code shall be available to the District to choose from at the discretion of the Board of Directors, which shall pick the method which provides the best value to the District.

CHAPTER 10

STATE CONTRACT, CATALOGUE PURCHASES AND INTERLOCAL AGREEMENTS

A. INTRODUCTION

Several statutory provisions in Texas law provide authority to local governments to purchase goods and services through the State General Services Commission's vendors and/or through agreements with other local governments and political subdivisions and through local government purchasing cooperatives. One such provision allows purchasing from vendors with which the State has entered into contracts as a result of competitive bidding procedures. These are referred to as State Contract purchases. Another provision allows purchasing automated information services from approved vendors based on their catalogue prices and negotiations. These are referred to as State Catalogue purchases. Other provisions allow for purchasing through interlocal agreements, including through local government purchasing cooperatives.

B. STATE CONTRACT PURCHASES

1. Sections 271.081 through 271.083 of the Texas Local Government Code requires the State Purchasing and General Services Commission to establish a local government purchasing program. The Montgomery County Hospital District may participate in this program and may make purchases under such program and by doing so is deemed to have satisfied the bidding requirements imposed by these policies.

2. The Chief Executive Officer or his designee is designated to act for the District at the direction of the Board of Directors in all matters relating to the program, including the purchase of goods and services from the vendor under any contract. The District is responsible for making payments directly to the vendor.

3. The Chief Executive Officer or his designee is responsible for submitting requisitions to the commission under any contract or electronically sending purchase orders directly to vendors and reports to the commission on actual purchases in compliance with the commission's regulations.

4. The Chief Executive Officer is responsible for vendor's compliance with all the conditions of delivery and quality of the purchased goods and services.

5. The Chief Executive Officer is authorized to sign and deliver all necessary documents for purchases under this program on behalf of the District.

6. The award of any contract from state contracts shall be in writing, approved and signed by the Chief Executive Officer up to and including $100,000 or if more than $100,000 such award approved by the Board of Directors prior to any services being rendered.

C. **STATE CATALOGUE PURCHASES**

1. The District is authorized by the Texas Government Code Section 2157.067 and the Texas Local Government Code Sections 271.082 and 271.083 to participate in the State General Services Commission's catalogue purchasing procedure for automated information systems.

2. The District will follow procedures outlined the Texas Government Code Chapter 2157 for the purchase of automated information systems. The District will seek the best value which is in the District's best interest by following the Request for Offer (RFO) procedure.

3. The award of any contract from the state catalogue shall be in writing, approved by either the Chief Executive Officer if the contract amount is up to and including $100,000 or approved by the Board of Directors if more than $100,000 prior to services being rendered.

D. INTERLOCAL AGREEMENTS

Purchases made by the District through interlocal agreements with other local governmental entities and/or through local government purchasing cooperatives shall be deemed to satisfy these purchasing policies with respect to the competitive bidding and/or competitive procurement of items purchased through such agreements.

CHAPTER 11

SPECIFICATIONS

A. SPECIFICATIONS – GENERAL

A specification is a concise description of a good or service an entity seeks to buy, and the requirements the vendor must meet in order to be considered for the award. A specification may include requirements for testing, inspection, preparing, or installation. The specification is the total description of the purchase. The specification may also contain the evaluation criteria for the evaluation of the bid or proposal.

B. PURPOSE

The purpose of any specification is to provide clear guides of what is to be purchased and to provide vendors with firm criteria of a minimum standard acceptable for goods or services. A properly drafted specification has four characteristics:

1. It establishes the minimum acceptability of the goods or services;

2. It promotes competitive bidding;

3. It contains provisions for reasonable test and inspections for acceptability of the goods or services; and

4. It provides for an equitable award to the lowest and best bid from a responsible bidder.

C. PREPARATION OF SPECIFICATIONS – District personnel shall use diligent efforts to prepare procurement specifications meeting these policies and guidelines, and such specifications shall provide sufficient detail to enable all bidders/proposers to avoid speculation and/or conjecture in the preparation of their bids in identifying the goods and/or services sought by the District.

CHAPTER 12

PROPERTY SALVAGE AND DISPOSAL – DISPOSITON

1. Throughout the fiscal year, items may outlive their usefulness and become unserviceable or obsolete. Prior to taking any item out of service, it should first be determined that the item in question could not be transferred to another user department for continued service. If it is found that the item is no longer serviceable to the District it shall be reported to the Board of Directors for ultimate disposal.

2. Upon approval by the Board of Directors, surplus or salvage material, and equipment may be disposed of in one the following methods:

    a. public auction and or public sale;

    b. trade-in on new equipment;

    c. sealed bids;

    d. distribution as unsalvageable and/or donation to local charity groups;

    e. if salvage property cannot be donated, then disposed of in a commercially prudent manner.

3. At times, the District may be asked to purchase an item for and on behalf of another Government Entity wishing to rely on expertise of the District in a particular area. The District may do so only when the purchase will not interfere financially or otherwise with the mission of the District and when such purchase is outlined in a written interlocal agreement. Such purchases may not result in a gift or grant to the other Government Entity.

CHAPTER 13

INVOICES

Invoicing is considered an important part of the procurement process.

As per this policy, the vendor's invoice will be submitted directly to the Chief Executive Officer and/or his designee(s) by the vendor. If the mail is used, the address to be used is:

MONTGOMERY COUNTY HOSPITAL DISTRICT
ACCOUNTS PAYABLE
P.O. BOX 478
CONROE, TX 77305

OR

accountspayable@mchd-tx.org

CHAPTER 14

PURCHASING AUTHORIZATION

A. APPOINTMENT OF DESIGNEES

1. The Chief Executive Officer shall be authorized to appoint one or more designees as purchasing officers to carry out the requirements of this policy and to act in the place of the Chief Executive Officer in the making of purchases of goods and services for the District.

B. PURCHASING AUTHORIZATION FORM

1. A written designation shall be signed by the Chief Executive Officer for each person who has been delegated the authority to approve purchases on the Chief Executive Officer's behalf.

2. The purchasing authorization designation shall indicate that the person having the authority to approve purchases has read and understood the Purchasing Policies and Procedures and will abide by the guidelines, restrictions, and duties enumerated therein.

CONCLUSION

This Purchasing Policy may be amended and supplemented from time to time by resolution of the Board of Directors. All existing purchasing policies of the District containing provisions inconsistent with these policies and procedures are hereby repealed and replaced by these policies and procedures. No violation of these policies and procedures alone shall constitute a basis for a legal challenge, as it is intended by the District that these policies are intended to provide a method of guidance for the District's purchases, but shall not be construed as having the force and effect of law. Any provisions of the District's enabling status as well as other state or federal laws, rules or regulations which are applicable to the District and which conflict with these policies and procedures shall supersede these policies and procedures to the extent of such conflict.

This policy has been approved by the Board of Directors of the Montgomery County Hospital District, acting at a public meeting held in strict compliance with the Texas Open Meetings Act, to take effect immediately.

THESE POLICIES AND PROCEDURES WERE PASSED AND APPROVED BY THE BOARD OF DIRECTORS OF THE MONTGOMERY COUNTY HOSPITAL DISTRICT ON THE 17TH DAY OF JUNE, 2008. AMENDMENTS TO THIS POLICY WERE ADOPTED BY THE BOARD OF DIRECTORS ON THE 28th DAY OF MAY, 2012 AND ON THE 27th DAY OF SEPTEMBER, 2016**.**

Agenda Item # 17

We Make a Difference!

To: Board of Directors

From: Brett Allen, CFO

Date: July 28, 2026

Re: **ACC 05-005 Banking and Investment Policy**

Consider and act on update of ACC 05-005 Banking and Investment Policy. (Mr. Walker, Treasurer – MCHD Board)

"Annual review"

MONTGOMERY COUNTY HOSPITAL DISTRICT

Banking and Investment Policy

This banking and investment policy ("Investment Policy") is adopted to meet the District's responsibilities under the Public Funds Investment Act, Chapter 2256, Texas Government Code (hereinafter "Government Code"). This Policy applies to all funds represented in the Annual Financial Report, with the exception of any retirement, endowment or trust funds.

Effective cash management is recognized as essential to good fiscal management. Investment interest is a source of revenue to District funds. The District's investment portfolio shall be designed and managed in a manner intended to maximize this revenue source, to be responsive to public trust, and to be in compliance with legal requirements and limitations.

Investments shall be made with the following primary objectives, listed in order of priority:

* **Safety** and preservation of principal
* Maintenance of sufficient **liquidity** to meet operating needs
* **Public trust** from prudent investment activities
* Optimization of **interest earnings** on the portfolio

1. **DEFINITIONS** For purposes of this Investment Policy, the following definitions shall apply:

a. The "District" means Montgomery County Hospital District.

b. "Bond Proceeds" means the proceeds from the sale of bonds, notes and any other obligations issued by the District, and reserves and funds maintained by the District for debt service purposes.

c. "Book Value" means the original acquisition cost of an investment plus or minus the accrued amortization or accretion.

d. "Funds" means public funds in the custody of the District that the District is authorized to invest.

e. "Investment Pool" means an entity created under the Government Code as set forth in §§2256.016 to invest public funds jointly on behalf of the entities that participate in the pool and whose investment objectives in order of priority are: (i) preservation and safety of principal; (ii) liquidity; and (iii) yield.

f. "Market Value" means the current face or par value of an investment multiplied by the net selling price of the security as quoted by a recognized market pricing source quoted on the valuation date.

g. "Qualified Representative" means a person who holds a position with a business organization, who is authorized to act on behalf of the business organization and who is one of the following:

(1) for a business organization doing business that is regulated or registered with a securities commission, a person who is registered under the rules of the Financial Industry Regulatory Authority (FINRA);

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(2) for a state or federal bank, a savings bank, or a state or federal credit union, a member of the loan committee for the bank or branch of the bank or a person authorized by a corporate resolution to act on behalf of and bind the banking institution; or

(3) for an Investment Pool, the person authorized by the elected official or board with authority to administer the activities of the Investment Pool to sign the written instrument on behalf of the Investment Pool.

2. **INVESTMENT OFFICERS** The Chief Executive Officer ("CEO"), Chief Financial Officer ("CFO"), and Treasurer of the Board of Directors shall serve as Investment Officers of the District, shall recommend appropriate legally authorized and adequately secured investments, and shall invest District Funds as directed by the Board and this Investment Policy. In making investment decisions pertaining to investments of District funds, the Investment Officers shall exercise the judgment and care under prevailing circumstances that a prudent person would exercise in the management of his or her own affairs, not for speculation, but for investment, considering the probable safety of capital and the probable income to be derived. When deciding whether an Investment Officer's actions were prudent, the determination should be based upon the total investment portfolio, rather than an individual investment in the portfolio, provided deviations from expectations are reported in a timely fashion. However, an investment transaction not consistent with this Investment Policy would not be considered prudent.

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3. **WITHDRAWAL & TRANSFER AUTHORITY** The CEO, CFO, or the Treasurer of the Board of Directors is authorized to withdraw, transfer, and reinvest the District's investments as prescribed in this Investment Policy. Any other employee or representative of the District will be permitted to perform these functions by express written authority of the Board or the CEO.

4. **CHECKS, DRAFTS, ETC.**

a. Except as otherwise provided herein, all checks, drafts, notes or other orders for payment of money issued in the name of the District shall be signed (i) by the CEO, CFO, COO, or by one (1) member of the Board for dollar amounts up to $50,000; or (ii) by the CEO, CFO, or COO and by one (1) member of the Board for dollar amounts totaling greater than $50,000.

b. Due to an extended and/or unexpected absence of the CFO, all checks, drafts, notes or other orders for payment of money issued in the name of the District shall be signed (i) by the CEO, acting CFO, COO, or by one (1) member of the Board for dollar amounts up to $50,000; or (ii) by the CEO, acting CFO, or COO and by one (1) member of the Board, or by a combination of any three (3) members of the Board for dollar amounts totaling greater than $50,000.

c. The CEO may not initiate and sign a purchase order and thereafter sign the check (or authorize an electronic draft) evidencing payment of the Purchase Order.

Drafts to the District's bank accounts for certain expenditures may be made through electronic signatures, electronic payments, and/or other automated arrangements not requiring a physical signature of a District representative.

5. **APPROVED INVESTMENTS** The District is authorized to invest its Funds in only the investment types, consistent with the strategies and maturities defined in this Investment Policy and chapter 2256 of the Government Code. The maximum stated maturity of any individual investment should be no longer than two (2) years, and the maximum dollar-weighted average maturity of any pooled fund should be no longer than one year.

The following investments will be permitted:

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a. Obligations, including letters of credit, of the United States or its agencies or instrumentalities, including the Federal Home Loan Banks;

b. Other obligations, the principal and interest on which are unconditionally guaranteed or insured by, or backed by the full faith and credit of the United States or its agencies and instrumentalities, including obligations that are fully guaranteed or insured by the Federal Deposit Insurance Corporation (FDIC) or by the explicit full faith and credit of the United States;

c. Obligations of the State of Texas or its agencies and instrumentalities, and obligations of counties, cities, and other political subdivisions of this State rated as to investment quality by a nationally recognized investment rating firm not less than A or its equivalent;

d. Fully insured or collateralized deposits at eligible depositories placed in compliance with this Policy and the Government Code;

e. Repurchase agreements placed in compliance with the Government Code.

f. No load money market mutual funds regulated by the Securities and Exchange Commission whose investment objectives include maintaining a stable $1.0000 share value and that meet the requirements of the Government Code.

g. Local government investment pools, either state-administered or through joint powers statutes and other intergovernmental agreement legislation authorized in compliance with the Government Code.

The investments set forth in Government Code § 2256.009(b), are not considered authorized investments**.**

The District is not required to liquidate investments that were authorized at the time of purchase. At least quarterly, the Investment Officers shall monitor the rating of any investment required by the Government Code to maintain a minimum credit rating. All prudent measures will be taken to liquidate an investment that is downgraded to less than the required minimum rating.

6. **SAFETY AND INVESTMENT MANAGEMENT** The Investment Officers shall observe financial market indicators, study financial trends, and utilize available educational tools in order to maintain appropriate managerial expertise. Investments shall be made in a manner that ensures the preservation of capital in the overall portfolio and offsets, during a 12-month period, any market price losses resulting from interest-rate fluctuations by income received from the balance of the portfolio.

The Investment Officers shall create a competitive environment for all individual security purchases and sales, financial institution deposit placements, and money market mutual fund and local government investment pool selections. The Investment Officers shall develop and maintain procedures for ensuring a competitive environment.

7. **LIQUIDITY AND MATURITY**

a. Unless otherwise prohibited by law, assets of the District shall be invested in instruments whose maturities do not exceed two (2) years from the time of purchase.

b. The District's Investment portfolio shall have sufficient liquidity to meet anticipated cash flow requirements.

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8. **DIVERSITY** Where appropriate, the investment portfolio shall be diversified in terms of investment instruments, maturity, scheduling, and financial institutions to reduce risk of loss resulting from over concentration of assets in a specific class of investments, specific maturity, or specific issuer. The District may achieve some diversification by placing part of its investment portfolio in a Local Government Investment Pool meeting the requirements of Government Code § 2256.016, if the Board authorizes the investment in the particular pool by resolution.

9. **FUNDS/STRATEGIES** Investments of the following fund categories shall be consistent with this policy and in accordance with the strategy defined below:

OPERATING FUNDS:

1. Suitability - Any investment eligible in the Investment Policy is suitable for Operating Funds (including debt service and other pooled funds).

2. Safety of Principal - All investments shall be high quality with no perceived default risk. Market price fluctuations will occur. However, managing the maximum weighted average days to maturity for the Operating Fund's portfolio to 365 days and restricting the maximum allowable maturity to two years will minimize the price volatility of the overall portfolio.

3. Liquidity - The Operating Fund requires the greatest short-term liquidity of any of the Fund types. Short-term deposits, investment pools, and money market mutual funds will provide daily liquidity and may be utilized as a competitive yield alternative to fixed maturity investments.

4. Marketability - Securities with active and efficient secondary markets are necessary in the event of an unanticipated cash flow requirement. Historical market "spreads" between the bid and offer prices of a particular security-type of less than a quarter of a percentage point will define an efficient secondary market.

5. Diversification - Investment maturities should be staggered throughout the budget cycle to provide cash flow based on the anticipated operating needs of the District. Diversifying the appropriate maturity structure out through two years will reduce market cycle risk.

6. Yield - Attaining a competitive market yield for comparable investment-types and portfolio restrictions is the desired objective. The yield of an equally weighted, rolling six-month Treasury Bill portfolio will be the minimum yield objective.

10. **SAFEKEEPING and CUSTODY:** All trades, where applicable, will be executed by delivery versus payment (DVP) to ensure that securities are deposited with an eligible safekeeping agent prior to the release of funds. District-owned securities will be evidenced by safekeeping receipts issued by the agent. The District may designate an eligible and authorized financial institution or broker/dealer as custodian for FDIC or National Credit Union Share Insurance Fund (NCUSIF) insured deposit placements as per the Government Code.

All financial institution deposits shall be insured or collateralized in compliance with applicable State law. Pledged collateral shall maintain a market value equal to or greater than 102% of the deposits plus accrued interest, less any amount insured by the FDIC or NCUSIF. The District reserves the right, in its sole discretion, to accept or reject any form of insurance or collateralization pledged towards deposits. Financial institutions will be required to sign a depository agreement. The collateralized deposit portion of the agreement shall define the District's rights to the collateral in case of default, bankruptcy, or closing, and shall establish a perfected security interest in compliance with Federal and State regulations, including:

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a. The agreement must be in writing;

b. The agreement has to be executed by the financial institution and the District contemporaneously with the acquisition of the asset;

c. The agreement must be approved by the Board of Directors or designated committee of the financial institutions and a copy of the meeting minutes must be delivered to the District; and

d. The agreement must be part of the financial institution's "official record" continuously since its execution.

Securities pledged as collateral shall be held by an independent third party governed by a custodial agreement acceptable to the District. The agreement is to specify the acceptable investment securities as collateral, including provisions relating to possession of the collateral, the substitution or release of investment securities, ownership of securities, and the method of valuation of securities. The agreement must clearly state that the custodian is instructed to release pledged collateral to the District in the event the District has determined that the financial institution has failed to pay on any matured investments, or has determined that the funds of the District are in jeopardy for whatever reason, including involuntary closure or change of ownership. A clearly marked evidence of the pledge must be supplied to the District and retained by the Investment Officers.

11. BROKER/DEALERS Broker/dealers must submit information as requested by the District and be in good standing with the Financial Industry Regulatory Authority ("FINRA"). Representatives of brokers/dealers shall be registered with the Texas State Securities Board. The Board, at least annually, shall review, revise and adopt a list of qualified broker/dealers that are authorized to engage in investment transactions with the District. The Board of Directors acknowledges the "List of Authorized, Qualified Broker/Dealers" as set forth in the document appended hereto as Appendix 1, as approved by the Board of Directors.

12. INVESTMENT PROVIDERS A written copy of this Investment Policy shall be presented to any person offering to engage in an investment transaction with the District.

Local Government Investment Pools and Discretionary Investment Management Firms shall execute a written instrument stating:

a. The business organization has received and reviewed the District's Investment Policy; and

b. Has acknowledged that the business organization has implemented reasonable procedures and controls in an effort to preclude investment transactions conducted between the District and the organization that are not authorized by the District's Investment Policy, except to the extent that this authorization requires an analysis of the District's entire portfolio or requires an interpretation of subjective investment standards, or relates to investment transactions of the entity that are not made through accounts or other contractual arrangements over which the business organization has accepted discretionary investment authority.

The Investment Officers may not acquire or otherwise obtain any authorized investment described in this policy from a person who has not delivered to the District the written instrument.

13. INVESTMENT TRAINING In order to provide qualified and capable investment management, the Investment Officers of the District shall: (1) attend training, accumulating at least 10 hours, relating to the Treasurer's or Investment Officers' responsibilities under the Government Code within 12 months after taking office or assuming duties; and (2) attend training with each two-year period aligned with the District's fiscal year and accumulating not less than 10 hours of instruction relating

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to investment responsibilities under the Government Code. The training must include education in investment controls, security risks, strategy risks, market risks, diversification of investment portfolios, and compliance with the Government Code.

The Board approves the following independent sources of training:

a. Government Treasurers' Organization of Texas
b. Government Finance Officers Association (National and Texas)
c. American Institute of Certified Public Accountants
d. University of North Texas
e. Texas State University
f. Councils of Government

14. **STANDARD OF CARE** Investments shall be made with judgment and care, under prevailing circumstances that a person of prudence, discretion, and intelligence would exercise in the management of his or her own affairs, not for speculation, but for investment, considering the probable safety of capital and the probable income to be derived. Investments shall be governed by the objectives specified in Government Code 2256.006, in the order of priority specified therein.

In determining whether an Investment Officer has exercised prudence with respect to an investment decision, the following shall be taken into consideration:

a. The investment of all Funds, rather than the prudence of a single investment, over which the officer had responsibility.
b. Whether the investment decision was consistent with this Investment Policy.

15. **PERSONAL INTEREST** An Investment Officer who has a personal business relationship with a business organization offering to engage in an investment transaction for the District or who is related within the second degree by affinity or consanguinity, as determined by Government Code, Chapter 573, to an individual seeking to sell an investment to the District shall file a statement disclosing that relationship with the Board and with the Texas Ethics Commission, and shall abstain from participation in the District's decision whether to engage the business organization or individual with which the Investment Officer has a relationship.

An Investment Officer has a personal business relationship with a business organization if:

a. the Investment Officer owns 10 percent or more of the voting stock or shares of the business organizations or owns $5,000 or more of the Fair Market Value of the business organization;

b. Funds received by the Investment Officer from the business organization exceed 10 percent of the Investment Officer's gross income for the previous year; or

c. The Investment Officer has acquired from the business organization investments with a Book Value of $2,500 or more for the personal account of the Investment Officer.

16. **QUARTERLY REPORTS** The Investment Officers shall prepare and submit to the Board a written report in compliance with the requirements of the Government Code. This report shall be presented to the Board not less than quarterly, within a reasonable time after the end of the period. The report must:

a. Contain a detailed description of the investment position of the District on the date of the report.

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b. Contain a summary statement of each pooled funds group that states:

(1) Beginning Market Value for the reporting period.

(2) Additions and changes to the Market Value during the period.

(3) Ending Market Value for the period.

(4) Fully accrued interest for the reporting period.

c. State the Book Value and Market Value of each separately invested asset at the beginning and end of the reporting period by the type of asset and fund type invested.

d. State the maturity date of each separately invested asset that has a maturity date.

e. State the account or fund or pooled group fund in the District for which each individual investment was acquired.

f. State the compliance of the investment portfolio of the District as it relates to the District's investment strategy expressed in the District's Investment Policy and relevant provisions of law.

g. Record the signatures of each Investment Officer attesting to its compliance as required in item.

Market values will be obtained at least quarterly from sources deemed to be reliable and not affiliated with the original transaction acquiring the investment.

17. **ANNUAL REVIEW** The Investment Policy, and incorporated the investment strategies, shall be reviewed not less than annually by the Board. The Board shall affirmatively, by written resolution, state that it has reviewed the Investment Policy and investment strategies, and such resolution shall record any changes made in the Investment Policy or investment strategies.

18. **ANNUAL AUDIT** The Board shall perform or have conducted a compliance audit of management controls on investments and adherence to the Board's established investment policies. The compliance audit shall be performed in conjunction with the annual financial audit by the District's independent auditing firm. If the District invests in other than money market mutual funds, Investment Pools or deposits offered by its depository bank, the reports prepared by the Investment Officers shall be formally reviewed at least annually by an independent auditor, and the result of the review shall be reported to the Board by that auditor.

20. **ELECTRONIC FUNDS TRANSFER** The District may use electronic means to transfer or invest all Funds collected or controlled by the District.

21. **AUTHORIZATION** Unless authorized by this Policy, (including the appendices hereto) a person may not deposit, withdraw, transfer, or manage in any other manner the Funds of the District.

22. **COMPLIANCE** All investments made by the District must comply with the Texas Public Funds Investment Act and all federal, state and local statutes, rule or regulations.

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MONTGOMERY COUNTY HOSPITAL DISTRICT

Banking and Investment Policy
(Signature Page)

The undersigned hereby acknowledge that he/she has received and reviewed the District's Investment Policy:

_____
Charles Shirley~~ris Grice~~, Chairman, MCHD Board of Directors

_____
Bob Bagley, Vice-Chairman, MCHD Board of Directors

_____
Jason Walker~~Charles Shirley~~, Treasurer, MCHD Board of Directors

_____
Jackie Williams, Secretary, MCHD Board of Directors

_____
Kelly Inman, Member, MCHD Board of Directors

_____
Robert Hudson, Member, MCHD Board of Directors

_____
Tanya Peacock~~Jason Walker~~, Member, MCHD Board of Directors

_____
Randy Johnson, MCHD Chief Executive Officer

_____
D. Brett Allen, MCHD Chief Financial Officer

_____
Date

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Appendix 1

List of Authorized Broker/Dealers

Institution	**Representative**
FHN Financial	Buddy Saragusa
Raymond James Financial Services	Rudy Wentzler
Wells Fargo Securities	Chuck Landry

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

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MONTGOMERY COUNTY HOSPITAL DISTRICT

Banking and Investment Policy

This banking and investment policy ("Investment Policy") is adopted to meet the District's responsibilities under the Public Funds Investment Act, Chapter 2256, Texas Government Code (hereinafter "Government Code"). This Policy applies to all funds represented in the Annual Financial Report, with the exception of any retirement, endowment or trust funds.

Effective cash management is recognized as essential to good fiscal management. Investment interest is a source of revenue to District funds. The District's investment portfolio shall be designed and managed in a manner intended to maximize this revenue source, to be responsive to public trust, and to be in compliance with legal requirements and limitations.

Investments shall be made with the following primary objectives, listed in order of priority:

* **Safety** and preservation of principal
* Maintenance of sufficient **liquidity** to meet operating needs
* **Public trust** from prudent investment activities
* Optimization of **interest earnings** on the portfolio

1. **<u>DEFINITIONS</u>** For purposes of this Investment Policy, the following definitions shall apply:

a. The "District" means Montgomery County Hospital District.

b. "Bond Proceeds" means the proceeds from the sale of bonds, notes and any other obligations issued by the District, and reserves and funds maintained by the District for debt service purposes.

c. "Book Value" means the original acquisition cost of an investment plus or minus the accrued amortization or accretion.

d. "Funds" means public funds in the custody of the District that the District is authorized to invest.

e. "Investment Pool" means an entity created under the Government Code as set forth in §§2256.016 to invest public funds jointly on behalf of the entities that participate in the pool and whose investment objectives in order of priority are: (i) preservation and safety of principal; (ii) liquidity; and (iii) yield.

f. "Market Value" means the current face or par value of an investment multiplied by the net selling price of the security as quoted by a recognized market pricing source quoted on the valuation date.

g. "Qualified Representative" means a person who holds a position with a business organization, who is authorized to act on behalf of the business organization and who is one of the following:

(1) for a business organization doing business that is regulated or registered with a securities commission, a person who is registered under the rules of the Financial Industry Regulatory Authority (FINRA);

(2) for a state or federal bank, a savings bank, or a state or federal credit union, a member of the loan committee for the bank or branch of the bank or a person authorized by a corporate resolution to act on behalf of and bind the banking institution; or

(3) for an Investment Pool, the person authorized by the elected official or board with authority to administer the activities of the Investment Pool to sign the written instrument on behalf of the Investment Pool.

2. **INVESTMENT OFFICERS** The Chief Executive Officer ("CEO"), Chief Financial Officer ("CFO"), and Treasurer of the Board of Directors shall serve as Investment Officers of the District, shall recommend appropriate legally authorized and adequately secured investments, and shall invest District Funds as directed by the Board and this Investment Policy. In making investment decisions pertaining to investments of District funds, the Investment Officers shall exercise the judgment and care under prevailing circumstances that a prudent person would exercise in the management of his or her own affairs, not for speculation, but for investment, considering the probable safety of capital and the probable income to be derived. When deciding whether an Investment Officer's actions were prudent, the determination should be based upon the total investment portfolio, rather than an individual investment in the portfolio, provided deviations from expectations are reported in a timely fashion. However, an investment transaction not consistent with this Investment Policy would not be considered prudent.

3. **WITHDRAWAL & TRANSFER AUTHORITY** The CEO, CFO, or the Treasurer of the Board of Directors is authorized to withdraw, transfer, and reinvest the District's investments as prescribed in this Investment Policy. Any other employee or representative of the District will be permitted to perform these functions by express written authority of the Board or the CEO.

4. **CHECKS, DRAFTS, ETC.**

a. Except as otherwise provided herein, all checks, drafts, notes or other orders for payment of money issued in the name of the District shall be signed (i) by the CEO, CFO, COO, or by one (1) member of the Board for dollar amounts up to $50,000; or (ii) by the CEO, CFO, or COO and by one (1) member of the Board for dollar amounts totaling greater than $50,000.

b. Due to an extended and/or unexpected absence of the CFO, all checks, drafts, notes or other orders for payment of money issued in the name of the District shall be signed (i) by the CEO, acting CFO, COO, or by one (1) member of the Board for dollar amounts up to $50,000; or (ii) by the CEO, acting CFO, or COO and by one (1) member of the Board, or by a combination of any three (3) members of the Board for dollar amounts totaling greater than $50,000.

c. The CEO may not initiate and sign a purchase order and thereafter sign the check (or authorize an electronic draft) evidencing payment of the Purchase Order.

Drafts to the District's bank accounts for certain expenditures may be made through electronic signatures, electronic payments, and/or other automated arrangements not requiring a physical signature of a District representative.

5. **APPROVED INVESTMENTS** The District is authorized to invest its Funds in only the investment types, consistent with the strategies and maturities defined in this Investment Policy and chapter 2256 of the Government Code. The maximum stated maturity of any individual investment should be no longer than two (2) years, and the maximum dollar-weighted average maturity of any pooled fund should be no longer than one year.

The following investments will be permitted:

a. Obligations, including letters of credit, of the United States or its agencies or instrumentalities, including the Federal Home Loan Banks;

b. Other obligations, the principal and interest on which are unconditionally guaranteed or insured by, or backed by the full faith and credit of the United States or its agencies and instrumentalities, including obligations that are fully guaranteed or insured by the Federal Deposit Insurance Corporation (FDIC) or by the explicit full faith and credit of the United States;

c. Obligations of the State of Texas or its agencies and instrumentalities, and obligations of counties, cities, and other political subdivisions of this State rated as to investment quality by a nationally recognized investment rating firm not less than A or its equivalent;

d. Fully insured or collateralized deposits at eligible depositories placed in compliance with this Policy and the Government Code;

e. Repurchase agreements placed in compliance with the Government Code.

f. No load money market mutual funds regulated by the Securities and Exchange Commission whose investment objectives include maintaining a stable $1.0000 share value and that meet the requirements of the Government Code.

g. Local government investment pools, either state-administered or through joint powers statutes and other intergovernmental agreement legislation authorized in compliance with the Government Code.

The investments set forth in Government Code § 2256.009(b), are not considered authorized investments**.**

The District is not required to liquidate investments that were authorized at the time of purchase. At least quarterly, the Investment Officers shall monitor the rating of any investment required by the Government Code to maintain a minimum credit rating. All prudent measures will be taken to liquidate an investment that is downgraded to less than the required minimum rating.

6. **SAFETY AND INVESTMENT MANAGEMENT** The Investment Officers shall observe financial market indicators, study financial trends, and utilize available educational tools in order to maintain appropriate managerial expertise. Investments shall be made in a manner that ensures the preservation of capital in the overall portfolio and offsets, during a 12-month period, any market price losses resulting from interest-rate fluctuations by income received from the balance of the portfolio.

The Investment Officers shall create a competitive environment for all individual security purchases and sales, financial institution deposit placements, and money market mutual fund and local government investment pool selections. The Investment Officers shall develop and maintain procedures for ensuring a competitive environment.

7. **LIQUIDITY AND MATURITY**

a. Unless otherwise prohibited by law, assets of the District shall be invested in instruments whose maturities do not exceed two (2) years from the time of purchase.

b. The District's Investment portfolio shall have sufficient liquidity to meet anticipated cash flow requirements.

8. **DIVERSITY** Where appropriate, the investment portfolio shall be diversified in terms of investment instruments, maturity, scheduling, and financial institutions to reduce risk of loss resulting from over concentration of assets in a specific class of investments, specific maturity, or specific issuer. The District may achieve some diversification by placing part of its investment portfolio in a Local Government Investment Pool meeting the requirements of Government Code § 2256.016, if the Board authorizes the investment in the particular pool by resolution.

9. **FUNDS/STRATEGIES** Investments of the following fund categories shall be consistent with this policy and in accordance with the strategy defined below:

OPERATING FUNDS:

1. Suitability - Any investment eligible in the Investment Policy is suitable for Operating Funds (including debt service and other pooled funds).

2. Safety of Principal - All investments shall be high quality with no perceived default risk. Market price fluctuations will occur. However, managing the maximum weighted average days to maturity for the Operating Fund's portfolio to 365 days and restricting the maximum allowable maturity to two years will minimize the price volatility of the overall portfolio.

3. Liquidity - The Operating Fund requires the greatest short-term liquidity of any of the Fund types. Short-term deposits, investment pools, and money market mutual funds will provide daily liquidity and may be utilized as a competitive yield alternative to fixed maturity investments.

4. Marketability - Securities with active and efficient secondary markets are necessary in the event of an unanticipated cash flow requirement. Historical market "spreads" between the bid and offer prices of a particular security-type of less than a quarter of a percentage point will define an efficient secondary market.

5. Diversification - Investment maturities should be staggered throughout the budget cycle to provide cash flow based on the anticipated operating needs of the District. Diversifying the appropriate maturity structure out through two years will reduce market cycle risk.

6. Yield - Attaining a competitive market yield for comparable investment-types and portfolio restrictions is the desired objective. The yield of an equally weighted, rolling six-month Treasury Bill portfolio will be the minimum yield objective.

10. **SAFEKEEPING and CUSTODY:** All trades, where applicable, will be executed by delivery versus payment (DVP) to ensure that securities are deposited with an eligible safekeeping agent prior to the release of funds. District-owned securities will be evidenced by safekeeping receipts issued by the agent. The District may designate an eligible and authorized financial institution or broker/dealer as custodian for FDIC or National Credit Union Share Insurance Fund (NCUSIF) insured deposit placements as per the Government Code.

All financial institution deposits shall be insured or collateralized in compliance with applicable State law. Pledged collateral shall maintain a market value equal to or greater than 102% of the deposits plus accrued interest, less any amount insured by the FDIC or NCUSIF. The District reserves the right, in its sole discretion, to accept or reject any form of insurance or collateralization pledged towards deposits. Financial institutions will be required to sign a depository agreement. The collateralized deposit portion of the agreement shall define the District's rights to the collateral in case of default, bankruptcy, or closing, and shall establish a perfected security interest in compliance with Federal and State regulations, including:

a. The agreement must be in writing;

b. The agreement has to be executed by the financial institution and the District contemporaneously with the acquisition of the asset;

c. The agreement must be approved by the Board of Directors or designated committee of the financial institutions and a copy of the meeting minutes must be delivered to the District; and

d. The agreement must be part of the financial institution's "official record" continuously since its execution.

Securities pledged as collateral shall be held by an independent third party governed by a custodial agreement acceptable to the District. The agreement is to specify the acceptable investment securities as collateral, including provisions relating to possession of the collateral, the substitution or release of investment securities, ownership of securities, and the method of valuation of securities. The agreement must clearly state that the custodian is instructed to release pledged collateral to the District in the event the District has determined that the financial institution has failed to pay on any matured investments, or has determined that the funds of the District are in jeopardy for whatever reason, including involuntary closure or change of ownership. A clearly marked evidence of the pledge must be supplied to the District and retained by the Investment Officers.

11. BROKER/DEALERS Broker/dealers must submit information as requested by the District and be in good standing with the Financial Industry Regulatory Authority ("FINRA"). Representatives of brokers/dealers shall be registered with the Texas State Securities Board. The Board, at least annually, shall review, revise and adopt a list of qualified broker/dealers that are authorized to engage in investment transactions with the District. The Board of Directors acknowledges the "List of Authorized, Qualified Broker/Dealers" as set forth in the document appended hereto as Appendix 1, as approved by the Board of Directors.

12. INVESTMENT PROVIDERS A written copy of this Investment Policy shall be presented to any person offering to engage in an investment transaction with the District.

Local Government Investment Pools and Discretionary Investment Management Firms shall execute a written instrument stating:

a. The business organization has received and reviewed the District's Investment Policy; and

b. Has acknowledged that the business organization has implemented reasonable procedures and controls in an effort to preclude investment transactions conducted between the District and the organization that are not authorized by the District's Investment Policy, except to the extent that this authorization requires an analysis of the District's entire portfolio or requires an interpretation of subjective investment standards, or relates to investment transactions of the entity that are not made through accounts or other contractual arrangements over which the business organization has accepted discretionary investment authority.

The Investment Officers may not acquire or otherwise obtain any authorized investment described in this policy from a person who has not delivered to the District the written instrument.

13. INVESTMENT TRAINING In order to provide qualified and capable investment management, the Investment Officers of the District shall: (1) attend training, accumulating at least 10 hours, relating to the Treasurer's or Investment Officers' responsibilities under the Government Code within 12 months after taking office or assuming duties; and (2) attend training with each two-year period aligned with the District's fiscal year and accumulating not less than 10 hours of instruction relating

to investment responsibilities under the Government Code. The training must include education in investment controls, security risks, strategy risks, market risks, diversification of investment portfolios, and compliance with the Government Code.

The Board approves the following independent sources of training:

a. Government Treasurers' Organization of Texas

b. Government Finance Officers Association (National and Texas)

c. American Institute of Certified Public Accountants

d. University of North Texas

e. Texas State University

f. Councils of Government

14. **STANDARD OF CARE** Investments shall be made with judgment and care, under prevailing circumstances that a person of prudence, discretion, and intelligence would exercise in the management of his or her own affairs, not for speculation, but for investment, considering the probable safety of capital and the probable income to be derived. Investments shall be governed by the objectives specified in Government Code 2256.006, in the order of priority specified therein.

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a. The investment of all Funds, rather than the prudence of a single investment, over which the officer had responsibility.

b. Whether the investment decision was consistent with this Investment Policy.

15. **PERSONAL INTEREST** An Investment Officer who has a personal business relationship with a business organization offering to engage in an investment transaction for the District or who is related within the second degree by affinity or consanguinity, as determined by Government Code, Chapter 573, to an individual seeking to sell an investment to the District shall file a statement disclosing that relationship with the Board and with the Texas Ethics Commission, and shall abstain from participation in the District's decision whether to engage the business organization or individual with which the Investment Officer has a relationship.

An Investment Officer has a personal business relationship with a business organization if:

a. the Investment Officer owns 10 percent or more of the voting stock or shares of the business organizations or owns $5,000 or more of the Fair Market Value of the business organization;

b. Funds received by the Investment Officer from the business organization exceed 10 percent of the Investment Officer's gross income for the previous year; or

c. The Investment Officer has acquired from the business organization investments with a Book Value of $2,500 or more for the personal account of the Investment Officer.

16. **QUARTERLY REPORTS** The Investment Officers shall prepare and submit to the Board a written report in compliance with the requirements of the Government Code. This report shall be presented to the Board not less than quarterly, within a reasonable time after the end of the period. The report must:

a. Contain a detailed description of the investment position of the District on the date of the report.

b. Contain a summary statement of each pooled funds group that states:

(1) Beginning Market Value for the reporting period.

(2) Additions and changes to the Market Value during the period.

(3) Ending Market Value for the period.

(4) Fully accrued interest for the reporting period.

c. State the Book Value and Market Value of each separately invested asset at the beginning and end of the reporting period by the type of asset and fund type invested.

d. State the maturity date of each separately invested asset that has a maturity date.

e. State the account or fund or pooled group fund in the District for which each individual investment was acquired.

f. State the compliance of the investment portfolio of the District as it relates to the District's investment strategy expressed in the District's Investment Policy and relevant provisions of law.

g. Record the signatures of each Investment Officer attesting to its compliance as required in item.

Market values will be obtained at least quarterly from sources deemed to be reliable and not affiliated with the original transaction acquiring the investment.

17. **ANNUAL REVIEW** The Investment Policy, and incorporated the investment strategies, shall be reviewed not less than annually by the Board. The Board shall affirmatively, by written resolution, state that it has reviewed the Investment Policy and investment strategies, and such resolution shall record any changes made in the Investment Policy or investment strategies.

18. **ANNUAL AUDIT** The Board shall perform or have conducted a compliance audit of management controls on investments and adherence to the Board's established investment policies. The compliance audit shall be performed in conjunction with the annual financial audit by the District's independent auditing firm. If the District invests in other than money market mutual funds, Investment Pools or deposits offered by its depository bank, the reports prepared by the Investment Officers shall be formally reviewed at least annually by an independent auditor, and the result of the review shall be reported to the Board by that auditor.

20. **ELECTRONIC FUNDS TRANSFER** The District may use electronic means to transfer or invest all Funds collected or controlled by the District.

21. **AUTHORIZATION** Unless authorized by this Policy, (including the appendices hereto) a person may not deposit, withdraw, transfer, or manage in any other manner the Funds of the District.

22. **COMPLIANCE** All investments made by the District must comply with the Texas Public Funds Investment Act and all federal, state and local statutes, rule or regulations.

MONTGOMERY COUNTY HOSPITAL DISTRICT

Banking and Investment Policy
(Signature Page)

The undersigned hereby acknowledge that he/she has received and reviewed the District's Investment Policy:

_____
Charles Shirley, Chairman, MCHD Board of Directors

_____
Bob Bagley, Vice-Chairman, MCHD Board of Directors

_____
Jason Walker, Treasurer, MCHD Board of Directors

_____
Jackie Williams, Secretary, MCHD Board of Directors

_____
Kelly Inman, Member, MCHD Board of Directors

_____
Robert Hudson, Member, MCHD Board of Directors

_____
Tanya Peacock, Member, MCHD Board of Directors

_____
Randy Johnson, MCHD Chief Executive Officer

_____
D. Brett Allen, MCHD Chief Financial Officer

_____
Date

Appendix 1

List of Authorized Broker/Dealers

Institution	Representative
FHN Financial	Buddy Saragusa
Raymond James Financial Services	Rudy Wentzler
Wells Fargo Securities	Chuck Landry

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

Agenda Item # 18

Montgomery County Hospital District
Budget Amendment - Fiscal Year Ending September 30, 2026
Supplement to the Amendment Presented to the Board on July 28, 2026

Account	Description	Total	Notes	Impact
Revenue				
VHF Revenue from Previous Agreement				
10-004-41250	Interest Income - Radio	435.00	Previous VHF Agreement payments ended April 2026	Increase Revenue
10-004-41650	Tower Contract Revenue - Radio	84,000.00	Previous VHF Agreement payments ended April 2026	Increase Revenue
10-004-41675	VHF Project Revenue - Radio	75,644.00	Previous VHF Agreement payments ended April 2026	Increase Revenue
	Total VHF Revenue from Previous Agreement	160,079.00		
	Total Revenue	**160,079.00**	**Increase in Revenue**	
VHF Expense from Previous Agreement				
10-004-53330	Contractual Obligations- Other - Radio	41,160.00	Previous VHF Agreement payments ended April 2026	Increase Expense
	Total VHF Expense from Previous Agreement	41,160.00		
Station 13 Purchase				
10-040-59700	Capital Purchase-Building/Improvements	1,335,000.00	Budgeted as a buildout/remodel but purchased it instead.	Increase Expense
	Total Station 13 Purchase	1,335,000.00		
	Total Expense	**1,376,160.00**	**Increase in Expense**	
Increase / (Decrease) Net Revenue over Expenses		(1,216,081.00)		
FY 2026 Budgeted Net Revenue over Expenses (Total Funds - 10 & 22)		(15,137,468.00)		
FY 2026 Amended Budgeted Net Revenue over Expenses (Total Funds - 10 & 22)		(16,353,549.00)		

Agenda Item #19

We Make a Difference!

To: Board of Directors

From: Brett Allen, CFO

Date: July 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 June 2026.

The Impac Fleet invoice is in the amount of $110,411.75. Monthly invoice amounts varies due to usage and fuel price fluctuations.

Yes	No	N/A	
☒	☐	☐	Budgeted item?
☒	☐	☐	Within budget?
☐	☒	☐	Renewal contract?
☐	☒	☐	Special request?

Invoice #:	SQLCD-1197753	**Due Date:**	07/11/2026
Invoice Date:	07/01/2026	**Terms:**	NET 10
Account #:	250916		

Bill To

MONTGOMERY COUNTY
HOSPITAL DISTRICT
1300 S LOOP 336 W
CONROE, TX 77304

Remit To

Mansfield Oil Company of Gainesville Inc
Invoices to be Drafted
FEIN 58-1091383
Dallas, TX 75373

Description	Quantity	Extended
FUEL PURCHASES-VOYAGER RETAIL	25,074.00	110,419.45
OTHER PURCHASES-VOYAGER RETAIL	18.00	-7.70

Invoice Amount Due: **110,411.75**

Currency: USD

Posting Period: 06/01/2026 - 06/30/2026

AGENDA ITEM # 20

Consider and act on payment of District invoices (Jason Walker,Treasurer-MCHD Board)

TOTAL FOR

INVOICES

$4,942,172.34

Montgomery County Hospital District
Expense Allocation Report
Board Meeting 07/28/2026 Paid Invoices

Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
ACC103 Lexisnexis Risk Data Mgmt, Inc	6/1/2026	1100312555	FY26 BPO - LexisNexis - Search for Patient Inforn	10-011-53300	53300 - Contracted Services	$710.75
					Total - ACC103 Lexisnexis Risk Data Mgmt, Inc	**$710.75**
ACC115 Alonti Cafe & Catering	6/1/2026	2176614	nEop Lunches	10-025-58500	58500 - Training & Continuing Educatic	$161.72
	6/1/2026	2176622	nEop Lunches	10-025-58500	58500 - Training & Continuing Educatic	$144.56
	6/1/2026	2176628	nEop Lunches	10-025-58500	58500 - Training & Continuing Educatic	$244.75
					Total - ACC115 Alonti Cafe & Catering	**$551.03**
AHA100 American Heart Association, Inc. (Al	6/6/2026	SCPR269709	AHA eCards	10-009-52600	52600 - Books/Materials	$15,835.00
					Total - AHA100 American Heart Association, Inc. (AHA)	**$15,835.00**
AIR106 Air Performance Service of Houston,	6/22/2026	4365	Troubleshoot Chiller #2	10-016-55600	55600 - Maintenance & Repairs-Buildin	$713.00
					Total - AIR106 Air Performance Service of Houston, LLC	**$713.00**
ALL110 Brett Allen	6/30/2026	ALL*06302026	15 years of service.	10-025-54450	54450 - Employee Recognition	$300.00
					Total - ALL110 Brett Allen	**$300.00**
AMB100 Ambassador Services, LLC	6/1/2026	INV112025	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**
ART100 Art Aguilar Law Firm PC	6/4/2026	604202602	FY26 BPO- General Counsel Services	10-001-55500	55500 - Legal Fees	$8,182.50
					Total - ART100 Art Aguilar Law Firm PC	**$8,182.50**
ATT103 AT&T Mobility Roc (6463)	6/1/2026	287283884314X05272026	April 19,2026-May 19,2026	10-015-58200	58200 - Telephones-Cellular	$310.50
	6/1/2026	287283884314X05272026	April 19,2026-May 19,2026	10-004-58200	58200 - Telephones-Cellular	$50.88
					Total - ATT103 AT&T Mobility Roc (6463)	**$361.38**
ATT105 AT&T (5001)	6/15/2026	7131652005 06.15.2026	HISD T1-ISSI 05/21/2026-06/29/2026	10-004-58310	58310 - Telephones-Service	$241.10
					Total - ATT105 AT&T (5001)	**$241.10**
BAR100 Barsh Auto LLC	6/3/2026	26-35417	Shop 28 Stuck in Mud	10-010-59200	59200 - Vehicle-Towing	$550.00
					Total - BAR100 Barsh Auto LLC	**$550.00**
BAR111 Sahar Barekzai	6/16/2026	BAR*06122026	MILEAGE (06/12/2026 - 06/12/2026)	10-007-56200	56200 - Mileage Reimbursements	$23.20
					Total - BAR111 Sahar Barekzai	**$23.20**
BCB102 BCBS of Texas (POB 731428)	6/1/2026	131644528585	Administration Fee 04/01/2026-04/30/2026	10-025-51720	51720 - Health Insurance Admin Fees	$116,693.69
	6/7/2026	523328934754	Weekly Claims 05/30/2026-06/05/2026	10-025-51710	51710 - Health Insurance Claims	$133,406.82
	6/14/2026	523327142640	Weekly Claims 06/06/2026-06/12/2026	10-025-51710	51710 - Health Insurance Claims	$99,452.22
	6/21/2026	523326586121	Weekly Claims 06/13/2026-05/19/2026	10-025-51710	51710 - Health Insurance Claims	$64,090.26
					Total - BCB102 BCBS of Texas (POB 731428)	**$413,642.99**
BEA101 Beasley Tire Service Houston, Inc.	6/18/2026	80003341	Replenish tire stock	10-010-59150	59150 - Vehicle-Tires	$1,280.00
					Total - BEA101 Beasley Tire Service Houston, Inc.	**$1,280.00**
BED101 Elizabeth Bedair	6/30/2026	BED*06302026	15 years of service	10-025-54450	54450 - Employee Recognition	$300.00

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					Total - BED101 Elizabeth Bedair	**$300.00**
BOO100 Boon-Chapman (Prime Dx)	6/8/2026	S0030007207	PrimeDX Invoice -May 26	10-002-55700	55700 - Management Fees	$4,888.18
					Total - BOO100 Boon-Chapman (Prime Dx)	**$4,888.18**
BOU114 Bound Tree Medical, LLC	6/1/2026	86191320A	Warehouse Restocking	10-008-53900	53900 - Disposable Medical Supplies	$105.00
	6/1/2026	86213408	Glove Allocation Order	10-008-53900	53900 - Disposable Medical Supplies	$3,956.40
	6/1/2026	86224056	Quote QUO-166347-M9W7S7	10-008-53900	53900 - Disposable Medical Supplies	$495.00
	6/2/2026	86227759	BO Defibrillator Pads	10-008-53900	53900 - Disposable Medical Supplies	$21,598.40
	6/5/2026	86232833	Restocking Supplies	10-008-53800	53800 - Disposable Linen	$1,206.00
	6/5/2026	86232833	Restocking Supplies	10-008-53900	53900 - Disposable Medical Supplies	$25,955.69
	6/5/2026	86232833	Restocking Supplies	10-009-54000	54000 - Drug Supplies	$6,748.19
	6/12/2026	86241109	Skills lab	10-008-53900	53900 - Disposable Medical Supplies	$4.02
	6/25/2026	86257355	Restocking	10-008-53900	53900 - Disposable Medical Supplies	$1,223.00
	6/25/2026	86257356	Capnoline Shipment	10-008-53900	53900 - Disposable Medical Supplies	$4,560.00
					Total - BOU114 Bound Tree Medical, LLC	**$65,851.70**
BRE100 Benjamin Breaux	6/3/2026	BRE*12242025	TUITION - 06/02/2026	10-025-58625	58625 - Tuition Reimbursement	$542.40
					Total - BRE100 Benjamin Breaux	**$542.40**
BRI102 Katrina Brinkman	6/24/2026	BRI*06242026	20 Years of Service Award	10-025-54450	54450 - Employee Recognition	$400.00
					Total - BRI102 Katrina Brinkman	**$400.00**
BRY101 Bryant's Signs	6/11/2026	2650	Striping of new Shop 601	10-010-59000	59000 - Vehicle-Outside Services	$192.50
					Total - BRY101 Bryant's Signs	**$192.50**
BUC105 Buckeye International Inc.	6/5/2026	90765082	Warehouse Restock	10-008-57900	57900 - Station Supplies	$2,167.06
	6/12/2026	90766812	Warehouse Stock	10-008-57900	57900 - Station Supplies	$2,857.20
	6/15/2026	90767130	Warehouse Restock	10-008-57900	57900 - Station Supplies	$5.00
					Total - BUC105 Buckeye International Inc.	**$5,029.26**
BUT185 Butterfly Network, Inc.	6/1/2026	INV-BF-253261	DME Restock	10-008-54200	54200 - Durable Medical Equipment	$476.99
	6/22/2026	INV-BF-255409	DME Restock (Spare)	10-008-54200	54200 - Durable Medical Equipment	$3,924.00
					Total - BUT185 Butterfly Network, Inc.	**$4,400.99**
CAN105 Canon Financial Services, Inc.	6/11/2026	43382855	FY26 BPO- Canon Copier Rental	10-015-55400	55400 - Leases/Contracts	$4,608.00
					Total - CAN105 Canon Financial Services, Inc.	**$4,608.00**
CCI101 Consolidated Communications-Txu	6/16/2026	936-539-1160-0 06.16.202	05/21/2026-06/20/2026	10-015-58310	58310 - Telephones-Service	$18,831.29
					Total - CCI101 Consolidated Communications-Txu	**$18,831.29**
CDW113 CDW Government, Inc.	6/19/2026	AJ8DK3M	Scanner for Public Health	10-015-53100	53100 - Computer Supplies/Non-Capita	$1,074.00
					Total - CDW113 CDW Government, Inc.	**$1,074.00**
CEN112 Centerpoint Energy (Rel109)	6/3/2026	64006986422 06.03.26	Station 43 04/14/2026-05/14/2026	10-016-58800	58800 - Utilities	$43.71
	6/3/2026	64013049610 06.03.26	Station 45 04/14/2026-05/14/2026	10-016-58800	58800 - Utilities	$37.93

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	6/3/2026	98116148 06.03.2026	Station 14 04/14/2026-05/14/2026	10-016-58800	58800 - Utilities	$45.46
	6/16/2026	92013168 06.16.2026	Station 30 04/27/2026-05/27/2026	10-016-58800	58800 - Utilities	$53.33
	6/17/2026	64015806066 06.17.2026	Robinson Tower 04/28/2026-05/28/2026	10-016-58800	58800 - Utilities	$36.97
	6/18/2026	88796735 06.16.2026	Station 20 04/28/2026-05/29/2026	10-016-58800	58800 - Utilities	$83.49
	6/24/2026	88589239 06.24.2026	Admin 05/04/2026-06/05/2026	10-016-58800	58800 - Utilities	$338.41
	6/26/2026	88820089 06.26.2026	Station 10	10-016-58800	58800 - Utilities	$53.84
	6/26/2026	64018941639 06.26.2026	Station 15 05/06/2026-06/05/2026	10-016-58800	58800 - Utilities	$53.11
					Total - CEN112 Centerpoint Energy (Rel109)	**$746.25**
CHA115 Chase Pest Control, Inc.	6/1/2026	81605	Pest Control - St. 20	10-016-55600	55600 - Maintenance & Repairs-Buildin	$185.00
	6/1/2026	81653	Pest Control St. 10	10-016-55600	55600 - Maintenance & Repairs-Buildin	$145.00
					Total - CHA115 Chase Pest Control, Inc.	**$330.00**
CHA119 Jamie Sanchez	6/30/2026	CHA*06072026	PER DIEM - DISEASES IN NATURE (07/07/2026	10-000-14900	14900 - Prepaid Expenses	$238.00
					Total - CHA119 Jamie Sanchez	**$238.00**
CIP100 Angelita Cipriano	6/24/2026	CIP*06242026	Field employee of the month - June 2026	10-025-54450	54450 - Employee Recognition	$100.00
					Total - CIP100 Angelita Cipriano	**$100.00**
CIT104 City of Conroe (300 W Davis)	6/15/2026	0049-1400-000 06.15.2026	Admin 04/15/2026-05/14/2026	10-016-58800	58800 - Utilities	$1,880.56
	6/25/2026	0066-0040-006 06.25.26	Station 15 04/27/2026-05/26/2026	10-016-58800	58800 - Utilities	$145.99
	6/25/2026	)072-0592-000A 06.25.202	Station 10 04/27/2026-05/26/2026	10-016-58800	58800 - Utilities	$116.79
	6/25/2026	0072-0592-000 06.25.2026	Station 10 04/27/2026-05/26/2026	10-016-58800	58800 - Utilities	($116.78)
	6/25/2026	0072-0592-000 06.25.2026	Station 10 04/27/2026-05/26/2026	10-016-58800	58800 - Utilities	$116.78
					Total - CIT104 City of Conroe (300 W Davis)	**$2,143.34**
CLU100 552 Club, LLC	6/1/2026	21359	Bunker Rental 6/1/26	10-015-57500	57500 - Rent	$5,000.00
					Total - CLU100 552 Club, LLC	**$5,000.00**
COM115 Comcast Corporation (POB 60533)	6/1/2026	2080546356 06.01.2026	Station 21 06/05/2026-07/04/2026	10-016-58800	58800 - Utilities	$75.48
					Total - COM115 Comcast Corporation (POB 60533)	**$75.48**
CON108 City of Conroe - Conroe Fire Departn	6/26/2026	239	2026 Ironman UTV Conroe	10-027-53300	53300 - Contracted Services	$2,600.00
					Total - CON108 City of Conroe - Conroe Fire Department	**$2,600.00**
CON135 Conroe Welding Supply, Inc.	6/1/2026	R 05260999	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$10.35
	6/1/2026	R 05260992	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$6.90
	6/1/2026	R 05261008	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$6.90
	6/1/2026	R 05261003	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$6.90
	6/1/2026	PS 562937	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$95.94
	6/1/2026	R 05261009	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$57.69
	6/1/2026	R 05261000	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$6.90
	6/1/2026	R 05260993	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$6.90
	6/1/2026	PS 562936	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$95.94
	6/1/2026	R 05261005	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$10.35
	6/1/2026	R 05260994	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$6.90

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	6/1/2026	R 05260997	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$6.90
	6/1/2026	R 05260989	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$37.50
	6/1/2026	R 05260995	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$6.90
	6/1/2026	PS 562935	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$95.94
	6/1/2026	R 05260990	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$3.45
	6/1/2026	R 05261490	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$72.20
	6/1/2026	R 05261002	Cylinder rental	10-008-56600	56600 - Oxygen & Gases	$6.90
	6/1/2026	NS 23464	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$150.89
	6/2/2026	NS 26444	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$117.95
	6/2/2026	NS 26854	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$315.70
	6/2/2026	NS 26860	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$336.06
	6/3/2026	NS 26843	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$235.08
	6/3/2026	NS 27218	Nitrous oxide	10-008-56600	56600 - Oxygen & Gases	$2,920.08
	6/4/2026	NS 27124	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$172.88
	6/5/2026	NS 27614	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$315.80
	6/5/2026	NS 27044	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$117.94
	6/8/2026	PS 562932	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$73.98
	6/8/2026	PS 563253	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$106.94
	6/8/2026	PS 563252	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$95.95
	6/8/2026	NS 27259	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$109.46
	6/9/2026	NS 27737	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$392.73
	6/12/2026	NS 28234	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$215.85
	6/15/2026	PS 563592	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$106.93
	6/15/2026	PS 563589	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$84.97
	6/15/2026	PS 563588	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$73.96
	6/15/2026	PS 563590	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$62.97
	6/15/2026	NS 27895	Oxygen medical	10-008-57900	57900 - Station Supplies	$105.96
	6/16/2026	NS 23350	Medical oxy reg repair	10-010-59050	59050 - Vehicle-Parts	$808.25
	6/16/2026	NS 28607	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$347.72
	6/16/2026	NS 28561	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$193.86
	6/17/2026	NS 28339	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$159.00
	6/17/2026	NS 27959	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$127.91
	6/17/2026	NS 28532	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$237.82
	6/17/2026	NS 28617	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$128.53
	6/18/2026	NS 28738	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$120.93
	6/18/2026	NS 28408	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$182.88
	6/18/2026	NS 28758	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$120.55
	6/19/2026	NS 29127	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$208.66
	6/22/2026	NS 25399	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$94.97
	6/22/2026	PS 563930	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$105.95
	6/22/2026	NS 29228	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$83.98
	6/22/2026	PS 563928	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$116.94
	6/22/2026	PS 563929	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$94.96
	6/23/2026	NS 29399	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$138.95
	6/23/2026	NS 29498	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$325.76
	6/24/2026	NS 29718	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$160.89

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	6/24/2026	NS 29481	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$176.92
	6/24/2026	NS 29665	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$109.57
	6/29/2026	PS 564282	Oxygen medical	10-008-56600	56600 - Oxygen & Gases	$127.94
					Total - CON135 Conroe Welding Supply, Inc.	**$10,826.48**
COX103 Optimum	6/4/2026	327463-07-7 06/02/26	Station 15 06/02/26-07/01/26	10-016-58800	58800 - Utilities	$79.07
	6/4/2026	109949-01-3 06/01/26	Station 13 06/01/26-06/30/26	10-016-58800	58800 - Utilities	$60.51
	6/24/2026	128957-01-3 06/21/26	Admin 06/21/26-07/20/26	10-016-58800	58800 - Utilities	$255.42
					Total - COX103 Optimum	**$395.00**
CRA105 Crawford Electric Supply Company,	6/17/2026	S015295897.001	Circuit Breaker and Starter for Boiler Project	10-016-55600	55600 - Maintenance & Repairs-Buildin	$1,050.00
	6/23/2026	S015279218.002	Fluke 1733 Power Analyzer Add-On Accessories	10-016-57730	57730 - Shop Tools	$135.87
					Total - CRA105 Crawford Electric Supply Company, Inc.	**$1,185.87**
CRO102 Crown Paper and Chemical	6/3/2026	169963	Warehouse Restock	10-008-57900	57900 - Station Supplies	$670.50
					Total - CRO102 Crown Paper and Chemical	**$670.50**
CUL100 Culligan of DFW	6/1/2026	1982285	St. 32 Water System Maintenance	10-016-55650	55650 - Maintenance-Equipment	$81.21
	6/17/2026	1990446	St. 32 Water System Maintenance	10-016-55650	55650 - Maintenance-Equipment	$81.21
					Total - CUL100 Culligan of DFW	**$162.42**
CUM101 Cummins Southern Plains LLC	6/15/2026	85-260667756	Replenish generator parts	10-010-59050	59050 - Vehicle-Parts	$1,514.96
					Total - CUM101 Cummins Southern Plains LLC	**$1,514.96**
DAI100 Dailey Wells Communication Inc.	6/11/2026	26MCHD08	May 2026 NOC Monitoring	10-004-53300	53300 - Contracted Services	$11,318.23
					Total - DAI100 Dailey Wells Communication Inc.	**$11,318.23**
DAV103 Ryan Davenport	6/24/2026	DAV*06242026	June 2026 Field EOM	10-025-54450	54450 - Employee Recognition	$100.00
					Total - DAV103 Ryan Davenport	**$100.00**
DAV113 Jonathan Davis	6/1/2026	DAV*01242026	TUITION - 06/04/2026	10-025-58625	58625 - Tuition Reimbursement	$788.00
					Total - DAV113 Jonathan Davis	**$788.00**
DBC100 First Speciality Enterprises, LLC dba	6/18/2026	3137_3631	Post Accident Inspection	10-008-57650	57650 - Repair-Equipment	$200.00
					Total - DBC100 First Speciality Enterprises, LLC dba Specialty Biomedical	**$200.00**
DEA110 Dearborn National Life Ins Co Known	6/1/2026	F021753 06.01.2026	06/01/2026-06/30/2026	10-025-51700	51700 - Health & Dental	$44,949.05
					Total - DEA110 Dearborn National Lif	**$44,949.05**
DEM100 Demontrond Auto Country	6/1/2026	136730	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$5,301.50
	6/1/2026	136867	Replenish Vehicle Parts	10-010-59050	59050 - Vehicle-Parts	$143.00
	6/1/2026	136343	Replenish Vehicle Parts	10-010-59050	59050 - Vehicle-Parts	$1,159.40
	6/1/2026	136111	Replenish Vehicle Parts	10-010-59050	59050 - Vehicle-Parts	$2,926.00
	6/1/2026	135023	Replenish vehicle parts stock	10-010-59050	59050 - Vehicle-Parts	$1,968.00
	6/1/2026	136451	Replenish vehicle DEF parts	10-010-59050	59050 - Vehicle-Parts	$222.20
	6/2/2026	136892	Replacement keys Shop 54	10-010-59050	59050 - Vehicle-Parts	$154.22

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	6/5/2026	137190	Replenlishg Parts Stock	10-010-59050	59050 - Vehicle-Parts	$5,075.62
	6/5/2026	137370	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$814.00
	6/8/2026	137365	Injector connector Shop 52	10-010-59050	59050 - Vehicle-Parts	$259.60
	6/9/2026	137515	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$4,480.90
	6/9/2026	137483	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$2,116.40
	6/12/2026	137901	Replenish vehicle parts	10-010-58950	58950 - Vehicle-Fluids & Additives	$163.08
	6/12/2026	137929	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$814.00
	6/12/2026	137901	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$1,499.96
	6/15/2026	138080	Replenish parts/supplies	10-010-57725	57725 - Shop Supplies	$372.96
	6/15/2026	137683	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$5,291.60
	6/15/2026	137484	Condenser Shop 10	10-010-59050	59050 - Vehicle-Parts	$251.90
	6/15/2026	138080	Replenish parts/supplies	10-010-59050	59050 - Vehicle-Parts	$1,501.50
	6/23/2026	138647	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$814.00
	6/24/2026	138302	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$5,577.00
					Total - DEM100 Demontrond Auto Country	**$40,906.84**
DET100 Katherine Detter	6/11/2026	DET*01072026	TUITION - 05/19/2026	10-025-58625	58625 - Tuition Reimbursement	($1,372.64)
					Total - DET100 Katherine Detter	**($1,372.64)**
DIR101 Directv	6/26/2026	017903440X260812	Multiple Stations 05/14/2026-06/10/2026	10-016-58800	58800 - Utilities	$2,264.84
					Total - DIR101 Directv	**$2,264.84**
ELR100 Sarah Elrod	6/10/2026	ELR*06062026	MILEAGE (06/06/2026 - 06/06/2026)	10-007-56200	56200 - Mileage Reimbursements	$4.35
					Total - ELR100 Sarah Elrod	**$4.35**
EMS103 EMS Survey Team	6/1/2026	6107	Mail/Text Survey May 26	10-007-53550	53550 - Customer Relations	$5,624.40
					Total - EMS103 EMS Survey Team	**$5,624.40**
ENT101 Entergy Texas, LLC	6/1/2026	430003687339	Lake Conroe Tower 04/14/2026-05/13/2026	10-004-58800	58800 - Utilities	$578.24
	6/3/2026	145008542168	Station 31 04/15/2026-05/14/2026	10-016-58800	58800 - Utilities	$413.03
	6/5/2026	70009239153	Robinson Tower 03/30/2026-04/28/2026	10-004-58800	58800 - Utilities	$64.23
	6/5/2026	60009372371	Station 14 04/06/2026-05/05/2026	10-016-58800	58800 - Utilities	$297.74
	6/5/2026	55009232339	Station 10 04/17/2026-05/18/2026	10-016-58800	58800 - Utilities	$865.89
	6/5/2026	155008466062	Station 30 04/13/2026-05/12/2026	10-016-58800	58800 - Utilities	$717.68
	6/5/2026	105008693909	Thompson Tower 04/14/2026-05/13/2026	10-004-58800	58800 - Utilities	$832.70
	6/5/2026	260006874005	Station 32 04/01/2026-04/30/2026	10-016-58800	58800 - Utilities	$480.49
	6/5/2026	300005114376	Station 43 04/17/2026-05/18/2026	10-016-58800	58800 - Utilities	$467.28
	6/5/2026	85008921975	Station 20 04/06/2026-05/07/2026	10-016-58800	58800 - Utilities	$973.92
	6/5/2026	100007648352	Admin 04/01/2026-04/30/2026	10-016-58800	58800 - Utilities	$16,607.55
	6/5/2026	160007398497A	Robinson Tower 03/30/2026-04/28/2026	10-004-58800	58800 - Utilities	$620.40
	6/5/2026	470003717752	Station 15 04/03/2026-05/04/2026	10-016-58800	58800 - Utilities	$384.94
	6/8/2026	240006880612	Grangerland Tower 04/21/2026-05/20/2026	10-004-58800	58800 - Utilities	$999.82
	6/29/2026	160007454189	Splendora Tower 05/08/2026-06/09/2026	10-004-58800	58800 - Utilities	$747.06
					Total - ENT101 Entergy Texas, LLC	**$25,050.97**
ENT102 Enterprise Fm Trust Dba Enterprise I	6/3/2026	FBN5653275	Monthly Charge	10-010-52725	52725 - Capital Lease Expense	$29,000.71

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				Total - ENT102 Enterprise Fm Trust Dba Enterprise Fleet Mgnt Exchange Inc.		**$29,000.71**
ESD106 Montgomery County ESD #6, Stn 34 &	6/10/2026	ESD*06102026	Station 34 and 35 Rent for July 2026	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	6/10/2026	ESD*06102029	Station 33 Rent for July 2026	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	6/10/2026	ESD*06102026	Station 42 Rent for July 2026	10-000-14900	14900 - Prepaid Expenses	$950.00
				Total - ESD110 Montgomery County ESD #10, Stn 42		**$950.00**
ESP103 Rafael Espinoza	6/10/2026	ESP*06052026	MILEAGE (06/05/2026 - 06/05/2026)	10-007-56200	56200 - Mileage Reimbursements	$7.25
					Total - ESP103 Rafael Espinoza	**$7.25**
EXP101 Experian Health Inc	6/11/2026	INV1149632	Monthly Invoice-May26	10-011-53300	53300 - Contracted Services	$7,430.40
					Total - EXP101 Experian Health Inc	**$7,430.40**
EZE100 Wavemedia LLC	6/1/2026	20260601	Multiple Stations	10-015-58310	58310 - Telephones-Service	$14,283.00
					Total - EZE100 Wavemedia LLC	**$14,283.00**
FAI103 Derryberry Jackey	6/18/2026	22	Dozer Work - LC Tower	10-004-57100	57100 - Professional Fees	$4,900.00
					Total - FAI103 Derryberry Jackey	**$4,900.00**
FIR104 First Watch Solutions Corp	6/1/2026	FW114177	First Watch May 2026	10-007-53300	53300 - Contracted Services	$1,224.11
	6/1/2026	FW114272	June Monthly Services	10-007-53300	53300 - Contracted Services	$1,224.11
					Total - FIR104 First Watch Solutions Corp	**$2,448.22**
FIT105 Emily Fitzgerald	6/30/2026	FIT*06302026	15 Year Service Award - June 2026	10-025-54450	54450 - Employee Recognition	$300.00
					Total - FIT105 Emily Fitzgerald	**$300.00**
FIV100 Five Star Septic Solutions, LLC						$475.00
	6/12/2026	2305	Septic Pumping @ St 40	10-016-58800	58800 - Utilities	$475.00
					Total - FIV100 Five Star Septic Solutions, LLC	**$950.00**
FRA108 Frazer, Ltd.	6/2/2026	H00003211	Replacement cladding S 65	10-010-59050	59050 - Vehicle-Parts	$54.00
	6/2/2026	H00003211A	Freight Charge -26-002610	10-010-59050	59050 - Vehicle-Parts	$27.84
					Total - FRA108 Frazer, Ltd.	**$81.84**
FRF125 First Response Family Clinic	6/1/2026	2026-005-019	May 2026 Physicals	10-025-57300	57300 - Recruit/Investigate	$2,550.00
					Total - FRF125 First Response Family Clinic	**$2,550.00**
FUD100 Stephanie Fudge	6/2/2026	FUD*06022026	EXPENSE - Books/Materials	10-009-52600	52600 - Books/Materials	$60.00
					Total - FUD100 Stephanie Fudge	**$60.00**
FVC100 F&V Contractors LLC	6/11/2026	4410-5	Irrigation Zone Tracing	10-016-55600	55600 - Maintenance & Repairs-Buildin	$1,728.04
					Total - FVC100 F&V Contractors LLC	**$1,728.04**

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GAT100 Trizetto Provider Solutions	6/1/2026	5HAV062600	FY26 BPO Trizetto - Monthly Electronic Claims for	10-011-53300	53300 - Contracted Services	$2,256.11
					Total - GAT100 Trizetto Provider Solutions	**$2,256.11**
GEO101 Lindsey George	6/3/2026	GEO*06032026	EXPENSE - Books/Materials	10-009-52600	52600 - Books/Materials	$60.00
	6/16/2026	GEO*06162026	WELLNESS - 06/24/2026	10-025-54350	54350 - Employee Health/Wellness	$25.00
					Total - GEO101 Lindsey George	**$85.00**
GRA108 Grainger	6/1/2026	9935289570	Replenish shop supplies	10-010-57725	57725 - Shop Supplies	$332.48
	6/1/2026	9931284799	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$669.60
	6/12/2026	9950633397	Access Door to Exhaust Fan Motor	10-016-55600	55600 - Maintenance & Repairs-Buildin	$350.57
	6/18/2026	9956526058	Rebuild kits for Pumps	10-016-55600	55600 - Maintenance & Repairs-Buildin	$436.94
					Total - GRA108 Grainger	**$1,789.59**
GRA119 Grace & Guidance PLLC	6/1/2026	MCHD57	EE Counseling Services	10-025-54350	54350 - Employee Health/Wellness	$500.00
	6/1/2026	MCHD58	EE Counseling Service	10-025-54350	54350 - Employee Health/Wellness	$625.00
	6/8/2026	MCHD56	EE provided counseling	10-025-54350	54350 - Employee Health/Wellness	$250.00
	6/8/2026	MCHD55	EE provided counseling	10-025-54350	54350 - Employee Health/Wellness	$250.00
	6/15/2026	mchd60	EE Counseling Service	10-025-54350	54350 - Employee Health/Wellness	$375.00
					Total - GRA119 Grace & Guidance PLLC	**$2,000.00**
GRE115 Nikki Greer	6/25/2026	GRE*06252026	Won April Employee of the Month	10-025-54450	54450 - Employee Recognition	$100.00
					Total - GRE115 Nikki Greer	**$100.00**
GUE105 Pedro Guerrero	6/16/2026	GUE*06112026	EXPENSE - Training & Continuing Education	10-007-58500	58500 - Training & Continuing Educatic	$287.18
					Total - GUE105 Pedro Guerrero	**$287.18**
GUT100 Jason Gutierrez	6/16/2026	GUT*06122026B	PER DIEM - 2026 Texas Emergency Managemen	10-027-53150	53150 - Conferences - Fees, Travel, &	$360.00
					Total - GUT100 Jason Gutierrez	**$360.00**
HAL102 Bailey Hallett	6/11/2026	HAL*06082026	EXPENSE - Meeting Expenses	10-002-56100	56100 - Meeting Expenses	$148.46
					Total - HAL102 Bailey Hallett	**$148.46**
HEN110 Henry Schein, Inc.-Matrx Medical	6/1/2026	57563801	Warehouse Restocking	10-008-53900	53900 - Disposable Medical Supplies	$104.00
	6/1/2026	57645305	Warehouse restock	10-009-54000	54000 - Drug Supplies	$360.00
	6/1/2026	57341144	Warehouse Restocking	10-008-53900	53900 - Disposable Medical Supplies	$19,711.14
	6/1/2026	57341144	Warehouse Restocking	10-009-54000	54000 - Drug Supplies	$5,433.95
	6/2/2026	57742107	IV Tylenol	10-009-54000	54000 - Drug Supplies	$2,356.06
	6/2/2026	57742109	BO Defib Pads	10-008-53900	53900 - Disposable Medical Supplies	$14,299.40
	6/3/2026	57821701	IV Tylenol	10-009-54000	54000 - Drug Supplies	$168.29
	6/11/2026	58185085	Restocking	10-008-53900	53900 - Disposable Medical Supplies	$31,472.20
	6/18/2026	58464021	DME Nitrous Parts	10-008-54200	54200 - Durable Medical Equipment	$462.90
					Total - HEN110 Henry Schein, Inc.-Matrx Medical	**$74,367.94**
HEN119 Kailea Henderson	6/11/2026	HEN*06102026	EXPENSE - Books/Materials	10-009-52600	52600 - Books/Materials	$60.00
					Total - HEN119 Kailea Henderson	**$60.00**

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HIG103 Highway Products, Inc.	6/3/2026	101281	Parts for Bed Moves on Trucks	10-004-57725	57725 - Shop Supplies	$183.00
					Total - HIG103 Highway Products, Inc.	**$183.00**
HOO100 Rebecca Hoots	6/16/2026	HOO*06152026B	PER DIEM - NWCG S359 (MEDL) Course (06/22/	10-007-58500	58500 - Training & Continuing Educatic	$109.00
					Total - HOO100 Rebecca Hoots	**$109.00**
HOU101 Houston Map Company - Key Maps	6/1/2026	08192497	Warehouse Stock	10-008-57900	57900 - Station Supplies	$773.75
					Total - HOU101 Houston Map Company - Key Maps	**$773.75**
IMA100 Image Trend Inc.	6/11/2026	PS-INV125520	Annual Renewal	10-039-53050	53050 - Computer Software	$3,883.01
					Total - IMA100 Image Trend Inc.	**$3,883.01**
IMP100 Colortech Direct & Impact Printing	6/9/2026	42933	Business Card- N. Tobin	10-008-57000	57000 - Printing Services	$40.00
	6/9/2026	42926	Recruitment Stickers	10-007-57300	57300 - Recruit/Investigate	$1,522.40
	6/9/2026	42954	Employee Business Card	10-008-57000	57000 - Printing Services	$40.00
					Total - IMP100 Colortech Direct & Impact Printing	**$1,602.40**
IMP101 Impac Fleet	6/4/2026	SQLCD-1193117	May 2026 Monthly Fuel	10-010-54700	54700 - Fuel-Auto	$120,249.78
					Total - IMP101 Impac Fleet	**$120,249.78**
IMP103 Impact Promotional Services Dba Go	6/1/2026	INV178854	GYC - D. McMillon April 2026 Uniform Order	10-007-58700	58700 - Uniforms	$212.49
	6/1/2026	INV178848	GYC- K. Hinchley May 2026 Pant Order	10-007-58700	58700 - Uniforms	$209.08
	6/1/2026	INV178856	J. Reutter Uniform Request	10-007-58700	58700 - Uniforms	$44.49
	6/1/2026	INV176739	J. Reutter Uniform Request	10-007-58700	58700 - Uniforms	$209.08
	6/1/2026	INV178845	GYC - M. Burt March 2026 Uniform Order	10-007-58700	58700 - Uniforms	$212.49
	6/1/2026	INV178847	GYC- M. Murphy March 2026 Boot Order	10-007-58700	58700 - Uniforms	$212.49
	6/1/2026	INV178858	GYC - Chris Jeans Alteration Fees April 2026	10-007-58700	58700 - Uniforms	$13.00
	6/1/2026	INV178850	GYC - Alteration Fees April 2026	10-007-58700	58700 - Uniforms	$16.50
	6/1/2026	INV178629	GYC- M. Davis May 2026 Name Plate Order	10-007-58700	58700 - Uniforms	$16.15
	6/1/2026	INV178857	GYC - M. Green April 2026 Uniform Order	10-007-58700	58700 - Uniforms	$221.94
	6/1/2026	INV178630	GYC - M. Green April 2026 Uniform Order	10-007-58700	58700 - Uniforms	$186.12
	6/1/2026	INV178849	May'26 Paramedic New Hire Uniform Order	10-007-58700	58700 - Uniforms	$3,147.89
	6/1/2026	INV177555	GYC- S. Hancock May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$182.74
	6/1/2026	INV178853	GYC- D. Graham April 2026 Uniform Order	10-007-58700	58700 - Uniforms	$239.37
	6/1/2026	INV176734	GYC - K. Gonzalez March 2026 Uniform Order	10-007-58700	58700 - Uniforms	$139.25
	6/1/2026	INV178852	GYC - C. Cullins Apr 2026 Uniform Order	10-007-58700	58700 - Uniforms	$511.52
	6/1/2026	INV177554	Facilities Uniforms	10-007-58700	58700 - Uniforms	$93.50
	6/1/2026	INV176733	GYC- Bulk Stock Uniform Order March 2026	10-007-58700	58700 - Uniforms	$1,328.20
	6/1/2026	INV178846	GYC - M. Rankin April 2026 Vest Order	10-007-58700	58700 - Uniforms	$117.64
	6/1/2026	INV178855	GYC - A. Redmond April 2026 Uniform Order	10-007-58700	58700 - Uniforms	$413.26
	6/5/2026	INV179456	GYC- D. Graham April 2026 Uniform Order	10-007-58700	58700 - Uniforms	$97.54
	6/5/2026	INV179455	GYC- B. Bessire May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$406.26
	6/5/2026	INV179464	GYC- K. Duran May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$313.62
	6/5/2026	INV179451	GYC - M. Green April 2026 Uniform Order	10-007-58700	58700 - Uniforms	$123.25
	6/5/2026	INV179459	J. Reutter Uniform Request	10-007-58700	58700 - Uniforms	$173.38

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	6/5/2026	INV179453	GYC- M. Blackwell May 2026 Pant Order	10-007-58700	58700 - Uniforms	$209.08
	6/5/2026	INV179462	GYC - N. Tobin May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$1,172.11
	6/5/2026	INV179458	GYC - A. Cipriano April 2026 Class A shirt	10-007-58700	58700 - Uniforms	$92.64
	6/5/2026	INV179452	GYC- S. Hancock May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$87.54
	6/5/2026	INV179454	GYC- M. Mares-Camarena May 2026 Boot Order	10-007-58700	58700 - Uniforms	$123.25
	6/5/2026	INV179449	GYC- J. Gutierrez May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$540.56
	6/5/2026	INV179460	GYC - B. Leerssen New Hire Uniforms May 2026	10-007-58700	58700 - Uniforms	$33.84
	6/5/2026	INV179457	May'26 Paramedic New Hire Uniform Order	10-007-58700	58700 - Uniforms	$485.06
	6/8/2026	INV179834	GYC - B. Leerssen New Hire Uniforms May 2026	10-007-58700	58700 - Uniforms	$619.23
	6/12/2026	INV180465	GYC- Uniform Alterations May 2026	10-007-58700	58700 - Uniforms	$30.00
	6/12/2026	INV180476	GYC- R. Serra May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$127.46
	6/12/2026	INV180474	GYC- C. Toll May 2026 Event Shirt Order	10-007-58700	58700 - Uniforms	$126.84
	6/12/2026	INV180452	GYC- R. Serra May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$318.07
	6/12/2026	INV180446	GYC - A. Redmond April 2026 Uniform Order	10-007-58700	58700 - Uniforms	$104.54
	6/12/2026	INV180458	GYC - EMT Uniform Alterations March 2026	10-007-58700	58700 - Uniforms	$42.00
	6/12/2026	INV180470	GYC - C. Toll May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$173.38
	6/12/2026	INV180472	GYC - Uniform Alteration Fees March 2026	10-007-58700	58700 - Uniforms	$34.00
	6/12/2026	INV180454	GYC- R. Serra May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$473.58
	6/12/2026	INV180468	GYC - J. Jones May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$382.46
	6/12/2026	INV180450	GYC- K. Gonzalez May 2026 Pant Order	10-007-58700	58700 - Uniforms	$209.08
	6/15/2026	INV180922	GYC - N. Tobin May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$32.30
	6/19/2026	INV181434	GYC- F. Brouillet May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$573.69
	6/19/2026	INV181432	GYC- L. Othman May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$548.10
	6/19/2026	INV181442	GYC- F. Brouillet May 2026 Uniform Order	10-007-58700	58700 - Uniforms	$450.00
	6/19/2026	INV181441	GYC - E. Tennyson May 2026 Maternity Pant Orde	10-007-58700	58700 - Uniforms	$149.54
	6/19/2026	INV181436	GYC - Alteration Fees May 2026	10-007-58700	58700 - Uniforms	$55.50
	6/23/2026	INV181658	GYC- A. Taylor May 2026 Nameplate & SS Order	10-007-58700	58700 - Uniforms	$32.30
	6/26/2026	INV182159	GYC- B. Snow May 2026 Boot Order	10-007-58700	58700 - Uniforms	$212.49
	6/26/2026	INV182156	GYC - Restock Polos June 2026	10-007-58700	58700 - Uniforms	$343.50
	6/26/2026	INV182155	GYC - Uniform Restock Order June 2026	10-007-58700	58700 - Uniforms	$89.25
	6/26/2026	INV182157	GYC - T. Kershaw June 2026 Uniform Order	10-007-58700	58700 - Uniforms	$503.97
	6/26/2026	INV182158	GYC - Serving Since and Tie Bar Restock Order J	10-007-58700	58700 - Uniforms	$239.60
	6/26/2026	INV182160	GYC - A. Jablonski June 2026 Uniform Order	10-007-58700	58700 - Uniforms	$186.98
					Total - IMP103 Impact Promotional Services Dba Got You Covered Work Wear & Uniforms	**$17,643.19**
IND100 Indigent Healthcare Solutions	6/1/2026	82131	IHS Software Fee-July 26	10-002-53050	53050 - Computer Software	$12,951.27
					Total - IND100 Indigent Healthcare Solutions	**$12,951.27**
INT101 Intelligent Controls	6/22/2026	INV/2026/01282	Tower Site Replacement Battery Chargers	10-004-57225	57225 - Radio-Parts	$1,750.03
					Total - INT101 Intelligent Controls	**$1,750.03**
INT104 IBS of Greater Conroe & Interstate Ba	6/1/2026	140022709	Replenish vehicle battery	10-010-58900	58900 - Vehicle-Batteries	$863.78
	6/8/2026	140022821		10-010-58900	58900 - Vehicle-Batteries	($168.00)
	6/8/2026	140022820	Replenish batteries	10-010-59050	59050 - Vehicle-Parts	$1,652.44
	6/15/2026	140022911	Replenish battery stock	10-010-58900	58900 - Vehicle-Batteries	$529.06
	6/22/2026	140023001	Replenish battery stock	10-010-58900	58900 - Vehicle-Batteries	$291.16

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				Total - INT104 IBS of Greater Conroe & Interstate Battery System		**$3,168.44**
ISI100 Isimulate, LLC	6/19/2026	201529647	iSimulate device purchase	10-009-57750	57750 - Small Equipment & Furniture	$23,735.55
					Total - ISI100 Isimulate, LLC	**$23,735.55**
JOH117 Johnson Supply	6/3/2026	09586201	Pelican Thermostats	10-016-55600	55600 - Maintenance & Repairs-Buildin	$893.47
	6/9/2026	09586466	Supplies for Station 32	10-016-55600	55600 - Maintenance & Repairs-Buildin	$345.34
					Total - JOH117 Johnson Supply	**$1,238.81**
JON100 Jalin Jones	6/3/2026	JON*06032026	WELLNESS - 06/04/2026	10-025-54350	54350 - Employee Health/Wellness	$25.00
					Total - JON100 Jalin Jones	**$25.00**
JPM100 JP Morgan Chase Bank	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-010-59050	59050 - Vehicle-Parts	$330.12
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-007-56100	56100 - Meeting Expenses	$514.82
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-001-53050	53050 - Computer Software	$126.26
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-006-53150	53150 - Conferences - Fees, Travel, &	$949.95
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-027-56100	56100 - Meeting Expenses	$43.94
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-007-58500	58500 - Training & Continuing Educatic	$495.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-002-57750	57750 - Small Equipment & Furniture	$2,431.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-004-57225	57225 - Radio-Parts	$236.66
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-009-52600	52600 - Books/Materials	$100.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-007-58700	58700 - Uniforms	$209.95
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-001-55900	55900 - Meals - Business and Travel	$156.94
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-015-53100	53100 - Computer Supplies/Non-Capita	$713.12
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-004-54100	54100 - Dues/Subscriptions	$9.99
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-000-14900	14900 - Prepaid Expenses	$1,337.32
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-009-56100	56100 - Meeting Expenses	$8,395.18
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-011-52300	52300 - Bank Charges	$93.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-047-54100	54100 - Dues/Subscriptions	$95.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-008-56300	56300 - Office Supplies	$111.30
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-042-58700	58700 - Uniforms	$2,496.84
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-026-53300	53300 - Contracted Services	$153.23
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-015-58800	58800 - Utilities	$162.38
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-010-59100	59100 - Vehicle-Registration	$32.25
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-015-53150	53150 - Conferences - Fees, Travel, &	$2,685.39
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-009-57750	57750 - Small Equipment & Furniture	$800.20
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-016-58800	58800 - Utilities	$399.67
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-011-57750	57750 - Small Equipment & Furniture	$64.97
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-015-58200	58200 - Telephones-Cellular	$585.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-005-56100	56100 - Meeting Expenses	$120.58
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-010-54100	54100 - Dues/Subscriptions	$65.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-009-54450	54450 - Employee Recognition	$447.34
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-008-57900	57900 - Station Supplies	$3,232.01
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-045-58500	58500 - Training & Continuing Educatic	$654.52
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-045-53150	53150 - Conferences - Fees, Travel, &	$654.52
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-001-53150	53150 - Conferences - Fees, Travel, &	$1,725.71

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	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-010-58600	58600 - Travel Expenses	$480.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-025-54350	54350 - Employee Health/Wellness	$423.42
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-016-57750	57750 - Small Equipment & Furniture	$269.28
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-027-53150	53150 - Conferences - Fees, Travel, &	$1,183.15
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-004-57900	57900 - Station Supplies	$19.64
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-001-57000	57000 - Printing Services	$6.80
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-016-55600	55600 - Maintenance & Repairs-Buildin	$2,937.61
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-015-57750	57750 - Small Equipment & Furniture	$117.18
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-025-54450	54450 - Employee Recognition	$1,332.03
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-016-57725	57725 - Shop Supplies	$926.43
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-008-56900	56900 - Postage	$465.89
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-015-53050	53050 - Computer Software	$1,581.81
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-008-58700	58700 - Uniforms	$557.95
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-011-53150	53150 - Conferences - Fees, Travel, &	$4,550.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-009-52700	52700 - Business Licenses	$764.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-007-54450	54450 - Employee Recognition	$7,614.35
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-045-53050	53050 - Computer Software	$0.99
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-006-58500	58500 - Training & Continuing Educatic	$35.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-015-57650	57650 - Repair-Equipment	$428.68
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-004-53150	53150 - Conferences - Fees, Travel, &	$1,590.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-004-55600	55600 - Maintenance & Repairs-Buildin	$359.98
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-047-54450	54450 - Employee Recognition	$75.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-045-54450	54450 - Employee Recognition	$450.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-027-57800	57800 - Special Events Supplies	$1,545.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-025-58500	58500 - Training & Continuing Educatic	$109.55
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	10-046-57750	57750 - Small Equipment & Furniture	$1,120.99
					Total - JPM100 JP Morgan Chase Bank	**$59,573.89**
						$82.02
KCK100 KC Keating, LLC Dba Keating Chevr	6/8/2026	100814	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$1,299.36
	6/9/2026	100861	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$3,135.49
	6/17/2026	101180	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$115.16
	6/19/2026	101399	Replacement parts Shop 630	10-010-59050	59050 - Vehicle-Parts	($47.25)
	6/29/2026	Credit Balance $47.25		10-010-59050	59050 - Vehicle-Parts	**$4,584.78**
					Total - KCK100 KC Keating, LLC Dba Keating Chevrolet	
						$664.21
KEY101 Key Performance Petroleum	6/1/2026	I205749-26	DEF Station 11	10-010-58950	58950 - Vehicle-Fluids & Additives	$5,566.17
	6/17/2026	I206436-26	Diesel Service Center	10-010-54700	54700 - Fuel-Auto	**$6,230.38**
					Total - KEY101 Key Performance Petroleum	
						$47.16
KOR100 Haylee Korp	6/3/2026	KOR*06032026	WELLNESS - 06/04/2026	10-025-54350	54350 - Employee Health/Wellness	**$47.16**
					Total - KOR100 Haylee Korp	
LAF104 Destiny Lafferty	6/17/2026	LAF*06172026	WELLNESS - 06/24/2026	10-025-54350	54350 - Employee Health/Wellness	$25.00
					Total - LAF104 Destiny Lafferty	**$25.00**

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LAK105 Lake South Water Supply Corporatio	6/22/2026	LS-1108 05/26/26	Station 45 04/21/26-05/19/26	10-016-58800	58800 - Utilities	$470.86
					Total - LAK105 Lake South Water Supply Corporation	**$470.86**
LAN110 Lange Distributing Company, Inc.	6/1/2026	010978	Acct# 005376/Station 13	10-008-57900	57900 - Station Supplies	$6.99
	6/1/2026	011315	Acct# 007346/Station 47	10-008-57900	57900 - Station Supplies	$6.99
	6/1/2026	010976	Acct# 005368/Station 43	10-008-57900	57900 - Station Supplies	$6.99
	6/1/2026	011314	Acct# 007345/Station 44	10-008-57900	57900 - Station Supplies	$6.99
	6/1/2026	011316	Acct# 007346/Station 46	10-008-57900	57900 - Station Supplies	$6.99
	6/8/2026	012320	Acct # 007345/Station 44	10-008-57900	57900 - Station Supplies	$25.97
	6/15/2026	013920	Acct# 007347/Station 46	10-008-57900	57900 - Station Supplies	$67.91
	6/17/2026	014445	Acct# 007346/Station 47	10-008-57900	57900 - Station Supplies	$46.94
	6/22/2026	015364	Acct# 005368/Station 43	10-008-57900	57900 - Station Supplies	$32.96
	6/26/2026	014340	Acct# 005376/Station 13	10-008-57900	57900 - Station Supplies	$67.91
					Total - LAN110 Lange Distributing Company, Inc.	**$276.64**
LIF102 Life-Assist, Inc.	6/1/2026	2129073	FRO Glove Allocation	10-008-53900	53900 - Disposable Medical Supplies	$3,645.00
	6/1/2026	2132996	Warehouse Restocking	10-009-54000	54000 - Drug Supplies	$108.00
	6/1/2026	2129801	Warehouse Restocking	10-009-54000	54000 - Drug Supplies	$324.00
	6/1/2026	2129801	Warehouse Restocking	10-008-53900	53900 - Disposable Medical Supplies	$1,251.20
	6/2/2026	2134556	Adult Defib Order	10-008-53900	53900 - Disposable Medical Supplies	$13,201.60
	6/5/2026	2137888	Restocking	10-008-53900	53900 - Disposable Medical Supplies	$20,858.50
	6/5/2026	2137888	Restocking	10-009-54000	54000 - Drug Supplies	$2,005.00
	6/9/2026	2138735	Restocking	10-008-53900	53900 - Disposable Medical Supplies	$625.60
	6/16/2026	2141134	Restocking	10-008-53900	53900 - Disposable Medical Supplies	$255.00
					Total - LIF102 Life-Assist, Inc.	**$42,273.90**
LIN107 Linebarger Goggan Blair & Sampson,	6/1/2026	EMMOR01 04/08/26	March 2026 Invoice	10-011-52900	52900 - Collection Fees	$13,189.13
	6/5/2026	EMMOR01 05/07/26	Monthly Invoice April 26	10-011-52900	52900 - Collection Fees	$17,525.10
					Total - LIN107 Linebarger Goggan Blair & Sampson, LLP	**$30,714.23**
LIQ100 Liquidspring LLC	6/9/2026	0087614-IN	Struts	10-010-59050	59050 - Vehicle-Parts	$1,370.00
					Total - LIQ100 Liquidspring LLC	**$1,370.00**
LIV102 Lively, Inc.	6/5/2026	LIV06052026	HSA Funding 06.05.2026	10-025-51700	51700 - Health & Dental	$3,399.96
	6/5/2026	LIV06052026B	Additional HSA Funding 06/05/2026	10-025-51700	51700 - Health & Dental	$1,133.32
	6/11/2026	1713899	Admin Fee for May 2026	10-025-53300	53300 - Contracted Services	$1,061.30
					Total - LIV102 Lively, Inc.	**$5,594.58**
LYT100 Lytx, Inc.	6/23/2026	INV-297101R	Annual renewal April-Mar	10-010-55650	55650 - Maintenance-Equipment	$40,848.00
					Total - LYT100 Lytx, Inc.	**$40,848.00**
MAP100 Jason Maples	6/18/2026	MAP*06182026	WELLNESS - 06/24/2026	10-025-54350	54350 - Employee Health/Wellness	$197.02
					Total - MAP100 Jason Maples	**$197.02**
MAR102 Enrigue Martinez	6/1/2026	MAR*06012026B	MILEAGE (04/26/2026 - 05/28/2026)	10-007-56200	56200 - Mileage Reimbursements	$20.23
	6/1/2026	MAR*06012026	WELLNESS - 06/02/2026	10-025-54350	54350 - Employee Health/Wellness	$75.00

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	6/1/2026	MAR*06012026C	WELLNESS - 06/03/2026	10-025-54350	54350 - Employee Health/Wellness	$75.00
					Total - MAR102 Enrigue Martinez	**$170.23**
MAR127 Martin, Cameron	6/24/2026	MAR*06242026	EXPENSE - Books/Materials	10-009-52600	52600 - Books/Materials	$60.00
					Total - MAR127 Martin, Cameron	**$60.00**
MAT145 Matrix Consulting Group, Ltd	6/9/2026	5	Fleet Consulting May 2026	10-010-53300	53300 - Contracted Services	$1,286.67
					Total - MAT145 Matrix Consulting Group, Ltd	**$1,286.67**
MCC103 Scott Mccully	6/11/2026	MCC*04272026	EXPENSE - NAVIGATOR 2026	10-045-53150	53150 - Conferences - Fees, Travel, &	$70.62
					Total - MCC103 Scott Mccully	**$70.62**
MCG154 Mcgriff Insurance Services Inc	6/16/2026	5774560	D&O Policy	10-001-54900	54900 - Insurance	$46,954.00
					Total - MCG154 Mcgriff Insurance Services Inc	**$46,954.00**
MCK113 Mckesson Medical-Surgical Governı	6/1/2026	25685957	PH Blood Tubes	10-008-53900	53900 - Disposable Medical Supplies	$55.68
					Total - MCK113 Mckesson Medical-Surgical Government Solutions LLC	**$55.68**
MED125 Medline Industries, Inc	6/11/2026	2430046403	Soft Collar Rollout	10-008-53900	53900 - Disposable Medical Supplies	$64.26
	6/17/2026	2430779470	Soft Collar Rollout	10-008-53900	53900 - Disposable Medical Supplies	$220.32
	6/26/2026	2432418363	Soft Collar Rollout	10-008-53900	53900 - Disposable Medical Supplies	$379.44
					Total - MED125 Medline Industries, Inc	**$664.02**
MEL100 Tatiana Melber	6/3/2026	MEL*06032026	WELLNESS - 06/04/2026	10-025-54350	54350 - Employee Health/Wellness	$200.00
					Total - MEL100 Tatiana Melber	**$200.00**
MET185 Metropolitan Life Insurance Compan	6/4/2026	90138384	Dental & Vision for Juane 2026	10-025-51700	51700 - Health & Dental	$30,097.42
					Total - MET185 Metropolitan Life Insurance Company	**$30,097.42**
MIC101 Michael Depasquale Dba No Pulse N	6/2/2026	260006	May Assistant MD Service	10-009-57100	57100 - Professional Fees	$21,376.00
					Total - MIC101 Michael Depasquale Dba No Pulse No Problem LLC	**$21,376.00**
MID105 Mid-South Synergy	6/11/2026	313046003 05/24/26	Station 47 water tap fee 04/24/26-05/24/26	10-016-58800	58800 - Utilities	$53.82
	6/11/2026	313046001 05/24/26	Station 45 04/24/26-05/24/26	10-016-58800	58800 - Utilities	$338.00
	6/11/2026	313046002 05/24/26	Station 46 04/24/26-05/24/26	10-016-58800	58800 - Utilities	$373.00
					Total - MID105 Mid-South Synergy	**$764.82**
MIL109 Miller Towing & Recovery, LLC	6/6/2026	26-15799	Mechanical Shop 59	10-010-59200	59200 - Vehicle-Towing	$460.00
	6/14/2026	26-15854	Mechanical Shop 53	10-010-59200	59200 - Vehicle-Towing	$430.00
					Total - MIL109 Miller Towing & Recovery, LLC	**$890.00**
MIL129 Milstead Automotive	6/9/2026	251532	Mechanical Issues Shop 56	10-010-59200	59200 - Vehicle-Towing	$218.13
					Total - MIL129 Milstead Automotive	**$218.13**
MISS100 Mission Critical Partners, LLC	6/9/2026	28180	Consult - Evaluation of Potential Radio Tower Site	10-004-57100	57100 - Professional Fees	$336.00
					Total - MISS100 Mission Critical Partners, LLC	**$336.00**

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MON136 Montgomery Central Appraisal Distr	6/1/2026	HMI 6/1/2026	3 QRTR MCAD Invoice 2026	10-001-53310	53310 - Contractual Obligations-County	$119,096.00
					Total - MON136 Montgomery Central Appraisal District	**$119,096.00**
MON2 Montgomery County ESD #2	6/10/2026	MON*06102026	Station 44 and 47 Rent for July 2026	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)	6/10/2026	MON*06102026	Station 46 Rent for July 2026	10-000-14900	14900 - Prepaid Expenses	$600.00
					Total - MON206 Montgomery County ESD#3 (Stn 46)	**$600.00**
MOR188 Morrison Plumbing Services, LLC	6/11/2026	100559	St 43 Backflow Repair	10-016-55600	55600 - Maintenance & Repairs-Buildin	$1,170.94
					Total - MOR188 Morrison Plumbing Services, LLC	**$1,170.94**
MUD100 Mud #39	6/11/2026	3021061 06/01/26	Station 20 04/30/26-05/31/26	10-016-58800	58800 - Utilities	$70.22
					Total - MUD100 Mud #39	**$70.22**
NAP100 Napa Auto Parts	6/1/2026	606175	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$805.60
	6/2/2026	606310	Replenish parts/supplies	10-010-57725	57725 - Shop Supplies	$550.58
	6/2/2026	606310	Replenish parts/supplies	10-010-59050	59050 - Vehicle-Parts	$87.80
	6/8/2026	606995	Replace DEF injector S54	10-010-59050	59050 - Vehicle-Parts	$297.01
	6/8/2026	606946	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$3,058.56
	6/22/2026	608642	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$788.28
	6/22/2026	608642	Replenish vehicle parts	10-010-58950	58950 - Vehicle-Fluids & Additives	$169.28
	6/22/2026	608642	Replenish vehicle parts	10-010-57725	57725 - Shop Supplies	$162.96
	6/25/2026	609130	Replenish shop supplies	10-010-57725	57725 - Shop Supplies	$1,580.36
	6/26/2026	609242	Replenish vehicle parts	10-010-59050	59050 - Vehicle-Parts	$1,280.07
	6/29/2026	609589	June BPO 2026	10-010-59050	59050 - Vehicle-Parts	$69.15
					Total - NAP100 Napa Auto Parts	**$8,849.65**
NEA104 Jordan Neal	6/1/2026	NEA*05272026	MILEAGE (05/27/2026 - 05/27/2026)	10-007-56200	56200 - Mileage Reimbursements	$18.85
					Total - NEA104 Jordan Neal	**$18.85**
NEW100 New London Technology, Inc.	6/1/2026	AL-0976	Amplifier SN 06427967	10-004-57200	57200 - Radio Repairs-Outsourced	$1,219.93
	6/1/2026	AL-0989	Amplifier SN 06428324	10-004-57200	57200 - Radio Repairs-Outsourced	$1,219.93
					Total - NEW100 New London Technology, Inc.	**$2,439.86**
NEW102 New Caney Mud	6/3/2026	1042826200 05/29/26	Station 30 04/18/26-05/18/26	10-016-58800	58800 - Utilities	$52.48
					Total - NEW102 New Caney Mud	**$52.48**
NIE102 Zane Niemand	6/8/2026	NIE*06082026	WELLNESS - 06/08/2026	10-025-54350	54350 - Employee Health/Wellness	$25.00
					Total - NIE102 Zane Niemand	**$25.00**
NOR101 Montgomery County ESD #1 (Stn 12,	6/10/2026	NOR*06102026	Station 12 and 16 Rent for July 2026	10-000-14900	14900 - Prepaid Expenses	$3,000.00
					Total - NOR101 Montgomery County ESD #1 (Stn 12,13,16)	**$3,000.00**
NSC148 Northern Safety Co, Inc	6/12/2026	907680518	NSI RX Safety Eyewear M. Blackwell May 2026	10-007-58700	58700 - Uniforms	$275.00

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	6/12/2026	907680522	NSI RX Safety Eyewear L. George May 2026	10-007-58700	58700 - Uniforms	$250.00
	6/12/2026	907680520	NSI RX Safety Eyewear - B. Braswell May 2026	10-007-58700	58700 - Uniforms	$150.00
	6/12/2026	907680519	NSI RX Safety Eyewear E. Trumble May 2026	10-007-58700	58700 - Uniforms	$150.00
	6/12/2026	907680521	NSI RX Safety Eyewear A. Lapinskie May 2026	10-007-58700	58700 - Uniforms	$150.00
					Total - NSC148 Northern Safety Co, Inc	**$975.00**
OCO102 Ocon, Ashlyn	6/3/2026	OCO*02122026	TUITION - 06/02/2026	10-025-58625	58625 - Tuition Reimbursement	$316.80
					Total - OCO102 Ocon, Ashlyn	**$316.80**
OCS100 Optimum Computer Solutions, Inc.	6/1/2026	124106	OCS Service Labor 5/4/26	10-015-53300	53300 - Contracted Services	$13,687.50
	6/1/2026	124281	OCS Service Labor 5/25/26	10-015-53300	53300 - Contracted Services	$10,987.50
	6/1/2026	124108	OCS Service Labor 5/18/26	10-015-53300	53300 - Contracted Services	$11,137.50
	6/1/2026	124107	OCS Service Labor 5/11/26	10-015-53300	53300 - Contracted Services	$12,787.50
	6/3/2026	124310	ManageEngine OpManager	10-015-53050	53050 - Computer Software	$21,950.00
	6/7/2026	124429	OCS Service Labor 6/1/26	10-015-53300	53300 - Contracted Services	$12,750.00
	6/14/2026	124430	OCS Service Labor 6/8/26	10-015-53300	53300 - Contracted Services	$11,212.50
	6/25/2026	124453	ManageEngine - CAD	10-015-53050	53050 - Computer Software	$4,830.00
					Total - OCS100 Optimum Computer Solutions, Inc.	**$99,342.50**
OPT100 Optiquest Internet Services, Inc.	6/1/2026	90144	DUO MFA Licenses	10-015-53050	53050 - Computer Software	$153.00
	6/1/2026	90145	Barracuda 21 Add'l Users	10-015-53050	53050 - Computer Software	$52.50
	6/1/2026	90142	Parallels & Domotz Fees	10-015-53050	53050 - Computer Software	$492.70
					Total - OPT100 Optiquest Internet Services, Inc.	**$698.20**
ORR154 ORR Protection Systems, Inc	6/1/2026	IN-0078184	Reactivated System	10-016-55600	55600 - Maintenance & Repairs-Buildin	$615.00
	6/1/2026	IN-0078383	Disabling of Fire Alarm	10-016-55600	55600 - Maintenance & Repairs-Buildin	$615.00
					Total - ORR154 ORR Protection Systems, Inc	**$1,230.00**
PAN100 Panorama, City of	6/3/2026	1020159006 05/27/26	Station 14 04/20/26-05/20/26	10-016-58800	58800 - Utilities	$87.77
					Total - PAN100 Panorama, City of	**$87.77**
PAU100 Paige Paulk	6/24/2026	PAU*06242026	Field employee of the month - June 2026	10-025-54450	54450 - Employee Recognition	$100.00
					Total - PAU100 Paige Paulk	**$100.00**
PBI100 Pitney Bowes Inc (Pob 371874)Postag	6/3/2026	04765611 04/16/26	Postage refill-04.16.2026	10-008-56900	56900 - Postage	$1,000.00
	6/3/2026	04765611 05/05/26	Refill Mail Postage	10-008-56900	56900 - Postage	$1,024.75
					Total - PBI100 Pitney Bowes Inc (Pob 371874)Postage	**$2,024.75**
PER101 Performance Tinters	6/10/2026	42967	Tint for New Shop 601	10-010-59000	59000 - Vehicle-Outside Services	$90.00
					Total - PER101 Performance Tinters	**$90.00**
PIN100 Zoll Data Systems	6/1/2026	INV00227952	Monthly Invoice- 6.2026	10-011-53300	53300 - Contracted Services	$10,501.31
					Total - PIN100 Zoll Data Systems	**$10,501.31**
PIR100 Elizabeth Piron	6/12/2026	PIR*06122026	Unclaimed property escheated to customer from H	10-025-51700	51700 - Health & Dental	$136.78
	6/30/2026	PIR*06302026	5 years of service	10-025-54450	54450 - Employee Recognition	$100.00

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					Total - PIR100 Elizabeth Piron	**$236.78**
PRA100 Cody Prajak	6/3/2026	PRA*05172026C	EXPENSE - Training & Continuing Education	10-007-58500	58500 - Training & Continuing Educatic	$101.74
					Total - PRA100 Cody Prajak	**$101.74**
PRE100 Precision Medical Inc.	6/3/2026	0000856972	DME Restock-Coupler	10-008-54200	54200 - Durable Medical Equipment	$2,214.99
					Total - PRE100 Precision Medical Inc.	**$2,214.99**
PRE112 Ashley Peachee	6/30/2026	PRE*06302026	10 years of service	10-025-54450	54450 - Employee Recognition	$200.00
					Total - PRE112 Ashley Peachee	**$200.00**
PSL167 PS Lightwave, Inc Dba Pure Speed Li	6/10/2026	51922	July 2026	10-015-58310	58310 - Telephones-Service	$3,408.04
	6/10/2026	51923	Station 31 07/01/26-07/31/26	10-015-58310	58310 - Telephones-Service	$714.07
					Total - PSL167 PS Lightwave, Inc Dba Pure Speed Lightwave	**$4,122.11**
PVW160 PVW Services	6/3/2026	55209968	Lawn Services Agreement RFP No. FY2023-016-(	10-016-53330	53330 - Contractual Obligations-Other	$6,423.00
					Total - PVW160 PVW Services	**$6,423.00**
REA101 PRIMO BRANDS dba BLUETRITON B	6/2/2026	26E6712034537	Station 12 05/01/26-05/31/26	10-008-57900	57900 - Station Supplies	$3.56
	6/10/2026	06F6711586430	Station 16 05/09/26-06/08/26	10-008-57900	57900 - Station Supplies	$100.53
	6/12/2026	06F6708394304	Station 41 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$26.79
	6/12/2026	06F6708394258	Station 40 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$61.59
	6/12/2026	06F6708394229	Station 27 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$26.79
	6/12/2026	06F6708394233	Station 30 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$32.59
	6/12/2026	06F6708394151	Admin - Room 208 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$107.99
	6/12/2026	06F6708394221	Station 24 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$38.39
	6/12/2026	06F6708394241	Station 32 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$49.99
	6/12/2026	06F6708394250	Station 34 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$15.19
	6/12/2026	06F6708394255	Station 35 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$15.19
	6/12/2026	06F6708394237	Station 31 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$18.48
	6/12/2026	06F6708577782	Admin - Suite 350 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$15.16
	6/12/2026	06F6708394210	Station 22 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$15.19
	6/12/2026	06F6708394198	Station 21 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$32.59
	6/12/2026	06F6708394113	Station 10 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$49.99
	6/12/2026	06F6708394307	Station 42 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$26.79
	6/12/2026	06F6708894383	EMS - Suite 250 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$63.80
	6/12/2026	06F6708394193	Station 20 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$61.59
	6/12/2026	06F6708394309	Station 45 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$15.49
	6/12/2026	06F6708394225	Station 25 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$47.48
	6/12/2026	06F6708394182	Station 15 05/11/26-06/10/26	10-008-57900	57900 - Station Supplies	$15.19
	6/12/2026	06F6708394247	Station 33 0511/26-06/10/26	10-008-57900	57900 - Station Supplies	$26.79
	6/12/2026	06F6708403397	Service Center - 1st Fl Breakroom 05/11/26-06/10	10-008-57900	57900 - Station Supplies	$35.88
	6/16/2026	06F6712034537	Station 12 05/13/26-06/12/26	10-008-57900	57900 - Station Supplies	$23.20
	6/18/2026	06F6708579806	Admin - 1st Floor	10-008-57900	57900 - Station Supplies	$99.38
	6/18/2026	06F6708577775	Admin - Suite 340	10-008-57900	57900 - Station Supplies	$17.40
	6/20/2026	06F6708394140	Station 11 05/19/26-06/18/26	10-008-57900	57900 - Station Supplies	$76.48

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	6/20/2026	06F6708394166	Station 14 05/19/26-06/18/26	10-008-57900	57900 - Station Supplies	$15.19
					Total - REA101 PRIMO BRANDS dba BLUETRITON BRANDS INC	**$1,134.67**
RED109 Allison Redmond	6/3/2026	RED*05262026B	EXPENSE - Training & Continuing Education	10-007-58500	58500 - Training & Continuing Educatic	$102.94
	6/3/2026	RED*05262026	EXPENSE - Training & Continuing Education	10-007-58500	58500 - Training & Continuing Educatic	$95.00
					Total - RED109 Allison Redmond	**$197.94**
RED160 Redwood Software International, Inc	6/1/2026	0052090	Cerberus FTP Server	10-015-53050	53050 - Computer Software	$8,247.00
					Total - RED160 Redwood Software International, Inc.	**$8,247.00**
REL100 Reliant Energy	6/11/2026	205001082770	Station 27 05/04/26-06/03/26	10-016-58800	58800 - Utilities	$465.53
	6/11/2026	307003710264	Station 40 05/05/26-06/04/26	10-016-58800	58800 - Utilities	$730.05
	6/11/2026	341001536570	Magnolia Tower 05/05/26-06/04/26	10-004-58800	58800 - Utilities	$565.17
	6/11/2026	397000983324	Station 41 05/07/26-06/08/26	10-016-58800	58800 - Utilities	$513.17
	6/23/2026	165004110903	Station 40 Outdoor lighting 05/06/26-06/05/26	10-016-58800	58800 - Utilities	$107.46
	6/23/2026	341001536569	Magnolia security lighting 05/05/26-06/04/26	10-004-58800	58800 - Utilities	$326.29
					Total - REL100 Reliant Energy	**$2,707.67**
REV101 Revspring, Inc.	6/8/2026	INV1449118	Monthly Invoice Bill Bridge	10-011-53300	53300 - Contracted Services	$13,548.32
					Total - REV101 Revspring, Inc.	**$13,548.32**
ROD120 Kayla Rodriguez	6/1/2026	ROD*03132026	TUITION - 06/04/2026	10-025-58625	58625 - Tuition Reimbursement	$1,021.60
					Total - ROD120 Kayla Rodriguez	**$1,021.60**
ROG100 Rogue Waste Recovery & Environme	6/1/2026	39500A	Waste Oil Removal Apr 2026	10-010-54800	54800 - Hazardous Waste Removal	$90.00
	6/22/2026	41510A	Used Oil Removal 6/18/2026	10-010-54800	54800 - Hazardous Waste Removal	$154.50
					Total - ROG100 Rogue Waste Recovery & Environmental, Inc	**$244.50**
RUS102 Rushing, Jonathan	6/1/2026	RUS*01062026	TUITION - 06/04/2026	10-025-58625	58625 - Tuition Reimbursement	$1,189.60
					Total - RUS102 Rushing, Jonathan	**$1,189.60**
SAD100 Daniel Sada	6/2/2026	SAD*06022026	MILEAGE (05/31/2026 - 05/31/2026)	10-007-56200	56200 - Mileage Reimbursements	$10.15
					Total - SAD100 Daniel Sada	**$10.15**
SAF110 S.A.F.E. Drug Testing	6/1/2026	116141502	Drug Testing Service	10-025-57300	57300 - Recruit/Investigate	$3,900.00
					Total - SAF110 S.A.F.E. Drug Testing	**$3,900.00**
SAL100 Daisy Saldana	6/25/2026	SAL*06252026	EXPENSE - Books/Materials	10-009-52600	52600 - Books/Materials	$44.72
					Total - SAL100 Daisy Saldana	**$44.72**
SER102 Richard Serra	6/1/2026	SER*06012026	MILEAGE (06/01/2026 - 06/01/2026)	10-009-56200	56200 - Mileage Reimbursements	$17.40
					Total - SER102 Richard Serra	**$17.40**
SER107 Server Supply, Inc.	6/5/2026	4523026	SFP Restock	10-015-53100	53100 - Computer Supplies/Non-Capita	$655.50
					Total - SER107 Server Supply, Inc.	**$655.50**

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SHI101 SHI Government Solutions, Inc.	6/3/2026	GB00591901	iPad Pro N. Tobin	10-009-57750	57750 - Small Equipment & Furniture	$1,888.03
	6/4/2026	GB00591984	iPad Pro N. Tobin	10-009-57750	57750 - Small Equipment & Furniture	$126.00
	6/9/2026	GB00592209	HPE Laptop	10-009-57750	57750 - Small Equipment & Furniture	$331.63
	6/16/2026	GB00592656	Monitor Restock	10-015-53100	53100 - Computer Supplies/Non-Capita	$498.00
	6/23/2026	GB00593312	HPE Warranty - Phone Sys.	10-015-53000	53000 - Computer Maintenance	$6,479.04
					Total - SHI101 SHI Government Solutions, Inc.	**$9,322.70**
SHI160 Kim Shirley	6/11/2026	SHI*06102026	WELLNESS - 06/11/2026	10-025-54350	54350 - Employee Health/Wellness	$21.00
					Total - SHI160 Kim Shirley	**$21.00**
SHR100 Shred-It Usa LLC	6/18/2026	8014345310	FY26 BPO - Stericycle/Shred-It	10-026-56500	56500 - Other Services	$330.06
					Total - SHR100 Shred-It Usa LLC	**$330.06**
SNI100 Snider Tire, Inc dba Snider Fleet Solu	6/19/2026	2062123	Replenish tire stock	10-010-59150	59150 - Vehicle-Tires	$6,363.36
					Total - SNI100 Snider Tire, Inc dba Snider Fleet Solutions	**$6,363.36**
SOU105 Montgomery County ESD #8, Stn 21/	6/10/2026	SOU*06102026	Station 21 and 22 Rent for July 2026	10-000-14900	14900 - Prepaid Expenses	$3,000.00
					Total - SOU105 Montgomery County ESD #8, Stn 21/22	**$3,000.00**
SPL124 Splendora, City of	6/17/2026	06-3703-01 05/27/26	Station 31 04/25/26-05/26/26	10-016-58800	58800 - Utilities	$24.68
					Total - SPL124 Splendora, City of	**$24.68**
STA100 Stanley Lake M.U.D.	6/12/2026	00009834 06/02/26	Station 43 04/30/26-05/29/29	10-016-58800	58800 - Utilities	$37.63
	6/12/2026	00009836 06/02/26	Station 43 04/30/26-05/29/29	10-016-58800	58800 - Utilities	$9.07
					Total - STA100 Stanley Lake M.U.D.	**$46.70**
STA129 Staples Advantage	6/1/2026	6065091664	Warehouse Restock	10-008-57900	57900 - Station Supplies	$318.28
	6/30/2026	6067504983	WHSE Restock	10-008-56300	56300 - Office Supplies	$551.88
	6/30/2026	6067504981	Warehouse Restock	10-008-56300	56300 - Office Supplies	$330.01
	6/30/2026	6067504982	Warehouse Restock	10-008-57900	57900 - Station Supplies	$224.52
	6/30/2026	6067504981	Warehouse Restock	10-008-57900	57900 - Station Supplies	$377.08
	6/30/2026	6067504982	Warehouse Restock	10-008-56300	56300 - Office Supplies	$392.40
					Total - STA129 Staples Advantage	**$2,194.17**
STE104 Stericycle, Inc	6/25/2026	8014413100	FY26 BPO - Stericycle (Waste)	10-008-52500	52500 - Bio-Waste Removal	$5,496.18
					Total - STE104 Stericycle, Inc	**$5,496.18**
STE107 Stewart Organization Inc.	6/1/2026	2683892	Stewart 4/25/26-5/24/26	10-015-55400	55400 - Leases/Contracts	$1,097.22
	6/30/2026	2697250	Copier Meter Charges	10-015-55400	55400 - Leases/Contracts	$937.79
					Total - STE107 Stewart Organization Inc.	**$2,035.01**
STI103 Stibbs & Co. P.C.	6/1/2026	44457	HR Legal Services	10-001-55500	55500 - Legal Fees	$1,376.26
	6/1/2026	44955	HR Legal Services	10-001-55500	55500 - Legal Fees	$1,408.89
					Total - STI103 Stibbs & Co. P.C.	**$2,785.15**
STR128 Stryker	6/1/2026	9212457242	DME Restock	10-008-54200	54200 - Durable Medical Equipment	$2,122.80

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	6/10/2026	9212546103	DME Restock	10-008-54200	54200 - Durable Medical Equipment	$4,932.90
	6/17/2026	9212603621	DME Restock	10-008-54200	54200 - Durable Medical Equipment	$12,196.80
					Total - STR128 Stryker	**$19,252.50**
SWA101 Alicia Swain	6/2/2026	SWA*06022026	WELLNESS - 06/02/2026	10-025-54350	54350 - Employee Health/Wellness	$25.00
					Total - SWA101 Alicia Swain	**$25.00**
TAY101 Taylor Healthcare Products, Inc	6/3/2026	INV18054	Mega Movers -Restock	10-008-53800	53800 - Disposable Linen	$4,400.00
					Total - TAY101 Taylor Healthcare Products, Inc	**$4,400.00**
TEL175 Teleflex LLC	6/8/2026	9511684833	Restocking - Arrow EZ-IO	10-008-53900	53900 - Disposable Medical Supplies	$30,350.00
					Total - TEL175 Teleflex LLC	**$30,350.00**
TEX101 Texas Water Utilities	6/9/2026	102300476511	Station 27 04/23/26-05/21/26	10-016-58800	58800 - Utilities	$317.38
					Total - TEX101 Texas Water Utilities	**$317.38**
TEX124 Texas Comptroller of Public Account	6/24/2026	1008672	Unclaimed property payment	10-001-56500	56500 - Other Services	$904.62
					Total - TEX124 Texas Comptroller of Public Accounts	**$904.62**
TOB100 Nicholas Tobin	6/1/2026	TOB*02092026	TUITION - 06/04/2026	10-025-58625	58625 - Tuition Reimbursement	$3,224.00
					Total - TOB100 Nicholas Tobin	**$3,224.00**
TOL100 Caleb Toll	6/25/2026	TOL*06252026	MILEAGE (06/24/2026 - 06/24/2026)	10-007-56200	56200 - Mileage Reimbursements	$16.68
					Total - TOL100 Caleb Toll	**$16.68**
TRA150 Transunion Risk & Alternative Datas	6/1/2026	6130832-202605-1	FY26 BPO Monthly service fee for HCAP backgro	10-002-53300	53300 - Contracted Services	$330.00
					Total - TRA150 Transunion Risk & Alternative Datasolutions, Inc.	**$330.00**
TRI109 Centralsquare Company-Tritech Softv	6/1/2026	464649	ESD1 MDC Licenses	10-015-53075	53075 - Computer Software - MDC Firs	$600.00
					Total - TRI109 Centralsquare Company-Tritech Software Systems	**$600.00**
TRI111 Ray Mart, Inc.Dba Tri-Supply Co	6/8/2026	CON0002054284-001	Refrigerator for Station 40 & Stock	10-016-57750	57750 - Small Equipment & Furniture	$2,410.00
	6/8/2026	CON0002055924-001	Refrigerator for Stock	10-016-57750	57750 - Small Equipment & Furniture	$1,205.00
					Total - TRI111 Ray Mart, Inc.Dba Tri-Supply Co	**$3,615.00**
TRO100 Trophy House	6/1/2026	007550	Grice - Member Plaque	10-025-54450	54450 - Employee Recognition	$189.00
	6/1/2026	007664	Trethewey Reunion	10-009-54450	54450 - Employee Recognition	$135.00
	6/11/2026	007857	Plastic Name Plate	10-008-56300	56300 - Office Supplies	$32.00
	6/16/2026	007878	Webb - Reunion	10-009-54450	54450 - Employee Recognition	$135.00
					Total - TRO100 Trophy House	**$491.00**
TRU100 Trugreen	6/19/2026	227331178	Veg. Control - Magnolia	10-004-55600	55600 - Maintenance & Repairs-Buildin	$485.22
	6/19/2026	227343459	Veg. Control - Thompson Rd	10-004-55600	55600 - Maintenance & Repairs-Buildin	$360.44
	6/19/2026	227311625	Veg. Control - Robinson Rd	10-004-55600	55600 - Maintenance & Repairs-Buildin	$360.42
					Total - TRU100 Trugreen	**$1,206.08**

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TWR100 TWR Lighting, Inc	6/1/2026	0198812-IN	Service Call to Repair Lighting at LC Tower	10-004-57100	57100 - Professional Fees	$1,250.00
					Total - TWR100 TWR Lighting, Inc	**$1,250.00**
ULI100 Uline, Inc.	6/11/2026	209237979	Labels	10-009-56300	56300 - Office Supplies	$214.99
					Total - ULI100 Uline, Inc.	**$214.99**
VAL152 Valvoline LLC	6/12/2026	97490	State Inspection Shop 605	10-010-59100	59100 - Vehicle-Registration	$18.50
	6/12/2026	97485	State Inspection Shop 606	10-010-59100	59100 - Vehicle-Registration	$18.50
	6/12/2026	97497	State Inspection Shop 619	10-010-59100	59100 - Vehicle-Registration	$18.50
					Total - VAL152 Valvoline LLC	**$55.50**
VEL107 Velocity Business Products, LLC	6/1/2026	VBP9454	Budgeted chairs	10-008-57750	57750 - Small Equipment & Furniture	$1,689.72
					Total - VEL107 Velocity Business Products, LLC	**$1,689.72**
VER103 Ethics Unlimited, LLC DBA Verify Co	6/10/2026	VC-166825	Invoice # VC-166825	10-026-53300	53300 - Contracted Services	$346.71
					Total - VER103 Ethics Unlimited, LLC DBA Verify Comply	**$346.71**
VER104 Verizon Wireless (POB 660108)	6/9/2026	6145707537	May 10 - June 09, 2026	10-010-58200	58200 - Telephones-Cellular	$112.39
	6/9/2026	6145707537	May 10 - June 09, 2026	10-042-58200	58200 - Telephones-Cellular	$94.40
	6/9/2026	6145707537	May 10 - June 09, 2026	10-047-58200	58200 - Telephones-Cellular	$74.40
	6/9/2026	6145707537	May 10 - June 09, 2026	10-045-58200	58200 - Telephones-Cellular	$169.59
	6/9/2026	6145707537	May 10 - June 09, 2026	10-015-58200	58200 - Telephones-Cellular	$1,940.27
	6/9/2026	6145707537	May 10 - June 09, 2026	10-002-58200	58200 - Telephones-Cellular	$151.60
	6/9/2026	6145707537	May 10 - June 09, 2026	10-025-58200	58200 - Telephones-Cellular	$148.80
	6/9/2026	6145707537	May 10 - June 09, 2026	10-004-58200	58200 - Telephones-Cellular	$301.98
	6/9/2026	6145707537	May 10 - June 09, 2026	10-008-58200	58200 - Telephones-Cellular	$186.00
	6/9/2026	6145707537	May 10 - June 09, 2026	10-011-58200	58200 - Telephones-Cellular	$74.40
	6/9/2026	6145707537	May 10 - June 09, 2026	10-009-58200	58200 - Telephones-Cellular	$280.40
	6/9/2026	6145707537	May 10 - June 09, 2026	10-005-58200	58200 - Telephones-Cellular	$111.60
	6/9/2026	6145707537	May 10 - June 09, 2026	10-016-58200	58200 - Telephones-Cellular	$483.56
	6/9/2026	6145707537	May 10 - June 09, 2026	10-007-58200	58200 - Telephones-Cellular	$6,701.14
	6/9/2026	6145707537	May 10 - June 09, 2026	10-006-58200	58200 - Telephones-Cellular	$168.80
	6/9/2026	6145707537	May 10 - June 09, 2026	10-039-58200	58200 - Telephones-Cellular	$209.59
	6/9/2026	6145707537	May 10 - June 09, 2026	10-001-58200	58200 - Telephones-Cellular	$211.54
	6/9/2026	6145707537	May 10 - June 09, 2026	10-027-58200	58200 - Telephones-Cellular	$134.40
					Total - VER104 Verizon Wireless (POB 660108)	**$11,554.86**
VFI105 VFIS of Texas / Regnier & Associates	6/12/2026	25010	BPO FY2026-Auto Insur.	10-001-54900	54900 - Insurance	$76,654.00
					Total - VFI105 VFIS of Texas / Regnier & Associates	**$76,654.00**
VIA100 Viavi Solutions, Inc.	6/1/2026	2941252929	Control Channel Logger for 3920 Aeroflex	10-004-53050	53050 - Computer Software	$4,052.00
					Total - VIA100 Viavi Solutions, Inc.	**$4,052.00**
WAS107 Waste Management of Texas	6/5/2026	5926536-1792-4	Various stations 06/01/26-06/30/26	10-016-58800	58800 - Utilities	$2,970.28
	6/5/2026	5926844-1792-2	Station 41 06/01/26-06/30/26	10-016-58800	58800 - Utilities	$230.70
	6/5/2026	5927193-1792-3	Station 27 06/01/26-06/30/26	10-016-58800	58800 - Utilities	$219.61

Montgomery County Hospital District
Expense Allocation Report
Board Meeting 07/28/2026 Paid Invoices

Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
	6/5/2026	5926842-1792-6	Station 43 06/01/26-06/30/26	10-016-58800	58800 - Utilities	$234.12
	6/5/2026	5927125-1792-5	Station 14 06/01/26-06/30/26	10-016-58800	58800 - Utilities	$54.23
	6/24/2026	1471721-1792-0	Service center - Delivery 40 YD	10-016-58800	58800 - Utilities	$465.84
					Total - WAS107 Waste Management of Texas	**$4,174.78**
WAY100 Waytek, Inc.	6/23/2026	4063507	Replenish shop supplies	10-010-57725	57725 - Shop Supplies	$758.91
					Total - WAY100 Waytek, Inc.	**$758.91**
WES109 Westwood N. Water Supply	6/30/2026	1885 06/30/26	Station 27 2" Fire Meter 05/22/26-06/22/26	10-016-58800	58800 - Utilities	$233.62
					Total - WES109 Westwood N. Water Supply	**$233.62**
WIL117 Misti Willingham	6/2/2026	WIL*06022026	MILEAGE (06/01/2026 - 06/01/2026)	10-001-56200	56200 - Mileage Reimbursements	$21.32
	6/17/2026	WIL*06172026	MILEAGE (06/09/2026 - 06/09/2026)	10-001-56200	56200 - Mileage Reimbursements	$27.55
					Total - WIL117 Misti Willingham	**$48.87**
WIL121 Wilkins Linen & Dust Control Service	6/11/2026	466809	Bi-Monthly Laundry Service	10-10-55100	55100 - Laundry Service & Purchase	$89.81
					Total - WIL121 Wilkins Linen & Dust Control Service	**$89.81**
WIN156 Winzer Franchise Company	6/8/2026	4008035	Replenish shop supplies	10-010-57725	57725 - Shop Supplies	$458.39
	6/25/2026	4128979	Replenish shop supplies	10-010-57725	57725 - Shop Supplies	$82.93
					Total - WIN156 Winzer Franchise Company	**$541.32**
WOL105 Shannon Woleben	6/11/2026	WOL*06112026	WELLNESS - 06/11/2026	10-025-54350	54350 - Employee Health/Wellness	$25.00
					Total - WOL105 Shannon Woleben	**$25.00**
WOO101 The Woodlands Township	6/10/2026	WOO*06102026	Station 23,24,25 Rent for July 2026	10-000-14900	14900 - Prepaid Expenses	$3,000.00
					Total - WOO101 The Woodlands Township	**$3,000.00**
XIE100 Claire Xie	6/1/2026	XIE*01072026	TUITION - 06/04/2026	10-025-58625	58625 - Tuition Reimbursement	$2,101.10
					Total - XIE100 Claire Xie	**$2,101.10**
ZOL200 Zoll Medical Corporation	6/1/2026	4399233	Non bid items due to contract issues	10-008-53900	53900 - Disposable Medical Supplies	$1,685.25
	6/1/2026	4494834	Repair on ZVENT	10-008-57650	57650 - Repair-Equipment	$4,708.00
	6/1/2026	4494833	DME Repair- X Series Monitor	10-008-57650	57650 - Repair-Equipment	$3,531.00
	6/1/2026	4498952	Warehouse Restock	10-008-53900	53900 - Disposable Medical Supplies	$11,934.75
	6/25/2026	4459780	DME Restock	10-008-54200	54200 - Durable Medical Equipment	$12,709.46
					Total - ZOL200 Zoll Medical Corporation	**$34,568.46**
					Total	**$1,882,145.35**

CAPITAL PURCHASES

Vendor Name	Invoice Date	Invoice No.	Invoice Description	Account No.	Account Description	Amount
CHA123 Chamberlin Houston, LLC D	6/1/2026	2610-1265	Sealing&Pressure Wash-SC	10-016-59700	59700 - Capital Purchase-Building/Improvements	$21,668.00
					Total - CHA123 Chamberlin Houston, LLC Dba Chamberlin Roofing and Waterproo	**$21,668.00**
DAI100 Dailey Wells Communicatior	6/1/2026	25CC103005	Dispatch Console Hardware Replacement	10-004-59720	59720 - Capital Purchase-Equipment	$291,501.14
	6/5/2026	25BP092601	E-Monitoring service	10-004-59720	59720 - Capital Purchase-Equipment	$2,126,892.31
					Total - DAI100 Dailey Wells Communication Inc.	**$2,418,393.45**
FOS101 Foster Fence Ltd	6/1/2026	140300	Replacement for NXT PO #72501	10-004-59720	59720 - Capital Purchase-Equipment	$31,985.25
					Total - FOS101 Foster Fence Ltd	**$31,985.25**
GRI104 Griffins Door Services LLC	6/1/2026	2026-031	Replacement Bay Door Station 31	10-016-59700	59700 - Capital Purchase-Building/Improvements	$11,455.00
					Total - GRI104 Griffins Door Services LLC	**$11,455.00**
JPM100 JP Morgan Chase Bank	6/11/2026	0003 6741 06.05	June Credit Card Transactions	10-004-59720	59720 - Capital Purchase-Equipment	$2,354.39
					Total - JPM100 JP Morgan Chase Bank	**$2,354.39**
KAH100 Kahl AC, Heating & Refrige	6/1/2026	260400841	Replace (1 of 3) A/C Units at Station 20	10-016-59720	59720 - Capital Purchase-Equipment	$16,941.00
					Total - KAH100 Kahl AC, Heating & Refrigeration, Inc.	**$16,941.00**
LAW106 Law Construction & Consu	6/24/2026	LAW06242026	EMS 46 & Station 11 Renovation	10-016-59700	59700 - Capital Purchase-Building/Improvements	$126,499.05
					Total - LAW106 Law Construction & Consulting, LLC Dba Jacob Pillion Sole Mb	**$126,499.05**
LON104 LSE Contractors, LLC	6/15/2026	14379	Station 32 ARC Flash Study	10-016-59700	59700 - Capital Purchase-Building/Improvements	$3,750.00
					Total - LON104 LSE Contractors, LLC	**$3,750.00**
QUI102 Quiddity Engineering, LLC D	6/1/2026	ARIV1055564	Boundary and Topo Survey - 809 W Seman	10-016-59700	59700 - Capital Purchase-Building/Improvements	$7,500.00
					Total - QUI102 Quiddity Engineering, LLC Dba Jones & Carter, Inc.	**$7,500.00**
TRY160 Trystar, LLC	6/3/2026	228691	Trystar Box for Station 48	10-016-59720	59720 - Capital Purchase-Equipment	$25,100.00
					Total - TRY160 Trystar, LLC	**$25,100.00**
WAL190 Walker Consultants, Inc.	6/1/2026	250034910001	Property Condition Assessment - 200 Kenne	10-016-59700	59700 - Capital Purchase-Building/Improvements	$9,500.00
					Total - WAL190 Walker Consultants, Inc.	**$9,500.00**
ZOL200 Zoll Medical Corporation	6/1/2026	3262569	Zoll X-Series monitor/defibrillator - year 6 pri	10-008-59720	59720 - Capital Purchase-Equipment	$333,846.51
					Total - ZOL200 Zoll Medical Corporation	**$333,846.51**
					Total	**$3,008,992.65**

Account Summary

Fund	Department	Account	Total
10 - General	000 - Balance Sheet	14100 - A/R-EMS Billings	$34,708.92
10 - General	000 - Balance Sheet	14900 - Prepaid Expenses	$18,625.32
10 - General	001 - Administration	53050 - Computer Software	$126.26
10 - General	001 - Administration	53150 - Conferences - Fees, Travel, & Meals	$1,725.71
10 - General	001 - Administration	53310 - Contractual Obligations-County Appraisal	$119,096.00
10 - General	001 - Administration	54900 - Insurance	$123,608.00
10 - General	001 - Administration	55500 - Legal Fees	$10,967.65
10 - General	001 - Administration	55900 - Meals - Business and Travel	$156.94
10 - General	001 - Administration	56200 - Mileage Reimbursements	$48.87
10 - General	001 - Administration	56500 - Other Services	$904.62
10 - General	001 - Administration	57000 - Printing Services	$6.80
10 - General	001 - Administration	58200 - Telephones-Cellular	$211.54
10 - General	002 - HCAP	53050 - Computer Software	$12,951.27
10 - General	002 - HCAP	53300 - Contracted Services	$330.00
10 - General	002 - HCAP	55700 - Management Fees	$4,888.18
10 - General	002 - HCAP	56100 - Meeting Expenses	$148.46
10 - General	002 - HCAP	57750 - Small Equipment & Furniture	$2,431.00
10 - General	002 - HCAP	58200 - Telephones-Cellular	$151.60
10 - General	004 - Radio / Tower System	53300 - Contracted Services	$11,318.23
10 - General	004 - Radio / Tower System	57100 - Professional Fees	$4,900.00
10 - General	004 - Radio / Tower System	57725 - Shop Supplies	$183.00
10 - General	004 - Radio / Tower System	59720 -	$2,418,393.45
10 - General	004 - Radio / Tower System	53050 - Computer Software	$4,052.00
10 - General	004 - Radio / Tower System	53150 - Conferences - Fees, Travel, & Meals	$1,590.00
10 - General	004 - Radio / Tower System	54100 - Dues/Subscriptions	$9.99
10 - General	004 - Radio / Tower System	55600 - Maintenance & Repairs-Buildings	$359.98
10 - General	004 - Radio / Tower System	55600 - Maintenance & Repairs-Buildings	$1,206.08
10 - General	004 - Radio / Tower System	57100 - Professional Fees	$1,586.00
10 - General	004 - Radio / Tower System	57200 - Radio Repairs-Outsourced	$2,439.86
10 - General	004 - Radio / Tower System	57225 - Radio-Parts	$1,986.69
10 - General	004 - Radio / Tower System	57900 - Station Supplies	$19.64
10 - General	004 - Radio / Tower System	58200 - Telephones-Cellular	$352.86
10 - General	004 - Radio / Tower System	58310 - Telephones-Service	$241.10
10 - General	004 - Radio / Tower System	58800 - Utilities	$3,842.45
10 - General	004 - Radio / Tower System	59720 - Capital Purchase-Equipment	$34,339.64
10 - General	005 - Accounting	56100 - Meeting Expenses	$120.58
10 - General	005 - Accounting	58200 - Telephones-Cellular	$111.60
10 - General	006 - Alarm	53150 - Conferences - Fees, Travel, & Meals	$949.95
10 - General	006 - Alarm	58200 - Telephones-Cellular	$168.80
10 - General	006 - Alarm	58500 - Training & Continuing Education	$35.00
10 - General	007 - EMS	53300 - Contracted Services	$2,448.22
10 - General	007 - EMS	53550 - Customer Relations	$5,624.40
10 - General	007 - EMS	54450 - Employee Recognition	$7,614.35
10 - General	007 - EMS	56100 - Meeting Expenses	$514.82
10 - General	007 - EMS	56200 - Mileage Reimbursements	$100.71
10 - General	007 - EMS	57300 - Recruit/Investigate	$1,522.40
10 - General	007 - EMS	58200 - Telephones-Cellular	$6,701.14
10 - General	007 - EMS	58500 - Training & Continuing Education	$1,190.86
10 - General	007 - EMS	58700 - Uniforms	$18,828.14
10 - General	008 - Materials Management	52500 - Bio-Waste Removal	$5,496.18
10 - General	008 - Materials Management	53800 - Disposable Linen	$1,206.00
10 - General	008 - Materials Management	53800 - Disposable Linen	$4,400.00
10 - General	008 - Materials Management	53900 - Disposable Medical Supplies	$208,010.85
10 - General	008 - Materials Management	54000 - Drug Supplies	$9,185.19
10 - General	008 - Materials Management	54200 - Durable Medical Equipment	$39,040.84
10 - General	008 - Materials Management	56300 - Office Supplies	$1,417.59
10 - General	008 - Materials Management	56600 - Oxygen & Gases	$4,949.37
10 - General	008 - Materials Management	56600 - Oxygen & Gases	$4,962.90
10 - General	008 - Materials Management	56900 - Postage	$2,490.64
10 - General	008 - Materials Management	57000 - Printing Services	$80.00
10 - General	008 - Materials Management	57650 - Repair-Equipment	$8,439.00
10 - General	008 - Materials Management	57750 - Small Equipment & Furniture	$1,689.72
10 - General	008 - Materials Management	57900 - Station Supplies	$12,142.67
10 - General	008 - Materials Management	58200 - Telephones-Cellular	$186.00
10 - General	008 - Materials Management	58700 - Uniforms	$557.95

Account Summary

Fund	Department	Account	Total
10 - General	008 - Materials Management	59720 - Capital Purchase-Equipment	$333,846.51
10 - General	009 - Dept of Clinical Services	51700 - Health & Dental	$21,376.00
10 - General	009 - Dept of Clinical Services	52600 - Books/Materials	$16,219.72
10 - General	009 - Dept of Clinical Services	52700 - Business Licenses	$764.00
10 - General	009 - Dept of Clinical Services	54000 - Drug Supplies	$8,318.30
10 - General	009 - Dept of Clinical Services	54450 - Employee Recognition	$717.34
10 - General	009 - Dept of Clinical Services	56100 - Meeting Expenses	$8,395.18
10 - General	009 - Dept of Clinical Services	56200 - Mileage Reimbursements	$17.40
10 - General	009 - Dept of Clinical Services	56300 - Office Supplies	$214.99
10 - General	009 - Dept of Clinical Services	57750 - Small Equipment & Furniture	$26,881.41
10 - General	009 - Dept of Clinical Services	58200 - Telephones-Cellular	$280.40
10 - General	010 - Fleet	52725 - Capital Lease Expense	$29,000.71
10 - General	010 - Fleet	53300 - Contracted Services	$1,286.67
10 - General	010 - Fleet	54100 - Dues/Subscriptions	$65.00
10 - General	010 - Fleet	54700 - Fuel-Auto	$120,249.78
10 - General	010 - Fleet	54800 - Hazardous Waste Removal	$244.50
10 - General	010 - Fleet	55100 - Laundry Service & Purchase	$89.81
10 - General	010 - Fleet	55600 - Maintenance & Repairs-Buildings	$787.51
10 - General	010 - Fleet	55650 - Maintenance-Equipment	$40,848.00
10 - General	010 - Fleet	57725 - Shop Supplies	$4,299.57
10 - General	010 - Fleet	58200 - Telephones-Cellular	$112.39
10 - General	010 - Fleet	58600 - Travel Expenses	$480.00
10 - General	010 - Fleet	58900 - Vehicle-Batteries	$1,516.00
10 - General	010 - Fleet	58950 - Vehicle-Fluids & Additives	$163.08
10 - General	010 - Fleet	59000 - Vehicle-Outside Services	$282.50
10 - General	010 - Fleet	59050 - Vehicle-Parts	$63,499.32
10 - General	010 - Fleet	59100 - Vehicle-Registration	$87.75
10 - General	010 - Fleet	59150 - Vehicle-Tires	$7,643.36
10 - General	010 - Fleet	59200 - Vehicle-Towing	$1,658.13
10 - General	011 - EMS Billing	52300 - Bank Charges	$93.00
10 - General	011 - EMS Billing	52900 - Collection Fees	$30,714.23
10 - General	011 - EMS Billing	53150 - Conferences - Fees, Travel, & Meals	$4,550.00
10 - General	011 - EMS Billing	53300 - Contracted Services	$34,446.89
10 - General	011 - EMS Billing	57750 - Small Equipment & Furniture	$64.97
10 - General	011 - EMS Billing	58200 - Telephones-Cellular	$74.40
10 - General	015 - Information Technology	58310 - Telephones-Service	$14,283.00
10 - General	015 - Information Technology	53000 - Computer Maintenance	$6,479.04
10 - General	015 - Information Technology	53050 - Computer Software	$37,307.01
10 - General	015 - Information Technology	53075 - Computer Software - MDC First Responder	$600.00
10 - General	015 - Information Technology	53100 - Computer Supplies/Non-Capital	$2,940.62
10 - General	015 - Information Technology	53150 - Conferences - Fees, Travel, & Meals	$2,685.39
10 - General	015 - Information Technology	53300 - Contracted Services	$72,562.50
10 - General	015 - Information Technology	55400 - Leases/Contracts	$6,643.01
10 - General	015 - Information Technology	57500 - Rent	$5,000.00
10 - General	015 - Information Technology	57650 - Repair-Equipment	$428.68
10 - General	015 - Information Technology	57750 - Small Equipment & Furniture	$117.18
10 - General	015 - Information Technology	58200 - Telephones-Cellular	$2,835.77
10 - General	015 - Information Technology	58310 - Telephones-Service	$22,953.40
10 - General	015 - Information Technology	58800 - Utilities	$162.38
10 - General	016 - Facilities	59050 - Vehicle-Parts	$669.60
10 - General	016 - Facilities	53330 - Contractual Obligations-Other	$14,311.80
10 - General	016 - Facilities	55600 - Maintenance & Repairs-Buildings	$10,398.40
10 - General	016 - Facilities	55650 - Maintenance-Equipment	$162.42
10 - General	016 - Facilities	57725 - Shop Supplies	$926.43
10 - General	016 - Facilities	57730 -	$135.87
10 - General	016 - Facilities	57750 - Small Equipment & Furniture	$3,884.28
10 - General	016 - Facilities	58200 - Telephones-Cellular	$483.56
10 - General	016 - Facilities	58800 - Utilities	$34,939.58
10 - General	016 - Facilities	59700 - Capital Purchase-Building/Improvements	$180,372.05
10 - General	016 - Facilities	59720 - Capital Purchase-Equipment	$42,041.00
10 - General	025 - Human Resources	51700 - Health & Dental	$376,665.83
10 - General	025 - Human Resources	51720 - Health Insurance Admin Fees	$116,693.69
10 - General	025 - Human Resources	53300 - Contracted Services	$1,061.30
10 - General	025 - Human Resources	54200 - Durable Medical Equipment	$2,194.50
10 - General	025 - Human Resources	54350 - Employee Health/Wellness	$3,188.60

Account Summary

Fund	Department	Account	Total
10 - General	025 - Human Resources	54450 - Employee Recognition	$3,521.03
10 - General	025 - Human Resources	57300 - Recruit/Investigate	$6,450.00
10 - General	025 - Human Resources	58200 - Telephones-Cellular	$148.80
10 - General	025 - Human Resources	58500 - Training & Continuing Education	$660.58
10 - General	025 - Human Resources	58625 - Tuition Reimbursement	$7,810.86
10 - General	026 - Records Management	53300 - Contracted Services	$499.94
10 - General	026 - Records Management	56500 - Other Services	$330.06
10 - General	027 - Emergency Management & Safety	53300 - Contracted Services	$2,600.00
10 - General	027 - Emergency Management & Safety	53150 - Conferences - Fees, Travel, & Meals	$1,543.15
10 - General	027 - Emergency Management & Safety	56100 - Meeting Expenses	$43.94
10 - General	027 - Emergency Management & Safety	57800 - Special Events Supplies	$1,545.00
10 - General	027 - Emergency Management & Safety	58200 - Telephones-Cellular	$134.40
10 - General	039 - Community Paramedicine	53050 - Computer Software	$3,883.01
10 - General	039 - Community Paramedicine	58200 - Telephones-Cellular	$209.59
10 - General	042 - EMS Tactical Team	58200 - Telephones-Cellular	$94.40
10 - General	042 - EMS Tactical Team	58700 - Uniforms	$2,496.84
10 - General	045 - EMS Quality	53050 - Computer Software	$0.99
10 - General	045 - EMS Quality	53150 - Conferences - Fees, Travel, & Meals	$725.14
10 - General	045 - EMS Quality	54450 - Employee Recognition	$450.00
10 - General	045 - EMS Quality	58200 - Telephones-Cellular	$169.59
10 - General	045 - EMS Quality	58500 - Training & Continuing Education	$654.52
10 - General	046 - EMS Bike Team	57750 - Small Equipment & Furniture	$1,120.99
10 - General	047 - Procurement	54100 - Dues/Subscriptions	$95.00
10 - General	047 - Procurement	54450 - Employee Recognition	$75.00
10 - General	047 - Procurement	58200 - Telephones-Cellular	$74.40
		Total	**$4,925,846.92**

June 2026 Credit Card Transactions
JP Morgan Chase Bank

VENDOR NAME	INVOICE DATE	DESCRIPTION	AMOUNT
TXDOT CRASH REPORT	05/25/2026		6.39
TST*CITIZENS GRILL	05/18/2026		63.32
APPLE.COM/BILL	05/15/2026		.99
SP MERCHOLOGY	05/28/2026	26-002561 - SUPPORT STAFF UNIFORM HATS	557.95
APPLE.COM/BILL	06/01/2026	MONTHLY ICLOUD STORAGE FOR JUNE 2026 FOR PUBLIC I	9.99
CCI*CONSTANT-CONTACT	05/18/2026	PUBLIC INFORMATION OFFICER	94.05
APPLE.COM/BILL	05/11/2026	MONTHLY CHARGE FOR APPLE CARE ONE PLAN FOR PUBI	21.23
APPLE.COM/BILL	05/08/2026	ADDITIONAL STORAGE HIPAA COMPLIANCE	.99
MARRIOTT	05/18/2026	EMS WORLD LIVE - R. JOHNSON	310.71
PWWAG	05/08/2026	2026 PWW VIRTUAL CONFERENCE XI LIVE STREAM FOR B.	1,415.00
PAPPADEAUX SEAFOOD KTC	05/14/2026	CELEBRATORY LUNCH FOR MR. GRICE	156.94
WWW.CVS.COM	05/12/2026	PHOTO PRINTS FOR REUNION PLAQUES	6.80
AMAZON MKTPL*5A9WD84I3	06/04/2026	26-002428 - VOYAGES HEADSETS FOR HCAP DEPT	1,870.00
AMAZON MKTPL*1G0UV8A03	06/04/2026	26-002428 - VOYAGES HEADSETS FOR HCAP DEPT	561.00
APCO INTERNATIONAL INC	05/29/2026	APCO CONFERENCE REGISTRATION J. EVANS 08/02-08/05	525.00
MCCOYS #113	06/02/2026	CULVERT FOR LAKE CONROE TOWER	2,354.39
ONLC TRAINING CENTERS	06/03/2026	MICROSOFT PROJECT 1 CLASS - AMY BUSTAD	795.00
ONLC TRAINING CENTERS	06/03/2026	MICROSOFT PROJECT 1 CLASS - TANYA ADAMS	795.00
APPLE.COM/BILL	06/03/2026	ICLOUD STORAGE	9.99
TRACTOR-SUPPLY-CO #048	05/07/2026	TOWER VEGETATION SPRAY	359.98
SP BULLETPOINT MOUNT	05/27/2026	ACCESSORIES FOR SHOP 632	236.66
THE HOME DEPOT #0508	05/08/2026	WASP SPRAY AND SCREWS	19.64
JASONSDELI	05/07/2026	ACCOUNTING TEAM MEETING LUNCH	120.58
SHERATON	05/11/2026	INT'L CAD CONSORTIUM HOTEL - K. GONZALEZ	949.95
APCO INTERNATIONAL INC	05/28/2026	26-002519 - CTO RECERTIFICATION FOR K. GONZALEZ	35.00
APCO INTERNATIONAL INC	05/07/2026	APCO CONFERENCE REGISTRATION K. GONZALEZ 08/02-0	605.00
OLIVE GARDEN 0021782	05/25/2026	CISM PULSE CHECK	48.51
SAMS CLUB.COM	05/21/2026	26-002454 - BEVERAGES FOR 2ND QUARTER CONTINUING	140.84
AMAZON.COM*BJ8LQ69O0	05/07/2026	26-002239 - $75 AMAZON GIFT CARDS FOR EMS WEEK PER	7,425.00
JASON'S DELI-CTX-189	05/15/2026	DISTRICT CHIEF INTERVIEWS LUNCH DAY 1	136.47
JASON'S DELI-CTX-189	05/15/2026	DISTRICT CHIEF INTERVIEWS LUNCH DAY 2	158.40
TACO CABANA #20149	05/14/2026	DISTRICT CHIEFS MEETING	219.95
INFECTION CONTROL EC	05/19/2026	DICO CLASS REGISTRATION S. SANDERS	495.00
AMAZON MKTPL*EE9XR2ZP3	05/29/2026	26-002517 - BOOTS FOR J. JONES (UNIFORM)	209.95
AMAZON MKTPL*BF6VE8MW1	05/13/2026	26-002384 - RESTOCKING OFFICE AND STATION SUPPLIES	111.30
UPS*BILLING CENTER	05/12/2026	SHIPPING CHARGES (04/08/26-05/02/26)	465.89
SAMS CLUB.COM	06/03/2026	26-002605 - RESTOCKING STATION AND VENDING MACHINE	543.78
SAMSCLUB.COM	06/02/2026	26-002532 - RESTOCK OF STATION AND VENDING MACHINE	1,265.83
WALMART.COM	05/21/2026	26-002426 - RESTOCK OF COFFEE MAKERS FOR STATIONS	143.93
SAMSCLUB.COM	05/11/2026	26-002332 - STATION ADMIN VENDING MACHINE SUPPLIES	1,106.76
AMAZON MKTPL*PY99V7VY3	06/02/2026	26-002582 - STATION SUPPLIES (HAND SOAP AND BROOM	82.52
AMAZON.COM*7F97V7YL3	06/01/2026	26-002582 - STATION SUPPLIES (HAND SOAP AND BROOM I	37.20
AMAZON.COM*BR1SB1H53	05/26/2026	26-002462 - COFFEE CUPS FOR STOCK & STATION 22	27.50
AMAZON MKTPL*BF3SV9MX1	05/14/2026	26-002360 - RESTOCKING OF LABEL MAKER TAPE	24.49
NAEMT	05/15/2026	INVOICE 012606754101000 COURSE PH-26-06754-10	100.00
DSHS REGULATORY PROG	06/04/2026	C. TOLL RENEWAL	96.00
DSHS REGULATORY PROG	06/02/2026	B. GARZA RENEWAL	96.00
DSHS REGULATORY PROG	06/01/2026	N. TOBIN EMTP TO LP	126.00
DSHS REGULATORY PROG	05/28/2026	D. SABALA RENEWAL	126.00
DSHS REGULATORY PROG	05/27/2026	K. GARDNER RENEWAL	64.00
DSHS REGULATORY PROG	05/18/2026	A. PARENT RENEWAL	64.00
DSHS REGULATORY PROG	05/15/2026	M. MURPHY RENEWAL	96.00
DSHS REGULATORY PROG	05/07/2026	M. DYCHES RENEWAL	96.00

June 2026 Credit Card Transactions
JP Morgan Chase Bank

VENDOR NAME	INVOICE DATE	DESCRIPTION	AMOUNT
JASONSDELI	05/12/2026	JETER SAVE REUNION	72.34
AMAZON.COM*OZ3O788X3	05/15/2026	26-002397 - EMPLOYEE APPRECIATION GC FOR CLINICAL D	375.00
MEZZE1	06/01/2026	CLINICAL LUNCH WITH SHSU	135.58
KROGER #0136	05/21/2026	CE DRINKS	86.56
KROGER #0136	05/20/2026	CE DRINKS	184.99
CHIPOTLE ONLINE	06/03/2026	NEOP MEET THE DOCS BREAKFAST	159.50
CHICK-FIL-A #03922	06/03/2026	NEOP MEET THE CHIEFS BREAKFAST	179.30
CHICK-FIL-A #03321	05/25/2026	CE - EMS WEEK BREAKFAST DAY 5	562.70
CHIPOTLE ONLINE	05/25/2026	CE - EMS WEEK LUNCH DAY 5	967.15
CHICK-FIL-A #03321	05/25/2026	CE - EMS WEEK BREAKFAST DAY 4	562.70
CHICK-FIL-A #03321	05/22/2026	CE - EMS WEEK BREAKFAST DAY 3	562.70
CHIPOTLE ONLINE	05/22/2026	CE - EMS WEEK LUNCH DAY 4	967.15
CHICK-FIL-A #03321	05/21/2026	CE - EMS WEEK BREAKFAST DAY 2	562.70
CHIPOTLE ONLINE	05/21/2026	CE - EMS WEEK LUNCH DAY 3	967.15
CHICK-FIL-A #03321	05/20/2026	CE - EMS WEEK BREAKFAST DAY 1	562.70
CHIPOTLE ONLINE	05/20/2026	CE - EMS WEEK LUNCH DAY 2	967.15
CHIPOTLE ONLINE	05/19/2026	CE - EMS WEEK LUNCH DAY 1	967.15
AMAZON MKTPL*LM4JK5AK3	05/29/2026	26-002563 - GIMBAL STABILIZER FOR EDUCATION DEPT VID	309.00
AMAZON MKTPL*RZ21E70F3	05/20/2026	26-002443 - PODCAST STANDS FOR DR. PATRICK AND DEP	65.32
AMAZON MKTPL*E91H68E73	05/20/2026	26-002437 - PODCAST EQUIPMENT FOR DR. PATRICK AND I	559.99
AMAZON MKTPLACE PMTS	05/19/2026	26-002009 - CREDIT FOR PODCAST EQUIPMENT RETURNED	-189.09
AMAZON MKTPL*751TD1NR3	05/15/2026	26-002009 - PODCAST EQUIPMENT FOR DR. PATRICK AND I	54.98
ASE	05/27/2026	ASE BLUE SEAL RENEWAL	65.00
HCTRA EZ TAG REBILL	05/12/2026	MONTHLY TOLL REBILL	480.00
WEST MARINE #300	05/25/2026	26-002463 - GREEN LED SHORELINE INDICATORS	259.37
AMAZON MKTPL*5Y4OA3WG3	06/01/2026	26-002567 - REPLACEMENT ROLLOUT BEARINGS FOR SHOI	70.75
MONTGOMERY CO TX MV -	05/29/2026	REGISTRATION SHOP 401 601 621	32.25
AUTHORIZE.NET	06/03/2026	MONTHLY CHARGE FOR EMS BILLING TO ACCEPT CREDIT	93.00
PWWAG	05/08/2026	2026 PWW VIRTUAL CONFERENCE XI LIVE STREAM FOR VA	3,135.00
PWWAG	05/07/2026	2026 PWW VIRTUAL CONFERENCE XI LIVE STREAM FOR R.	1,415.00
AMAZON MKTPL*BV9NW1G51	05/07/2026	26-002335 - WIRELESS HEADSET WITH MICROPHONE FOR	64.97
ACCESSIBE.COM	06/04/2026	PO 26-002172 - ACCESSIBE ADA COMPLIANCE FOR WEBSIT	1,490.00
BGP.TOOLS SUB	06/03/2026	PO 26-000801 - BGP TOOLS INTERNATIONAL TRANSACTION	.34
BGP.TOOLS SUB	06/03/2026	PO 26-000801 - BGP TOOLS	33.70
GOOGLE *CLOUD XWWTPK	06/02/2026	PO 26-000802 - GOOGLE CLOUD FOR EMS TRACKER	49.77
DNS MADE EASY	05/07/2026	PO 26-002314 - DNS QUERIES FOR MCHD SITES	8.00
AMAZON MKTPL*UZ8DZ1MD3	06/03/2026	26-002621 - DUAL DESK MONITOR STAND FOR J. BRIGGS	32.89
AMAZON MKTPL*ZZ7FC98V3	06/01/2026	26-002570 - IT SUPPLIES (WIRELESS MICE, EXTENSION COI	166.40
AMAZON MKTPL*1X0FK3KW3	05/27/2026	26-002492 - SCREWDRIVERS FOR MEDIC IPAD CASES	13.84
AMAZON MKTPL*BF9BB24M0	05/18/2026		499.99
SHERATON	05/25/2026	INT'L CAD CONSORTIUM HOTEL - S. TRAINOR ERROR IN PA	-124.10
SHERATON	05/15/2026	INT'L CAD CONSORTIUM HOTEL - C. HON PARKING	83.74
SHERATON	05/11/2026	INT'L CAD CONSORTIUM HOTEL - R. RYMAL	825.85
SHERATON	05/11/2026	INT'L CAD CONSORTIUM HOTEL - S. TRAINOR	949.95
SHERATON	05/11/2026	INT'L CAD CONSORTIUM HOTEL - C. HON	949.95
APPLE.COM/US	06/02/2026	PO 26-002461 - APPLE REPAIR (M45 IPAD)	107.17
APPLE.COM/US	06/01/2026	PO 26-002334 - APPLE REPAIR (M30 IPAD)	107.17
APPLE.COM/US	05/25/2026	PO 26-002367 - APPLE REPAIR (M23 IPAD)	107.17
APPLE.COM/US	05/13/2026	PO 26-002325 - APPLE REPAIR (M22 IPAD)	107.17
AMAZON MKTPLACE PMTS	06/01/2026	26-002436 - CREDIT FOR RETURN OF CISCO AP BRACKET	-13.02
AMAZON MKTPL*8577952O3	05/27/2026	26-002436 - CISCO AP BRACKETS FOR AMBULANCE	117.18
AMAZON MKTPL*EO4353623	05/18/2026	26-002436 - CISCO AP BRACKETS FOR AMBULANCE	13.02
STARLINK INTERNET	05/08/2026	PO 26-002048 - STARLINK INTERNET MONTHLY FEE	585.00

June 2026 Credit Card Transactions
JP Morgan Chase Bank

VENDOR NAME	INVOICE DATE	DESCRIPTION	AMOUNT
IN *STS RECYCLING LLC	06/01/2026	PO 26-002077 - E-WASTE REMOVAL SERVICE	162.38
CRAWFORD CONROE	06/02/2026	FLEET BREAKER CHANGE OUT	210.00
LESLIE POOL SUPPLY 675	06/02/2026	SUPPLIES FOR WATER TESTING ST 32	21.33
THE HOME DEPOT #0508	06/01/2026	REPAIR ON TIRE MACHINE IN FLEET	30.88
CRAWFORD CONROE	05/29/2026	FLEET CAGE LIGHTS	34.97
CRAWFORD CONROE	05/29/2026	FLEET CAGE LIGHTING	81.61
THE HOME DEPOT 508	05/28/2026	ST. 20 HVAC REPLACEMENT PARTS	434.00
CRAWFORD CONROE	05/27/2026	BREAKERS AND CONNECTORS FOR ST. HVAC REPLACEMI	186.08
COBURN SUPPLY CO. 50	05/25/2026	ICE MACHINE DRAIN PIPE	29.76
LOWES #00232*	05/22/2026	SUPPLIES FOR REPAIRS AND ST. 32 AND FLEET BAY	109.65
THE HOME DEPOT 508	05/22/2026	CAULK AND TOWELS FOR ST. 13	101.88
COBURN SUPPLY CO. 50	05/22/2026	SINK FOR ST. 32	210.82
THE HOME DEPOT #0508	05/20/2026	BRASS HOSE FOR WASH BAY	88.86
METAL MART #15	05/20/2026	GATE LATCH FOR DUMPSTER ENCLOSURE	5.95
THE HOME DEPOT #0508	05/18/2026	WATER PUMP REPAIR AT STATION 32	111.61
THE HOME DEPOT #0508	05/18/2026	SUPPLIES FOR ST. 48 AND 809 W. SEMANDS REPAIRS	451.36
THE HOME DEPOT 508	05/18/2026	SHELF TRIM AT ST. 48	19.98
THE HOME DEPOT #0508	05/18/2026	CLOSET/LOCKER REPAIRS AT ST. 48	88.96
THE HOME DEPOT #0508	05/18/2026	FUEL FOR NAIL GUN AT ST. 48	65.88
THE HOME DEPOT #0508	05/18/2026	CLOSET REPAIR AT ST. 48	17.96
THE HOME DEPOT 508	05/11/2026	CHAIN FOR STATION 32	73.87
THE HOME DEPOT #0508	05/11/2026	26-002284 - SALT FOR STATION 32 WATER SYSTEM	562.20
THE HOME DEPOT #0508	05/25/2026	FLEET TIRE BALANCER AND PLUG	136.62
THE HOME DEPOT #0508	06/01/2026	FLEET CAGE LIGHTS	160.18
THE HOME DEPOT #0508	05/25/2026	TRUCK STOCK AND SUPPLIES - 633	720.25
COBURN SUPPLY CO. 53	05/25/2026	STOCK	46.00
NTE 5665	05/19/2026	DOLLY FOR FACILITIES	219.99
AMAZON MKTPL*BF76M2CJ0	05/15/2026	26-002417 - 18" X 24" CORK BOARDS	49.29
UNIVERSAL NAT GAS PYMT	05/18/2026	STATION 27 (03/31/26-04/29/26)	170.90
PINES GAS, INC.	05/12/2026	STATION 40 - 14583 FM 1488	167.65
PINES GAS, INC.	05/12/2026	STATION 40 - 14575 FM 1488	61.12
*PERKSATWORK*FTD	05/13/2026	26-002407 - BEREAVEMENT FLOWERS	108.24
*PERKSATWORK*FTD	05/13/2026	26-002406 - BEREAVEMENT FLOWERS	99.53
AMAZON MKTPL*775YT1Z83	05/12/2026	26-002372 - BOOSTER SEATS AND SEATBELT COVERS FOF	215.65
MICHAELS STORES 1324	05/18/2026	26-002448 - RETIREMENT BALLOONS FOR K. BRITT ON 5/15	27.05
SAMSCLUB.COM	05/18/2026	26-002389 - CAKE FOR RETIREMENT PARTY FOR K. BRITT	21.87
MICHAELS STORES 1324	05/18/2026	26-002448 - RETIREMENT BALLOONS FOR K. BRITT ON 5/15	58.42
CFA SERVCO INC	05/13/2026	26-002321 - $10 CHICK-FIL-A GIFT CARDS FOR EMPLOYEE E	1,000.00
AMAZON.COM*XH8YT6EQ3	05/12/2026	26-002388 - RETIREMENT SHADOW BOX	28.59
AMAZON MKTPL*BV3XP6TM1	05/06/2026	26-002320 - BOXES OF BIRTHDAY CARDS FOR EMPLOYEE E	44.97
SAMS CLUB.COM	05/25/2026	26-002482 - BEVERAGES AND SNACKS FOR NEOP	109.55
REV.COM	06/02/2026	TRANSCRIPTION	39.80
REV.COM	05/28/2026	TRANSCRIPTION	113.43
FAIRFIELD INN	06/01/2026	TDEM CONFERENCE HOTEL - J. GUTIERREZ	1,183.15
SAMS CLUB.COM	05/25/2026	26-002477 - FOOD FOR CISM - FOOD CHECK	43.94
YMCA HOUSTON	06/05/2026	DRAGONBOAT RACE REGISTRATION	1,545.00
SP OFFBASE.CO 9248	06/01/2026	26-002580 - UNIFORMS FOR TACTICAL TEAM	2,496.84
APPLE.COM/BILL	06/03/2026	26-000039 - MONTHLY ICLOUD STORAGE FOR M. WELLS	.99
HOLIDAY INNS	05/18/2026	IMAGETREND CONNECT HOTEL - S. LANTZ	654.52
AMAZON.COM*LA5XC10T3	05/13/2026	26-002391 - $75 AMAZON GIFT CARDS FOR EMS - QUALITY I	450.00
HOLIDAY INNS	05/18/2026	IMAGETREND CONNECT HOTEL - M. WELLS	654.52
RESCUE ESSENTIALS	05/29/2026	26-001898 - PAX BICYCLE BAGS FOR BIKE TEAM	1,120.99
PPA/RFXPREMIER	05/25/2026	PROCUREMENT ASSOCIATION DUES FOR	-35.00

June 2026 Credit Card Transactions
JP Morgan Chase Bank

VENDOR NAME	INVOICE DATE	DESCRIPTION	AMOUNT
TEXAS PUBLIC PURCHASIN	05/18/2026	MEMBERSHIP DUES FOR TEXAS PUBLIC PURCHASING ASS	95.00
PPA/RFXPREMIER	05/15/2026	ANNUAL MEMBERSHIP FOR PUBLIC PROCUREMENT ASSO	35.00
KROGER #0136	06/01/2026	$75 EMPLOYEE APPRECIATION GIFT CARD FOR H. LIMA	75.00
SAMS CLUB.COM	05/18/2026	26-002389 - SNACKS AND CAKE FOR K. BRITT'S RETIREMEI	151.13
AMAZON MKTPL*B48ZT1D41	06/02/2026	26-002531 - CLEAR BAGS FOR PUBLIC HEALTH CLINIC	13.04
FEDEX58387091	05/18/2026	SHIPPING CHARGES (04/28/26, 04/29/26)	37.32
FEDEX58333131	05/11/2026	SHIPPING CHARGES (05/04/26, 05/07/26)	37.32
SAMS CLUB.COM	05/28/2026	26-002537 - OFFICE AND EXERCISE SUPPLIES FOR CRI GR/	149.88
SAMSCLUB.COM	05/11/2026	26-002342 - OFFICE AND EXERISE SUPPLIES FOR DSHS GR	940.04
HILTON GARDEN INN	05/11/2026	EPIDEMIOLOGY & LABORATORY CAPACITY (ELC) 2026 CON	830.00
SAMS CLUB.COM	05/22/2026	26-002460 - OFFICE SUPPLIES FOR DSHS EIDU FY26 GRAN	59.96
HILTON GARDEN INN	05/11/2026	EPIDEMIOLOGY & LABORATORY CAPACITY (ELC) 2026 CON	830.00
SAMSCLUB.COM	06/05/2026	26-002615 - OFFICE SUPPLIES FOR DSHS PHEP GRANT FY2	370.18
SAMS CLUB.COM	06/05/2026	26-002502 - OFFICE SUPPLIES FOR DSHS PHEP GRANT FY2	265.31
SAMSCLUB.COM	06/01/2026	26-002502 - OFFICE SUPPLIES FOR EMERGENCY RESPONS	265.31
SAMSCLUB.COM	05/26/2026	26-002502 - OFFICE SUPPLIES FOR EMERGENCY RESPONS	341.30
AMAZON MKTPL*TL8BJ2DU3	05/26/2026	26-002488 - SUPPLIES FOR EPIDEMIOLOGY AND PUBLIC HE	1,142.86
STATACORP	06/01/2026	26-002562 - STATA NETCOURSE FOR EPIDEMIOLOGY AND I	295.00
		Total	**$67,505.80**

Montgomery County Hospital District
Bank Register - Operating Acct-WF
Patient Refunds - One Time Checks (06/01/2026 - 06/30/2026)

Payment number	Payment type	Invoice date	Vendor name	Invoice amount
123754	Computer Check	6/3/2026	Refund	$229.11
123755	Computer Check	6/3/2026	Refund	$1,107.14
123756	Computer Check	6/3/2026	Refund	$124.65
123757	Computer Check	6/3/2026	Refund	$194.56
123758	Computer Check	6/3/2026	Refund	$485.61
123759	Computer Check	6/3/2026	Refund	$17.56
123760	Computer Check	6/3/2026	Refund	$495.07
123761	Computer Check	6/3/2026	Refund	$20.00
123762	Computer Check	6/3/2026	Refund	$141.63
123763	Computer Check	6/3/2026	Refund	$341.82
123764	Computer Check	6/3/2026	Refund	$735.18
123765	Computer Check	6/3/2026	Refund	$129.87
123766	Computer Check	6/3/2026	Refund	$368.71
123767	Computer Check	6/3/2026	Refund	$995.64
123768	Computer Check	6/3/2026	Refund	$125.00
123769	Computer Check	6/3/2026	Refund	$126.30
123798	Computer Check	6/3/2026	Refund	$888.93
123799	Computer Check	6/9/2026	Refund	$1,083.62
123800	Computer Check	6/9/2026	Refund	$30.06
123801	Computer Check	6/9/2026	Refund	$156.93
123802	Computer Check	6/9/2026	Refund	$125.00
123803	Computer Check	6/9/2026	Refund	$108.40
123804	Computer Check	6/9/2026	Refund	$15.28
123805	Computer Check	6/9/2026	Refund	$66.48
123806	Computer Check	6/9/2026	Refund	$142.93
123807	Computer Check	6/9/2026	Refund	$157.10
123808	Computer Check	6/9/2026	Refund	$361.78
123809	Computer Check	6/9/2026	Refund	$335.00
123810	Computer Check	6/9/2026	Refund	$27.99
123811	Computer Check	6/9/2026	Refund	$722.12
123812	Computer Check	6/9/2026	Refund	$436.78
123813	Computer Check	6/9/2026	Refund	$216.52
123814	Computer Check	6/9/2026	Refund	$16.55
123849	Computer Check	6/9/2026	Refund	$266.33
123850	Computer Check	6/16/2026	Refund	$1,095.30
123851	Computer Check	6/16/2026	Refund	$125.00
123852	Computer Check	6/16/2026	Refund	$384.57
123853	Computer Check	6/16/2026	Refund	$53.68
123854	Computer Check	6/16/2026	Refund	$250.00
123855	Computer Check	6/16/2026	Refund	$82.09
123856	Computer Check	6/16/2026	Refund	$1,192.33
123857	Computer Check	6/16/2026	Refund	$208.49
123858	Computer Check	6/16/2026	Refund	$149.72
123859	Computer Check	6/16/2026	Refund	$740.78
123860	Computer Check	6/16/2026	Refund	$936.78
123861	Computer Check	6/16/2026	Refund	$120.73
123862	Computer Check	6/16/2026	Refund	$120.73
123863	Computer Check	6/16/2026	Refund	$731.45
123864	Computer Check	6/16/2026	Refund	$311.10

Montgomery County Hospital District
Bank Register - Operating Acct-WF
Patient Refunds - One Time Checks (06/01/2026 - 06/30/2026)

Payment number	Payment type	Invoice date	Vendor name	Invoice amount
123865	Computer Check	6/16/2026	Refund	$140.20
123866	Computer Check	6/16/2026	Refund	$96.09
123867	Computer Check	6/16/2026	Refund	$946.83
123868	Computer Check	6/16/2026	Refund	$813.08
123869	Computer Check	6/16/2026	Refund	$825.32
123870	Computer Check	6/16/2026	Refund	$396.06
123871	Computer Check	6/16/2026	Refund	$129.50
123903	Computer Check	6/16/2026	Refund	$116.41
123904	Computer Check	6/23/2026	Refund	$1,037.99
123905	Computer Check	6/23/2026	Refund	$159.42
123906	Computer Check	6/23/2026	Refund	$117.93
123907	Computer Check	6/23/2026	Refund	$779.78
123908	Computer Check	6/23/2026	Refund	$250.00
123909	Computer Check	6/23/2026	Refund	$112.52
123910	Computer Check	6/23/2026	Refund	$126.51
123911	Computer Check	6/23/2026	Refund	$275.00
123912	Computer Check	6/23/2026	Refund	$109.72
123913	Computer Check	6/23/2026	Refund	$275.00
123914	Computer Check	6/23/2026	Refund	$28.83
123915	Computer Check	6/23/2026	Refund	$339.06
123916	Computer Check	6/23/2026	Refund	$76.13
123917	Computer Check	6/23/2026	Refund	$125.00
123918	Computer Check	6/23/2026	Refund	$20.00
123919	Computer Check	6/23/2026	Refund	$104.11
123920	Computer Check	6/23/2026	Refund	$880.17
123921	Computer Check	6/23/2026	Refund	$275.00
123922	Computer Check	6/23/2026	Refund	$524.73
123923	Computer Check	6/23/2026	Refund	$121.17
123924	Computer Check	6/23/2026	Refund	$188.46
123925	Computer Check	6/23/2026	Refund	$140.75
123926	Computer Check	6/23/2026	Refund	$793.91
123932	Computer Check	6/23/2026	Refund	$961.42
123933	Computer Check	6/29/2026	Refund	$976.83
123934	Computer Check	6/29/2026	Refund	$30.79
123935	Computer Check	6/29/2026	Refund	$61.52
123936	Computer Check	6/29/2026	Refund	$600.00
123937	Computer Check	6/29/2026	Refund	$15.00
123938	Computer Check	6/29/2026	Refund	$25.00
123939	Computer Check	6/29/2026	Refund	$105.67
123940	Computer Check	6/29/2026	Refund	$303.77
123941	Computer Check	6/29/2026	Refund	$125.00
123942	Computer Check	6/29/2026	Refund	$131.18
123943	Computer Check	6/29/2026	Refund	$105.67
123944	Computer Check	6/29/2026	Refund	$27.69
123945	Computer Check	6/29/2026	Refund	$519.85
123946	Computer Check	6/29/2026	Refund	$22.58
123947	Computer Check	6/29/2026	Refund	$898.64
123948	Computer Check	6/29/2026	Refund	$687.74
123949	Computer Check	6/29/2026	Refund	$114.22

Montgomery County Hospital District
Bank Register - Operating Acct-WF
Patient Refunds - One Time Checks (06/01/2026 - 06/30/2026)

Payment number	Payment type	Invoice date	Vendor name	Invoice amount
123950	Computer Check	6/29/2026	Refund	$121.29
123951	Computer Check	6/29/2026	Refund	$1,251.98
			Total	**$34,708.92**

Montgomery County Hospital District
Expense Allocation Report - Public Health
Board Meeting 07/28/2026 Paid Invoices

Vendor Name	Date	No.	Description	Account No.	Account Description	Amount
ATT103 AT&T Mobility Roc (6463)	6/1/2026	287283884314X05272026	April 19,2026-May 19,2026	22-200-58200-1000	58200 - Telephones-Cellular	$30.00
					Total - ATT103 AT&T Mobility Roc (6463)	**$30.00**
BHA100 Meghna Joshi	6/16/2026	BHA*06132026	MILEAGE (05/13/2026 - 05/13/2026)	22-206-56200	56200 - Mileage Reimbursements	$75.85
					Total - BHA100 Meghna Joshi	**$75.85**
DEA110 Dearborn National Life Ins Co Known	6/1/2026	F021753 06.01.2026	06/01/2026-06/30/2026		51700 - Health & Dental	$996.25
					Total - DEA110 Dearborn National Life Ins Co Known As BCBS	**$996.25**
IMP100 Colortech Direct & Impact Printing	6/9/2026	42936	Business Cards, N. Wilkey	22-205-57000-1011	57000 - Printing Services	$40.00
					Total - IMP100 Colortech Direct & Impact Printing	**$40.00**
JPM100 JP Morgan Chase Bank	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	22-205-57750	57750 - Small Equipment & Furniture	$1,142.86
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	22-201-56900-1001	56900 - Postage	$74.64
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	22-203-56300-1013	56300 - Office Supplies	$1,089.92
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	22-204-53150-1012	53150 - Conferences - Fees, Travel, & M	$830.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	22-204-56300-1012	56300 - Office Supplies	$59.96
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	22-205-53150-1011	53150 - Conferences - Fees, Travel, & M	$830.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	22-205-56300-1011	56300 - Office Supplies	$1,242.10
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	22-206-58500-1010	58500 - Training & Continuing Educatior	$295.00
	6/11/2026	0003 6741 06.05.2026	June Credit Card Transactions	22-200-53900-1000	53900 - Disposable Medical Supplies	$13.04
					Total - JPM100 JP Morgan Chase Bank	**$5,577.52**
LEA110 Rene Leal	6/16/2026	LEA*06122026	MILEAGE (06/10/2026 - 06/10/2026)		56200 - Mileage Reimbursements	$86.13
	6/30/2026	LEA*06182026	MILEAGE (06/16/2026 - 06/16/2026)	22-203-56200-1013	56200 - Mileage Reimbursements	$30.60
					Total - LEA110 Rene Leal	**$116.73**
MCK113 Mckesson Medical-Surgical Governm	6/17/2026	25772421	Public Health Supply Stock		53900 - Disposable Medical Supplies	$90.14
	6/26/2026	25813038	Public Health Supplies		53900 - Disposable Medical Supplies	$317.93
					Total - MCK113 Mckesson Medical-Surgical Government Solutions LLC	**$408.07**
MET185 Metropolitan Life Insurance Company	6/4/2026	90138384	Dental & Vision for Juane 2026		51700 - Health & Dental	$756.38
					Total - MET185 Metropolitan Life Insurance Company	**$756.38**
NIE102 Zane Niemand	6/10/2026	NIE*06072026	PER DIEM - DISEASES IN NATURE (07/07/2026 -	22-205-53150	53150 - Conferences - Fees, Travel, & M	$238.00
					Total - NIE102 Zane Niemand	**$238.00**
SAR100 Sari'S Creations	6/1/2026	16204	1/4 Zip Fleece- PA	22-206-58700-1005	58700 - Uniforms	$480.00
					Total - SAR100 Sari'S Creations	**$480.00**
SHI101 SHI Government Solutions, Inc.	6/2/2026	GB00591828	PHEP and CRI laptops	22-203-53100-1013	53100 - Computer Supplies/Non-Capital	$4,296.14
	6/4/2026	GB00591989	PHEP and CRI laptops	22-203-53100-1013	53100 - Computer Supplies/Non-Capital	$396.56
					Total - SHI101 SHI Government Solutions, Inc.	**$4,692.70**

Montgomery County Hospital District
Expense Allocation Report - Public Health
Board Meeting 07/28/2026 Paid Invoices

SIM109 Sims, Charles R M.D.	6/3/2026	SIM*05202026	MCPHD Medical Director May 2026.	22-205-53330-1011	53330 - Contractual Obligations-Other	$1,835.00
	6/3/2026	SIM*05202026	MCPHD Medical Director May 2026.	22-200-53330-1000	53330 - Contractual Obligations-Other	$165.00
					Total - SIM109 Sims, Charles R M.D.	**$2,000.00**
THO113 Rachael Thomas	6/10/2026	THO*06072026	PER DIEM - DISEASES IN NATURE (07/07/2026 - 07/10/2026)		53150 - Conferences - Fees, Travel, & M	$238.00
					Total - THO113 Rachael Thomas	**$238.00**
VER104 Verizon Wireless (POB 660108)	6/9/2026	6145707537	May 10 - June 09, 2026	22-206-58200-1010	58200 - Telephones-Cellular	$225.57
	6/9/2026	6145707537	May 10 - June 09, 2026	22-200-58200-1000	58200 - Telephones-Cellular	$74.40
	6/9/2026	6145707537	May 10 - June 09, 2026	22-203-58200-1013	58200 - Telephones-Cellular	$75.19
	6/9/2026	6145707537	May 10 - June 09, 2026	22-205-58200-1011	58200 - Telephones-Cellular	$225.57
	6/9/2026	6145707537	May 10 - June 09, 2026	22-204-58200-1012	58200 - Telephones-Cellular	$75.19
					Total - VER104 Verizon Wireless (POB 660108)	**$675.92**
					Total	**$16,325.42**

Account Summary - Public Health

Fund	Department	Account	Total
22 - Public Health	200 - PH Clinic	51700 - Health & Dental	$397.47
22 - Public Health	200 - PH Clinic	53330 - Contractual Obligations-Other	$165.00
22 - Public Health	200 - PH Clinic	53900 - Disposable Medical Supplies	$13.04
22 - Public Health	200 - PH Clinic	58200 - Telephones-Cellular	$104.40
22 - Public Health	201 - MCPHD County Funding	53900 - Disposable Medical Supplies	$408.07
22 - Public Health	201 - MCPHD County Funding	56900 - Postage	$74.64
22 - Public Health	202 - RLSS/LPHS	51700 - Health & Dental	$137.65
22 - Public Health	203 - CPS/CRI	51700 - Health & Dental	$292.93
22 - Public Health	203 - CPS/CRI	53100 - Computer Supplies/Non-Capital	$4,494.42
22 - Public Health	203 - CPS/CRI	56200 - Mileage Reimbursements	$116.73
22 - Public Health	203 - CPS/CRI	56300 - Office Supplies	$1,089.92
22 - Public Health	203 - CPS/CRI	58200 - Telephones-Cellular	$75.19
22 - Public Health	204 - EAIDU/SUR	51700 - Health & Dental	$183.22
22 - Public Health	204 - EAIDU/SUR	53150 - Conferences - Fees, Travel, & Meals	$1,068.00
22 - Public Health	204 - EAIDU/SUR	56300 - Office Supplies	$59.96
22 - Public Health	204 - EAIDU/SUR	58200 - Telephones-Cellular	$75.19
22 - Public Health	205 - CPS/PHEP	51700 - Health & Dental	$267.85
22 - Public Health	205 - CPS/PHEP	53100 - Computer Supplies/Non-Capital	$198.28
22 - Public Health	205 - CPS/PHEP	53150 - Conferences - Fees, Travel, & Meals	$1,068.00
22 - Public Health	205 - CPS/PHEP	53330 - Contractual Obligations-Other	$1,835.00
22 - Public Health	205 - CPS/PHEP	56300 - Office Supplies	$1,242.10
22 - Public Health	205 - CPS/PHEP	57000 - Printing Services	$40.00
22 - Public Health	205 - CPS/PHEP	57750 - Small Equipment & Furniture	$1,142.86
22 - Public Health	205 - CPS/PHEP	58200 - Telephones-Cellular	$225.57
22 - Public Health	206 - CPS/PHIG	51700 - Health & Dental	$473.51
22 - Public Health	206 - CPS/PHIG	56200 - Mileage Reimbursements	$75.85
22 - Public Health	206 - CPS/PHIG	58200 - Telephones-Cellular	$225.57
22 - Public Health	206 - CPS/PHIG	58500 - Training & Continuing Education	$295.00
22 - Public Health	206 - CPS/PHIG	58700 - Uniforms	$480.00
		Total	**$16,325.42**

MCHD Surplus/Salvage
July 2026

Qty	Serial Number	MCHD Tag	Product Description	Salvage / Surplus	Reason	Submitter	How will you dispose of the item?
1	3B1339X20565	N/A	APC Back-Ups Battery Backup	Salvage	Broken/Out of warranty	Tanner Treesh	disposed of in a commercially prudent manner
1	3B1143X06544	N/A	APC Back-Ups Battery Backup	Salvage	Broken/Out of warranty	Tanner Treesh	disposed of in a commercially prudent manner
1	3B1236X11319	N/A	APC Back-Ups Battery Backup	Salvage	Broken/Out of warranty	Tanner Treesh	disposed of in a commercially prudent manner
1	5B2509TR0215	N/A	APC Back-Ups Battery Backup	Salvage	Broken/Out of warranty	Tanner Treesh	disposed of in a commercially prudent manner
1	3B1842X32693	N/A	APC Back-Ups Battery Backup	Salvage	Broken/Out of warranty	Tanner Treesh	disposed of in a commercially prudent manner
1	CN-0W4XCG-74445-197-AVQL	N/A	Dell 22" Monitor	Salvage	Broken/Out of warranty	Tanner Treesh	disposed of in a commercially prudent manner
1	CN-0T6116-71618-57J-AAR6	N/A	Dell 19" Monitor	Salvage	Broken/Out of warranty	Tanner Treesh	disposed of in a commercially prudent manner
1	CN-0DC323071618-6CO-ALJ9	N/A	Dell 19" Monitor	Salvage	Broken/Out of warranty	Tanner Treesh	disposed of in a commercially prudent manner
1	PF40F4AL	N/A	Lenovo E15 Laptop	Salvage	Broken/Out of warranty	Tanner Treesh	disposed of in a commercially prudent manner

AGENDA ITEM # 21

Board Mtg.: 07/28/2026

Montgomery County Hospital District
Proceeds from Sale of Vehicles
10/01/2025 - 06/30/2026

Account Name	Shop No.	Description	Mileage	Engine Hrs	Sale Date	Sale of Surplus
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				**67,500.00**

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

The regular meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 4:00 p.m., June 23, 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. Bagley

4. **Roll Call**

   Present:

   Charles Shirley
   Jackie Williams
   Jason Walker
   Bob Bagley

   Not Present:

   Robert Hudson
   Tanya Peacock
   Kelly Inman

5. **Public Comment**

   No one from the public made a comment.

6. **Special Recognition**

   Employee of the Month

   Field Employee – Angelina Cipriano and Paige Paulk

   Field Employee - Ryan Davenport

   Service Awards:

   5 Years - Elizabeth Piron

   10 Years – Ashley Peachee

   15 Years – Emily Fitzgerald, Brett Allen and Liz Bedair

   20 Years – Katrina Brinkman

7. **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.

Mr. Luis Vasquez, HCAP Supervisor presented the HCAP report.

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

8. **Consider and act on appointment of Donna Daniel and Colleen Jarosek, employees of the District, as the Custodian of Records and agents to the Board Secretary to perform the duties related to the conduct of the Election and the maintenance of records of the Election on November 3, 2026, under the Texas Election Code. (Mrs. Williams, Secretary – MCHD Board)**

Mrs. Williams made a motion to consider and act on appointment of Donna Daniel and Colleen Jarosek, employees of the District, as the Custodian of Records and agents to the Board Secretary to perform the duties related to the conduct of the Election and the maintenance of records of the Election on November 3, 2026, under the Texas Election Code. Mr. Bagley offered a second and motion passed unanimously.

9. **Consider and act on approval of the calendar for the November 3, 2026 Election. (Mrs. Williams, Secretary – MCHD Board)**

Mrs. Williams made a motion to consider and act on approval of the calendar for the November 3, 2026 Election. Mr. Bagley offered a second and motion passed unanimously.

10. **Consider and act on proposed Order for Montgomery County Hospital District Board of Directors election on November 3, 2026, for the position of Director Precinct 3, Director Precinct 4, and Director At Large Position 2. (Mrs. Williams, Secretary – MCHD Board)**

Mrs. Williams made a motion to consider and act on proposed Order for Montgomery County Hospital District Board of Directors election on November 3, 2026, for the position of Director Precinct 3, Director Precinct 4, and Director At Large Position 2. Mr. Bagley offered a second and motion passed unanimously.

11. **Consider and act on authorizing the District Staff to negotiate and execute a contract with Elections Administrator Suzie Harvey for administration of the November 3, 2026 Election. (Mrs. Williams, Secretary – MCHD Board)**

Mrs. Williams made a motion to consider and act on authorizing the District Staff to negotiate and execute a contract with Elections Administrator Suzie Harvey for administration of the November 3, 2026 Election. Mr. Bagley offered a second and motion passed unanimously.

12. **Consider and act on authorizing the District Staff to negotiate and execute an agreement for a joint election with any and all appropriate governmental bodies who may hold an election concurrent with the District's November 3, 2026 Election. (Mrs. Williams, Secretary – MCHD Board)**

    Mrs. Williams made a motion to consider and act on authorizing the District Staff to negotiate and execute an agreement for a joint election with any and all appropriate governmental bodies who may hold an election concurrent with the District's November 3, 2026 Election. Mr. Bagley offered a second and motion passed unanimously.

13. **Consider and act on a sealed bid sale and removal of the surplus building located at 809 W. Semands St., Conroe. (Mr. Walker, Chair – PADCOM)**

    Mr. Walker made a motion to consider and act on a sealed bid sale and removal of the surplus building located at 809 W. Semands St., Conroe, TX. Mr. Bagley offered a second. After board discussion motion passed unanimously.

14. **Consider act on purchase of eight Ram 5500 chassis to be charged against FY27 budget and completed in FY28. (Mr. Bagley, Chair - EMS Committee)**

    Mr. Bagley made a motion to consider act on purchase of eight Ram 5500 chassis to be charged against FY27 budget and completed in FY28. Mrs. Williams offered a second. After board discussion motion passed unanimously.

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

    Mr. Shirley made a motion to consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers. Mrs. Williams offered a second and motion passed unanimously.

16. **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)**

    Mr. Shirley made a motion to consider and act on ratification of voluntary contributions for uncompensated care to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims. Mr. Bagley offered a second and motion passed unanimously.

17. **CFO report of preliminary financials for eight months ended May 31, 2026, and report updates on financial statements and investment.**

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

18. **Consider and act upon recommendation for amendment(s) to budget for fiscal year ending September 30, 2026. (Mr. Walker, Treasurer – MCHD Board)**

    Mr. Walker made a motion to consider and act upon recommendation for amendment(s) to budget for fiscal year ending September 30, 2026. Mrs. Williams offered a second. After board discussion motion passed unanimously.

19. **Consider and approve the MCAD Quarterly Invoice. (Mr. Walker, Treasurer – MCHD Board)**

    Mr. Walker made a motion to consider and approve the MCAD Quarterly Invoice. Mrs. Williams offered a second and motion passed unanimously.

20. **Consider and ratify the payment of the Impac Fleet monthly invoice for fuel charges for the month of May 2026. (Mr. Walker, Treasurer – MCHD Board)**

    Mr. Walker made a motion to consider and ratify the payment of Impac Fleet monthly invoice for fuel charges for the month of May, 2026. Mr. Bagley offered a second and motion passed unanimously.

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

    Mr. Walker made a motion to consider and act on ratification of District invoices. Mrs. Williams offered a second and motion passed unanimously.

22. **Consider and act on salvage and surplus. (Mr. Walker, Treasurer – MCHD Board)**

    Mr. Walker made a motion to consider and act on salvage and surplus. Mr. Bagley offered a second and motion passed unanimously.

23. **Consider and act on Secretary's Report – Minutes from the May 26, 2026 Regular BOD. (Mrs. Williams, Secretary – MCHD Board**)

    Mrs. Williams made a motion to consider and act on Secretary's report – Minutes from the May 26, 2026 Regular BOD meeting. Mr. Bagley offered a second and motion passed unanimously.

24. **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, employment, evaluation, reassignment, duties, of a public officer or employee; Chief executive office, Randy Johnson. (Mr. Shirley, Chairman – MCHD Board)**
    b. **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 4:40 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 551.074 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)

25. **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 5:01 p.m.

    No action to be taken.

26. **Adjourn.**

The board adjourned at 5:01 p.m.

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Jackie Williams, Secretary

Agenda Item # 23

We Make a Difference!

To: Board of Directors

From: Randy Johnson, CEO

Date: July 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 551.074 of the Texas Government code to deliberate the appointment, employment, evaluation, reassignment, duties, of a public officer or employee; Assistant Medical Director, Dr. DePasquale. (Mr. Shirley, Chairman – MCHD Board)

Agenda Item # 24

We Make a Difference!

To: Board of Directors

From: Randy Johnson, CEO

Date: July 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)