

Exhibit “A-1”

Winnie-Stowell Hospital District

Balance Sheet

03/23/22

As of February 28, 2022

Accrual Basis

	<u>Feb 28, 22</u>
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	177,020.01
104b Allegiance Bank -CD#6434	6,020,261.18
105 TexStar	690,490.25
108 Allegiance Bank NH Combined	7,519,060.07
109 First Financial Bank	22,554,422.74
Total Checking/Savings	36,961,254.25
Other Current Assets	
110 Sales Tax Receivable	111,050.43
114 Accounts Receivable NH	23,929,195.07
117 NH - QIPP Prog Receivable	6,926,069.07
118 Prepaid Expense	34,294.65
119 Prepaid IGT	11,786,157.60
Total Other Current Assets	42,786,766.82
Total Current Assets	79,748,021.07
Fixed Assets	
120 Equipment	140,654.96
121 Office Building	263,680.63
125 Accumulated Depreciation	-143,675.64
Total Fixed Assets	260,659.95
TOTAL ASSETS	<u>80,008,681.02</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	7,507,415.64
201 NHP Accounts Payable	1,512,499.23
210.19 Loan Payable 19 QIPP 5	11,786,158.80
210.20 Loan Payable 20 QIPP 5	11,786,158.80
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
235 Payroll Liabilities	905.84
240 Accounts Payable NH	23,135,868.21
Total Other Current Liabilities	55,729,369.83
Total Current Liabilities	55,729,369.83
Long Term Liabilities	
280 Deferred Inflows	2,134,061.44
Total Long Term Liabilities	2,134,061.44
Total Liabilities	57,863,431.27
Equity	
300 Net Assets, Capital, net of	260,659.63
310 Net Assets-Unrestricted	14,117,884.41
315 Committed for Capital Proj	-450,000.00
Retained Earnings	7,029,703.47
Net Income	1,187,002.24
Total Equity	22,145,249.75
TOTAL LIABILITIES & EQUITY	<u>80,008,681.02</u>

Winnie-Stowell Hospital District Profit & Loss Budget vs. Actual

As of Feb 28, 2022

Accrual Basis

	Jan - Feb 22	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	132,418.17	650,000.00	-517,581.83	20.4%
405 Investment Income	89.58	16,000.00	-15,910.42	0.6%
409 Tobacco Settlement	0.00	12,500.00	-12,500.00	0.0%
415 Nursing Home - QIPP Program	7,891,874.00	52,902,730.70	-45,010,856.70	14.9%
Total Income	8,024,381.75	53,581,230.70	-45,556,848.95	15.0%
Gross Profit	8,024,381.75	53,581,230.70	-45,556,848.95	15.0%
Expense				
500 Admin-Administrative Salary	13,369.86	71,920.00	-58,550.14	18.6%
502 Admin-Administrative Assnt	1,766.50	24,960.00	-23,193.50	7.1%
503 Admin - Staff Incentive Pay	0.00	4,000.00	-4,000.00	0.0%
504 Admin-Administrative PR Tax	1,179.67	7,847.28	-6,667.61	15.0%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	319.83	560.00	-240.17	57.1%
521 Professional Fees - Acctng	4,812.50	25,000.00	-20,187.50	19.3%
522 Professional Fees-Auditing	0.00	25,000.00	-25,000.00	0.0%
523 Professional Fees - Legal	2,000.00	25,000.00	-23,000.00	8.0%
550 Admin-D&O / Liability Ins.	402.00	15,000.00	-14,598.00	2.7%
560 Admin-Cont Ed, Travel	0.00	9,000.00	-9,000.00	0.0%
561 Admin-Cont Ed-Medical Pers.	300.28	2,000.00	-1,699.72	15.0%
562 Admin-Travel&Mileage Reimb.	18.00	2,400.00	-2,382.00	0.8%
569 Admin-Meals	0.00	1,000.00	-1,000.00	0.0%
570 Admin-District/County Prom	0.00	10,000.00	-10,000.00	0.0%
571 Admin-Office Supp. & Exp.	2,880.09	7,000.00	-4,119.91	41.1%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	423.28	4,000.00	-3,576.72	10.6%
575 Admin-Cell Phone Reimburse	300.00	1,800.00	-1,500.00	16.7%
576 Admin-Telephone/Internet	549.10	3,000.00	-2,450.90	18.3%
577 - Admin Dues	0.00	1,895.00	-1,895.00	0.0%
590 Admin-Election Cost	0.00	2,500.00	-2,500.00	0.0%
591 Admin-Notices & Fees	948.00	3,500.00	-2,552.00	27.1%
592 Admin Office Rent	680.00	4,080.00	-3,400.00	16.7%
593 Admin-Utilities	506.53	3,600.00	-3,093.47	14.1%
594 Admin-Casualty & Windstorm	2,540.24	2,100.00	440.24	121.0%
597 Admin-Flood Insurance	0.00	1,450.00	-1,450.00	0.0%
598 Admin-Building Maintenance	840.00	6,000.00	-5,160.00	14.0%
600 East Chambers ISD Partnersh	36,666.66	220,000.00	-183,333.34	16.7%
601 IC-Pmt to Hosp (Indigent)	266,892.94	240,000.00	26,892.94	111.2%
602 IC-WCH 1115 Waiver Prog	32,283.78	75,000.00	-42,716.22	43.0%
603a IC-Pharmaceutical Costs	4,858.41	40,000.00	-35,141.59	12.1%
604a IC-Non Hosp Cost-Other	851.29	2,000.00	-1,148.71	42.6%
604b IC-Non Hosp Costs UTMB	45,058.83	250,000.00	-204,941.17	18.0%
605 IC-Office Supplies/Postage	0.00	500.00	-500.00	0.0%
607 WSHD Non-Hospital - Grants	106,831.71	125,000.00	-18,168.29	85.5%
607.06 Marcelous Williams	13,887.50	50,000.00	-36,112.50	27.8%
608 IC-Non Hosp Costs-Specl Pro	3,746.00	7,000.00	-3,254.00	53.5%
611 IC-Indigent Care Dir Salary	10,826.66	58,240.00	-47,413.34	18.6%
612 IC-Payroll Taxes -Ind Care	854.25	4,717.44	-3,863.19	18.1%
615 IC-Software	2,218.00	13,308.00	-11,090.00	16.7%
616 IC-Travel	37.47	500.00	-462.53	7.5%
617 Youth Programs	2,550.00	12,000.00	-9,450.00	21.3%

**Winnie-Stowell Hospital District
Profit & Loss Budget vs. Actual**

As of Feb 28, 2022

Accrual Basis

	Jan - Feb 22	Budget	\$ Over Budget	% of Budget
629 - Property Acquisition	0.00	150,000.00	-150,000.00	0.0%
630 NH Program-Mgt Fees	1,981,578.00	13,460,078.00	-11,478,500.00	14.7%
631 NH Program-IGT	3,928,720.00	26,351,286.64	-22,422,566.64	14.9%
632 NH Program-Telehealth Fees	26,625.82	160,753.96	-134,128.14	16.6%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	34,864.10	250,000.00	-215,135.90	13.9%
635 NH Program-LTC Fees	402,000.00	2,544,000.00	-2,142,000.00	15.8%
637 NH Program-Interest Expense	660,024.88	3,334,960.64	-2,674,935.76	19.8%
638 NH Program-Bank Fees & Misc	0.00	300.00	-300.00	0.0%
640 Nursing Home Acquisition	3,328.00			
642 FQHC	32,166.19	1,318,730.00	-1,286,563.81	2.4%
Total Expense	7,630,706.37	48,969,236.96	-41,338,530.59	15.6%
Net Ordinary Income	393,675.38	4,611,993.74	-4,218,318.36	8.5%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	43,305,311.64			
Total Other Income	43,305,311.64			
Other Expense				
640 Nursing Home Oper. Expenses	42,511,984.78			
Total Other Expense	42,511,984.78			
Net Other Income	793,326.86			
Net Income	1,187,002.24	4,611,993.74	-3,424,991.50	25.7%

Exhibit “A-2”

WSDH Treasurer's Report

Reporting Date: Wednesday, March 23, 2022				
Pending Expenses	For	Amount	Funds Summary	Totals
Brookshire Brothers	Indigent Care	\$809.23	Prosperity Operating (Unrestricted)	\$377,880.60
Wilcox Pharmacy	Indigent Care	\$1,553.71	First Financial (Unrestricted)	\$9,977,335.27
UTMB at Galveston	Indigent Care	\$17,782.69	TexStar	\$690,490.25
UTMB Faculty Group	Indigent Care	\$5,403.11	Allegiance Bank LOC (Available)	\$6,023,197.08
Barrier Reef Emergency Physiari	Indigent Care	\$128.90	First Financial (Restricted)	\$11,155,347.72
Omnipoint Health-Dental	IC Dental	\$250.00	Total District Funds	\$28,224,250.92
\$25 Optical	SP Program	\$50.00	Less First Financial (Restricted)	(\$11,155,347.72)
Penelope (Polly) Butler	Youth Counseling	\$170.00	Less TexStar Reserve Account	(\$690,490.25)
Nicki Holtzman	Youth Counseling	\$595.00	Less Committed Funds (Capital Acquisition and Grant Funding-See below)	(\$2,450,688.00)
Kalos Counseling (Benjamin Odom)	Youth Counseling	\$1,105.00	Cash Position (Less First Financial Restricted)	\$13,927,724.95
Indigent Healthcare Solutions	IC Inv #73397	\$1,109.00	Pending Expenses	(\$164,380.46)
American Education Services	S Stern-Student Loan	\$150.14	Ending Balance (Less expenses)	\$13,763,344.49
Benckenstein & Oxford	Inv #50373	\$16,151.00	Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding)	\$14,212,016.13
Hubert Oxford	Legal Retainer	\$1,000.00	Prior Month (January)-Corrected	
David Sticker	Inv #73	\$2,906.25	Prosperity Operating (Unrestricted)	\$657,284.15
Technology Solutions of Tx	Inv #1671	\$75.00	First Financial (Unrestricted)	\$7,440,642.39
Felipe Ojedia-Yard Service	Invs #1023	\$300.00	TexStar	\$690,478.84
Graciela Chavez-Office Cleaning	Inv #8018606	\$120.00	Allegiance Bank LOC (Available)	\$6,020,261.18
Thrive (Franz)	Grant Inv #WSDH005	\$30,077.79	First Financial (Restricted)	\$7,563,219.92
Gunster	Grant Inv #699362 (FQHC)	\$515.00	Total District Funds	\$22,371,886.48
WSVEMS (dated 2/22/2022)	Grant Inv-Jan Adj & Feb	\$17,808.00	Less First Financial (Restricted)	\$7,563,219.92
HMG Services	Inv #100 (1/2 VMG Analysis)	\$40,411.64	Less TexStar Reserve Account	
Durbin & Co	Audit-10909	\$25,909.00	Less Committed Funds (Capital Acquisition and Grant)	\$2,450,688.00
Total Pending Expenses:		\$164,380.46	Cash Position (Less First Financial Restricted)	\$12,357,978.56
			Pending Expenses	(\$31,917.74)
			Ending Balance (Less expenses)	\$12,326,060.82
			Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding)	\$12,798,455.91

First Financial Bank Reconciliations-2022.2.28

FFB Balance Mar 22, 2022	\$21,132,682.99				
	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Yr. 5, Component 1-IGT 9, QIPP Year 5					
Component 1-Sept. (1st Half)	\$1,793,367.14	\$1,885,789.54	\$1,722,176.10	\$163,613.44	\$1,793,367.14
Component 1-Oct. (1st Half)	\$1,871,079.44	\$1,971,341.24	\$1,871,079.44	\$73,731.62	\$1,871,079.44
Component 1-Nov. (1st Half)	\$1,917,531.72	\$2,022,332.12	\$1,917,531.72	\$77,445.02	\$1,917,531.72
<i>Qtr. 1 Totals</i>	\$5,581,978.30	\$5,879,462.90	\$5,510,787.26	\$368,675.64	\$5,581,978.30
Component 1-Dec. (1st Half)	\$1,997,125.84	\$2,106,969.64	\$1,997,125.84	\$81,457.20	\$1,997,125.84
Component 1-Jan. (1st Half)	\$1,928,897.01	\$2,141,457.08	\$1,928,897.01	\$0.00	\$1,928,897.01
Total Component 1, IGT 8	\$9,508,001.15	\$10,127,889.62	\$9,436,810.11	\$450,132.84	\$9,508,001.15
Loan 9 Set Aside (Salt Creek & Allegiance)					
Loan 19 Payment-Sept. (2nd Half)	\$1,793,367.14	\$1,793,367.14	\$1,722,176.10	(\$71,191.04)	\$1,793,367.14
Loan 19 Payment-Oct. (2nd Half)	\$1,871,079.44	\$1,871,079.44	\$1,871,079.44	\$0.00	\$1,871,079.44
Loan 19 Payment-Nov. (2nd Half)	\$1,917,531.72	\$1,917,531.72	\$1,917,531.72	\$0.00	\$1,917,531.72
<i>Qtr. 1 Totals</i>	\$5,581,978.30	\$5,581,978.30	\$5,510,787.26	(\$71,191.04)	\$5,581,978.30
Loan 19 Payment-Dec. (2nd Half)	\$1,997,125.84	\$1,997,125.84	\$1,997,125.84	\$0.00	\$1,997,125.84
Loan 19 Payment-Jan. (2nd Half)	\$1,928,897.01	\$1,928,897.01	\$1,928,897.01	\$0.00	\$1,928,897.01
Total Loan 18 Set Aside	\$9,508,001.15	\$9,508,001.15	\$9,436,810.11	(\$71,191.04)	\$9,508,001.15

Yr. 5, Component 2 (Public & Private)					
Y5/Q1-Comp. 2-Sept. due to MGRs.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Y5/Q1-Comp. 2-Oct. due to MGRs.	\$254,602.20	\$494,067.46	\$446,952.91	\$40,960.23	\$192,350.72
Y5/Q1-Comp. 2-Nov. due to MGRs.	\$248,918.64	\$517,251.13	\$466,711.53	\$43,883.08	\$217,792.90
Qtr. 1 Totals	\$503,520.83	\$1,011,318.59	\$913,664.44	\$84,843.31	\$472,395.09
Y5/Q2-Comp. 2-Dec. due to MGRs.	\$259,303.63	\$540,442.31	\$487,481.51	\$46,033.20	\$228,177.89
Y5/Q2-Comp. 2-Jan. due to MGRs.	\$251,619.50	\$524,175.81	\$472,113.25	\$0.00	\$220,493.76
Total Component 2 due to MGRs.	\$510,923.12	\$1,064,618.12	\$959,594.76	\$46,033.20	\$448,671.64
Yr. 5, Component 3 (Public & Private)					
Y5/Q1-Comp. 3-Sept., Oct., Nov. due to MGRs.	\$1,048,653.27	\$2,097,306.53	\$1,961,190.04	\$48,645.56	\$1,048,653.27
Total Component 3 due to MGRs	\$1,048,653.27	\$2,097,306.53	\$1,961,190.04	\$48,645.56	\$1,048,653.27
Yr. 5, Component 4 (Public Only)					
Component Y5/Q1 due to MGRs (Sept. Nov. 2021)	\$1,089,736.54	\$2,179,473.07	\$2,179,473.07	\$0.00	\$1,089,736.54
Total Component 4 due to MGRs	\$1,089,736.54	\$2,179,473.07	\$2,179,473.07	\$0.00	\$1,089,736.54
Yr. 5, Lapse Funds					
Lapse Funds/Q1 due to MGRs (Sept. Nov. 2021)	\$577,397.83	\$1,235,449.24	\$1,154,795.66	\$21,716.34	\$577,397.83
Total Component 4 due to MGRs	\$577,397.83	\$1,235,449.24	\$1,154,795.66	\$21,716.34	\$577,397.83
Adjustment Payments					
Yr. 4 Adjustment Payment 1	\$356,372.65	\$712,745.30	\$356,372.65	\$0.00	\$356,372.65
Total Adjustment Payment	\$356,372.65	\$712,475.30	\$356,372.65	\$0.00	\$356,372.65
Variance Payments					
Variance Payment Sept.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Variance Payment Oct.	\$139,755.57	\$294,705.66	\$279,511.13	\$13,260.16	\$139,755.57
Variance Payment Nov.	\$82,716.48	\$197,706.17	\$165,432.95	\$4,169.95	\$82,716.48
Variance, 1st Qtr. Comp. 3, 4, and Lapse	(\$17,560.29)	\$264,229.71	(\$35,120.59)	\$179,712.80	(\$17,560.29)
Total Qtr. 1 Variance	\$204,911.75	\$756,641.54	\$409,823.49	\$197,142.91	\$204,911.75
Variance Adj. 1 for Year 4	(\$7,684.92)	(\$15,369.84)	(\$15,369.84)	\$0.00	(\$7,684.92)
Variance Payment Dec.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Variance Payment Jan.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Variance Payment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mission and Red Oak Funds (See below for details)	\$641,404.79				
Interest Reserves					
Reserve Ln 19 (Balance Due)	\$330,012.44				
Reserve Ln 20 (Balance Due)	\$165,006.22				
Total Reserves	\$495,018.66				
Restricted	\$11,155,347.72				
Unrestricted	\$9,977,335.27				
Total Funds	\$21,132,682.99				

Committed Funds	Paid for FQHC: 2021-2022	Quarterly Payment	1st Quarter Due	Annual Payment Due
1. Property Acquisition (\$150,000.00 for 2019, 2020, 2021)	\$450,000.00			
2. FQHC Grant Funding-2022	\$1,318,730.00	\$209,008.98	\$329,682.50	\$120,673.52
3. FQHC Grant Funding-2023	\$681,958.00			
Total Commitments	\$2,450,688.00			\$1,198,056.48

Mission and Red Oak QIPP Payments					
Mission and Red Oak Year 5 QIPP Payments	Payment to HMG	Total Due	Balance Received	Unpaid	HMG Payment to Capital Account
Yr. 5, Component 1 Funds-Sept.	\$0.00	\$92,422.40	\$0.00	\$92,422.40	\$92,422.40
Yr. 5, Component 1 Funds-Oct.	\$26,530.18	\$100,261.80	\$26,530.18	\$73,731.62	\$100,261.80
Yr. 5, Component 1 Funds-Nov.	\$27,355.38	\$104,800.40	\$27,355.38	\$77,445.02	\$104,800.40
Qtr. 1 Totals	\$53,885.56	\$297,484.60	\$53,885.56	\$243,599.04	\$297,484.60
Yr. 5, Component 1 Funds-Dec.	\$28,386.60	\$109,843.80	\$28,386.60	\$81,457.20	\$109,843.80
Yr. 5, Component 1 Funds-Jan.	\$212,560.07	\$212,560.07	\$212,560.07	\$0.00	\$212,560.07
Yr. 5, Compont 1 Totals-Sept. - Jan.	\$294,832.23	\$619,888.47	\$294,832.23	\$325,056.24	\$619,888.47
Yr. 5, Component 2 Funds-Sept.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Yr. 5, Component 2 Funds-Oct.	\$6,154.52	\$47,114.55	\$6,154.52	\$40,960.03	\$0.00
Yr. 5, Component 2 Funds-Nov.	\$6,656.52	\$50,539.60	\$6,656.52	\$43,883.08	\$0.00
Qtr. 1 Totals	\$12,811.04	\$97,654.15	\$12,811.04	\$84,843.11	\$0.00
Yr. 5, Component 2 Funds-Dec.	\$6,927.60	\$52,960.80	\$6,927.60	\$46,033.20	\$0.00
Yr. 5, Component 1 Funds-Jan.	\$52,062.56	\$52,062.56	\$52,062.56	\$0.00	\$0.00
Yr. 5, Component 2 Totals-Sept. - Jan.	\$71,801.20	\$202,677.51	\$71,801.20	\$130,876.31	\$0.00
Yr. 5, Component 3 Funds	\$87,470.93	\$136,116.49	\$87,470.93	\$48,645.56	\$0.00
Yr. 5, Component 4 Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Yr. 5, Lapse Funds	\$58,937.24	\$80,653.58	\$58,937.24	\$21,716.34	\$80,653.58
Yr. 4, QIPP Adjustment	\$2,992.08	\$15,426.51	\$2,992.08	\$12,434.43	\$15,426.51
Yr. 5, Sept. 2021 Variance Payment	0.00	\$0.00	\$0.00	\$0.00	\$0.00
Yr. 5, Oct. 2021 Variance Payment	1,934.37	\$15,194.53	\$1,934.37	\$13,260.16	\$15,194.53
Yr. 5, Nov. 2021 Variance Payment	4,169.95	\$32,273.22	\$4,169.95	\$28,103.27	\$32,273.22
Yr. 5, Component 3, 4 & Lapse Variance Payment	\$119,637.50	\$299,350.30	\$119,637.50	\$179,712.80	\$299,350.30
Yr. 5, Qtr. 1 Variance Payments	\$125,741.82	\$346,818.05	\$125,741.82	\$221,076.23	\$346,818.05
Year 4, Adjustment 1 Variance Payment	(\$370.71)	(\$370.71)	\$0.00	(\$370.71)	\$0.00
Yr. 5, Dec. 2021 Variance Payment	0.00	\$0.00	\$0.00	\$0.00	\$0.00
Yr. 5, Dec. 2021 Variance Payment	0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Variance Payment	125,371.11	\$346,447.34	\$125,741.82	\$220,705.52	\$346,818.05
Legal Fees					(\$98,855.80)
Total for Mission and Red Oak	\$641,404.79	\$1,401,209.90	\$641,775.50	\$759,434.40	\$963,930.81
11 Month Outstanding Short Term Revenue Note-Loan 19 (June 1, 2021-Apr. 30, 2022)					
1st Half of QIPP Year 5					
Loan 19-Principle	\$11,786,158.80		Reserve	\$330,012.44	
Interest	16.80%				
Amortization Table					
	Date	Balance	Interest	Principal Rcvd.	Payment
1	6/30/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
2	7/31/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
3	8/28/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
4	9/30/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
5-(Sept. 2021, Comp. 1)	10/31/2021	\$11,786,158.80	\$165,006.22	\$1,793,367.14	\$1,958,373.36
6-(Oct. 2021, Comp. 1)	11/30/2021	\$11,786,158.80	\$165,006.22	\$1,871,079.44	\$2,036,085.66
7-(Nov. 2021, Comp. 1)	12/31/2021	\$11,786,158.80	\$165,006.22	\$1,917,531.72	\$2,082,537.94
8-(Dec. 2021, Comp. 1)	1/31/2022	\$11,786,158.80	\$165,006.22	\$1,997,125.84	\$2,162,132.06
9 (Jan. 2021, Comp. 1)	2/28/2022	\$0.00	\$165,006.22	\$1,928,897.01	\$2,093,903.23
10 (Feb. 2021, Comp. 1)	3/31/2022	\$0.00	\$165,006.22	\$1,966,884.41	\$2,131,890.63
Reserve		\$11,786,158.80	\$0.00	\$311,273.24	\$311,273.24
11	4/30/2022	\$0.00	\$165,006.22	\$0.00	\$165,006.22
Amount Paid		\$0.00	\$1,815,068.42	\$11,786,158.80	\$13,601,227.22
Amount Due: October 31, 2021			\$1,815,068.42	\$11,786,158.80	\$13,601,227.22
Amount Remaining				\$0.00	\$0.00

**11 Month Outstanding Short Term Revenue Note-Loan (December 1, 2021-Oct. 31, 2022)
2nd Half of QIPP Year 5**

Loan 20-Principle	\$11,786,158.80	Reserve	\$330,012.44
Interest	16.80%		

Amortization Table		Date	Balance	Interest	Principal Rcvd.	Payment
	1	12/30/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
	2	1/31/2022	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
	3	2/28/2022	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
	4	3/31/2022	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
	5-(Sept. 2021, Comp. 1)	4/30/2022	\$11,786,158.80	\$165,006.22	\$1,806,017.33	\$1,971,023.55
	6-(Oct. 2021, Comp. 1)	5/31/2022	\$11,786,158.80	\$165,006.22	\$1,811,229.47	\$1,976,235.69
	7-(Nov. 2021, Comp. 1)	6/30/2022	\$11,786,158.80	\$165,006.22	\$1,900,052.83	\$2,065,059.05
	8-(Dec. 2021, Comp. 1)	7/31/2022	\$11,786,158.80	\$165,006.22	\$1,945,905.70	\$2,110,911.92
	9 (Jan. 2021, Comp. 1)	8/31/2022	\$0.00	\$165,006.22	\$1,893,443.61	\$2,058,449.83
	10 (Feb. 2021, Comp. 1)	9/30/2022	\$0.00	\$165,006.22	\$1,994,995.69	\$2,160,001.91
	Reserve		\$11,786,158.80	\$0.00	\$434,514.17	\$434,514.17
	11	10/31/2022	\$0.00	\$165,006.22	\$0.00	\$165,006.22
Amount Paid			\$0.00	\$1,815,068.42	\$11,786,158.80	\$13,601,227.22
Amount Due: October 31, 2021				\$1,815,068.42	\$11,786,158.80	\$13,601,227.22
Amount Remaining					\$0.00	\$0.00

Allegiance Bank Line of Credit			
Balance:	\$0.00	Principle Balance Owed	\$0.00
Interest Rate:	2.35%	LOC Funds Available	\$6,023,197.08

District's Investments					
	Amount	Percentage	From	To	Interest
*CD at Allegiance Bank C.D. #9503	\$6,023,197.08	0.35%	2/1/2022	2/28/2022	Paid Quarterly \$2,935.90 Pd Feb 10
Texstar C.D. #1110	\$690,490.25	0.999923%	2/2/2022	2/28/2022	Paid \$5.52 Feb 2022

TO THE BEST OF MY KNOWLEDGE, THESE FIGURES IN THE WSDH TREASURER'S REPORT AND SUPPORTING DOCUMENTS CORRECT AND IN COMPLIANCE WITH THE DISTRICT'S INVESTMENT POLICY.

Edward Murrell,
President

Date

Robert "Bobby" Way
Treasurer/Investment Officer

Date

Italics are Estimated amounts

Exhibit “A-3”

Winnie-Stowell Hospital District
Bank Accounts Register
As of January 19, 2022 to February 28, 2022

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>
100 Prosperity Bank -Checking						
Check	01/19/2022	9950...	ECISD		X	(18,333.33)
Check	01/19/2022	3429	Brookshire Brothers	IC RXs Dec 2021	X	(1,201.00)
Check	01/19/2022	3430	Wilcox Pharmacy	IC RXs Dec 2021	X	(1,359.85)
Check	01/19/2022	3431	Barrier Reef Energy...	IC Batch Date 12/01/2021	X	(128.90)
Check	01/19/2022	3432	Omnipoint Health-D...	IC SP Dental Batch Date 11/1-12/31...	X	(1,228.00)
Check	01/19/2022	3434	American Education ...	92 5529 5461 S Stern	X	(150.14)
Check	01/19/2022	3435	Penelope S Butler, M...	YC Batch Date 12/2/21	X	(85.00)
Check	01/19/2022	3436	Nicki Holtzman MS, ...	YC Batch Date 12/2/21	X	(255.00)
Check	01/19/2022	3437	Kalos Counseling	YC Batch Date 12/2/21	X	(850.00)
Check	01/19/2022	3438	Benckenstein & Oxfo...	Inv # 50287 (Oct 2021)	X	(20,389.10)
Check	01/19/2022	3439	Hubert Oxford	Legal Retainer	X	(1,000.00)
Check	01/19/2022	3440	David Sticker	Inv #68	X	(2,718.75)
Check	01/19/2022	3441	Technology Solution...	Inv #1653	X	(75.00)
Check	01/19/2022	3442	Felipe Ojeda	Inv #1023	X	(300.00)
Check	01/19/2022	3444	Hometown Press	Inv #s 3186 & 3269	X	(348.00)
Check	01/19/2022	3445	The Seabreeze Beacon	Inv #s 5671 & 5700	X	(600.00)
Check	01/19/2022	3443	Graciela Chavez	Inv #8018604	X	(120.00)
Check	01/19/2022	3433	Indigent Healthcare ...	Inv #73070	X	(1,109.00)
Check	01/19/2022		Funcion 4-Lease fka ...	ACH, Withdrawal, Processed	X	(211.64)
Check	01/20/2022	9950...	Trinity Bay Conserva...	Draft, Withdrawal, Processed	X	(61.61)
Check	01/21/2022	3446	Riceland Medical Ce...	IC Agreement	X	(256,615.44)
Check	01/21/2022	3447	Riceland Medical Ce...	IC Reconciliation	X	(10,277.50)
Check	01/21/2022	3448	Gunster, Yoakley & ...	Legal Fee Retainter	X	(2,500.00)
Check	01/21/2022	3449	Marcelous-Williams ...	1st Qtr Annual Pmt (MWRC)	X	(13,887.50)
Check	01/21/2022	3450	JS Edwards	Policy #NPP877826	X	(2,540.24)
Liability ...	01/25/2022		QuickBooks Payroll ...	Created by Payroll Service on 01/24/...	X	(2,963.04)
Paycheck	01/26/2022	DD1...	Latil, Breann	Direct Deposit	X	
Paycheck	01/26/2022	DD1...	Norris, Sherrie	Direct Deposit	X	
Paycheck	01/26/2022	DD1...	Ojeda, Patricia	Direct Deposit	X	
Check	01/26/2022		Prosperity Bank (CC)	ACH, Withdrawal, Processed	X	(432.02)
Liability ...	01/28/2022		QuickBooks Payroll ...	Created by Payroll Service on 01/26/...	X	(8,687.91)
Paycheck	01/31/2022	DD1...	Norris, Sherrie	Direct Deposit	X	
Paycheck	01/31/2022	DD1...	Ojeda, Patricia	Direct Deposit	X	
Deposit	01/31/2022			Deposit, Processed	X	50.54
Check	01/31/2022		IRS	ACH, Withdrawal, Processed	X	(133.20)
Check	02/02/2022		Texas Workforce Co...	ACH, Withdrawal, Processed	X	(32.21)
Check	02/10/2022	9950...	Riceland Medical Ce...	Jan 2022 lease	X	(340.00)
Deposit	02/11/2022			Deposit Payee:ACH Deposit CPA S...	X	78,224.13
Check	02/11/2022		IRS	Memo:ACH, Withdrawal, Processed	X	(3,938.84)
Check	02/11/2022		Entergy	Memo:ACH, Withdrawal, Processed	X	(219.67)
Check	02/15/2022			Fee, Withdrawal, Processed	X	(161.76)
Check	02/16/2022	3451	Brookshire Brothers	IC RXs Jan 2022	X	(1,065.83)
Check	02/16/2022	3452	Wilcox Pharmacy	IC RXs Jan 2022	X	(1,231.73)
Check	02/16/2022	3454	UTMB at Galveston	IC Batch Date 01/01/2022	X	(39,290.97)
Check	02/16/2022	3455	UTMB Faculty Grou...	IC Batch Date 01/01/2022-01/31/2022	X	(5,786.11)
Check	02/16/2022	3456	Barrier Reef Energen...	IC Batch Date 01/01/2022	X	(226.39)
Check	02/16/2022	3457	Omnipoint Health-D...	IC SP Batch Date 01/08/2022	X	(2,518.00)
Check	02/16/2022	3458	Penelope S Butler, M...	YC Batch Date 01/02/2022	X	(85.00)
Check	02/16/2022	3459	Nicki Holtzman MS, ...	YC Batch Date 01/02/2022	X	(425.00)
Check	02/16/2022	3460	Kalos Counseling	YC Batch Date 01/02/2022	X	(850.00)
Check	02/16/2022	3461	Gaudet Solutions	Youth Irlen Program	X	(496.00)
Check	02/16/2022	3462	Indigent Healthcare ...	Inv #73234	X	(1,109.00)
Check	02/16/2022	3463	American Education ...	92 5529 5461 S Stern	X	(150.14)
Check	02/16/2022	3464	Benckenstein & Oxfo...	Inv #50303 (Nov 2021)	X	(14,475.00)
Check	02/16/2022	3465	Hubert Oxford	Legal Retainer	X	(1,000.00)
Check	02/16/2022	3466	David Sticker	Inv # 71	X	(2,093.75)
Check	02/16/2022	3467	Technology Solution...	Inv #1664	X	(75.00)
Check	02/16/2022	3468	Felipe Ojeda	Inv # 1022	X	(300.00)
Check	02/16/2022	3469	Graciela Chavez	Inv #8018605	X	(120.00)
Check	02/16/2022	3470	Texas Mutual	WC Renewal Policy # 1302975	X	(402.00)

Winnie-Stowell Hospital District
Bank Accounts Register
As of January 19, 2022 to February 28, 2022

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>
Check	02/16/2022	3472	Franz Strategic Solut...	Inv # WSHD004	X	(29,666.19)
Check	02/16/2022	3473	Wells Consulting Gr...	Inv #22573 (1/2 Due)	X	(3,328.00)
Check	02/16/2022	3474	Winnie Area Chambe...	VOID: Membership fee	X	
Check	02/16/2022	3471	TORCH	Inv #2225730 (Membership Dues)		(1,895.00)
Check	02/16/2022		Funcion 4-Lease fka ...	ACH, Withdrawal, Processed	X	(211.64)
Check	02/16/2022	9950...	Trinity Bay Conserva...	Draft, Withdrawal, Processed	X	(62.71)
Check	02/17/2022	3475	WSVEMS	Jan 2022 Payroll Stmt	X	(2,016.00)
Check	02/17/2022		Specturm/Time Warn...	ACH, Withdrawal, Processed	X	(274.55)
Check	02/22/2022	9950...	ECISD	Draft, Withdrawal, Processed	X	(18,333.33)
Liability ...	02/25/2022		QuickBooks Payroll ...	Created by Payroll Service on 02/23/...	X	(9,370.38)
Check	02/25/2022	3476	WSVEMS	Grant re Stryker Monitors	X	(104,815.71)
Paycheck	02/28/2022	DD1...	Burleson, Janci L	Direct Deposit	X	
Paycheck	02/28/2022	DD1...	Norris, Sherrie	Direct Deposit	X	
Paycheck	02/28/2022	DD1...	Ojeda, Patricia	Direct Deposit	X	
Check	02/28/2022		Prosperity Bank (CC)	ACH, Withdrawal, Processed	X	(306.02)
Deposit	02/28/2022		Prosperity Bank	Deposit, Processed	X	27.63
Total 100 Prosperity Bank -Checking						(516,930.80)
109 First Financial Bank						
109b FFB #4846 DACA						
Check	01/21/2022			Memo:Transfer from DDA Acct No....	X	72,800.92
Check	01/21/2022			Memo:ACH CREDIT RECEIVED ...	X	(12,961.00)
Check	01/21/2022		LTC Group	ACH PaymenWinnie-Stowell HCC...	X	(201,000.00)
Check	01/28/2022			Memo:Transfer from DDA Acct No....	X	1,541,983.50
Check	01/28/2022		Salt Creek Capital LLC	ACH PaymenWinnie-Stowell HCC...	X	(165,006.22)
Check	01/28/2022		Salt Creek Capital LLC	ACH PaymenWinnie-Stowell HCC...	X	(165,006.22)
Check	02/02/2022			Memo:Transfer from DDA Acct No....	X	288,231.90
Check	02/03/2022		LTC Group	ACH PaymenWinnie-Stowell HCC...	X	(201,000.00)
Check	02/04/2022			Memo:Transfer from DDA Acct No....	X	650,009.03
Check	02/09/2022			Memo:Transfer from DDA Acct No....	X	401,750.07
Check	02/10/2022			TEXNET STATE COMPTRLR CC...	X	(32,283.78)
Check	02/11/2022			Memo:Transfer from DDA Acct No....	X	599,995.52
Check	02/16/2022			Memo:Transfer from DDA Acct No....	X	641,410.63
Check	02/17/2022			Memo:Transfer from DDA Acct No....	X	2,815,553.20
Check	02/18/2022			Memo:Transfer from DDA Acct No....	X	51,071.56
Check	02/22/2022			Memo:Transfer from DDA Acct No....	X	1,147,813.62
Check	02/25/2022			Memo:Transfer from DDA Acct No....	X	447,210.14
Check	02/28/2022		Salt Creek Capital LLC	ACH PaymenWinnie-Stowell HCC...	X	(165,006.22)
Check	02/28/2022		Salt Creek Capital LLC	ACH PaymenWinnie-Stowell HCC...	X	(165,006.22)
Total 109b FFB #4846 DACA						7,550,560.43
Total 109 First Financial Bank						7,550,560.43
TOTAL						7,033,629.63

Winnie-Stowell Hospital District
Bank Accounts Register
As of February 16, 2022 to March 23, 2022

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>
100 Prosperity Bank -Checking						
Check	02/16/2022	3451	Brookshire Brothers	IC RXs Jan 2022	X	(1,065.83)
Check	02/16/2022	3452	Wilcox Pharmacy	IC RXs Jan 2022	X	(1,231.73)
Check	02/16/2022	3454	UTMB at Galveston	IC Batch Date 01/01/2022	X	(39,290.97)
Check	02/16/2022	3455	UTMB Faculty Grou...	IC Batch Date 01/01/2022-01/31/2022	X	(5,786.11)
Check	02/16/2022	3456	Barrier Reef Emergen...	IC Batch Date 01/01/2022	X	(226.39)
Check	02/16/2022	3457	Omnipoint Health-D...	IC SP Batch Date 01/08/2022	X	(2,518.00)
Check	02/16/2022	3458	Penelope S Butler, M...	YC Batch Date 01/02/2022	X	(85.00)
Check	02/16/2022	3459	Nicki Holtzman MS, ...	YC Batch Date 01/02/2022	X	(425.00)
Check	02/16/2022	3460	Kalos Counseling	YC Batch Date 01/02/2022	*	(850.00)
Check	02/16/2022	3461	Gaudet Solutions	Youth Irlen Program	X	(496.00)
Check	02/16/2022	3462	Indigent Healthcare ...	Inv #73234	X	(1,109.00)
Check	02/16/2022	3463	American Education ...	92 5529 5461 S Stern	X	(150.14)
Check	02/16/2022	3464	Benckenstein & Oxfo...	Inv #50303 (Nov 2021)	X	(14,475.00)
Check	02/16/2022	3465	Hubert Oxford	Legal Retainer	*	(1,000.00)
Check	02/16/2022	3466	David Sticker	Inv # 71	X	(2,093.75)
Check	02/16/2022	3467	Technology Solution...	Inv #1664	X	(75.00)
Check	02/16/2022	3468	Felipe Ojeda	Inv # 1022	X	(300.00)
Check	02/16/2022	3469	Graciela Chavez	Inv #8018605	X	(120.00)
Check	02/16/2022	3470	Texas Mutual	WC Renewal Policy # 1302975	X	(402.00)
Check	02/16/2022	3472	Franz Strategic Solut...	Inv # WSHD004	X	(29,666.19)
Check	02/16/2022	3473	Wells Consulting Gr...	Inv #22573 (1/2 Due)	X	(3,328.00)
Check	02/16/2022	3474	Winnie Area Chambe...	VOID: Membership fee	X	
Check	02/16/2022	3471	TORCH	Inv #2225730 (Membership Dues)		(1,895.00)
Check	02/16/2022		Funcion 4-Lease fka ...	ACH, Withdrawal, Processed	X	(211.64)
Check	02/16/2022	9950...	Trinity Bay Conserva...	Draft, Withdrawal, Processed	X	(62.71)
Check	02/17/2022	3475	WSVEMS	Jan 2022 Payroll Stmt	X	(2,016.00)
Check	02/17/2022		Specturm/Time Warn...	ACH, Withdrawal, Processed	X	(274.55)
Check	02/22/2022	9950...	ECISD	Draft, Withdrawal, Processed	X	(18,333.33)
Liability ...	02/25/2022		QuickBooks Payroll ...	Created by Payroll Service on 02/23/...	X	(9,370.38)
Check	02/25/2022	3476	WSVEMS	Grant re Stryker Monitors	X	(104,815.71)
Paycheck	02/28/2022	DD1...	Burleson, Janci L	Direct Deposit	X	
Paycheck	02/28/2022	DD1...	Norris, Sherrie	Direct Deposit	X	
Paycheck	02/28/2022	DD1...	Ojeda, Patricia	Direct Deposit	X	
Check	02/28/2022		Prosperity Bank (CC)	ACH, Withdrawal, Processed	X	(306.02)
Deposit	02/28/2022		Prosperity Bank	Deposit, Processed	X	27.63
Check	03/04/2022	3477	Coastal Gateway Hea...	FQHC advance Void Ck #3477 -Ba...	*	(100,000.00)
Check	03/08/2022			Memo:ACH, Deposit, Processed Pay...	*	250,000.00
Check	03/10/2022		IRS	Payroll Taxes Feb	*	(3,344.48)
Check	03/10/2022		Entergy		*	(217.16)
Check	03/10/2022	9950...	ECISD	VOID: Void Ck #995079 \$18,333.3...	*	
Deposit	03/11/2022			Deposit	*	53,531.88
Check	03/11/2022	3479	ECISD	Replacement for Ck#995079	*	(18,333.33)
Check	03/11/2022	3478	Coastal Gateway Hea...	Replacement for Ck#3477 (FQHC a...	*	(100,000.00)
Deposit	03/11/2022			Credit adjustment for Check #3477		100,000.00
Deposit	03/11/2022			Credit Adjustment for Check#995079	*	18,333.33
Check	03/11/2022		Riceland Medical Ce...	Check #995084	*	(340.00)
Check	03/12/2022		Trinity Bay Conserva...	13053-1010703000	*	(61.05)
Check	03/15/2022		Prosperity Bank		*	(110.28)
Check	03/16/2022		Funcion 4-Lease fka ...		*	(211.64)
Check	03/17/2022		Specturm/Time Warn...	8260170290121119	*	(281.68)
Check	03/23/2022	To P...	Alliegance Bank	Opening Deposit for The Villa at Te...		(200.00)
Check	03/23/2022	To P...	Brookshire Brothers	IC RXs Feb 2022		(809.23)
Check	03/23/2022	To P...	Wilcox Pharmacy	IC RXs Feb 2022		(1,553.71)
Check	03/23/2022	To P...	UTMB at Galveston	IC Batch Date 02.01.22		(17,782.69)
Check	03/23/2022	To P...	UTMB Faculty Grou...	IC Batch Date 02.01.22		(5,403.11)
Check	03/23/2022	To P...	Barrier Reef Emergen...	IC Batch Date 02.01-28.22		(128.90)
Check	03/23/2022	To P...	Omnipoint Health-D...	IC SP Batch Date 02.08.22		(250.00)
Check	03/23/2022	To P...	\$25 Optical	SP IC Batch Date 02.08.22		(50.00)
Check	03/23/2022	To P...	Penelope S Butler, M...	YC Batch Date 02/02/22		(170.00)
Check	03/23/2022	To P...	Nicki Holtzman MS, ...	YC Batch Date 02/02/22		(595.00)

Winnie-Stowell Hospital District
Bank Accounts Register
As of February 16, 2022 to March 23, 2022

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>
Check	03/23/2022	To P...	Kalos Counseling	YC Batch Date 02/02/22		(1,105.00)
Check	03/23/2022	To P...	Indigent Healthcare ...	Inv #73397		(1,109.00)
Check	03/23/2022	To P...	American Education ...	92 5529 5461 S Stern		(150.14)
Check	03/23/2022	To P...	Benckenstein & Oxfo...	Inv #50373 (Dec 2021)		(16,151.00)
Check	03/23/2022	To P...	Hubert Oxford	Legal Retainer		(1,000.00)
Check	03/23/2022	To P...	David Sticker	Inv #73		(2,906.25)
Check	03/23/2022	To P...	Technology Solution...	Inv #1671		(75.00)
Check	03/23/2022	To P...	Felipe Ojeda	Inv #1023		(300.00)
Check	03/23/2022	To P...	Graciela Chavez	Inv #8018606		(120.00)
Check	03/23/2022	To P...	Franz Strategic Solut...	Inv #WSHD005 (FQHC)		(30,077.79)
Check	03/23/2022	To P...	Gunster, Yoakley & ...	Inv #699362 (FQHC)		(515.00)
Check	03/23/2022	To P...	WSVEMS	Jan adj and Feb 2022 Payroll Stmt		(17,808.00)
Check	03/23/2022	To P...	HMG Healthcare, LLC	VMG Appraisal HMG 11 New NHs		(40,411.64)
Check	03/23/2022	To P...	Durbin & Company	Inv #10909 (2020 Audit)		(25,905.00)
Total 100 Prosperity Bank -Checking						(207,562.69)
109 First Financial Bank						
109b FFB #4846 DACA						
Check	02/16/2022			Memo:Transfer from DDA Acct No....	X	641,410.63
Check	02/17/2022			Memo:Transfer from DDA Acct No....	X	2,815,553.20
Check	02/18/2022			Memo:Transfer from DDA Acct No....	X	51,071.56
Check	02/22/2022			Memo:Transfer from DDA Acct No....	X	1,147,813.62
Check	02/25/2022			Memo:Transfer from DDA Acct No....	X	447,210.14
Check	02/28/2022		Salt Creek Capital LLC	ACH PaymenWinnie-Stowell HCC...	X	(165,006.22)
Check	02/28/2022		Salt Creek Capital LLC	ACH PaymenWinnie-Stowell HCC...	X	(165,006.22)
Deposit	03/08/2022			Inbound Wire Transfer WINNIE ST...	M	201,000.00
Check	03/08/2022			Memo:ACH, Deposit, Processed Pay...	M	(250,000.00)
Check	03/09/2022		LTC Group	Inv #1547 (Mar 2022)		(201,000.00)
Total 109b FFB #4846 DACA						4,523,046.71
Total 109 First Financial Bank						4,523,046.71
TOTAL						4,315,484.02

Exhibit “B”

03.23.22 WSHD Regular Board Meeting Indigent Care Report

1) Active Client Count:

- a) Indigent Clients – **66** (19 Apps, 9 Received, 7 Approved, 3 Denied, 9 Incomplete)
- b) Youth Counseling – **22**
- c) Irlen Services – **3**
- d) Dental – **2** clients used the Dental benefits , and **1** used the Vision benefits in FEB

2) District Programs:

- a) County Van –See attached – **5** out of **48** were WSHD clients
- b) Marcelous Williams-See attached – **7** out of **9** were WSHD clients
- c) Winnie Stowell EMS-See attached – **4** transports were made from Riceland

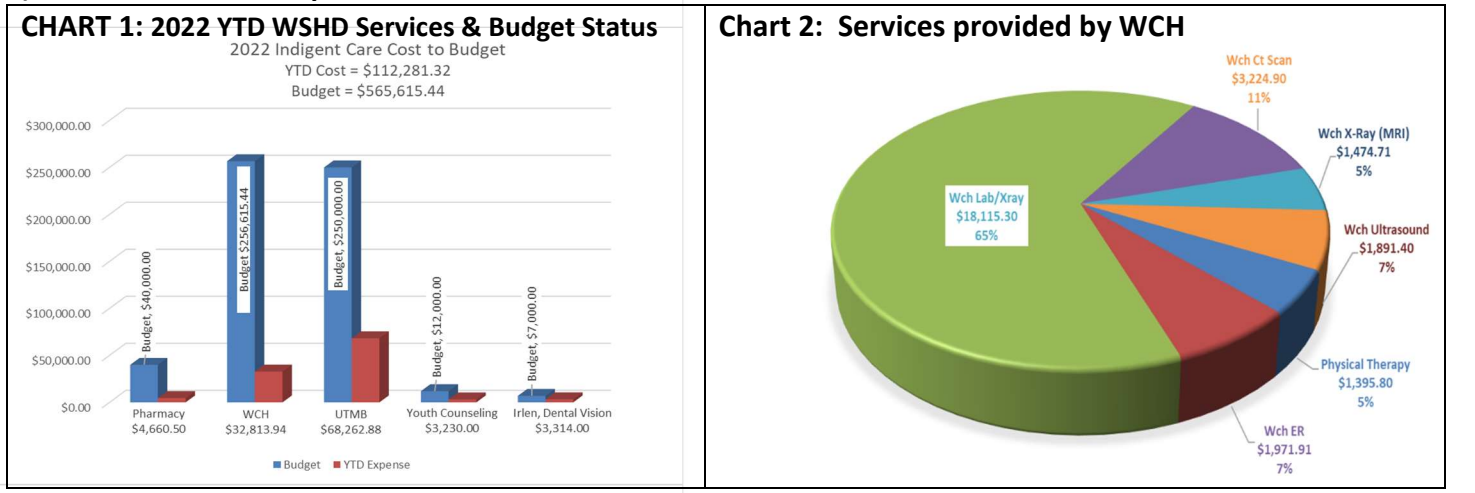
3) Riceland Hospital & Clinics:

The JAN & FEB charges were submitted for posting, and were posted at the current Medicaid Reimbursement Rate, which led to an overall **23% increase** in their reimbursement rate.

4) UTMB Hospital & Clinics:

- a) UTMB charges for posting, included **two surgeries** – one for **\$33.6K**, which was paid at **\$8K**, and a second one for **\$28.8K**, which was paid at **\$6.9K**. There is still an extensive inpatient stay which lasted from 01.06.22 through 02.16.22 which has not been billed yet, but UTMB has been notified that WSHD will only pay the annual maximum benefit amount of **\$30K** toward this patient’s charges in 2022.

5) Our over-all YTD expenditure Charts:



We have expended **20%** of the overall Indigent Care Budget

- **12%** of the Pharmacy budget
- **13%** of the Riceland budget
- **27%** of the UTMB budget
- **27%** of the Youth Counseling budget
- **47%** of the Special Services – Irlen, Vision, & Dental - budget

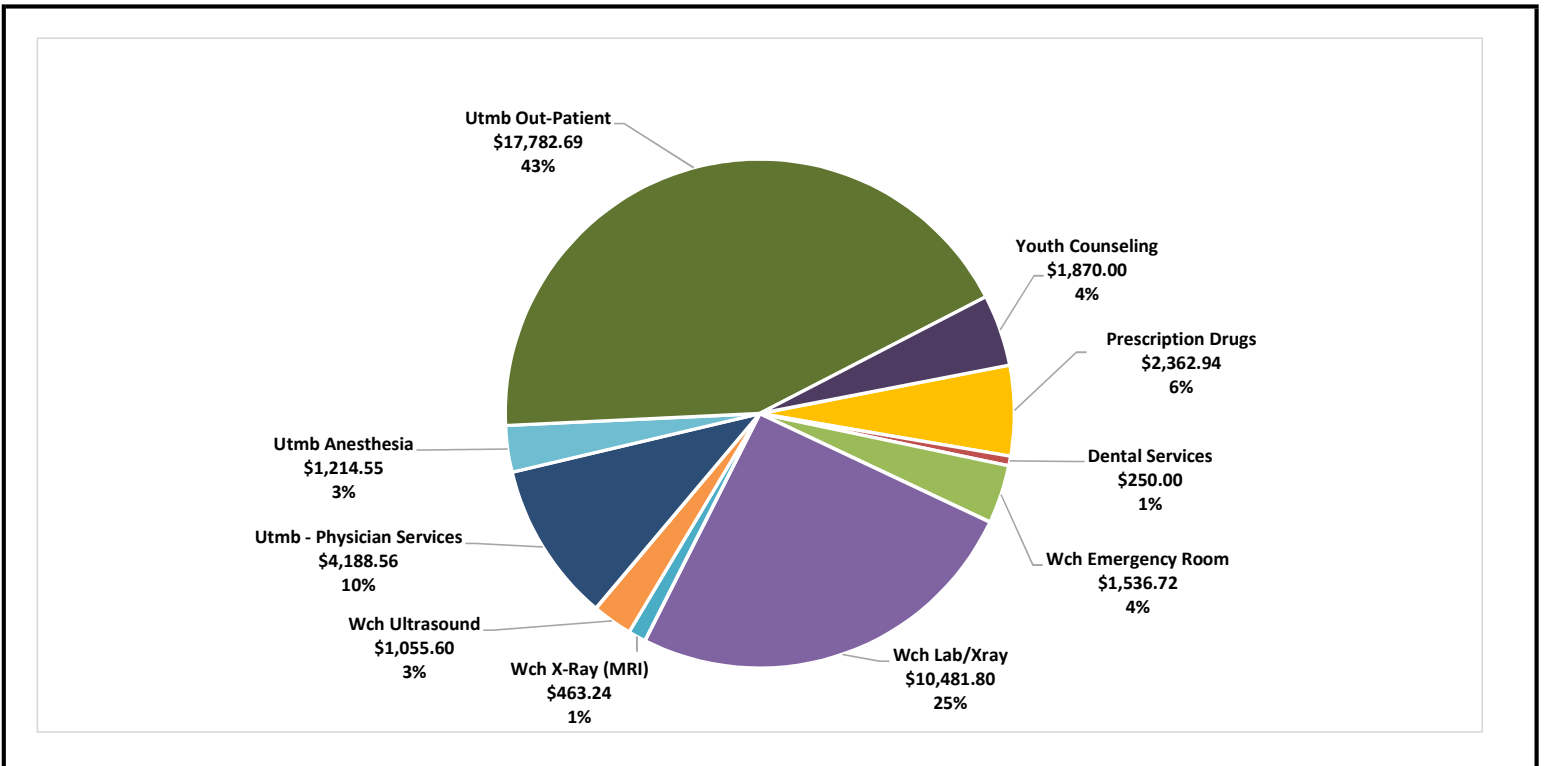
WSHD Indigent Care Director Report
Jan-Dec 2022 YTD Expenditures Worksheet

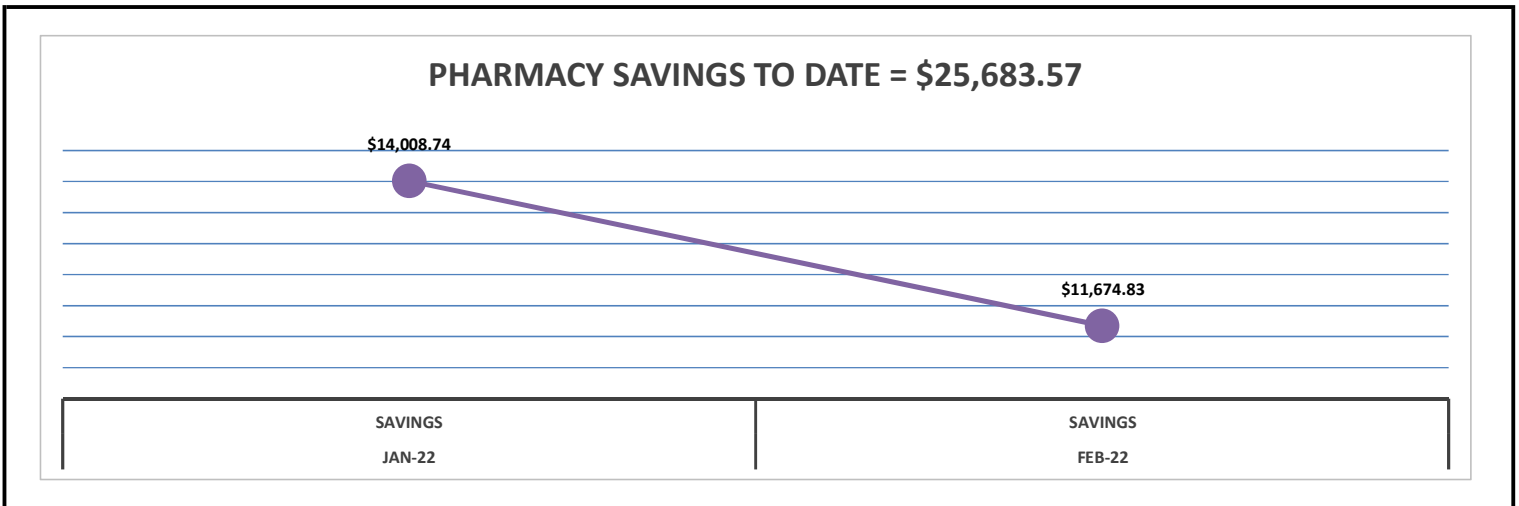
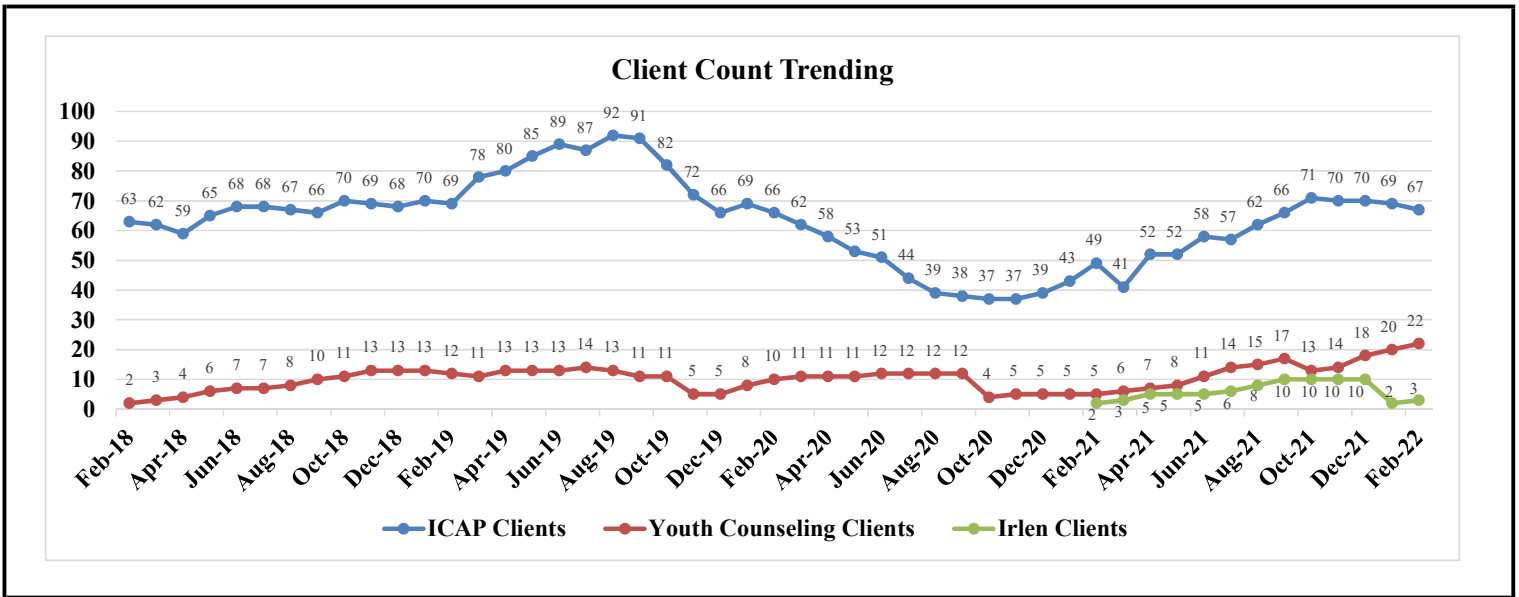
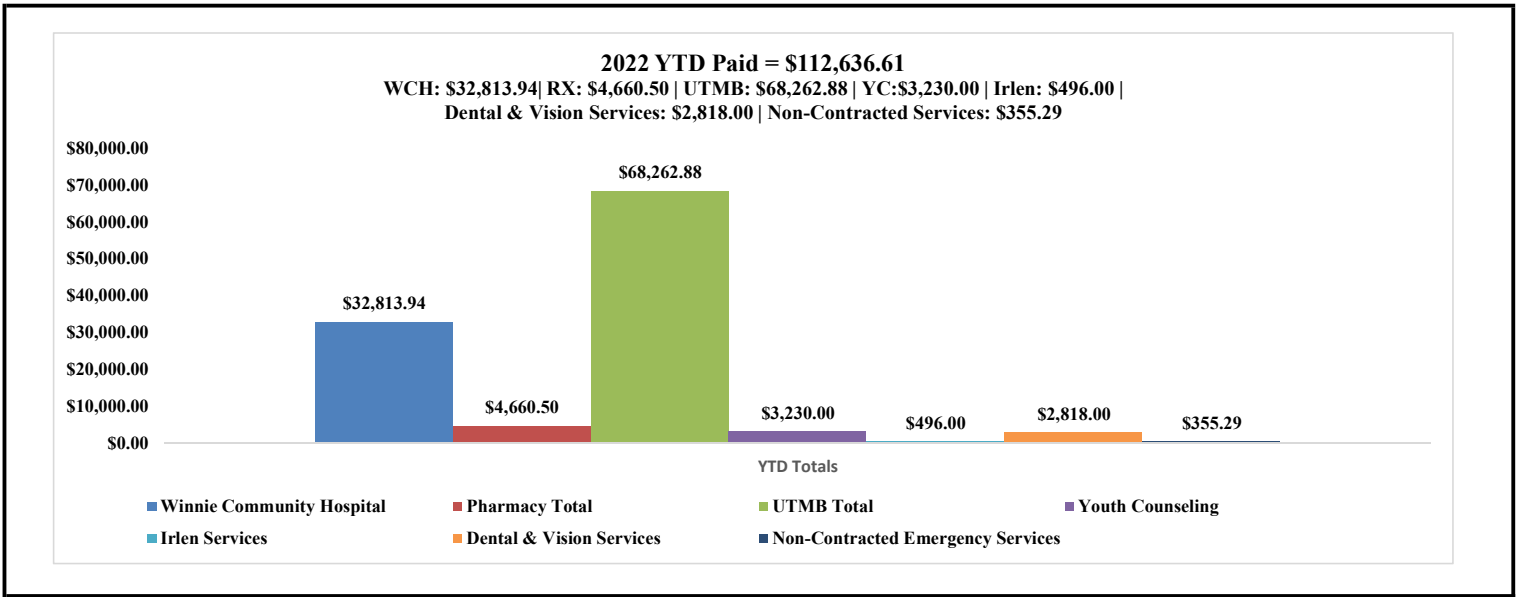
	January			February			Year to Date		
	Indigent Clients:	69		Indigent Clients:	67		Total Unduplicated	Average	
Indigent Clients:							Clients Enrolled:	72	68
Youth Counseling:	Youth Counseling:	20		Youth Counseling:	22		YC Enrolled:	22	21
Irlen Services:	Irlen Services:	2		Irlen Services:	3		IS Enrolled:	3	3
PROVIDER TOTALS	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid
Pharmacy									
Brookshire Brothers Pharmacy Corp	\$1,652.03	\$1,172.63	\$1,065.83	\$872.42	\$872.42	\$809.23	\$2,524.45	\$2,045.05	\$1,875.06
Wilcox Pharmacy	\$1,231.73	\$1,231.73	\$1,231.73	\$1,553.71	\$1,553.71	\$1,553.71	\$2,785.44	\$2,785.44	\$2,785.44
ADJUSTMENTS-Refunds/Credits	<i>Brookshire Brothers Credit Adjustment</i>		<i>(\$106.80)</i>				YTD Refunds/Credits		<i>(\$106.80)</i>
Pharmacy Totals	\$2,883.76	\$2,404.36	\$2,297.56	\$2,426.13	\$2,426.13	\$2,362.94	\$5,309.89	\$4,830.49	\$4,660.50
Winnie Community Hospital									
WCH Clinic	\$4,591.00	\$2,054.09	\$2,054.09	\$5,070.00	\$2,378.42	\$2,378.42	\$9,661.00	\$4,432.51	\$4,432.51
WCH Observation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH ER	\$885.00	\$435.19	\$435.19	\$2,570.00	\$1,536.72	\$1,536.72	\$3,455.00	\$1,971.91	\$1,971.91
WCH Lab/Xray	\$10,905.00	\$7,633.50	\$7,633.50	\$14,974.00	\$10,481.80	\$10,481.80	\$25,879.00	\$18,115.30	\$18,115.30
WCH CT Scan	\$4,607.00	\$3,224.90	\$3,224.90	\$0.00	\$0.00	\$0.00	\$4,607.00	\$3,224.90	\$3,224.90
WCH Labs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Xray (MRI)	\$21,774.00	\$1,011.47	\$1,011.47	\$8,135.00	\$463.24	\$463.24	\$29,909.00	\$1,474.71	\$1,474.71
WCH Lab/Xray Reading	\$1,106.00	\$162.00	\$162.00	\$1,081.00	\$145.41	\$145.41	\$2,187.00	\$307.41	\$307.41
WCH Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Physical Therapy	\$662.00	\$463.40	\$463.40	\$1,332.00	\$932.40	\$932.40	\$1,994.00	\$1,395.80	\$1,395.80
WCH Ultrasound	\$1,194.00	\$835.80	\$835.80	\$1,508.00	\$1,055.60	\$1,055.60	\$2,702.00	\$1,891.40	\$1,891.40
WCH Totals	\$45,724.00	\$15,820.35	\$15,820.35	\$34,670.00	\$16,993.59	\$16,993.59	\$80,394.00	\$32,813.94	\$32,813.94
ADJUSTMENTS-Refunds/Credits	<i>Credit Adjustment</i>			<i>Credit Adjustment</i>			YTD Credit Adjustments		\$0.00
Balance on Contracted Amount (Lump Sum Payment of \$256,615.44)		\$240,795.09			\$223,801.50			\$223,801.50	
Actual Medicaid Rate Incurred		\$8,551.37			\$8,787.72		\$256,615.45 -	\$17,339.09	\$208,471.26
UTMB									
UTMB Physician Services	\$20,130.00	\$3,934.67	\$3,916.42	\$23,846.00	\$4,188.56	\$4,188.56	\$43,976.00	\$8,123.23	\$8,104.98
UTMB Anesthesia	\$7,657.00	\$1,851.69	\$1,851.69	\$1,920.00	\$1,214.55	\$1,214.55	\$9,577.00	\$3,066.24	\$3,066.24
UTMB In-Patient	\$121,413.46	\$28,000.00	\$28,000.00	\$0.00	\$0.00	\$0.00	\$121,413.46	\$28,000.00	\$28,000.00
UTMB Outpatient	\$47,561.72	\$11,308.97	\$11,308.97	\$74,094.56	\$17,782.69	\$17,782.69	\$121,656.28	\$29,091.66	\$29,091.66
UTMB Lab&Xray	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00
ADJUSTMENTS-Refunds/Credits	<i>UTMB FGP Refund</i>		<i>(\$18.25)</i>				YTD Refunds/Credits		<i>(\$18.25)</i>
UTMB Totals	\$196,792.18	\$45,095.33	\$45,077.08	\$99,860.56	\$23,185.80	\$23,185.80	\$296,652.74	\$68,281.13	\$68,262.88
Non-Contracted Emergency Services									
Barrier Reef (UTMB ER Physician)	\$3,990.00	\$226.39	\$226.39	\$2,397.00	\$128.90	\$128.90	\$6,387.00	\$355.29	\$355.29
Chambers Co Public Hosp Distr ER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Winnie-Stowell EMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Contract Services Totals	\$3,990.00	\$226.39	\$226.39	\$2,397.00	\$128.90	\$128.90	\$6,387.00	\$355.29	\$355.29
Youth Counseling									
Benjamin Odum	\$850.00	\$850.00	\$850.00	\$1,105.00	\$1,105.00	\$1,105.00	\$1,955.00	\$1,955.00	\$1,955.00
Nicki Holtzman	\$425.00	\$425.00	\$425.00	\$595.00	\$595.00	\$595.00	\$1,020.00	\$1,020.00	\$1,020.00
Penelope Butler	\$85.00	\$85.00	\$85.00	\$170.00	\$170.00	\$170.00	\$255.00	\$255.00	\$255.00
Youth Counseling Totals	\$1,360.00	\$1,360.00	\$1,360.00	\$1,870.00	\$1,870.00	\$1,870.00	\$3,230.00	\$3,230.00	\$3,230.00
Irlen Services									
Nancy Gaudet	\$496.00	\$496.00	\$496.00	\$0.00	\$0.00	\$0.00	\$496.00	\$496.00	\$496.00
Irlen Services Totals	\$496.00	\$496.00	\$496.00	\$0.00	\$0.00	\$0.00	\$496.00	\$496.00	\$496.00
Indigent Special Services									
Dental Services	\$2,518.00	\$2,518.00	\$2,518.00	\$250.00	\$250.00	\$250.00	\$2,768.00	\$2,768.00	\$2,768.00
Vision Services	\$0.00	\$0.00	\$0.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
Indigent Special Services Totals	\$2,518.00	\$2,518.00	\$2,518.00	\$300.00	\$300.00	\$300.00	\$2,818.00	\$2,818.00	\$2,818.00
Medical Supplies									
Alliance Medical Supply (C-PAP)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medial Supplies Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

WSHD Indigent Care Director Report
Feb 2022 SOURCE CODE REPORT

Source Totals for Batch Dates 02/01/2022 through 02/28/2022 for All Vendors

Source	Description	Amount Billed	Amount Paid	% of Total
02	Prescription Drugs	\$2,426.13	\$2,362.94	5.27%
13	Vision Services	\$50.00	\$50.00	0.11%
14	Dental Services	\$250.00	\$250.00	0.56%
20	Physical Therapy	\$1,332.00	\$932.40	2.08%
21	Wch Clinic	\$5,070.00	\$2,378.42	5.30%
24	Wch Emergency Room	\$2,570.00	\$1,536.72	3.43%
25	Wch Lab/Xray	\$14,974.00	\$10,481.80	23.38%
28	Wch X-Ray (MRI)	\$8,135.00	\$463.24	1.03%
29	Wch Ultrasound	\$1,508.00	\$1,055.60	2.35%
44	Wch Xray Readings	\$1,081.00	\$145.41	0.32%
31	Utmb - Physician Services	\$23,846.00	\$4,188.56	9.34%
31-1	Utmb Anesthesia	\$1,920.00	\$1,214.55	2.71%
34	Utmb Out-Patient	\$74,094.56	\$17,782.69	39.66%
34-1	Utmb ER Physicians - Barrier Reef	\$2,397.00	\$128.90	0.29%
39	Youth Counseling	\$1,870.00	\$1,870.00	4.17%
Expenditures/Reimbursements/Adjustments		\$141,523.69	\$44,841.23	100%
Grand Total		\$141,523.69	\$44,841.23	100%






Chambers County Van Report Year 2022



Commissioner PCT #1, Jimmy E Gore
 211 Broadway | PO BOX 260
 Winnie, Texas 77665
 409-296-8250

YTD DETAILS FOR 2022			
VEHICLE #1 - EAST SIDE VAN #1	Jan-22	Feb-22	YTD
TOTAL MILES DRIVEN	2136	2982	5118
TOTAL HOURS DRIVEN	139.67	175.58	315.25
TOTAL EXPENSES FOR MONTH	\$908.34	\$649.61	\$1,557.95
FUEL COST	\$439.71	\$649.61	\$1,089.32
REPAIRS & MAINTENANCE COST	\$468.63	\$0.00	\$468.63
MISC EXPENSES	\$0.00	\$0.00	\$0.00
TOTAL RIDERS	16	17	33
TOTAL WSHD RIDERS	2	2	4
TOTAL TRIPS	43	45	88
TOTAL TRIPS FOR WSHD RIDERS	2	3	5
VEHICLE #2 - EAST SIDE VAN #2			
TOTAL MILES DRIVEN	1513	1127	2640
TOTAL HOURS DRIVEN	72.67	46.25	118.92
TOTAL EXPENSES FOR MONTH	\$301.35	\$203.00	\$504.35
FUEL COST	\$301.35	\$203.00	\$504.35
REPAIRS & MAINTENANCE COST	\$0.00	\$0.00	\$0.00
MISC EXPENSES	\$0.00	\$0.00	\$0.00
TOTAL RIDERS	16	11	27
TOTAL WSHD RIDERS	2	2	4
TOTAL TRIPS	19	17	36
TOTAL TRIPS FOR WSHD RIDERS	2	2	4
VEHICLE #3 - VEHICLE FROM JUDGE'S FLEET			
TOTAL MILES DRIVEN	2380	1954	4334
TOTAL HOURS DRIVEN	93.08	84.25	177.33
TOTAL EXPENSES FOR MONTH	\$293.26	\$339.12	\$632.38
FUEL COST	\$240.02	\$282.05	\$522.07
REPAIRS & MAINTENANCE COST	\$53.24	\$57.07	\$110.31
MISC EXPENSES	\$0.00	\$0.00	\$0.00
TOTAL RIDERS	22	20	42
TOTAL WSHD RIDERS	2	1	3
TOTAL TRIPS	37	34	71
TOTAL TRIPS FOR WSHD RIDERS	2	1	3
GRAND TOTALS			
MILES DRIVEN	6029	6063	12092
RIDERS	54	48	102
WSHD RIDERS	6	5	11
TRIPS	99	96	195
WSHD TRIPS	6	6	12
EXPENSES	\$1,502.95	\$1,191.73	\$2,694.68

Marcelous Williams Resource Center Year 2022 Report

 Marcelous Williams Resource Center Winnie-Stowell Hospital District Report			
Year to Date Details for 2022	Jan-22	Feb-22	YTD DATE
YTD WSHD REFERRALS	0	2	2
<i>YTD Indigent Care (Medical, Dental & Vision)</i>	0	2	2
<i>YTD Prescription Assistance</i>	0	0	0
<i>YTD Youth Counseling</i>	0	0	0
<i>YTD Irlen Syndrome Services</i>	0	0	0
YTD OTHER REFERRALS	1	1	2
<i>YTD Gift of Life</i>	0	0	0
<i>YTD Work in Texas (Texas Workforce Commission)</i>	1	1	2
<i>YTD Chambers County Indigent or OmniPoint FQHC</i>	0	0	0
<i>YTD Chambers County Indigent Dental</i>	0	0	0
<i>YTD Transportation</i>	0	1	1
<i>YTD Medical Services (Other Than Indigent)</i>	2	3	5
<i>YTD G.E.T-C.A.P.</i>	0	1	1
<i>YTD Misc. MWRC Available Services</i>	0	0	0
YTD APPLICATIONS INITIATED/PROCESSED	19	18	37
<i>YTD WSHD Indigent Care</i>	0	1	1
<i>YTD Prescription Assistance</i>	0	0	0
<i>YTD Social Security</i>	8	8	16
<i>YTD Medicare Savings Program</i>	1	0	1
<i>YTD Medicaid</i>	0	0	0
<i>YTD Food Stamps</i>	8	6	14
<i>YTD Home Repair</i>	1	1	2
<i>YTD G.E.T-C.A.P.</i>	1	2	3
YTD CLIENTS SERVED	7	9	16
<i>YTD WSHD Clients</i>	5	7	12
<i>YTD Chambers County Residents</i>	0	1	1
<i>YTD Other County Residents</i>	2	1	3
YTD OFFICE SUPPLIES EXPENSES	\$0.00	\$0.00	\$0.00
YTD STAFFING EXPENSES	\$0.00	\$4,114.36	\$4,114.36
YTD GRANT AMOUNT SPENT OF TOTAL \$55,550.00	\$0.00	\$4,114.36	\$4,114.36
YTD GRANT BALANCE REMAINING OF	\$55,550.00	\$51,435.64	\$51,435.64
OUTREACH ACTIVITIES/EVENTS ATTENDED	1	1	2

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Confidential information

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Winnie Stowell Volunteer EMS Report Year 2022


 Winnie Stowell Volunteer EMS Winnie-Stowell Hospital District Report			
	Year to Date Details for 2022	Jan-22	Feb-22
YTD CALLS/TRANSPORTS REQUESTED	2	4	6
<i>YTD CALLS/TRANSPORTS MADE</i>	2	4	6
<i>YTD CALLS/TRANSPORTS DELAYED</i>	0	0	0
<i>YTD CALLS/TRANSPORTS REASSIGNED</i>	0	0	0
YTD 3RD PARTY INVOICES BILLED	\$3,143.93	\$6,529.28	\$9,673.21
YTD 3RD PARTY PAYMENTS RECEIVED	\$0.00	\$0.00	\$0.00
YTD STAFFING EXPENSES	\$10,416.00	\$9,408.00	\$19,824.00
	<i>Corrected Amt</i>		
YTD PERTINENT INFORMATION REGARDING PERFORMANCE			
RICELAND REPORTED TRANSFERS	13		13

Exhibit “C”

DY10-IGT TIMELINE	
Date	Event
February 4, 2021	First IGT for DY 10 was on February 4, 2021 in the amount of \$24,146.30 after being approved during the January 2021 Regular Meeting.
July 30, 2021	Then, on July 30, 2021, the District had a special meeting to consider the second IGT for DY 10. The amount of the expected IGT was \$71,293.63 but the Board gave \$75,000.00 in authority.
August 1, 2021	After the meeting, on August 1, 2021, we learned that the IGT amount dropped to \$46,358.00 from \$71,293.63. However, this IGT was never made because the State never finalized the numbers.
September 13, 2021	Then on September 13, 2021, we received another set of IGT amounts for the IGT that was approved on July 30, 2021, and never made, the newest amount of the IGT went from 46,358.00 to \$31,464.08. Finally, this IGT occurred on October 1, 2021.
March 21, 2022	<p>Most recently, we received an IGT Request for DY10 in the amount of \$14,766.14. This IGT amount is the difference between \$46,358.00 and the IGT of \$31,464.08 that was made on October 1, 2021.</p> <p>Therefore, by making the IGT of \$14,766.14, the District will be completing its IGT that was approved on July 30, 2021 of \$71,293.63.</p>

Hubert Oxford IV

From: Karen Horn <khorn@ricelandhealthcare.com>
Sent: Monday, March 21, 2022 2:11 PM
To: Hubert Oxford IV; Sherrie Norris
Cc: mo@starcoimpex.com
Subject: Re: UC IGT Notification for DY10 Final Payment - Government Entity 1 of 3

Hubert,
Let me see if I can lay this out and explain it.

Your February number is correct @ \$24,146.30.

For the fall payment, on 7/26, HHSC sent out the Fall IGT amounts. That's where the \$71,293.63 comes in. That amount was approved by the board, but never funded. Before funding the IGT, HHSC sent out a revised spreadsheet and the IGT amount was reduced to \$46,358. Again, before the IGT date, HHSC decided to withhold a portion of the fall payment pending finalization of maximum UC pools / DSH payment offsets.

The fall IGT amount ended up being \$31,464.08 and was made on 10/2/2021.

The IGT of \$14,766.14 now due, is for the amount that was withheld from the Fall 2021 payment. It was originally supposed to have been processed in December 2021, but was delayed. This \$14,766.14 added to the 10/2021 payment of \$31,464.08, totals \$46,230.22, which is pretty close to the revised number they sent in July (highlighted in yellow above).

Year	IGT Date	Final IGT
DY 11 (FFY 10/1/21-9/30/2022)		
First Payment	February 4, 2021	\$ 24,146.30
Second Payment	October 1, 2021	\$ 31,464.08
Third Payment	April 1, 2022	\$ 14,766.14
DY 10 Total		\$ 70,376.52

I hope this helps. Let me know if you need me to dig a little deeper.

Karen Horn
Financial Analyst
Riceland Medical Center
(formerly Winnie Community Hospital)
225-267-6966 Office
225-715-9840 Cell

From: Hubert Oxford IV <hoxfordiv@benoxford.com>
Sent: Monday, March 21, 2022 11:24 AM
To: Karen Horn <khorn@ricelandhealthcare.com>; Sherrie Norris <sherrie@wshd-tx.com>
Subject: FW: UC IGT Notification for DY10 Final Payment - Government Entity 1 of 3

Karen,

Per our other e-mail regarding this IGT, to confirm, the amount is now going from \$31,464.08 to \$15,000.00?

Hubert Oxford, IV
Benckenstein & Oxford, L.L.P.
3535 Calder Avenue, Suite 300
Beaumont, Texas 77706
(409) 951-4721 Direct
(409) 351-0000 Cell
(409) 833-8819 Fax

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From: Hubert Oxford IV
Sent: Monday, September 13, 2021 10:57 AM
To: 'Karen Horn' <khorn@ricelandhealthcare.com>; Sherrie Norris <sherrie@wshd-tx.com>
Cc: mo@starcoimpex.com
Subject: RE: UC IGT Notification for DY10 Final Payment - Government Entity 1 of 3

Karen,

So the amount approved in during the July 30, 2021 Special Meeting was \$71,293.63 up to \$75,000.00. Then, it was lowered and now it is being lowered even more to \$31,464.08?

DY 10-IGT Date	Amount
February 3, 2021	\$24,146.30
August 5, 2021	\$71,293.63
September 30, 2021	\$31,464.08
December 2021	Unknown

Hubert Oxford, IV
 Benckenstein & Oxford, L.L.P.
 3535 Calder Avenue, Suite 300
 Beaumont, Texas 77706
 (409) 951-4721 Direct
 (409) 351-0000 Cell
 (409) 833-8819 Fax

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From: Karen Horn <khorn@ricelandhealthcare.com>
Sent: Monday, September 13, 2021 10:49 AM
To: Hubert Oxford IV <hoxfordiv@benoxford.com>; Sherrie Norris <sherrie@wshd-tx.com>
Cc: mo@starcoimpex.com
Subject: Re: UC IGT Notification for DY10 Final Payment - Government Entity 1 of 3

Hubert,
 This is the DY10, which should have been paid at the end of August, but HHSC delayed the IGT funding date due to issues on their side.

I believe this was approved at last month's meeting for the original amount reported to us back in August of \$46,358.

Total IGT is \$31,464.08 per below:

Final Payment After Accounting for Recoupments	Final IGT Required After Accounting for Recoupments
\$98,356.01	\$31,464.08

Karen Horn
Financial Analyst
Riceland Medical Center
(formerly Winnie Community Hospital)
225-267-6966 Office
225-715-9840 Cell

From: Hubert Oxford IV <hoxfordiv@benoxford.com>
Sent: Monday, September 13, 2021 10:30 AM
To: Anthony Stramecki <anthony@stramecki.com>; astramecki@wshd-tx.com <astramecki@wshd-tx.com>; Bobby Way <bobw1212@aol.com>; Bobby Way (bway@wshd-tx.com) <bway@wshd-tx.com>; David Sticker <davidbsticker@gmail.com>; Edward Murrell <murrelledward@yahoo.com>; Edward Murrell (emurrell@wshd-tx.com) <emurrell@wshd-tx.com>; Jeff Rollo <rollojer@yahoo.com>; jrollo@wshd-tx.com <jrollo@wshd-tx.com>; Kacey Vratis <kvratiss@wshd-tx.com>; Kacey Vratis <klvratis@yahoo.com>; Patricia Ojeda <patricia@wshd-tx.com>; Sherrie Norris <sherrie@wshd-tx.com>
Cc: Karen Horn <khorn@ricelandhealthcare.com>; mo@starcoimpex.com <mo@starcoimpex.com>
Subject: FW: UC IGT Notification for DY10 Final Payment - Government Entity 1 of 3

All,

We just received the e-mail below calling for an IGT on behalf of the Riceland Hospital for DY 10 Uncompensated Care Program. Unfortunately, we knew nothing about this when setting our agenda for Wednesday and per the e-mail below, the deadline to submit the paperwork is September 30, 2021.

Prior to receiving this e-mail, I talked to Ed about pushing the meeting a week, depending on the weather tomorrow. Now, regardless of the weather, we are either going to have to: 1) reschedule the meeting until September 22nd and add this to the agenda or; 2) have a Special meeting to consider the IGT.

When Sherrie gets back from the Doctor, we will discuss and someone will call you to find out your preference.

Sincerely,

Hubert Oxford, IV
Benckenstein & Oxford, L.L.P.
3535 Calder Avenue, Suite 300
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(409) 951-4721 Direct
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Cc: Brown,Adam (HHSC) <Adam.Brown04@hhs.texas.gov>; Jenkins,Brooke (HHSC) <Brooke.Jenkins01@hhs.texas.gov>; Chang,Sylvia (HHSC) <sylvia.chang@hhs.texas.gov>; Okoniewski,Amanda (HHSC) <Amanda.Okoniewski01@hhs.texas.gov>; Wade,Tonika (HHSC) <Tonika.Wade@hhs.texas.gov>; Corzine,Ketha (HHSC) <Ketha.Corzine@hhs.texas.gov>; Cantu,Rene (HHSC) <Rene.Cantu@hhs.texas.gov>; Heinemann,David (HHSC) <David.Heinemann@hhs.texas.gov>

Subject: UC IGT Notification for DY10 Final Payment - Government Entity 1 of 3

Providers, Government Entities, and Anchors:

Please read this entire message carefully and make note of the information provided below that failure by IGT entities and providers to submit the required forms may result in a delayed payment for the providers.

HHSC is providing notice to IGT for the first DY10 Final UC Payment to be made in September 2021. **A second final payment to be made in December 2021.**

Dates pertinent to this payment:

9/30/2021	Last day to submit your IGT into TexNet
10/01/2021	IGT Settlement date
10/01/2021	State Owned Entities submit Journal Entry
10/12/2021	All UC Providers paid

Attached to this email are the following documents:

- 2021 DY10 Final UC Payment Calculation spreadsheet for September
- DY10 UC/SDA Allocation Form

HHSC is concerned that a series of events over the past year resulted in an unanticipated large shift of funds between different hospital classes within the UC pool. As a result, HHSC will not make the full final UC payment as planned in September. However, HHSC will make a partial final payment in September with the final payment likely to come in December. The partial final payment will be made up of a majority of the remaining funds in the UC pool.

Beginning with the DY9 UC Advance Payment, IGT received will be allocated at the Service Delivery Area (SDA) level. While providers are required to have an affiliation to be eligible to participate in the UC Program, IGT received is no longer allocated at the affiliation level. In the event of an IGT shortage in a SDA, a pro-rata reduction will be imposed for all participants in that SDA for this payment, with no additional funding opportunities. Should this occur there will be a final payment in September 2021. The underfunded SDA will be allotted an additional opportunity to submit the additional IGT. If additional IGT is not submitted for the underfunded SDA, HHSC will proportionally reduce the payments to all providers in the SDA based on the IGT received. HHSC will then reallocate the funds from the

underfunded SDA to all SDAs who have additional IGT based on IGT commitments. The timeline for the September payment is published on the [Provider Finance Website](#) located [here](#).

The amount that needs to be submitted into TexNet for all entities is in **column BL** of the “3. UC Calculations by Hospital” tab, while the corresponding payment amount is in **column BK** of the same tab. The total IGT amount needed to fully fund each SDA is summarized in column C of the “Payment and IGT Summary by SDA” tab. Please ensure you select the applicable UC bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the trace number, location number, IGT amount and settlement date, if the TexNet is submitted over the phone, to HHSC PFD_UC_Payments@hhs.texas.gov. An IGT allocation form designating what SDA the IGT is being submitted for must also be submitted with the Trace Sheet. **Please submit the trace sheet and IGT allocation as two separate documents.** Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

Government Entities that are IGT'ing for multiple providers may submit one lump sum IGT for their affiliates. **However, if a governmental entity is submitting in multiple SDA's, a separate allocation form must be submitted for each SDA.** All IGTs, even for entities submitting IGT for themselves, must complete and submit the attached allocation form. **Please submit the trace sheet and IGT allocation as two separate documents.** If a Trace Sheet is received without an IGT allocation form HHSC will allocate the IGT received in accordance with 1 Tex. Admin. Code §355.8212(h)(ii). In the absence of the notification described in 1 Tex. Admin. Code §355.8212(h)(i), each hospital owned by or affiliated with the governmental entity will receive a portion of its payment amount for that period, based on the hospital's percentage of the total payment amounts for all hospitals owned by or affiliated with that governmental entity. HHSC will not confirm receipt of emails. Please set your email settings to request a delivery receipt, if a confirmation is needed.

In accordance with 1 Tex. Admin. Code §355.8212(h)(ii)(C), if a government entity transfers more than the maximum IGT amount that can be provided for that hospital, and that hospital is affiliated with multiple governmental entities, then HHSC will calculate the amount of IGT funds necessary to fund the hospital's payment and HHSC will issue a pro-rata refund to the governmental entity/entities identified by HHSC. HHSC will determine the pro-rata refund, not the government entity/entities or their representative(s).

State Owned entities located in the tab labeled “2. State Hospitals” tab, will need to submit a journal entry for the **All Funds** amount located in **Column Z**. The Journal Entry should be submitted no later than Oct. 1, 2021.

If you have questions regarding the UC payment process, please send an email to PFD_UC_Payments@hhs.texas.gov.

If you have questions regarding the payment calculation file, please send an email to HHSC PFD_Hospitals@hhs.state.tx.us.

HHSC Provider Finance Payments

Texas Health and Human Services Commission
P.O. Box 149030, Mail Code 1344
Winters Building
701 W 51st Street
Austin, TX 78751



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Exhibit “D”

Winnie-Stowell Hospital District			
Executive Summary of Nursing Home Monthly Site Visits			
February 2022			
Facility	Operator		Comments
Golden Villa	Caring		Current Census: 77. The facility had their annual survey in December 2021, the facility received four minor tags, their POC was accepted by the state. There were no reportable incidents since the last visit. The facility is having some staffing issues but have not had to use agency staffing because they borrow nurses from a sister facility. The facility has a staff development program to get their nurse aides certified. The facility has reopened their dining hall following requests from the residents.
Marshall Manor Nursing and Rehab Center	Caring		Current Census: 90. The facility had a special focus survey in December 2021, the facility received six tags, the POC was accepted by the state following review. There were no reportable incidents since the last visit. The facility is continuing to take advantage of the waiver process to hire CNA's. The facility hosted a Superbowl party for the residents as well as a Valentines party. The facility is continuing its regularly scheduled activities including the chapel service which is well attended.
Marshall Manor West	Caring		Current Census: 49. The facility had their annual survey in June 2021, they will be in their survey window in April. There were no reportable incidents since the last visit. The facility has been able to decrease the shift length to eight hours, this has made a big difference to the staff. The facility is continuing the updating of the facility by replacing floors, blinds, paint, and furniture. The facility holds a monthly potluck lunch for the staff where they get to vote on an employee of the month.
Park Manor of Quail Valley	HMG		Current Census: 77. The state came to the facility to review a complaint; the complaint was unsubstantiated following state review. There were five reportable incidents since the last visit, the facility was not cited following state review. The facility is struggling with staffing, but they have been able to reduce their usage of agency staffing. Due to the COVID outbreak at the facility during the holiday season the facility was finally able to have a Christmas party at the end of February.

Park Manor of Tomball	HMG		Current Census: 104. The facility had their annual survey in August 2021, their POC was accepted by the state. There were six reportable incidents since the last visit, the state has reviewed four of those and has not cited the facility; the facility is waiting for the other two incidents to be reviewed. The facility is struggling with staffing and is having to use managers and agency to fill the open slots. Due to the current outbreak status the facility cannot have a St. Patrick's Day party, but they are still planning something for the residents.
Rose Haven Retreat	Caring		Current Census: 37. The facility had their annual survey at the end of January 2022, they received one tag and are preparing a plan of correction to send to the state. There are several outstanding reportable incidents since the last visit, the facility is awaiting state review. The facility has some staffing needs but is able to have their nurses work eight-hour shifts. The facility treated the staff to a celebration following the great survey results.

Administrator: Linda Benson
DON: Brandy Pulliam

FACILITY INFORMATION

Golden Villa is a 110 Medicaid/Medicare & 10 Medicare-bed facility with a current overall star rating of 1 and a Quality Measures star rating of 3. The census on the date of this call was 77 residents with 1 in hospital.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator was on the call. The transmission rate for Cass County is High (Red) in which Golden Villa tests all staff twice per week and residents once a week.

The Administrator reported they are still working on remodeling the building, but it has been challenging due to COVID outbreaks.

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. Currently, Golden Villa has six (all but one vaccinated and all asymptomatic) residents in their COVID unit and no residents in the Warm Zone. The Administrator also reports the facility has no staff positive for COVID_19, at this time. The last staff member to test positive was on February 20, 2022.

Approximately 72% (with 9 exemptions) of the employees and 89% of the residents have been fully vaccinated. The facility is holding a Red River Pharmacy vaccine clinic on an as needed basis, last one was on February 16, 2022.

Golden Villa is still following CMS/CDC/state infection control guidelines for COVID-19. PPE inventory is still very good but just had to order more N-95 masks as all staff are currently wearing N-95 masks in the general population.

Residents are going back to dining room today in response to resident request. Residents most all wear a mask out of their room, especially during activities.

Open visitation, with screening, is going well. Golden Villa has 10-12 visitors per day.

Nurses are still working 12-hour shifts. Staffing is still a challenge but so far have not had to use an agency, they are able to pull from sister facilities close by.

The facility is currently working on a PIP for High-Risk Pressure Ulcers and one for Staff Development to get their aides certified (so far 4 have gone through the program).

The Administrator reports the facility had a king and queen for a Valentine's Day party, serving ice cream and cupcakes. One of the hospice agencies come in once per month and provide games for the residents. The facility buys lunch 3-4 times per week and provide gift cards for working extra shifts.

QIPP SCORECARD:

Administrator states they have met all components for the last quarter.

SURVEY INFORMATION

The Administrator reports the facility had their annual full book survey in December with 3 tags, 2 for care plans and 1 for pressure ulcers. LSC came the week after the full book in January and the facility received 1 tag for impeding the public walkway with their COVID hall tent for PPE removal. Their POC was submitted and accepted.

REPORTABLE INCIDENTS

Information not provided

CLINICAL TRENDING**Incidents/Falls:**

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Administrator reported facility is fully staffed.

Administrator: Ross Bradfield
DON: Tameika Sanders, RN

FACILITY INFORMATION

Marshall Manor Nursing and Rehab is a 169-bed facility with a current over all star rating of 1 and a Quality Measures rating of 3 (believes this will go up after recent survey in January). The census on the date of this call was 90 and 15 skilled.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The administrator was on the call.

The Administrator reports they are still implementing their emergency plan and are following all the state/federal/local mandates. The Covid_19 positivity rate in Harrison County is 12.0% and High for transmission rate (Red). At this time, they are testing twice per week for all unvaccinated employees.

Marshall Manor Nursing and Rehab's last outbreak was on 2/6/22 due to two COVID_19 positive staff members and some of the residents did test positive during this outbreak period. The facility currently has no positive COVID_19 residents in their COVID or warm Zones.

The DON reports PPE items are well stocked and did obtain COVID_19 tests from the local emergency management. The DON reports they are still following CMS/CDC/state infection control guidelines for COVID-19. All vaccinated staff are currently wearing surgical masks and unvaccinated wear N-95 masks.

Marshall Manor continues with routine COVID_19 vaccine clinics through Red River pharmacy every three to four weeks. At this time, 90% of the residents are fully vaccinated. Administrator reports 70% of staff have been vaccinated with approximately 10 approved exemptions.

On average, 10 to 15 visitors per day visit the residents. Marshall Manor continues with monthly birthday parties for staff and residents. The activities department had a Valentine party for the residents with an Elvis impersonator and they also had a super bowl party.

Lunch and dinner are still being provided in the dining room. Typically, they have two residents to a table keeping vaccination status in mind. Activities are going well – typically 5-20 residents participate at a time. The Administrator also reports the chapel service is still once per week with good attendance.

The DON mentioned they are still able to get CNAs through the waiver.

QIPP SCORECARD:

Based on QIPP Scorecard for Marshall Manor:

- Component 1 - Met
- Component 2 - Met Metrics 1, 2, 3 and 4
- Component 3 - Met Metrics 1, 2 and 3
- Component 4 - Met Metrics 1, 2 and 3

SURVEY INFORMATION

Marshall Manor Nursing and Rehab Center had a special focus survey in December with 4 tags in health and 2 in life safety with their POC submitted and accepted. Additionally the state came in 2/19-2/2/22 to review and clear a self-report and complaint, both unsubstantiated and no citations.

REPORTABLE INCIDENTS

The DON reports the facility has no pending self-reports.

CLINICAL TRENDING**Incidents/Falls:**

Facility information not given

Infection Control:

Facility information not given

Weight loss:

Facility information not given

Pressure Ulcers:

Facility information not given

Restraints:

Facility information not given

Staffing:

Facility is currently fully staffed.

Administrator: Ken Kale
DON: Lakeisha Owens

FACILITY INFORMATION

Marshall Manor West is a 118-bed facility with a current over all star rating of 4 and a Quality Measures rating of 3. The census on the date of this call was 49.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The DON was on the call.

The DON reports they are still implementing their emergency plan and are following all the state/federal/local mandates. The DON reports Harrison's County positivity rate is 18.6% with a High transmission rate (Red) and testing of all staff is twice per week.

Since August, Marshall Manor West is still using Red River pharmacy for COVID_19 vaccine clinics. The DON reported approximately 98% of staff have been fully vaccinated with 3 approved exemptions. DON reported over 95% of Marshall Manor West residents have been fully vaccinated.

The DON reports the last time the facility had a positive staff was 2/7/2022. No residents are in the Hot or Warm Zone (for unvaccinated new residents). The DON reports all staff are in N-95 masks. PPE inventory is still good. The DON reports they are still following CMS/CDC/state infection control guidelines for COVID-19.

Dining services in the dining room continue with good participation. On average, Marshall Manor West has 2 visitors each day. Volunteers only come in if tested twice per week at this time. Activities Director has several events planned for the residents. The DON reports the facility just had a potluck lunch for the staff and they vote on employee of the month.

The DON reports staff now work 8-hour shifts. Updating of building (repairing walls, floors, replacing blinds, painting etc.) is still on-going.

QIPP SCORECARD:

Based on QIPP Scorecard for Marshall Manor West:

- Component 1 - Met
- Component 2 - Met Metrics 1, 2, 3 and 4
- Component 3 - Met Metrics 1, 2 and 3
- Component 4 - Met Metrics 1, 2 and 3

SURVEY INFORMATION

The state came into the facility for review of self-reports and all were cleared with no citations.

REPORTABLE INCIDENTS

DON reports there are no pending self-reports.

CLINICAL TRENDING

Incidents/Falls:

Facility information not given.

Infection Control:

Facility information not given.

Weight loss:

Facility information not given.

Pressure Ulcers:

Facility information not given.

Restraints:

Facility information not given.

Staffing:

Facility is in need of CNAs for nights.

Administrator: Rodney Lege
DON: Susan Joy, RN, BSN

FACILITY INFORMATION

Park Manor of Quail Valley is a 125 -bed facility with a current over all star rating of 4 (went down due to staffing) and Quality Measure of 5. Given census on the date of this call was 77 **PP:** 12, **MC:** 9, **MDC:** 39, **HMO:** 16, **Hospice:** 1, **VA:** 0.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator and the DON were on the call.

The Administrator reported they were still implementing their emergency plan and following all state/federal/local mandates.

The transmission rate in Fort Bend county is 10% (High). Testing is now twice weekly only for unvaccinated staff 2 who were granted exemptions). The last time an employee and resident tested positive was January 25, 2022.

The Administrator stated they have 2 residents in their COVID_19, unit, end of Hallway 200 and warm unit is in the middle of the hall. Currently, they have one new resident in the Warm Unit due to not having proof of vaccination. Visitation is allowed for anyone as long as they understand the possibility of transmission of COVID_19.

All staff are wearing surgical masks or KN-95 masks and Face shields or googles in the general population. PPE inventory is still good, no issues, receiving donations from corporate (who actually received donations from company going out of business). The facility now has Pfizer and Moderna vaccine available and if needed, share back and forth with another nearby facility. The Administrator reports the employee COVID vaccination rate is 98% and for residents it is 85%.

Activities and communal dining started back this month after recent outbreak (on-going from Thanksgiving until 1 week ago) with social distancing and residents wearing surgical masks when appropriate. Administrator reports that staffing is still challenging for the facility but they have been able to decrease amount of contract agency use for both CNAs and nurses.

The Administrator continues with morale boosting activities including, Star of the Month, birthday and anniversary cards, celebrate any national "week" and provide refreshments from time to time. Also due to outbreaks the facility just had their Christmas party today and everyone thoroughly enjoyed it.

SURVEY Information

In the last quarter, Park Manor of Quail Valley had a state survey for review of self-reports and 1 complaint, all unsubstantiated with no deficiencies cited.

REPORTABLE INCIDENTS

In **November/December/January 2022**- Park Manor of Quail Valley had five self-reports during last quarter- 1 state visit with no citations.

CLINICAL TRENDING:**Incidents/Falls:**

In **November/December/January 2022**, Park Manor of Quail Valley had 36 total falls without injury and 3 falls with injury, 5 received skin tears, 0 Fractures, 0 Lacerations and 3 bruises.

Infection Control:

Facility reports 126 total infections in **November/December/January 2022**– 20 UTI's; 68 Resp; 24 wound infections; 1 GI infection and 13 Other infections.

Weight loss:

Weight loss information for **November/December/January 2022** includes 3 residents total with 0 with 5-10% loss and 3 with > 10% loss in 30 days.

Pressure Ulcers:

In **November/December/January 2022**, there were 17 residents with 26 pressure ulcer sites – 3 acquired in house.

Restraints:

In **November/December/January 2022**, the facility had 0 residents with restraints.

Staffing:

Facility has openings for (1) LVN 6a-2p; (2) LVN's 10p-6a; (1) CNA for 6a-2p; (3) CNA's 2p-10p; (1) CNA for 10p-6a.

Casper Report

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	3.2	2.0	1.9	yes
Fall w/Major Injury (L)	1.9	3.4	3.5	
UTI (L)	0	1.5	2.6	
High risk with pressure ulcers (L)	10	8.7	9.0	yes
Loss of Bowel/Bladder Control(L)	20	52	47.1	
Catheter(L)	2.8	1.9	2.0	yes
Physical restraint(L)	0	0	0.2	
Increased ADL Assistance(L)	4.5	17.5	15.3	
Excessive Weight Loss(L)	3.2	5.1	6.3	
Depressive symptoms(L)	0	4.7	7.6	
Antipsychotic medication (L)	10	11.8	14.6	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	11/18/21, 12/15/21, 1/20/22	Residency Agreements, Falls, Medical Record Audits

Component 2

Indicator	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Does the NF have a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes?	Y	
Was Workforce Development data submitted q month to QIPP during the quarter?	Y	

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.33	8.18	6.98	Y	
Percent of residents who received an anti-psychotic medication	14.18	11.95	7.02	Y	
Percent of residents whose ability to move independently has worsened	22.10	19.87	3.88	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.44	1.78	0.00	Y	
Percent of residents whose pneumococcal vaccine is up to date.	63.38	64.23	55.74	N	
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.				Y	

Administrator: Kara Musgraves
DON: Interim Gloria Lopez

FACILITY INFORMATION

Park Manor Tomball is a 125-bed facility with a current overall star rating of 3 and Quality Measures star rating of 3. The census on the date of this report was 104: 4 PP; 7 MC; 59 MDC + 9 Pending; 17 HMO; 7 Hospice.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator and the Interim DON were on the call.

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reported COVID_19 Transmission rate is High (Red) for Harris County. Park Manor of Tomball is currently testing twice per week for unvaccinated employees and once per week for vaccinated staff. Residents are currently being tested once per week due to facility's outbreak status.

Last time a resident tested positive for COVID_19 was yesterday, 2/21/22 and the last time an employee tested positive for COVID_19 was on 2/18/2021. Currently, there are five (new admissions & one because roommate tested positive) residents in the Warm Unit. Also, there are currently eight residents in the facility's Hot unit.

All staff are wearing N-95 masks and face shields/goggles. Staff are wearing full PPE in Hot and Warm units. PPE inventory is still good, no issues (at least 2-3 weeks supply at all times).

Park Manor of Tomball provides the Moderna (in house) and Pfizer (from local pharmacy) vaccine to its employees and residents. If one employee decides they want the vaccination, they will give it that day. So far, all but 4 employees with exemptions have had at least their first vaccine and over 75% of residents have been fully vaccinated. Staffing is better but continues to be a struggle and agency and managers are still working the floor. Agency is used wherever there are open spots or call-ins.

The Administrator reported visitations were going fine in all areas (educate if going into warm and hot units. Volunteers (mostly for entertainment) are not coming in at much right now and only in non-isolation areas.

Activities and dining services continue in the dining room with residents social distancing. The Administrator reports they handed out pre-packaged bags of candy or snacks to both staff and residents. Facility is planning something for St. Patrick's day, not sure what it will be but at least a handout of some kind.

SURVEY INFORMATION

In the last quarter, Park Manor Tomball had the State come in do review and clear 2 self-reports with no citations.

REPORTABLE INCIDENTS

In **November/December/January 2022**- 6 Self-reported incidents, State visits/desk reviews: 4/6 reviewed- 0 cited – 2 pending review.

CLINICAL TRENDING

Incidents/Falls:

During **November/December/January 2022**-Park Manor of Tomball had 54 total falls without injury and 6 falls with injury, 14 Skin Tears, 2 Fractures, 3 Lacerations, 2 Behaviors, 4 Bruises and 1 Other (choking).

Infection Control:

Park Manor of Tomball reports 70 total infections in **November/December/January 2022**– 41 UTI’s; 16 URI’s; 4 Blood infections; 1 GI infection; 7 wound; 1 EENT infection and Other.

Weight loss:

Park Manor of Tomball reported Weight loss in **November/December/January 2022**–7 residents with 5-10% and 3 residents with > 10% loss in 30 days.

Pressure Ulcers:

In **November/December/January 2022**, Park Manor of Tomball had 13 residents with 13 pressure ulcer sites – 3 acquired in house.

Restraints:

Park Manor of Tomball is a restraint free facility.

Staffing:

Currently the facility is in need of (1) LVN for 6a-2p; (2) LVNs for 2p-10p; (2) LVNs for 10p-6a; (1) CNAs for 2p-10p and (3) HHAs for 10p-6a.

Casper Report:

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0	2	1.9	
Fall w/Major Injury (L)	2.8	3.4	3.5	
UTI (L)	0	1.5	2.6	

High risk with pressure ulcers (L)	13.9	8.7	9.0	Pip completed
Loss of Bowel/Bladder Control(L)	51.5	52	47.1	
Catheter(L)	1.9	1.9	2.0	
Physical restraint(L)	0	0	0.2	
Increased ADL Assistance(L)	20.3	17.5	15.3	Pip completed
Excessive Weight Loss(L)	3.3	5.1	6.3	
Depressive symptoms(L)	0	4.7	7.6	
Antipsychotic medication (L)	6.6	11.8	14.6	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	1/24/22, 12/15/21, 11/17/21	pressure ulcers, weight change

Component 2

Indicator	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Does the NF have a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes?	Y	
Was Workforce Development data submitted q month to QIPP during the quarter?	Y	

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9		13.9	N	PIPs in place
Percent of residents who received an anti-psychotic medication	14.6		6.6	y	
Percent of residents whose ability to move independently has worsened	20.7		20.2	y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.6		0	y	
Percent of residents whose pneumococcal vaccine is up to date.	63.38		25.4%	N	26 current residents
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.				y	

Administrator: Enobong Ofong (Alex)
DON: Kristin Russel

FACILITY INFORMATION

Rose Haven Retreat is a licensed 108- bed facility with an overall star rating of 2 and a rating of 5 stars in Quality Measures. Current census on the date of the call was 37 with 1 in the hospital.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator was on the call.

Administrator reported the Covid_19 Positivity rate for Cass County transmission rate is High (Red). Starting today (first day out of outbreak status), the facility is testing all unvaccinated employees twice a week. The last COVID_19 positive employee was on 02/09/22. Last COVID_19 positive resident was in 2021.

Starting today, staff are wearing surgical masks in the general population and unvaccinated staff are wearing an N-95 mask. Per Administrator, PPE supply is ample at this time.

Nurses are currently working 8-hour shifts. The facility's pharmacy, Red River, continues to provide COVID_19 Vaccine clinics and works with them daily, even if they only have one person who needs the vaccine. Approximately 80% of employees (with 7 approved exemptions) and 79% of the residents are fully vaccinated.

The Administrator reports the facility still has open visitation and it is going well. Hall Two is considered the Warm Zone and at this time they have no residents. There are no residents currently in the facility's Hot Zone at this time. The Administrator reports they are still implementing their emergency plan and are following all the state/federal/local mandates.

The facility has still been able to provide several activities for the residents that they are enjoying, including Valentine's Day and Super Bowl party. The Administrator reports the facility celebrated after their full book survey and they continue every month celebrating birthdays/anniversaries and award employee of the month.

QIPP SCORECARD:

Administrator believes they have met all components for the last quarter.

SURVEY INFORMATION

The facility had their annual survey January 31-February 2, 2022 and received only 1 tag.

REPORTABLE INCIDENTS

The facility still has several self-reports pending review.

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Facility is in need of CNAs for 2p-10p and one housekeeping position is now open.

Exhibit “E”

**INDIGENT CARE SUPPORT AGREEMENT
WINNIE STOWELL HOSPITAL DISTRICT AND THOMPSON OUTPATIENT CLINIC**

THIS INDIGENT CARE SUPPORT AGREEMENT (“Agreement”), effective as of March 16, 2022 (the “Effective Date”), is by and between Winnie-Stowell Clinic District (“District”) and Thompson Outpatient Clinic, LLC (“Clinic”). District and Clinic are sometimes referred to in this Agreement, individually, as a “Party” or, together, as the “Parties.”

WHEREAS, the District is a “voter approved” District formed under the authority of Article 9, Section 9 of the Texas Constitution and Chapter 286 of the Texas Health & Safety Code, and is subject to the terms and conditions of the Texas Indigent Healthcare and Treatment Act (Texas Health & Safety Code Ch. 61) (collectively, the “Authorizing Legislation”);

WHEREAS, pursuant to the Authorizing Legislation, the District is obligated to assume full responsibility for providing medical and Clinic care for its Indigent inhabitants. *See* Tex. Const. Art. IX, § 9 (2014) (emphasis added); Tex. Att’y. Gen. Op. No. JM-858 (1988); and Tex. Att’y. Gen. Op. No. JC-0220 (2000).

WHEREAS, Authorizing Legislation states that the District “shall assume full responsibility for furnishing medical and Clinic care for the district's needy inhabitants, and the District, without charge, shall supply to a patient residing in the district the care and treatment that the patient . . . cannot pay.” *See* Tex. Health & Safety Code §§ 286.073, 286.082, and 61.052(a).

WHEREAS, District is empowered by Chapter 61 of the Texas Health and Safety Code (the “Indigent Healthcare and Treatment Act”) to enter into contracts relating to or arranging for the provision of such Health Care services;

WHEREAS, pursuant to Texas Attorney General Opinion No. JC-0220 and as modified by Texas Attorney General Opinion No. JC-0434, the Texas Attorney general has interpreted the “Authorizing Legislation” as permitting a duly formed hospital district to provide Clinic and medical care to its Indigent and needy inhabitants through a contract with a private Clinic system, and to compensate such system through payment of subsidies and other amounts, without violating the Authorizing Legislation or other laws. *See* Tex. Att’y Gen. Op. No. JC-0220 (2000) and JC-0434 (2001).

WHEREAS, District has determined that this Agreement is in the best interest of District and its residents and is necessary to enable District to fulfill its obligations to provide for the provision of Health care services to indigent and needy residents of the District;

WHEREAS, in exchange for the Clinic’s agreement to provide medically necessary Health Care Services to the District’s Indigent, the District agrees to make monthly payments as established in this Agreement.

NOW, THEREFORE, in consideration of the foregoing premises, the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. DEFINITIONS.

- a. Indigent. As used in this Agreement, “Indigent” shall mean at any time a person who has been accepted to be a participant in the District’s Indigent Program in accordance with the Indigent Healthcare Policy & Procedures Statement adopted by the District’s Board on June 20, 2019, or subsequent versions of the Policy (“District’s Indigent Policy & Procedure Statement”), a copy of which shall be provided to Clinic upon execution of this Agreement, and thereafter within ten (10) days following any amendment thereto. The District acknowledges that the Clinic’s commitments hereunder have been determined based upon the current definition of “Indigent” utilized by District and the anticipated financial impact thereof, and that a change in the definition which results in expanded coverage for District residents could have significant negative financial implications for the Clinic. As such, the Parties agree that any change to the definition of “Indigent” adopted by District after the Effective Date of this Agreement which would materially increase the number of individuals who qualify for Health Care Services hereunder and/or the financial burden to Clinic of providing Health Care Services to such Individual hereunder must be consented to by Clinic, in which case the Parties will meet to discuss the financial burdens created by such change and to negotiate a change in the amount of the subsidy to be provided by the District to offset such additional financial burdens.
- b. Medically Necessary. As used in this Agreement, the term “Medically Necessary” shall mean the services set forth in the District’s Indigent Policy & Procedure Statement which, pursuant to the terms and conditions of this Agreement, are determined by the qualified Medical Provider, as may be appropriate in each case, to be:
 - i. appropriate and necessary for the symptoms, diagnosis, or treatment of the medical conditions of the Indigent presenting himself or herself for treatment;
 - ii. provided for the diagnosis or direct care and treatment of the medical condition of the Indigent presenting himself or herself for treatment;
 - iii. not primarily for the convenience of the Indigent, the Indigent’s physician, or clinic and
 - iv. the appropriate level of service needed to provide safe and adequate care.
- c. Health Care Services. As used in this Agreement, “Health Care Services” shall mean those Medically Necessary Healthcare services provided to Indigent residents of this District under 1) Indigent Healthcare Policy & Procedures Statement in effect on the date of this Agreement; 2) Chapter 61 of the Texas Health and Safety Code; 3) the Rules of the Texas Department of Health and Human Services promulgated thereunder; or any other Health Care Services provided by the Clinic. However, the Clinic shall not be obligated to provide any service which the Clinic does not offer and which the Clinic does not otherwise make available to non-

Indigent Clinic Patients (whether under an arrangement with third party providers or otherwise).

- d. Mandated Provider. As used in this Agreement, shall mean a party with whom District has a contract to provide care to the Indigent residents of District.
- e. Medicaid Payment Amounts. Actual cost of Health Care Services provided to the District's Indigent using the cost guidelines set forth in the District's Indigent Care Policy & Procedures; Chapter 61 of the Texas Health and Safety Code; and any rules or regulations promulgated by the Texas Health and Human Services Commission.
- f. Medical Provider or Provider. As used in this Agreement, the term "Medical Provider" shall mean, an individual licensed by the State of Texas to practice medicine within the scope of his or her license. These professionals may or may not be under contract with the Clinic for the delivery of Health Care Services. Clinic may appoint a "Medical Director" from a licensed Medical Provider in the District to help monitor the nature and quality of Health Care Services rendered to Indigents.
- g. Patient or Resident. As used in this Agreement, the term "resident" means a person who has satisfied the residency requirements set forth in the WSHD's Indigent Policy & Procedure Statement.

2. **STATEMENT OF PURPOSE.**

By this Agreement, the District intends to provide reasonable financial support to the Clinic for the purpose of offsetting the Clinic's cost to care for: 1) the District's residents who are participating in the District's Indigent Care Program pursuant to the District's Indigent Policy & Procedure Statement. As such, the District has determined that the financial support to be provided to the Clinic is 1) reasonable in light of the medical needs of the District's Indigents; and 2) consistent with and in furtherance of the District's obligations to provide or arrange for the provision of medical care for the Indigents.

3. **RESPONSIBILITIES OF CLINIC.**

- a. Mandated Provider. Clinic is a Mandated Provider for District's Indigent and may provide all inpatient and outpatient Health Care Services, subject to the terms and conditions herein.
- b. Medically Necessary Health Care Services. Clinic agrees to provide all Medically Necessary Health Care Services for the District's Indigent during the Term at no charge to such Indigents except as otherwise provided herein. The determination of whether an individual is an "Indigent" eligible to receive Health Care Services hereunder shall be made by the District in accordance with the District's Indigent Policy & Procedure Statement prior to the Clinic providing Medically Necessary Health Care Services. It is recognized that if any new

treatment and diagnostic modalities and programs will become available at the Clinic over the Term, that the District's Indigents will have access to these new services.

- c. Outpatient and Ancillary Services. Clinic agrees that all outpatient Health Care Services performed hereunder shall be: 1) medically necessary and shall be diagnostic, therapeutic, rehabilitative, or palliative; and 2) shall be furnished by, or under, the direction of an existing Mandated Provider (i.e., Winnie Community Hospital and/or the University of Texas Medical Branch at Galveston) subject to an Indigent Care Agreement with the District.

- d. Indigent Transfers to University of Texas Medical Branch-Galveston .
 - i. If a Patient's healthcare needs cannot be addressed by a Mandated Provider within the District, the Clinic may make a recommendation to the District that a non-emergency Patient be referred to the University of Texas Medical Branch at Galveston (hereinafter referred to as UTMB) for Medically Necessary secondary and/or tertiary inpatient or outpatient care.
 - ii. If a Patient is presenting urgent or emergency healthcare symptoms, the Clinic's health care staff shall use their professional opinion to treat and/or transfer Indigent patients. Transferred Patients shall be sent to the nearest appropriate emergency room, including, but not limited to the Winnie Community Hospital (i.e., Riceland) or UTMB.
 - iii. All transfers to UTMB require appropriate Provider to Provider referral and appropriate Memorandum of Transfer demonstrating a Medical Necessity.
 - iv. Transportation of the Indigent by whatever means shall be the responsibility of the Patient for all outpatient services. However, if a Patient's medical conditions require urgent and immediate transport to access care, including to UTMB, the District, as the payor of last resort, agrees to pay for ambulance service provided the following protocol is observed: (i) Clinic shall first, if the Patient's medical condition permits, transfer the Patient by ground ambulance; and (ii) Clinic shall transfer the patient by air ambulance only if Medically Necessary.

- e. Books and Records.
 - i. At all times during the Term, Clinic shall cause accurate books and records of account and medical records to be maintained as are necessary to permit the verification by District of the Health Care Services provided by Clinic to Indigents.
 - ii. Within ten (10) days from the beginning of each month, the Clinic will deliver to the District with a HIPAA-compliant Invoice for Services that includes the information set forth in **Exhibit "A"**. In addition to the Invoice for Services, the Clinic agrees to simultaneously submit the appropriate claim form for each encounter, which information will only be used by District to confirm the provision of Services to

Indigents and such other purposes as expressly permitted by applicable law (including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 [“HIPAA”] and its implementing regulations). *See Exhibit “B”*.

- iii. Clinic agrees to provide monthly reports to the District’s Board concerning previously agreed to metric and highlights of capital projects, staffing, and any other matter of interest to the District’s Board.
 - iv. District shall have the right, at District’s expense, to inspect, examine, and copy, to the extent permitted by applicable law, such portion of the books, records, files, and other documents maintained by Clinic, other than books, records, files and other documents that constitute confidential, proprietary information of Clinic or are Patient records protected from disclosure by law, as are reasonably necessary for District to verify the matters listed in Section 3(b)(i) and (ii) above.
- f. Clinic License. Clinic shall use its reasonable best efforts to keep its facilities appropriately licensed by the State of Texas for the provision of Health Care Services throughout the Term. Clinic shall provide District with formal documentation of its licenses to provide Health Care Services and all renewals thereof issued by the State of Texas and shall promptly notify District of any modification, nonrenewal, revocation or suspension thereof.
- g. Insurance and Additional Insured. During the Term, Clinic shall, at its sole cost and expense, procure and maintain policies of insurance and/or provide and maintain self-insurance insuring against comprehensive general liability and professional liability for damages directly or indirectly related to the performance of any service provided in this Agreement, and the use of any property and facilities provided by Clinic in connection with this Agreement, in such amounts, on such terms and with such deductibles as are then commonly maintained by Clinics with facilities and operations similar to those of Clinic. To the extent that the Parties determine that it is economically feasible, the Clinic will name the District as an Additional Insured, to the Clinic’s comprehensive general liability and professional liability insurance policies and from time to time, Clinic will furnish District with certificates evidencing such insurance and/or self-insurance; and Clinic shall promptly advise District of any change in the insurance and/or self-insurance maintained by Clinic.
- h. Non-Discrimination. Clinic shall not discriminate in the provision of Health Care Services to any person on the basis of such person’s status as an Indigent. Clinic shall require any subcontractor that provides Health Care Services to include in its subcontract with Clinic (i) a nondiscrimination clause similar to the language contained in this Section 3(e) and (ii) a covenant to include such a clause in any subcontract between such subcontractor and any of its subcontractors that provide Health Care Services.
- i. Regulatory Requirements. Clinic will operate its facility at all times in compliance with federal, state and local law, rules and regulations, and all accepted and approved methods and practices of medicine for Health Care Services rendered to Indigents.

- j. Medicare and Medicaid Participation. Clinic will use its best efforts to cause its facilities to be qualified for participation in Medicare and Medicaid programs and any successor programs and will maintain such qualifications throughout the Term.

4. REPRESENTATIONS AND WARRANTIES OF CLINIC.

As of the date hereof, Clinic represents and warrants to the District the following:

- a. Capacity. Clinic is Thompson Outpatient Clinic, LLC duly organized and validly existing under the laws of the State of Texas with all requisite corporate power and authority to own, operate and lease its properties and to carry on its businesses as now being conducted.
- b. Authorization:
 - i. The execution, delivery, and performance by Clinic of this Agreement:
 - a) are within Clinic's corporate powers, are not in contravention of the terms of Clinic's Articles of Incorporation, Bylaws, or any amendments thereto and have been duly authorized and approved by the board of directors and shareholder of Clinic as and to the extent required by Clinic's Articles of Incorporation and Bylaws and applicable law; and
 - b) will not: (1) result in any breach of any indenture, agreement, lease or instrument to which Clinic is a party or by which Clinic or its assets is bound; (2) constitute a violation of any judgment, decree or order of any court of competent jurisdiction applicable to Clinic; (3) will not violate any law, rule or regulation of any governmental authority applicable to Clinic or its assets; and (4) require any consent, approval or authorization of, or notice to, or declaration, filing or registration with, any governmental or regulatory authority.
 - ii. This Agreement has been duly and validly executed and delivered by Clinic and constitutes the valid, legal, and binding obligation of Clinic, enforceable against Clinic in accordance with its terms.

5. REPRESENTATIONS AND WARRANTIES OF DISTRICT.

- a. Authority to Contract. The District represents and warrants that it has the legal authority to enter into this Agreement and make the payments specified herein. The District further represents and warrants that it has successfully completed all required administrative procedures to approve and has successfully secured all approvals of any kind required for full performance by both parties under this Agreement and the subsidies and expenditures required hereunder, and that it has obtained all necessary opinions of counsel regarding the legality of its commitments hereunder.

- b. HIPPA. District agrees that information which will be made available to District, its officers, employees, and agents (collectively, “Agents”) pursuant to Section 8.3 (a) and (b) that is of a confidential and proprietary nature and constitutes “personal health information,” as such term is used in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the implementing regulations thereunder. District agrees that it will use its reasonable efforts to cause its Agents to maintain, the confidentiality of all such information and only to disclose such information to such duly authorized persons as are necessary to confirm the Health Care Services to Indigents by Clinic hereunder. District further agrees that District will use its reasonable efforts to cause its Agents not to use any such information in any way to compete with or to permit others to compete with Clinic or successors or assigns or in a manner which would be detrimental to the business, financial affairs or reputation of Clinic or its successors and assigns. District for itself and its Agents recognizes that any breach of this Section would result in irreparable harm to Clinic and that therefore Clinic shall be entitled to an injunction to prohibit any such breach by District or its Agents in addition to all other legal and equitable remedies available to them. Nothing in this Section shall prohibit the use of such confidential information for such governmental filings as are required by law or governmental regulations or the disclosure of such confidential information if such disclosure is compelled by judicial or administrative process or, in the opinion of District’s counsel, other requirements of law.

6. PAYMENT OBLIGATIONS OF DISTRICT.

- a. District shall reimburse Clinic for Health Care Services provided to Patients. District is obligated to reimburse Clinic according to the current payment standards or interim Medicaid Payment Amounts for inpatient and outpatient services as provided in County Indigent Health Care Program Handbook published by the Texas Health and Human Services Commission. Notwithstanding the aforementioned, County is not liable for reimbursement of services which exceed the maximum per Patient limits established by the Act.
- b. Payment. Within ten (10) days from the beginning of each month, Clinic will provide District with HIPAA compliant claim forms for each encounter. Upon receipt of the invoices and claim forms, District shall make payment of any undisputed claim within thirty (30) days; provided, however, notice of any disputed claim shall be given to the Clinic within thirty (30) days of submission and the parties will use their best efforts to resolve within sixty (60) days.
- c. Invoice Submission Deadline. For the claim payment to be considered, a claim should be received within 95 days from later of the date for services provided or the date of discharge.

7. TERM AND TERMINATION.

- a. Term and Renewal Terms. The initial term of this Agreement is for one (1) year from the Effective Date of this Agreement, and it shall automatically renew on a one-year basis from year to year thereafter. All accrued but unperformed obligations of either Party shall survive termination or expiration of this Agreement.

- b. Termination. Either Party may terminate this Agreement without cause upon thirty (30) days prior written notice to the other Party. Upon termination as provided for herein, neither of the Parties shall have any further duty or obligation to the other except for indebtedness due at the time of termination. Notwithstanding any provision of this Agreement to the contrary, following termination of this Agreement, District and Clinic shall continue to fulfill their obligations under this Agreement with respect to: (i) payments due Clinic for Health Care Services to the Indigent prior to the date of such termination; (ii) records maintenance requirements; (iii) insurance requirements; and (iv) confidentiality requirements.
- c. Survival. All accrued but unperformed obligations of either party shall survive termination or expiration of this Agreement. All rights and obligations of either party for indemnification hereunder arising out of or in connection with matters occurring within the Term shall survive the termination or expiration of this Agreement.

8. **RELATIONSHIP BETWEEN THE PARTIES.**

- a. District and Clinic. The relationship between District and Clinic is a contractual relationship between independent contractors. Neither is an agent or employee of the other. Nothing herein shall preclude District from contracting with any other Clinic to provide Health Care Services to Indigents.
- b. Clinic and Indigent. The relationship between Clinic and any Indigent is that of healthcare facility and Patient. District agrees that it shall not interfere with the independent professional judgment of Clinic and Clinic's employees, agents, affiliates, associates or independent contractors, nor interfere with the relationships between any Medical Provider practicing at the Clinic and any Patient of any such Medical Provider, and between any such Medical Provider and the District.
- c. Determination of Eligibility.
 - i. Health Care Services Provided to Indigent Patient. Except as provided herein, District shall determine whether an applicant is eligible for financial assistance defined by the Act. District shall provide eligible residents with documents and/or cards, which identify persons as eligible residents.
 - ii. Health Care Services Provided to Potential Indigent Patient. In the case of an Indigent who may be eligible for non-emergency services, Clinic shall not provide such non-emergency services until the Parties have: (i) determined eligibility of the Patient; and (ii) has approved, in writing, the Patient's status.
- d. Indemnification - Clinic. **CLINIC AGREES TO INDEMNIFY AND HOLD DISTRICT HARMLESS FROM AND AGAINST ALL CLAIMS, ACTIONS AND PROCEEDINGS (I) ARISING OUT OF OR IN CONNECTION WITH ANY BREACH OR NONPERFORMANCE OF ANY REPRESENTATION, COVENANT OR AGREEMENT BY CLINIC HEREUNDER, (II) MADE BY ANY INDIGENT PERSON**

DETERMINED ELIGIBLE BY THE DISTRICT TO RECEIVE HEALTH CARE SERVICES WHO ALLEGES THAT SUCH HEALTH CARE SERVICES WERE DENIED OR IMPROPERLY RENDERED BY THE CLINIC, OR (III) BY ANY MEDICAL PROVIDER, OR PAYOR ALLEGING DENIAL OF PAYMENT FOR HEALTH CARE SERVICES RENDERED IN THE CLINIC. THE FOLLOWING PROCEDURE SHALL APPLY WITH RESPECT TO ANY CLAIMS OR PROCEEDINGS COVERED BY THE FOREGOING AGREEMENT TO INDEMNIFY AND HOLD HARMLESS:

- I. DISTRICT SHALL GIVE WRITTEN NOTICE TO CLINIC PROMPTLY AFTER DISTRICT LEARNS OF THE CLAIM OR PROCEEDING; PROVIDED THAT THE FAILURE TO GIVE SUCH NOTICE SHALL NOT RELIEVE CLINIC OF ITS OBLIGATIONS HEREUNDER PROVIDED DISTRICT USES ITS BEST EFFORTS TO MITIGATE DAMAGES AND EXCEPT TO THE EXTENT CLINIC IS ACTUALLY DAMAGED THEREBY;**

 - II. WITH RESPECT TO ANY THIRD-PARTY CLAIMS OR PROCEEDINGS AS TO WHICH DISTRICT IS ENTITLED TO INDEMNIFICATION, CLINIC SHALL HAVE THE RIGHT TO SELECT AND EMPLOY COUNSEL OF ITS OWN CHOOSING TO DEFEND AGAINST ANY SUCH CLAIM OR PROCEEDING, TO ASSUME CONTROL OF THE DEFENSE OF SUCH CLAIM OR PROCEEDING, AND TO COMPROMISE, SETTLE OR OTHERWISE DISPOSE OF THE SAME, IF CLINIC DEEMS IT ADVISABLE TO DO SO, ALL AT THE EXPENSE OF CLINIC; PROVIDED, HOWEVER THAT DISTRICT MAY EMPLOY COUNSEL, OF ITS OWN CHOOSING, AT ITS SOLE EXPENSE. THE PARTIES WILL FULLY COOPERATE IN ANY SUCH ACTION AND SHALL MAKE AVAILABLE TO EACH OTHER ANY BOOKS OR RECORDS USEFUL FOR THE DEFENSE OF ANY SUCH CLAIM OR PROCEEDING. DISTRICT MAY ELECT TO PARTICIPATE IN THE DEFENSE OF ANY SUCH THIRD-PARTY CLAIM, AND MAY, AT ITS SOLE EXPENSE, RETAIN SEPARATE COUNSEL, IN CONNECTION THEREWITH. SUBJECT TO THE FOREGOING DISTRICT SHALL NOT SETTLE OR COMPROMISE ANY SUCH THIRD-PARTY CLAIM WITHOUT THE PRIOR CONSENT OF CLINIC, WHICH CONSENT SHALL NOT BE UNREASONABLY WITHHELD. INDEMNIFICATION SHALL BE DUE ONLY TO THE EXTENT OF THE LOSS OR DAMAGE ACTUALLY SUFFERED (I.E. REDUCED BY ANY OFFSETTING OR RELATED ASSET OR SERVICE RECEIVED AND BY ANY RECOVERY FROM ANY THIRD PARTY, SUCH AS AN INSURER).**
- e. Indemnification – District. **TO THE MAXIMUM EXTENT PERMITTED BY LAW, THE DISTRICT AGREES TO INDEMNIFY AND HOLD CLINIC HARMLESS FROM AND AGAINST ALL CLAIMS, ACTIONS AND PROCEEDINGS (I) ARISING OUT OF OR IN CONNECTION WITH ANY BREACH OR NONPERFORMANCE OF ANY REPRESENTATION, COVENANT OR AGREEMENT BY DISTRICT HEREUNDER; OR (II) ARISING OUT OF OR RELATING TO THE ALLEGED BREACH BY DISTRICT OF THE AUTHORIZING LEGISLATION OR OTHERWISE, INCLUDING ANY CLAIMS THAT ALLEGE THE DISTRICT WAS NOT AUTHORIZED TO ENTER INTO AND/OR PERFORM UNDER THIS AGREEMENT.**

9. THIRD PARTY PAYORS.

Clinic shall notify District if any eligible residents have access to any other sources of payment for the services provided. Clinic shall notify District of the amounts received from third party payors and reimburse District for services and amounts covered under this Agreement.

10. RECORDS.

Clinic will provide District access to all medical and financial records, within the confines and parameters of regulation and statute, necessary to document Clinic's provision of services. Such access shall be during normal business hours of Clinic. District shall hold all medical records in strict confidence so as not to violate the physician/patient relationship, regulation and/or statute (HIPAA).

11. ASSIGNMENT.

Neither Party shall assign this Agreement except with the prior written consent of the other Party.

12. HEADINGS.

Section headings are for convenience of reference only and shall not be used to construe the meaning of any provision to this Agreement.

13. COUNTERPARTS.

This Agreement may be executed in any number of counterparts, each of which shall be an original, and all of which shall together constitute one agreement.

14. OBLIGATIONS AS CONDITION.

All obligations of each Party to this Agreement are conditions to further performance of the other Party's continued performance of its obligations under the Agreement.

15. EXCLUSIVE RIGHTS.

Only the Parties to this Agreement have the exclusive right to bring suit to enforce this Agreement and no other Parties may bring suit as a third-party beneficiary, or otherwise, to enforce the Agreement.

16. SEVERANCE.

Should any part of this Agreement be invalid or unenforceable, such invalidity or unenforceability shall not affect the validity and enforceability of the remaining portions.

17. AMENDMENT.

This Agreement may not be modified except in writing executed by both Parties to this Agreement.

18. SUBROGATION OF CLAIMS.

District reserves its right to subrogation of claims as provided for in Sections 61.044 and 61.051 of the Act and Section and Section 104.002 of the Texas Code of Criminal Procedure, including but not limited to seeking reimbursement from the Patient who is a beneficiary of a tort claim(s).

19. NOTICE OF CLAIMS.

Clinic shall give District prompt notice within thirty (30) days of any claims that may be subject to this section.

20. NOTICES.

All notices, requests, and communications required or permitted hereunder shall be in writing and shall be sufficiently given and deemed to have been received upon personal delivery or delivery by overnight courier or, if mailed, upon the first to occur of actual receipt or seventy-two (72) hours after being placed in the United States mail, postage prepaid, registered, or certified mail, receipt requested, facsimile, or e-mail addressed to the Parties as follows:

District: Mr. Edward Murrell
Chairman
Winnie-Stowell Clinic District
P.O. Box 1997
Winnie, Texas 77665
E-mail: emurrell@wshd-tx.com

Clinic: Mr. Danny Thompson

Winnie, Texas, 77665
E-mail: dlthompson@gmail.com

Or such other addresses and to the attention of such other persons or officers as either Party may designate by written notice.

21. LEGAL ADVICE.

Parties under this Agreement and the subsidies and expenditures required hereunder, and that it has obtained all necessary opinions of counsel regarding the legality of its commitments herein.

22. FORCE MAJEURE.

Neither Party shall be liable nor deemed to be in default for any delay or failure of performance under this Agreement or other interruption from Acts of God, civil or military authority, acts of public enemy, war, accidents, fires, explosions, earthquakes, floods, failure of transportation, strikes, or other work interruptions by either Party's employees or agents, or any similar or dissimilar cause beyond the reasonable control of either Party. Either Party, in such event may terminate this Agreement.

23. RELATIONSHIP OF PARTIES.

None of the provisions of this Agreement are intended to create nor shall be deemed construed to create any relationship between District and Clinic other than that of independent entities contracting with each other hereunder solely for the purpose of effecting the provisions of this Agreement. Neither of the Parties hereto, or any of their respective officers, directors, or employees shall be construed to be the agent, employee or representative of the other Party. Furthermore, the relationship between Clinic and any Indigent is that of healthcare facility and Patient. District agrees that it shall neither interfere with the independent professional judgment of Clinic and Clinic's employees, agents, affiliates, associates, or independent contractors, nor interfere with the relationships between any physician practicing at Clinic facilities and any Patient of any such physician, and between any such physician and Clinic.

24. NON-EXCLUSIVE ARRANGEMENT.

This Agreement shall not require District to use the services and facilities provided by Clinic as the exclusive source of Health Care Services for District's Indigents, nor shall Clinic be prohibited hereunder from contracting with other entities for the provision of services.

25. ENTIRE AGREEMENT.

This Agreement supersedes all prior agreements between the Parties with respect to the subject matter hereof. This Agreement is subject to all areas controlled by the Indigent Health Care and Treatment Act as it may be amended and by the Texas Department of Health and Human Services and other applicable local, state and federal laws, rules or regulations.

26. TERMS USED BUT NOT DEFINED HEREIN.

Capitalized terms used herein without definition shall be as defined by the Act and HHSC.

27. WAIVER; CONSENTS.

No consent or waiver, express or implied, by either party hereto or of any breach or default by the other party in the performance by the other of its obligations hereunder shall be valid unless in writing, and no such consent or waiver shall be deemed or construed to be a consent or waiver to or of any other breach or default in the performance by such other party of the same or any other obligations of such party hereunder. Failure on the part of either party to complain of any act or failure to act of the other party or to declare the other party in default, irrespective of how long such failure continues, shall not constitute a waiver by such party of its rights hereunder. The granting of any consent or approval in any other instance by or on behalf of any party hereto shall not be construed to waive or limit the need for such consent in any other or subsequent instance.

28. GOVERNING LAW AND VENUE.

This Agreement shall be governed by the laws of the State of Texas. This Agreement is to be performed within the boundaries of the District. The venue for any legal action, suit or proceeding in law or equity arising out of this Agreement shall be Chambers County. Any legal action, suit or proceeding in law or equity arising out of this Agreement or the transactions contemplated hereby may be instituted in any state or federal court in Chambers County.

29. COMPLIANCE WITH LAW.

The Parties enter into this Agreement with the intent of conducting their relationship in full compliance with applicable state, local, and federal law including 42 U.S.C. § 1320a-7b. Notwithstanding any unanticipated effect of any of the provision herein, neither Party will intentionally conduct itself under the terms of this Agreement in a manner to constitute a violation of 42 U.S.C. § 1320a-7b.

30. GOVERNMENT ACCESS.

Upon the written request of the Secretary of Health and Human Services or the Comptroller General or any of their duly authorized representatives, Clinic will make available those contracts, books, documents, and records necessary to verify the nature and extent of the costs of providing services under this Agreement. Such inspection shall be available up to four (4) years after the rendering of such services. If Clinic carries out any of the duties of this Agreement through a subcontract with a value of \$10,000 or more over a 12-month period with a related individual or organization, Clinic agrees to include this requirement in any such subcontract. This Section is included pursuant to and is governed by the requirements of 42 U.S.C. § 1395x (v)(1)(I) and the regulations promulgated thereunder. No attorney-client, accountant-client or other legal privilege will be deemed to have been waived by any Party hereto by virtue of this Agreement.

31. ASSIGNMENT OF AGREEMENT.

Neither Party shall assign or transfer its interest in this Agreement without the prior written consent of the other party which consent may be withheld in the sole discretion of such other party.

32. DISPUTE RESOLUTION PROCEDURE.

The Parties agree to use the dispute resolution process provided for in Chapter 2009 of the Texas Government Code to attempt to resolve all disputes arising under this Agreement. A party must give written notice to the other parties of a claim for breach of this Agreement not later than the 180th day after the date of the event giving rise to the claim. By their execution of this Agreement, the parties acknowledge and knowingly and voluntarily agree that neither the execution of this Agreement; nor the conduct, act or inaction by any person in the execution, administration, or performance of this Agreement constitutes or is intended to constitute a waiver of the other party's immunity from suit with respect to claims of third parties.

IN WITNESS WHEREOF, the Parties have hereunto set their hand as of the day and year first above written.

**CLINIC:
THOMPSON OUTPATIENT CLINIC**

By: _____

Name: _____

Title: _____

**DISTRICT:
WINNIE-STOWELL HOSPITAL DISTRICT**

By: _____

Name: _____

Title: _____

Exhibit "A"
Invoice for Services

EPI	PC	ADMIT	DISCHARGE	PT NAME	DOB	AS	CHARGE	PERIO	NOTE
					YTD CHARGES:				

**Exhibit “B”
Medical Billing Forms**

Exhibit “F-1”

Exhibit "B"

**WINNIE STOWELL HOSPITAL DISTRICT
GRANT/SPONSORSHIP COVER SHEET**

(Please return to Winnie Stowell Hospital District,
P. O. Box 1997, Winnie, Texas 77665;
No later than two (2) weeks prior to the funding deadline)

Date: 2-21-2022

Organization/Individual Requesting Grant Funds: Thompson Outpatient Clinic, LLC
Organization/Individual Address: 304 Broadway / PO Box 714
Winnie, TX 77665

Contact Person: Danny Thompson
Title: Owner
Phone Number: 409-781-6355 Fax Number: 409-220-8292
E-Mail Address: dthompson@gmail.com

Name of Project, Program or Event: Initial Reopening of practice.
Date of Program or Event: May 1, 2022

Is your organization (check one):

- Non-profit and classified as tax-exempt under Sections 501(c) (3) or 170(c) of the United States Internal Revenue Code (attach copy of organizations tax and exemption information)
- Public Agency
- Private Healthcare Provider
- None of the above

Dollar Amount or In-kind Services Requested: \$120,000.00

Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material): Staff Payroll during start-up

Which of the following does the requested sponsorship support (check all that apply):

- Indigent Care
- Economic Development
- Community Healthcare
- Community Outreach

Please provide a brief description of the request provided how the request will help the District will assist the District in achieving its stated purposes. (Please complete below, or you may also attach support material): We will be expanding healthcare in our immediate area, increase the numbers of providers and increase jobs.

Please verify that this grant is a tax free donation in which 100% of the grant proceeds will be spent for the designed purpose and no money donated by the District will be used to offset taxes of any kind.

Signature _____
Name Danny Thompson
Title Owner

Exhibit "C"
SAMPLE BUDGET

	Project Expenses	WSHD Funding †	Other Funding/ In Kind †	Comment/Explanation
A.	Department/Agency Personnel:			
	<i>Leader % of time</i>	100 %	0 %	
	<i>Staff % of time</i>	100 %	0 %	
B.	Benefits:			
	<i>FICA</i>			
C.	Consultant/Contract Personnel:			
	<i>Evaluator if applicable</i>	∅		
D.	Travel:			
	<i>Local mileage (specify rate)</i>	∅		
E.	Materials/Equipment:			
	<i>Educational materials</i>	∅		
	<i>Promotional materials</i>			
F.	Office/Other Supplies:			
	<i>Copy paper</i>	∅		
	<i>Mailing or printing</i>			
G.	Miscellaneous:			
	<i>Atypical expenses please specify</i>	∅		
	<i>Rent of space</i>			
H.	Indirect Cost:			
	<i>% of administrative cost</i>	∅		
	Total Cost:			

* *Items Listed under each category are examples only*

Satisfaction of grant priorities:

1. **Indigent Healthcare:** A contract will be procured to insure any person on the indigent program will be seen and managed by Thompson Outpatient Clinic at their request.
2. **Community Healthcare:** Thompson Outpatient Clinic intends to increase accessibility to healthcare. To accomplish this goal, we will provide house call appointments for those unable to leave their homes. We will also be using tele-medicine to expand accessibility for all families and use tele-medicine to provide specialist visits to our patients.
3. **Economic Development:** In addition to the great hospital and school system we have in Winnie, we hope to attract even more people because of our innovative approach to accessible healthcare.
4. **Community Outreach:** Thompson Outpatient Clinic intends to promote and encourage wellness for our community through our exceptional providers, caring staff and ongoing commitment to provide exemplary care for the people in our community.

Narrative

Thompson Outpatient Clinic has been in practice for 18 years and is owned by Danny Thompson who has lived in Winnie for 30 years. During this time, he has worked hard to sustain a viable hospital and clinic to provide necessary life saving healthcare to the community. Dr. Nedrana Boutte, the clinics medical director, has been in Winnie 16 years and intends to stay for the long term. She is an integral part of local healthcare and desires to see that care expanded and sustained. She has been practicing with the Riceland Healthcare system for several years and now feels it is time for her to be in private practice to better serve the needs of the community.

We respectfully petition the Winnie Stowell Hospital District for support in reestablishing our practice here in the Winnie Stowell area. We intend to provide and expand all the standard services expected in a rural community as well as many new innovations. We will offer house calls and tele medicine to our patients to make it easier for them to receive excellent care. We will also reach out to the indigent and uninsured populations in our area to provide them with the care they need. Another area we intend to expand for our community is accessibility to specialist care. We will provide this by offering appointments with specialists via tele-medicine so patients can receive the treatment they need without having to leave Winnie.

Our only financial concern is being able to meet the initial payroll requirements we will have for the first 2 months. It takes some time to establish the practice with the insurance companies and for the payments for services to begin to be reimbursed. Both Danny Thompson and Dr. Boutte have incurred many costs associated with reopening the clinic that will make it difficult to meet the payroll needs until the insurance reimbursements have had time to start coming in. We anticipate needing approximately \$60,000 per month for payroll for, hopefully, not more than 2 months. The funds provided by this grant would be used exclusively for payroll purposes and nothing else. Any leftover funds would of course be returned to the district.

The impact of this award would allow us to improve healthcare in our community by expanding the number of providers accessible to our patients both in person and through tele-medicine.

We request funding in either 1 lump sum payment of \$120,000.00 or two monthly payments on May 1, 2022 and June 1, 2022 of \$60,000.00 each. Any unused or unnecessary funds will be returned to the district once we have established our insurance reimbursements.

**Thompson Outpatient Clinic
Job Descriptions**

Healthcare Providers:

1. Attends to patients in a timely and orderly manner to keep waiting time to a minimum and maximize productivity
2. Obtain appropriate patient history, perform physical evaluations, order appropriate diagnostic tests and follow-up with interpretation, formulate assessment and initiate treatment plan with appropriate follow up appointments
3. Review incoming reports (e.g. lab, x-ray, EKG) signs, dates and follow up with patients in a timely manner
4. Ensure documentation is recorded in a complete, timely and orderly manner
5. Consult and refer with/to appropriate specialists
6. Participates in the quality care review and chart review program

Clinic RN:

1. Perform physical examinations and diagnostic tests
2. Observe and record patient behavior
3. Collect patient health history
4. Counsel and educate patients and their families on treatment plans
5. Administer medication, change wound dressings and care for other treatment options
6. Direct and supervise nurses, nurses' assistants and nurses' aides

Medical Assistant:

1. Obtain blood samples
2. Perform data entry
3. Measure and record vital signs
4. Clean exam rooms

Administrative Staff:

1. Overseeing clinic operations and staff duties
2. Managing the clinic's budget, billing system and inventory
3. Ordering stock and supplies for the clinic
4. Overseeing the purchasing, maintenance, and repair of clinic equipment
5. Developing procedures to deliver optimal patient care
6. Performing the hiring, training, and performance evaluation of staff members

Office Staff:

1. Greeting patients professionally both in person and on the phone
2. Quickly answering or properly referring questions and issues
3. Notifying providers of patient arrivals
4. Comforting patients by anticipating anxieties and effectively answering questions
5. Retrieving and updating patient records
6. Verifying financial records and collecting patient charges

Exhibit “F-2”



**WINNIE STOWELL HOSPITAL DISTRICT
GRANT/SPONSORSHIP COVER SHEET**

(Please return to Winnie Stowell Hospital District,
P. O. Box 1997, Winnie, Texas 77665;
No later than two (2) weeks prior to the funding deadline)

Date: _____

Organization/Individual Requesting Grant Funds: Riceland Medical Center
Organization/Individual Address: 538 Broadway Ave, Winnie, TX 77665
Contact Person: Mo Danishmund
Title: Chief Financial Officer
Phone Number: (409) 767-1003 Fax Number: (409) 730-8055
E-Mail Address: mo@starcoimpex.com

Name of Project, Program or Event: RMC Hospital Surgical Suite Renovation/Reopening
Date of Program or Event: To begin upon funding

Is your organization (check one):

- Non-profit and classified as tax-exempt under Sections 501(c) (3) or 170(c) of the United States Internal Revenue Code (attach copy of organizations tax and exemption information)
- Public Agency
- Private Healthcare Provider
- None of the above

Dollar Amount or In-kind Services Requested: \$2,890,748.33

Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material): Funds to be used for the design, construction, equipment, furnishings, and fixtures of a hospital surgical suite at Riceland Medical Center (see attached materials)

Which of the following does the requested sponsorship support (check all that apply):

- Indigent Care
- Economic Development
- Community Healthcare
- Community Outreach

Please provide a brief description of the request provided how the request will help the District will assist the District in achieving its stated purposes. (Please complete below, or you may also attach support material): A hospital surgical suite will improve local quality and availability of care by negating the need to travel outside of the area for surgery. It will entail economic benefits in the community, and RMC could work with WSHD and the planned FQHC to establish agreed-upon rates for indigent patients.

Please verify that this grant is a tax free donation in which 100% of the grant proceeds will be spent for the designed purpose and no money donated by the District will be used to offset taxes of any kind.

Signature: _____
Name: Mo Danishmund
Title: Chief Financial Officer



Hospital Surgical Suite

Project Narrative

- I. Organizational Background**
- II. Description & Beneficiaries**
- III. Evaluation Grant Request**
- IV. Impact & Sustainability**
- V. Funding Request**
- VI. Timeline**
- VII. Application Budget**



I. Organizational Background:

Riceland Medical Center (previously Winnie Community Hospital, hereinafter “RMC”) is a privately owned critical access hospital located in Chambers County, Winnie, Texas. Our hospital operates with full adherence to Texas state law and conducts itself with care to meet applicable medical regulations and sets the standard for bridging the urban/rural divide in healthcare capabilities. RMC performs a central role in the integrated network of physicians, hospice, home health, and other services provided by Riceland Healthcare across southeast Texas. Our commitment to our community serves as the foundation of our enterprise. Winnie Community Hospital was on the verge of bankruptcy until it was acquired by our administrative and management leadership in 2014. In doing so, 500+ jobs were protected, preventing a local economic crisis, and securing a crucial source of healthcare for the local and surrounding counties. Since our inception, our goal has remained to continuously improve our technology and equipment, offer cost-effective care, and ensure an outstanding patient care experience. We have always enjoyed a collaborative relationship with the Winnie Stowell Hospital District (hereinafter “WSHD”), with our most recent collaboration done to conduct COVID-19 testing.

II. Description & Beneficiaries:

Riceland is requesting the necessary funds to renovate and reopen the surgical suite at RMC. A Health Data Resources market analysis conducted in 2016 showed a prominent demand among the local population for available surgical care:

	Total Visits 2016	FP/GP Visits	Int Med Visits	Orthopedics Visits	Cardiology Visits	Gen Surgery Visits
Winnie	20,564	3,640	2,629	1,285	941	3,447
Stowell	4,389	777	561	274	201	736
Hampshire	5,449	964	697	341	249	913
High Island	2,351	416	301	147	108	394
Bolivar Peninsula	4,354	771	557	272	199	730
Devers	3,404	602	435	213	156	571
Hankamer	2,376	421	304	149	109	398



As it is, patients must travel to Galveston, Beaumont, or Houston for surgical care. This is a “significant hardship for many of the senior population who prefer local care and have the greatest difficulty traveling 30 minutes or more for their care.”¹ This travel requirement can also impose an unnecessary hardship on indigent patients requiring surgical care.

Local access to a surgical suite-equipped hospital improves patients’ access to care, allowing for more rapid diagnosis and treatment (endoscopy, colonoscopy, breast biopsy, pain injections, etc.), as well as enhanced continuity of care, and “recent evidence suggests that among patients requiring rehospitalization, admission to the same hospital where they had surgery improved survival rates.”² The addition of a hospital surgical suite would alleviate one of the greatest current healthcare demands in the community.

In 2021, Riceland Surgery Center (Beaumont) received 486 surgery cases from the aforementioned coverage area, with 328 of them being from Winnie or Stowell. “Using the natural linkages with the facility in Beaumont already affiliated with the hospital, it is a natural extension of the services to begin to do procedures at Riceland. It will increase outpatient service utilization across the board (imaging and laboratory), and it will increase occupancy as senior patients who receive procedures that are primarily outpatient will often need to stay one or two days in the hospital.”¹

According to the market analysis, “the demand for simple surgical procedures in the community is sufficient to support the practice of a full-time general surgeon in the area. However, the issue is the current facilities available at Riceland for surgery.”¹ A properly equipped surgical suite would allow for the active practice of a general surgeon in the hospital, which would increase inpatient census and ancillary department use. “These are services that will have immediate impact on the capabilities of the hospital to treat a wider range of clinical conditions in both the inpatient service and in the emergency department.”¹

For common surgical procedures, critical access hospitals have statistically lower average Medicare payments than non-critical access hospitals (\$15,094 vs. \$21,074)², which correlates to lower co-payments for patients.

As Riceland is one of the top employers in the community, an expansion of the hospital will bring significant economic benefits to the area. The necessity for additional medical and support staff will create 10-12 new jobs at the hospital, and as patients and families are travelling to the district instead of away from it, local businesses will see improved commerce as a result. In the event that future billing regulation changes alter Riceland’s ability to support the hospital through its other medical practices, the operating room would create a viable revenue stream that would foster the hospital’s financial independence, and revenue generated from the OR could be used to improve the hospital’s ER. The WSHD’s support for the proposal would create an investment in the community that would stand regardless of future hospital ownership.



While this project would primarily fall under the Community Healthcare grant priority (by way of increasing quality and availability of care in the area), it would secondarily encompass Economic Development (by way of the aforementioned economic benefits to the community) and Indigent Healthcare (RMC could work with WSHD and the planned FQHC to establish agreed-upon rates for indigent patients).

III. Evaluation Grant Request:

Hospital Surgical Suite Logic Model

Inputs	Activities	Outputs	Short-term Outcomes	Long-term Outcomes	Impact
<ul style="list-style-type: none"> ▪ RMC ▪ WSHD ▪ Architect ▪ Engineers ▪ Construction contractors ▪ Surgeons ▪ Ancillary staff ▪ Necessary equipment 	<ul style="list-style-type: none"> ▪ Funding ▪ Designing ▪ Constructing ▪ Procurement ▪ Staffing ▪ Performing procedures ▪ Patient care ▪ Billing 	<ul style="list-style-type: none"> ▪ Functioning surgical suite 	<ul style="list-style-type: none"> ▪ Increase in hospital capabilities ▪ Increase in jobs ▪ Increase in access to/continuity of care 	<ul style="list-style-type: none"> ▪ Increase in surgeon network ▪ Increase in referrals to RMC ▪ Increase in hospital financial independence ▪ Decrease in referrals out of the district 	<ul style="list-style-type: none"> ▪ Enhanced availability & continuity of care ▪ Less travel for patients ▪ Increased diagnosis & treatment ▪ Decrease in costs for patients ▪ Increase in economic benefits for the local community

The primary objective of this grant request is to fund the surgical suite and provide local access to surgical care, negating the need to travel outside of the area for surgery. In 2016, the amount of Winnie-Stowell surgery cases that went out of the district was 4,183. After completion of the renovation and reopening, the number of surgery cases at RMC could be reported to the WSHD Board in our monthly hospital report, with census numbers segregated by patients from inside/outside of the district, available data on number of indigent patients served, and patient age demographics. We can also use aggregate data to view surgery cases



broken down by type, accommodate demand as the number of cases grows, and add/adjust surgeon availability as needed.

IV. Impact & Sustainability:

Riceland expects the project to greatly reduce the need for patients to travel outside of the district for surgical care, along with boosting local commerce and allowing for enhanced coordination of care for indigent patients. We're aiming for 25+ monthly cases during the opening phases of the surgical suite, and conservatively estimate 35+ monthly cases as the operating room's reach and reputation grows (the reported demand for surgical care in the area would even suggest that much higher surgical case numbers are possible).

We've developed a monthly budget that breaks even at 23 surgery cases per month with a census of 25 cases. As the number of monthly cases increases, this breakeven number will decrease as supplies and human resources are allocated more efficiently.

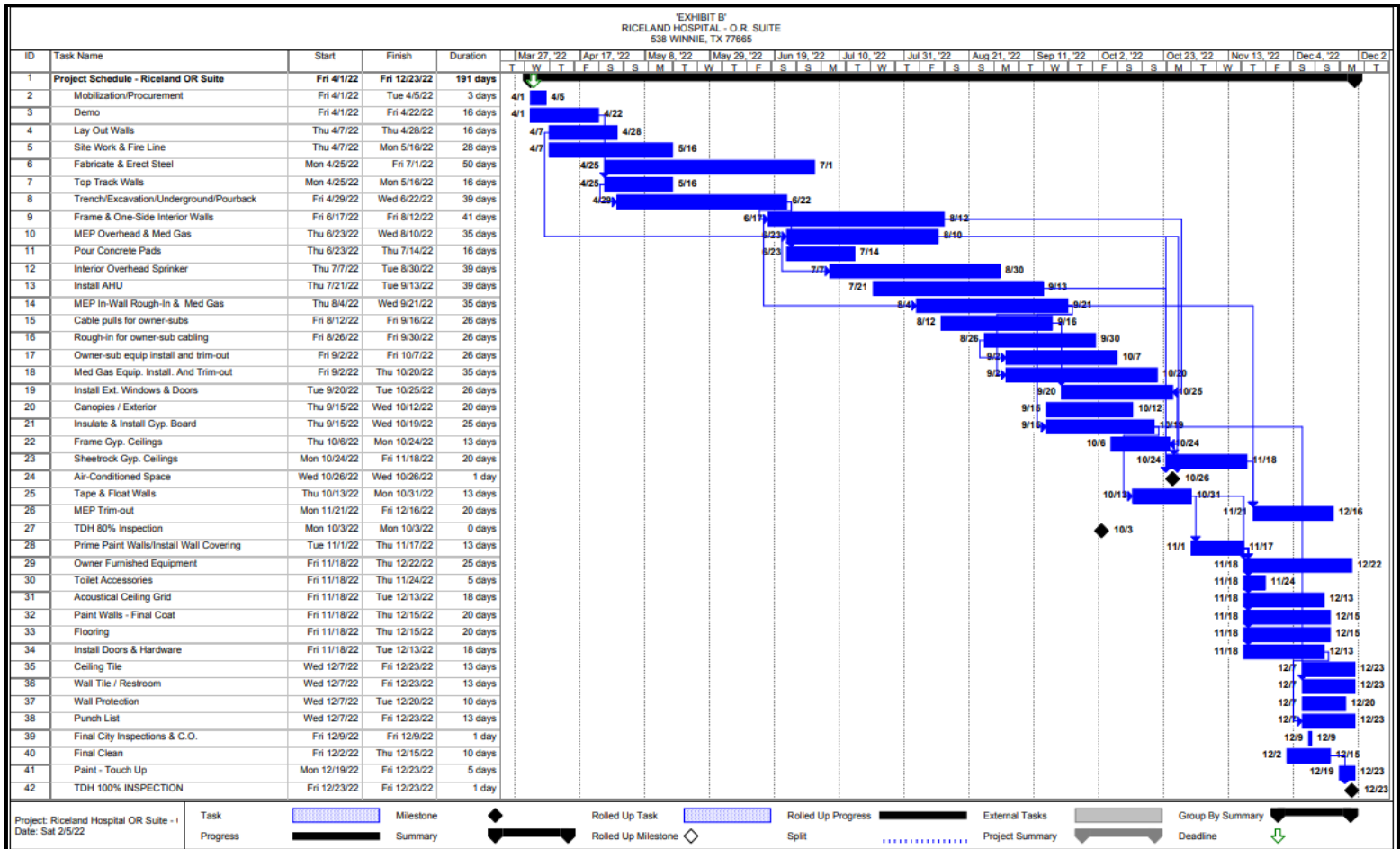
Riceland Medical Center - Operating Room Monthly Pro Forma		
PAYER CLASS	CENSUS	AVG % OF CASES
MEDICARE	15.263	61.054%
MEDICAID	1.473	5.892%
COMMERCIAL	7.695	30.780%
SELF PAY	0.569	2.275%
TOTAL CASES	25	
PAYER CLASS	NET REVENUE	
MEDICARE	\$ 68,882.20	
MEDICAID	\$ 642.04	
COMMERCIAL	\$ 14,495.77	
SELF PAY	\$ 401.20	
TOTAL NET REVENUE	\$ 75,979.10	
EXPENSE ACCOUNT	EXPENSE	
SALARIES	\$ 43,624.00	
P/R TAXES	\$ 3,379.24	
INS & 401K	\$ 2,119.69	
CAPITAL LEASE DEPRECIATION	\$ 6,666.67	
COMPUTER EXP	\$ 1,435.40	
LEGAL	\$ 5,000.00	
OFFICE EXPENSE	\$ 600.00	
POSTAGE	\$ 20.00	
REPAIRS	\$ 400.00	
SUPPLIES	\$ 3,827.00	
TRAVEL-MILEAGE/AUTO	\$ 250.00	
*UTILITIES:GAS	\$ 23.12	*Utilities are step down from Admin
*UTILITIES:ELECTRIC	\$ 2,690.31	
*UTILITIES:WATER	\$ 487.92	
TOTAL MONTHLY EXPENSES	\$ 70,523.34	
PRETAX MONTHLY INCOME	\$ 5,455.76	
BREAKEVEN CASES PER MO.	23	

V. Funding Request:

RMC will submit invoices to WSHD as they are received from vendors/contractors. Once the project is greenlit, RMC's contracted architect will be able to provide a more detailed capital expenditures timeline for the buildout. This will alleviate the strain of WSHD providing a large lump sum to RMC all at once.

VI. Timeline:

Once funding is secured, the buildout can commence as quickly as possible. The estimated time for completion is ~ 9 – 12 months (minimum of 191 days). Provided is a detailed timeline with an assumed start date, key milestones, and completion date:





VII. Application Budget:

Riceland Medical Center Surgical Suite Estimated Project Expenditures	
Project Expenses	WSHD Funding
Buildout Divisions	
Division 1: Site Work	\$ 48,500.00
Division 2: Concrete	\$ 35,000.00
Division 3: Metals	\$ 75,000.00
Division 4: Interior Build-Out	\$ 350,000.00
Division 5 Flooring	\$ 77,000.00
Division 6: Millwork	\$ 84,000.00
Division 7: Doors & Hardware	\$ 86,403.00
Division 8: Glazing	\$ 18,208.00
Division 9: Thermal Moisture Protections	\$ 22,000.00
Division 10: Specialties	\$ 64,530.00
Division 11: Mechanical	\$ 296,800.00
Division 12: Plumbing	\$ 343,495.00
Division 13: Electrical	\$ 371,290.00
Division 14: Low Voltage	\$ 46,677.00
Division 15: Furniture, Fixtures, & Equipment	\$ 500,000.00
General Conditions	
Equipment Rental	\$ 10,000.00
Dumpsters/Toilet Rentals	\$ 12,500.00
Cleaning (Periodic)	\$ 6,000.00
Common Labor	\$ 5,000.00
Superintendent	\$ 36,000.00
Architect, MEP Engineer, & Structural Engineer	\$ 170,034.26
Insurance	\$ 12,000.00
Subtotal	\$ 2,670,437.26
Sales Tax	\$ 220,311.07
Total Project Expenditures	\$ 2,890,748.33

Detailed division breakdown available separately



ArchiTECH Design & Development Inc.

4545 Post Oak Place Suite 347
Houston, Texas 77027
T(713) 412-3255
e-mail: mmehdi@architechdesign.net

*ADDI specializes in
technologically advanced,
complex environments,
serving healthcare,
and developing
communities*

Number of years in Business: 28, Since 1994.
Average Design team experience: 28 years

Firm Size in 2012:: 8
3 Architects, 2 Project Managers
Balance technical draftsmen.

Specialties:

- Office Buildings/Medical Office buildings
- Hospitals/Healthcare Facilities
- Assisted Living Facilities
- Mid-rise/ High-Rise Condominiums
- Private Schools & Mosques
- Shopping Plazas/Super-Stores

Type of Operation: Incorporated

Volume of Healthcare Work (Construction Value)
Based on our healthcare portfolio equals approximately
\$168 million in construction value.

Services Provided by ArchiTECH Design & Dev. Inc.

Pre-Design Services

Programming/Consensus Building

Feasibility Studies
Building System Evaluation
Site Utility Studies
Site Evaluation and “Due Diligence” Studies
Project Development Scheduling
Code Consultation/Reviews
Project Budgeting/Cost Control

Design Services

Architecture
Schematic Design
Design Development
Construction Documents
Value Engineering
Energy Conserving Building Design
Equipment planning

Construction Services

Construction Administration//Construction Management



Mort Mehdi, President (B. Arch./ M. Arch.)

History:

ArchiTECH Design & Development Inc. – Founded in 1994.
Employment with prominent Houston firm and Developers:
Hines Interests.

Education:

University of Houston Bach. (5 yr. Prof. Deg.) Architecture in 1992.
University of Houston Mast. Architecture in 1993.

Publications:

Houston Business Journal:	September 23, 2004
Houston Chronicle:	September 17, 2004
Houston Chronicle Business Week:	May 29, 2005
Bellaire Buzz:	July 1, 2005
Houston Chronicle (SSH)	October, 2013
In Living Magazine	November 2013

Notable Medical Projects:

Humble Surgical Hospital	Humble, TX
Oasis Medical Campus	Stafford, TX
Atrium Medical Center (LTACH)	Stafford, TX
Carrus Specialty Hospital (LTACH)	Sherman, TX
Spring Surgical Hospital	Spring, TX
Quality Infusion Care (Sleep Center)	Houston, TX
Westside Hospital	Houston, TX
Main Medical Plaza	Houston, TX
Texas Cardiology Associates	Kingwood, TX
North Houston Associates of Humble	Humble, TX
Lymphedema & Wound Care Institute	Houston, TX
Houston Eye Associates	Houston, TX
Woodward Development Inc.	Houston, TX
Victoria ASC Crossroads	Victoria TX

Community Involvement:

Design Consultant on numerous non-profit organizations.
2002/2008/2010/2011 APEX Judge for Design and Construction Award

Personal:

U.S. Citizen
Married with two children

Sincerely,

ArchiTECH Design & Development Inc.

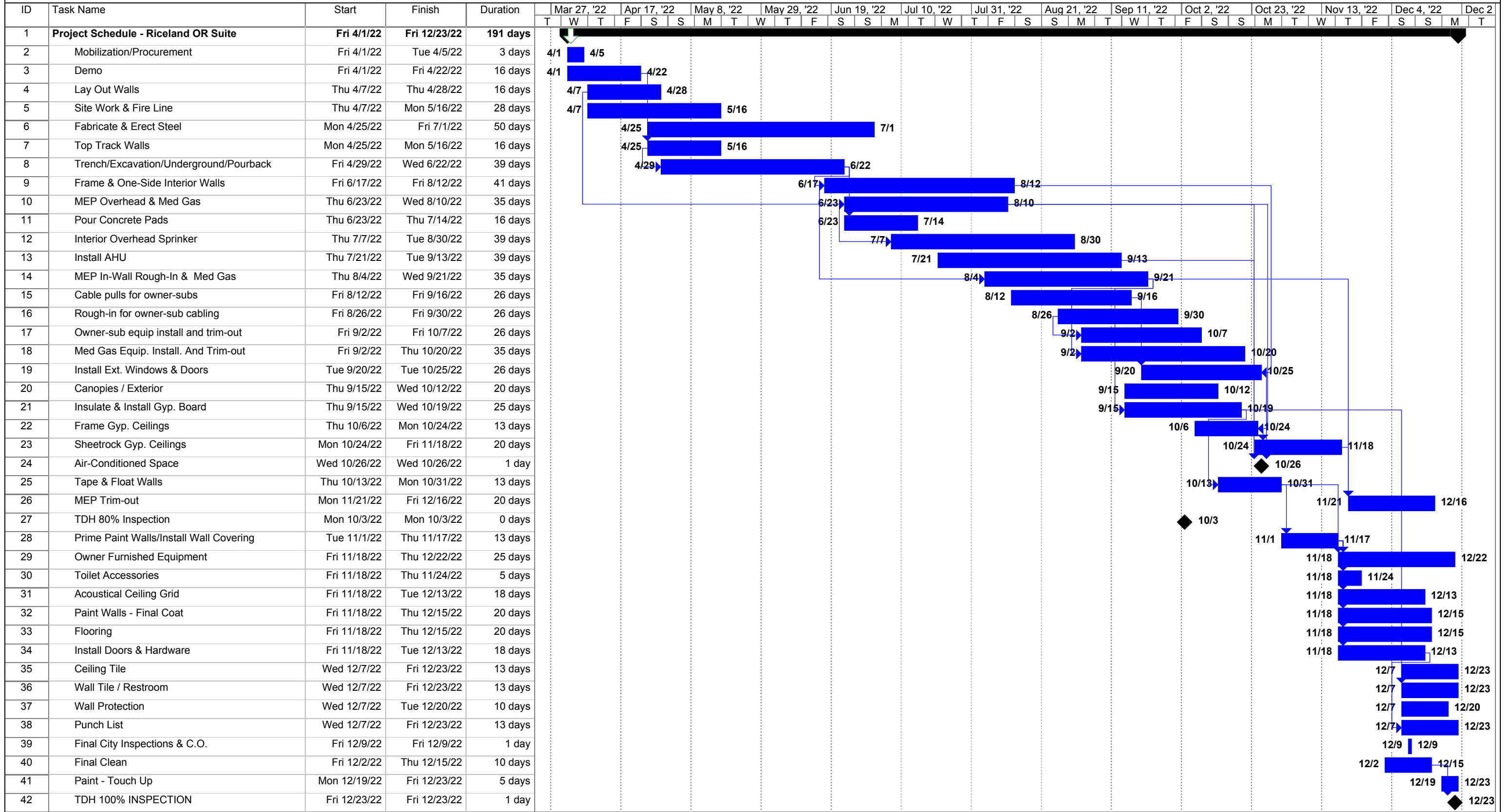
Mort Mehdi



List of Governing Board Members

1. Mohammed Tahir Javed
2. Mohammed Shahid Javed
3. Nick Lampson
4. Tommy McCall
5. Brenda Wilber

'EXHIBIT B'
 RICELAND HOSPITAL - O.R. SUITE
 538 WINNIE, TX 77665



Project: Riceland Hospital OR Suite - Date: Sat 2/5/22

Task		Milestone		Rolled Up Task		Rolled Up Progress		External Tasks		Group By Summary	
Progress		Summary		Rolled Up Milestone		Split		Project Summary		Deadline	



EXHIBIT "D"

Riceland Specialty Hospital	Date:	February 9, 2022
538 Broadway Ave, Winnie, TX 77665	Prepared by:	Architech Design & Development, Inc.

Area in Sq. Feet:	3,874			
Line Item Description	Amount	\$ / SF		
DIVISION 1: SITE WORK				
Site Paving / Pads	\$36,000.00	\$9.29		
Chainlink Fence/Screen/Bollards	\$12,500.00	\$3.23		
Subtotal per SF		\$12.52		
				\$48,500.00

DIVISION 2: CONCRETE				
Concrete Saw-Cuts / Demo Interior	\$20,000.00	\$5.16		
Concrete Pour Back/Footings	\$15,000.00	\$3.87		
Subtotal per SF		\$9.03		
			DIVISION 2 TOTAL:	\$35,000.00

DIVISION 3: METALS				
New Exterior Shell Openings	\$25,000.00	\$6.45		
Structural Steel Supports (Interior)	\$35,000.00	\$9.03		
Exterior Canopy	\$15,000.00	\$3.87		
Subtotal per SF		\$19.36		
			DIVISION 3 TOTAL:	\$75,000.00

DIVISION 4: INTERIOR BUILD-OUT				
Demolition	\$48,000.00	\$12.39		
Framing / Drywall / Tape & Float	\$275,000.00	\$70.99		
Sheetrock Ceiling	\$0.00	\$0.00		
Paint	\$15,000.00	\$3.87		
Accoustical Ceiling	\$12,000.00	\$3.10		
Subtotal per SF		\$90.35		
			DIVISION 4 TOTAL:	\$350,000.00

DIVISION 5: FLOORING						
	Floor Preparation	\$12,000.00	\$3.10			
	Floor Finishes & Bases	\$65,000.00	\$16.78			
	Tile Work / Restroom Walls	\$0.00	\$0.00			
	Subtotal per SF		\$19.88			
DIVISION 5 TOTAL:						\$77,000.00

DIVISION 6: MILLWORK						
	Cabinets / Millwork / Quartz Counters	\$74,000.00	\$19.10			
	Wood Blocking / Decking	\$10,000.00	\$2.58			Included
	Subtotal per SF		\$21.68			
DIVISION 6 TOTAL:						\$84,000.00

DIVISION 7: DOORS & HARDWARE						
	Laminated Doors / Alum Frames	\$0.00	\$0.00			Included
	Hollow Metal Doors & Frames	\$0.00	\$0.00			Included
	Hardware	\$0.00	\$0.00			Included
	Installation	\$86,403.00	\$22.30			
	Subtotal per SF		\$22.30			
DIVISION 7 TOTAL:						\$86,403.00

DIVISION 8: GLAZING						
	Store Front Doors / New Sidelites	\$0.00	\$0.00			Included
	Automatic Entry Doors	\$0.00	\$0.00			Included
	Interior Glass Panels & Frames	\$18,208.00	\$4.70			
	Subtotal per SF		\$4.70			
DIVISION 8 TOTAL:						\$18,208.00

DIVISION 9: THERMAL MOISTURE PROTECTIONS						
	Caulking & Sealants	\$0.00	\$0.00			Included
	Roof Penetrations	\$0.00	\$0.00			Included
	Insulation	\$22,000.00	\$5.68			
	Subtotal per SF		\$5.68			
DIVISION 9 TOTAL:						\$22,000.00

DIVISION 10: SPECIALTIES						
	Grab Bars / Dispensers / Mirrors	\$8,000.00	\$2.07			
	Hand / Guard Rails	\$10,530.00	\$2.72			
	Drapes & Railings	\$15,000.00	\$3.87			
	Shower Curtains / Seats	\$0.00	\$0.00			Included
	Fire Extinguishers / Cabinets	\$2,500.00	\$0.65			
	Room Signage	\$3,500.00	\$0.90			
	Owner Provided Equipment Installation	\$25,000.00	\$6.45			
	Subtotal per SF		\$16.66			
DIVISION 10 TOTAL:						\$64,530.00

DIVISION 11: MECHANICAL						
	HVAC	\$264,800.00	\$68.35			
	Controls	32000	\$8.26			
DIVISION 11 TOTAL:						\$296,800.00

DIVISION 12: PLUMBING						
	Plumbing (Lab / Mat)	\$244,440.00	\$63.10			
	Med Gas (Lab / Mat)	\$68,000.00	\$17.55			
	Sprinkler (Relcoation Only if existing)	\$31,055.00	\$8.02			
Subtotal per SF			\$88.67			
DIVISION 12 TOTAL:						\$343,495.00

DIVISION 13: ELECTRICAL						
	Electrical (Mat / Lab)	\$339,290.00	\$87.58			
	Generator / Transfer Switches	\$32,000.00	\$8.26			
	Light Fixtures (Mat / Lab)	\$0.00	\$0.00			Included
	Install Owner Provided Fixtures	\$0.00	\$0.00			Included
Subtotal per SF			\$95.84			
DIVISION 13 TOTAL:						\$371,290.00

DIVISION 14: LOW VOLTAGE						
	Fire Alarm / Smoke Alarm	\$29,781.00	\$7.69			
	New Nurse Call Throughout Wing	\$16,896.00	\$4.36			
	Phone / Data (Not included by Owner)	\$0.00	\$0.00			
Subtotal per SF			\$12.05			
DIVISION 14 TOTAL:						\$46,677.00

GENERAL CONDITIONS						
	Equipment Rental					\$10,000.00
	Boarding & Lodging					
	Dumpsters / Toilet Rentals					\$12,500.00
	Cleaning (Periodic)					\$6,000.00
	Common Labor					\$5,000.00
	Superintendent					\$36,000.00
	Insurance					\$12,000.00
	Sub Total All Divisions:		\$516.37			\$2,000,403.00
	Profit @	8.50%				\$170,034.26
	Subtotal					\$2,170,437.26
	Sales Tax	8.25%				\$179,061.07
	Total Construction Budget					\$2,349,498.33

This proposal is only good for 30 (thirty) days after submittal

Exclusions Listed Below: Unless Noted Above

Appliances	Foundation and Unnoted Structural Problems
Material Testing and Inspections	Sealants Not Specified
Roof Penetrations Overages	Stabilization Unless Noted Otherwise
Asbestos & Environmental Issues	Permits
All Tap and Meter Fees	Appliances and Medical Equipment
Any Work Not Specified in Scope	Faux Painting
Changes to Project Scope	
Any Allowance Overages	
Tax If Not Tax Exempt	
Existing Site Problems	
Stereo or Acoustical Systems	
Phone and Data Systems (stub ups will be provided)	
Appliances and Medical Equipment	
Fixtures Shown to be Provided per Owner	
Stereo or Acoustical Systems	
Changes to Project Scope	

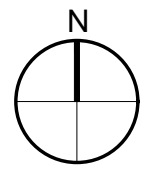
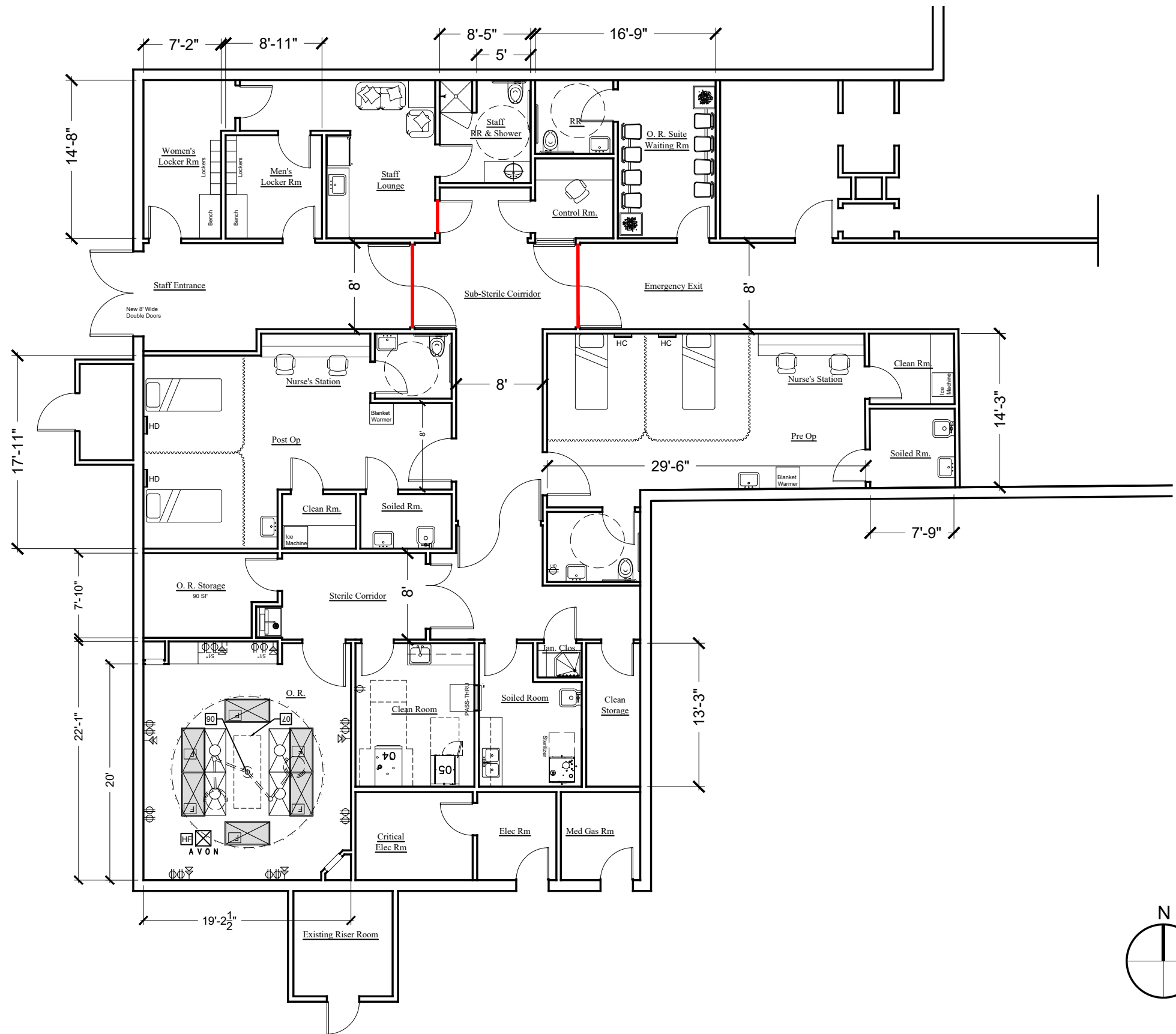
Any payments delayed over 30 (thirty) days will begin to accrue 10% (Ten) percent annual interest. Fees associated with property liens and legal fees will be automatically assessed to the project.

Propose By:

Accepted By:

Mort Mehdi (President)

Mr. Mo Danishmund
CFO
Riceland Healthcare



Proposed O.R. Suite

Area: 3,898 SF

Scale: 3/32 = 1'

Riceland Healthcare
 538 BROADWAY , PO BOX 1249
 WINNIE , TEXAS 77665

Feb. 7, 2022



Grant	\$2,800,000.00		
Reimbursement	\$2,000,000.00		
	Depreciation Credit	Indigent Care Credit	Credit Balance
Construction Time Period			
End of Year 1	\$100,000.00	\$100,000.00	\$1,800,000.00
End of Year 2	\$100,000.00	\$100,000.00	\$1,600,000.00
End of Year 3	\$100,000.00	\$100,000.00	\$1,400,000.00
End of Year 4	\$100,000.00	\$100,000.00	\$1,200,000.00
End of Year 5 (Evaluation)	\$100,000.00	\$100,000.00	\$1,000,000.00
End of Year 6	\$100,000.00	\$100,000.00	\$800,000.00
End of Year 7	\$100,000.00	\$100,000.00	\$600,000.00
End of Year 8	\$100,000.00	\$100,000.00	\$400,000.00
End of Year 9	\$100,000.00	\$100,000.00	\$200,000.00
End of Year 10	\$100,000.00	\$100,000.00	\$0.00

Exhibit “F-3”

Exhibit "B"

**WINNIE STOWELL HOSPITAL DISTRICT
GRANT/SPONSORSHIP COVER SHEET**

(Please return to Winnie Stowell Hospital District,
P. O. Box 1997, Winnie, Texas 77665;
No later than two (2) weeks prior to the funding deadline)

Date: 2-11-2022

Organization/Individual Requesting Grant Funds: Coastal Gateway Health Center
Organization/Individual Address: _____

Contact Person: Kaley Smith
Title: CEO
Phone Number: 361.563.1339 Fax Number: —
E-Mail Address: Kaley.smith@coastalgatewayhc.org

Name of Project, Program or Event: Winnie F&HC Look-Alike
Date of Program or Event: January 1, 2022, ongoing

Is your organization (check one):

- Non-profit and classified as tax-exempt under Sections 501(c) (3) or 170(c) of the United States Internal Revenue Code (attach copy of organizations tax and exemption information)
- Public Agency
- Private Healthcare Provider
- None of the above

Dollar Amount or In-kind Services Requested: Year 1: \$1,345,326, Year 2: \$988,003

Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material): see attached

Which of the following does the requested sponsorship support (check all that apply):

- Indigent Care
- Community Healthcare
- Economic Development
- Community Outreach

Please provide a brief description of the request provided how the request will help the District will assist the District in achieving its stated purposes, (Please complete below, or you may also attach support material):

CGHC requests funding to create an F&HC Look-Alike clinic that will provide healthcare services to area residents regardless of ability to pay.

Please verify that this grant is a tax free donation in which 100% of the grant proceeds will be spent for the designed purpose and no money donated by the District will be used to offset taxes of any kind.

Signature: Kaley Smith
Name: Kaley Smith
Title: CEO

Narrative

In late August 2021, the District engaged Franz Strategic Solutions, LLC, which operates under the DBA of THRIVE, to assess the current community healthcare needs. THRIVE provided a clear understanding and view of the primary care provider options, community demographics and needs, application Process and comparison of Health Center models, financial analysis, facility location and size and impact on existing Hospital and recommended pursuing an FQHC Lookalike. The District voted in December 2021 to accept the study conducted by THRIVE and engage its services to develop health care services in preparation for becoming a nonprofit healthcare entity obtaining FQHC Lookalike status and ultimately submitting application to become a fully funded FQHC.

FQHCs, also referred as community health centers, provide primary care for the uninsured, as well as the economically and/or medically vulnerable populations. The services provided by FQHCs help to reduce unnecessary hospital admissions and emergency department visits.

Communities benefit by the presence of an FQHC. FQHC's are more affordable for the residents than other healthcare delivery models. They deliver high-quality integrated care including medical, dental, behavioral health and other health related services, regardless of the patient's immigration status. They provide patient navigation assistance to appropriate care including providing translation and access to affordable medications.

In order to become an FQHC, an organization initially applies for FQHC LA status and then applies for Federal funding opportunities. It is not until a FQHC LA receives Federal funding under Section 330 of the Public Health Service Act that an FQHC achieves full FQHC status.

In January 2022 Coastal Gateway Health Center (GCHC) was formally established upon receipt of a Certificate of Filing from the Office of the Secretary of State and obtained an Employer Identification Number from the IRS. The District hired an Interim Chief Executive Officer in January 2022 to work with the THRIVE team in establishing a health center and preparing for submission to obtain FQHC Lookalike Status. A GCHC Board of Directors is being compiled to oversee and support the newly formed organization. Currently there are two CGHC board directors who are also members of the District board. Organizational bylaws have been drafted by counsel and formally approved by the CGHC Board of Directors.

The Hospital is currently the only option in Winnie for complete medical care including routine medical (RHC), behavioral health, emergency department, inpatient, swing-beds, laboratory, and diagnostic imaging. Patients needing a higher level of specialty care and OB/GYN services must travel outside the area to UTMB in Galveston, Beaumont, or Houston area. The District assists with providing health care funding for the children attending school at the East Chambers Independent School District (ECISD). This includes funding for school nurses, providing various testing, counseling and therapy, and accident insurance for all students. Beyond this, there are no other medical provider services in Winnie at this point in time.

Currently dental services are limited in the District with only one private dentist and the District contracts with Chambers Health for these services.

There are limited behavioral health services within the District and in its adjacent areas. With the assistance of the District, the Hospital did implement a behavioral health program which included Partial Hospitalization. The District funds the ECISD's Youth Counselling Program and the Irlen Method Testing and Treatment Program. In addition, each school has a counselor and the District contracts with other licensed professionals as well.

There are currently no optometrists in close proximity to the District. Most residents of the District travel to Beaumont for vision services.

The District currently provides case management services for the indigent enrolled in the ICAP program. The County has an indigent case management program for those who live outside the two hospital districts.

The goal is to develop a modern, centrally located FQHC that is a prominent and integral part of the community, which will provide affordable and accessible primary care, dental, outpatient behavioral health, vision, transportation, pharmacy and case management based on the needs of the patients. This will complement the Hospital's work with the provision of laboratory services, diagnostic imaging, and behavioral health and create a truly comprehensive healthcare network within the community.

To meet the needs and gaps in service as stated above, and the basis for the grant request, CGHC is requesting funding from the District to support the initial development of the health center and to be able to start the process of developing primary care operations in accordance with HRSA Health Center guidelines and apply for FQHC Lookalike status after six months of operations. Once CGHC is approved as an FQHC Lookalike, CGHC will be able to receive those enhanced Medicaid and Medicare reimbursements. These rates are important because they provide the appropriate amount of revenue needed to cover the cost for comprehensive healthcare services to Medicaid and Medicare patients and will help sustain the health center toward becoming financially viable. District funding will provide the opportunity for CGHC to be able to provide much needed affordable and accessible health care.

CGHC understands the District's grant funding decisions are guided by our ability to satisfy one or more of the four grant/sponsorship priorities that include Indigent Healthcare, Community Healthcare, Economic Development and Community Outreach. CGHC is prepared to demonstrate and meet the Indigent Healthcare and Community Healthcare priorities.

As an outpatient facility CGHC's is purposely driven to serve and meet the health care needs of all particularly the underserved and economically and/or medically vulnerable populations including the District's indigent population. As stated, our goal is to obtain FQHC Lookalike status after six months of operation eventually becoming a fully funded FQHC in the health center program.

Some of the fundamentals of HRSA's Health Center Program include serving high need community or population, provide comprehensive primary care as well as enabling services (education, outreach, and transportation), services are available to all, with fees adjusted based on one's ability to pay and using a sliding fee scale. The sliding fee scale is based on the federal

poverty guidelines and the CGHC Board of Directors approves a minimum amount for payment for services. For example, the CGHC Board of Directors may establish the minimum fee for qualifying patients as \$0. No one will be turned away for inability to pay.

CGHC will increase health care resources and provide high quality healthcare that is accessible and affordable for all in the community, thereby ensuring CGHC aligns with the District's Community Healthcare priority. CGHC will collaborate with other community providers particularly the hospital, and maximize resources and efficiencies in service delivery as a non-profit entity. The Health Center must be governed by a patient-majority community board representing the community and patient population. CGHC will deliver agreements with partners outside the District as appropriate and as needed for additional and specialty patient care, and over time will work to bring specialty care to the health center thereby eliminating the travel burden for healthcare treatments. CGHC will also provide transportation as another resource to improve and provide access to care.

CGHC's service area will include those residing in Winnie (77665), Stowell (77661), Devers (77538), Hampshire (77622), and Nome (77629). Because of the benefits associated with an FQHC and the larger targeted service area, we estimate that by the end of Year 1, the Health Center will provide primary care to over 3,471 patients, or 15,621 occurrences, and in Year 3, we hope to see these numbers increase to 5,517 patients, or 24,828 occurrences. This would represent a significantly larger pool of patients that will need to be referred to the Hospital for the ancillary services they provide.

Included in this application and grant request is a logic model that illustrates the activities, the status and anticipated dates for completion. The process includes:

Phase I – Establishing CGHC as a nonprofit entity with the state and IRS which is now complete. The nonprofit is required to and includes establishing the CGHD Board of Directors and begin its work towards Health Center compliance. In Phase I the Board of Directors will start with a small board of 5-6 members which will quickly facilitate the expansion of the board to full compliance and Board Orientation has begun. Retaining Health Center counsel has been completed and CGHC bylaws have been developed and reviewed by counsel; pending final board approval. Governance policies are being developed. The Chief Executive Officer job description is complete. We will establish bank accounts, establish payroll vendor/inhouse, establish grant terms with non-profit for operations and capital cost, implement accounting system; and last compiling letters of support for FQHC LA application.

Phase II – Readyng the Clinic (2 months)

CGHC will need to perform the necessary tasks to prepare the clinic for operations. This includes starting the process of contracting with insurance companies. However, initially the health center will see patients on a self-pay basis at the start of Phase III. In this phase we will, conduct strategic planning, identify, acquire and install technologies to support clinic operations, secure facility and certificates of occupancy and utilities, procure equipment and furnishings and medical supplies, marketing, recruit and hire staff, policy development, establish fees for service,

sliding fee scale and billing processes, establish insurance policies for board and the business, and the development of board committees

Phase III – Initial Clinic Operations (6 months)

SCHC will establish operations and the first patients will be indigent or self-pay. The goal will be to establish a presence as the primary care provider of choice in the community. We will, initiate operations, negotiate third party insurance contracts, create community awareness and services available, procure additional equipment as needed, provider and staff recruitment, develop and negotiate contracts for diagnostic imaging, labs, behavioral health and dental services, identify and retain CGHC board approved audit firm, initiate process for submission of FQHC LA application, begin Patient Centered Medical Home (PCMH) certification, and prepare for the expected HRSA site review by conducting a “mock” site visit review.

Phase IV – Obtain FQHC LA Status (6 months)

SCHC will submit the FQHC LA application to HRSA and continue health center development such as, onboarding staff, conduct ongoing Board and staff HRSA training, apply for 340B Pharmacy status, submit all required components for PCMH certification, maintain communication with HRSA regarding the application response, HRSA site visit scheduled resulting in approval for FQHC Look alike designation.

Phase V – Continued Growth (Year 1)

CGHC and the CGHC Board of Directors continue to foster community relationships, promote advocacy as well as continue readiness for a true community-based health center. We will add additional providers and support staff, acquire additional equipment as needed, identify dental practice options such as continuing to contract, purchase a dental practice, or provide dental services in house.

As we hope to have established throughout this funding request, the primary objective for CGHC is to provide affordable and accessible high-quality healthcare particularly to the communities in the surrounding service areas, especially the indigent population, thereby aligning with the mission and priorities of the District. To achieve these objectives and anticipated outcomes, CGHC must first establish as a nonprofit healthcare organization ultimately qualifying and achieving FQHC status as a HRSA fully funded health center. Once the FQHC status is achieved and the health center proves is it financially viable, patient focused and service driven, it will no longer be necessary for the District to continue to support the health center. Funding from the District will provide the seed money as an investment to the residents of the health district and commitment to ensure high quality health care services are available and accessible to all.

The success will be determined by the following:

Activity	Evaluation Process	Data	Successful outcome
FQHC Look alike status and full FQHC readiness	Compliance with HRSA requirements as determined by the HRSA conducted Operational Services site visit.	The OSV process and protocol requires demonstration of patient data including reviews of health records of clinic services provided; data from financial systems to evaluate sustainability and appropriateness; board governance as demonstrated by board approved policies; governance requirements and actions documented in board minutes	Attaining funding from HRSA and inclusion in the health center program
Provision of quality services	Compliance and attainment of required HRSA quality measures;	The data to support HRSA compliance is collected from the patient record and submitted in an annual report, the UDS report to HRSA and monitored by the CGHC Board of Directors; and Quality measures met by collecting data to achieve and maintain PCMH accreditation	Formal recognition by HRSA as a quality provider. Confirmation and certificate of accreditation from PCMH body.
Health Center viability and sustainability	Monthly review of financials during regular CGHC Board of Directors meetings	The number of visits and revenue from patient and third party payers, outstanding accounts receivables	Meeting all HRSA financial measures ensuring sustainability

		and payables and the use of grant funds both from the District until no longer needed as well as use of HRSA grant funds in compliance with federal grants management requirements	
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CGHC has demonstrated the commitment and readiness in the request for funding to provide the much-needed health care services to the residents and communities, aligning with the Mission of the District, which is to balance the healthcare needs of the community and its needy inhabitants with fiscal responsibility. We are confident that the award for District funding support will allow us to support the District’s mission.

We anticipate that there will be other revenue opportunities that will present themselves and will provide the mutual benefits of better serving the community. These opportunities include chronic care management for Medicare patients, health and wellness center, mobile units, dental chair in the medical clinic for pediatric sealants, telemedicine, private philanthropy, and many others. In addition, HRSA provides supplemental awards targeted for specific areas, for example additional funds for behavioral health, remote patient monitoring for chronic conditions that are also a HRSA quality measure, telemedicine, service expansion all based on the careful monitoring and HRSA’s oversight of the health center program

CGHC is requesting to receive the full amount for Year 1 in advance that will allow CGHC to purchase equipment and technology necessary to establish the health center. CGHC will provide monthly reports to the District demonstrating the use of funds toward the efforts. At the end of Year 1 and with the submission and acceptance by the District of an annual report, CGHC will request the remainder of the full amount of funds requested to be able to continue with necessary purchases and staffing as we continue to provide care to the uninsured as a HRSA Look alike.

CGHC is not requesting funding as a project, as the long-term goal is to become an FQHC and a sustainable health care provider in the community. The timeline and milestones are included as attachment A.

ATTACHMENTS

- A. Timeline
- B. Budget
- C. Job description
- D. Governing board members

Coastal Gateway
Health Center
FQHC Look-Alike
Project Winnie, Texas

Phase I - Establish
Nonprofit

Name	Lead - THRIVE (People)	Lead - THRIVE (People)	Status	Subtasks	Subitems Owner	Timeline - Start	Timeline - End	Baseline of Timeline (07 Jan '22) - Start	Baseline of Timeline (07 Jan '22) - End	Dependent On
Create Initial Board of Directors		Beth	In progress	Board Application to Anthony and Ed		2022-01-17	2022-02-11	2022-01-03	2022-01-14	
Subitems	Name	Owner	Status	Due Date						
	Board Application to Anthony and Ed			2022-01-21						
Conduct Board Training		Beth	In progress	Subitem		2022-02-12	2022-04-02		2022-01-22	Create Initial Board of Directors
Subitems	Name	Owner	Status	Due Date						
	Subitem									
Retain Health Center Counsel	Bill	Bill	Done			2022-01-04	2022-01-15	2022-01-04	2022-01-15	
Create Bylaws	Bill	Bill	Working on it			2022-01-16	2022-01-22	2022-01-16	2022-01-22	Final board approval
Establish nonprofit entity with State and IRS	Bill	Bill	Done	State, Federal Application, Establish EIN	Bill	2022-01-17	2022-02-04	2022-01-23	2022-02-02	
Subitems	Name	Owner	Status	Due Date						
	State	Bill		2022-01-24						
	Federal Application	Bill		2022-01-31						
	Establish EIN	Bill		2022-01-24						
Develop Governance Policies	Bill	Bill, Beth	In progress			2022-01-18	2022-02-12	2022-01-18	2022-02-12	Create Bylaws
Create CEO Job Description		Beth	Done			2022-01-10	2022-01-26	2022-01-10	2022-01-14	
Establish Bank Accounts	Bill	Bill	In progress			2022-02-07	2022-02-08	2022-01-24	2022-01-29	

Establish Payroll Vendor/Internal	Bill	Bill	In progress	Subitem, Perform Due Dilligence, Selection and Contracting, Establish Systems	Bill	2022-01-17	2022-02-04	2022-02-03	2022-02-22
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Subitems	Name	Owner	Status	Due Date
	Subitem			
	Perform Dure Dilligence	Bill		2022-02-04
	Selection and Contracting	Bill		2022-02-14
	Establish Systems	Bill		2022-02-18

Establish Grant Terms		Jeremy	In progress		2022-01-23	2022-01-25	2022-01-13	2022-01-22
Implement Accounting System		Jeremy	In progress		2022-01-17	2022-01-29	2022-01-24	2022-01-29
Letters of Support	Bill	Bill	In progress		2022-01-13	2022-02-28	2022-01-13	2022-02-28
Create Contact - Phone, Fax, Email, Domain, Etc.		Chuck	partially complete	Subitem	2022-01-12	2022-02-04	2022-01-12	2022-01-21

Subitems	Name	Owner	Status	Due Date
	Subitem			

2022-01-04	2022-04-02	2022-01-03	2022-02-28
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Phase II - Readying the Clinic

Name	Lead - THRIVE (People)	Lead - THRIVE (People)	Status	Subtasks	Subitems Owner	Timeline - Start	Timeline - End	Baseline of Timeline (07 Jan '22) - Start	of Timeline (07 Jan	Dependent On
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Hire Executive Director	Bill	Bill	Done	Board selection		2021-11-04	2022-01-01	2022-01-11	2022-02-26	Conduct Board Training, Create CEO Job Description
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Subitems	Name	Owner	Status	Due Date

Conduct Strategic Planning	Bill	Beth, Bill	Not Started	2022-05-20	2022-05-29	2022-02-27	2022-03-03	Completion of board composition
Identify Electronic Medical Record System		Chuck	In progress	2022-01-24	2022-02-18	2022-01-24	2022-02-18	
Obtain NPI Procure initial		Chuck	Not Started	2022-03-09	2022-03-23	2022-03-09	2022-03-23	
Equipment and Furnishings		Chuck	In progress	2022-01-17	2022-03-31	2022-01-17	2022-03-31	
Obtain Certificate of Occupancy		Chuck	Not Started	2022-04-11	2022-04-22	2022-04-11	2022-04-22	
Connect Utilities		Chuck	Not Started	2022-02-28	2022-03-04	2022-02-28	2022-03-04	
Design Logo and Marketing Materials		Beth	Not Started	2022-03-01	2022-03-31	2022-03-01	2022-03-31	
Develop Patient Materials		Chuck	Not Started	2022-03-01	2022-03-31	2022-03-01	2022-03-31	
Order Medical Supplies		Chuck	Not Started	2022-03-01	2022-03-31	2022-03-01	2022-03-31	
Hire and Train Initial Support Staff		Chuck, Beth	Not Started	2022-05-20	2022-07-04	2022-03-01	2022-04-15	
Develop Remaining Health Center Policies	Bill	Bill	In progress	2022-01-19	2022-02-18	2022-02-01	2022-02-28	
Contract Outside Support Services (Janitorial, Waste, Linen, etc.)		Bill, Chuck	Not Started	2022-03-01	2022-03-11	2022-03-01	2022-03-11	
Acquire and Install Technology		Chuck, Jeremy	Not Started	2022-03-21	2022-04-08	2022-03-21	2022-04-08	
Establish Fee Scales and Coding References		Chuck	Not Started	2022-03-01	2022-03-18	2022-03-01	2022-03-18	
Establish Billing Company Contract		Chuck, Jeremy	Not Started	2022-03-24	2022-04-10	2022-03-24	2022-04-10	Obtain NPI
Recruit Initial Provider		Beth	Not Started	2022-01-10	2022-03-26	2022-01-10	2022-03-26	
Establish Insurance Policies		Bill, Chuck	Not Started	2022-03-21	2022-03-31	2022-03-21	2022-03-31	
Establish and Negotiate Fair Market Value for	Bill	Bill	Not Started	2022-02-01	2022-03-16	2022-02-01	2022-03-16	
Develop Sliding Fee Scale		Jeremy	Not Started	2022-02-21	2022-03-04	2022-02-21	2022-03-04	
Establish Various Board Committees		Beth	Not Started	2022-01-17	2022-01-28	2022-01-17	2022-01-28	Finalize Bylaws
Establish Tech Soup Account		Chuck	Not Started	2022-01-17	2022-01-21	2022-01-10	2022-01-14	
Research Hep Clinic Viability	Bill	Bill	Working on it	2022-01-19	2022-01-26	2022-01-10	2022-01-21	
Start Residency Program Discussions	Bill,	Bill, Chuck	Not Started	2022-01-06	2022-02-18	2022-01-06	2022-02-18	
Establish Pharmacy Contractual Relationship	Bill	Bill	Not Started	2022-02-01	2022-02-28	2022-02-01	2022-02-28	
				2022-01-06	2022-07-04	2022-01-06	2022-04-22	

Phase III - Initial Clinical Operations

Name	Lead - THRIVE (People)	Lead - THRIVE (People)	Status	Subtasks	Subitems Owner	Timeline - Start	Timeline - End	Baseline of Timeline (07 Jan '22) - Start	of Timeline (07 Jan	Dependent On
Initiate Operations		Chuck	Not Started			2022-05-02	2022-05-13	2022-05-02	2022-05-13	
Negotiate Payer Contracts		Chuck	in progress			2022-04-18	2022-05-31	2022-04-18	2022-05-31	
Create Community Awareness		Beth	Not Started			2022-03-21	2022-04-15	2022-03-21	2022-04-15	corporate identity
Procure Additional Equipment		Chuck	Not Started			2022-12-01	2022-12-31	2022-12-01	2022-12-31	
Seek Additional Providers		Chuck, Beth	Not Started			2022-04-01	2022-10-31	2022-04-01	2022-10-31	
Seek Additional Staff		Chuck, Beth	Not Started			2022-04-01	2022-10-31	2022-04-01	2022-10-31	
Initiate Contracts for Outside Health Services	Bill	Bill	Not Started	Behavioral Health, Dental, Other Services		2022-05-01	2022-06-30	2022-05-01	2022-06-30	
Subitems	Name	Owner	Status	Due Date						
	Behavioral Health			2022-05-16						
	Dental			2022-06-10						
	Other Services			2022-07-15						
Identify and Retain Audit Firm	Bill	Bill	Not Started			2022-06-01	2022-06-30	2022-06-01	2022-06-30	
Register in HRSA Systems and Compile Begin PCMH Certification		Jeremy	Not Started			2022-07-01	2022-10-31	2022-07-01	2022-10-31	
Conduct "Mock" HRSA Site Survey	Bill	Bill	Not Started			2022-08-01	2022-09-30	2022-08-01	2022-09-30	
	Bill	Bill, Beth	Not Started			2022-09-26	2022-09-30	2022-09-26	2022-09-30	
						2022-03-21	2022-12-31	2022-03-21	2022-12-31	

Phase IV - Obtain LA Status

Name	Lead - THRIVE (People)	Lead - THRIVE (People)	Status	Subtasks	Subitems Owner	Timeline - Start	Timeline - End	Baseline of Timeline (07 Jan '22) - Start	of Timeline (07 Jan	Dependent On
Provide Ongoing Board and Staff HRSA Training		Beth	Not Started			2022-05-01	2022-11-30	2022-05-01	2022-11-30	
Apply for 340B Pharmacy Status		Jeremy	Not Started			2022-10-01	2022-10-15	2022-10-01	2022-10-15	
Submit PCMH Certification	Bill	Bill	Not Started			2022-10-01	2022-10-15	2022-10-01	2022-10-15	
Follow Up on HRSA Application Responses		Beth	Not Started			2022-12-12	2022-12-30	2022-12-12	2022-12-30	
HRSA Scheduled Site Visit Preparedness and Visit	Bill	Beth, Bill	Not Started			2022-11-14	2022-12-16	2022-11-14	2022-12-16	

Obtain FQHC LA
Designation

Bill

Bill

Not Started

2022-12-12

2023-01-20

2022-12-12

2023-01-20

2022-05-01

2023-01-20

2022-05-01

2023-01-20

COASTAL GATEWAY HEALTH CENTER BUDGET AND JUSTIFICATION

Expenses		Revenue		Expenses		Revenue	
Year 1	Justification	Patient and 340B		Year 2	Justification	Patient and 340B	
			\$141,636.00				\$2,361,058.00
		WSHD	\$1,345,326.00			WSHD	\$988,003.00
Personnel	\$565,675.00 salaries for CEO, Physician, clinical support, clinic support staff			\$1,353,544.00	Salaries for leadership team, administrative support, additional medical providers, clinic support staff		
Benefits	\$113,235.00 20% benefits including FICA			\$328,256.00	20% benefits including FICA		
Consulting/contracting	\$555,816.00 THRIVE, IT, Legal, Clinical, EHR licensing, Audit			\$635,493.00	THRIVE, IT, Legal, Clinical, EHR licensing, Audit		
Travel	\$4,500.00 Staff travel			\$6,135.00	Staff travel		
Equipment	\$101,250.00 Medical, IT			\$76,250.00	Medical, IT		
Supplies	\$23,908.00 Office (small office supplies, copier, etc.; medical supplies			\$137,963.00	Office (small office supplies, copier, etc.; medical		
Technology	\$20,000.00 EHR and accounting			\$10,000.00	EHR and accounting software		
Pharmacy	\$7,750.00 purchase medications			\$59,550.00	purchase medications		

Insurance	\$16,328.00	malpractice				\$637,500.00	increase in malpractice due to addition of clinical staff			
Repairs and Maintenance	\$3,000.00					\$4,090.00				
Marketing	\$7,000.00	Web site, advertising, etc.,				\$10,000.00	Web site, advertising, etc.,			
Occupancy/utilities	\$66,000.00	lease, electric, water				\$69,980.00	lease, electric, water			
Continuing medical education,	\$2,500.00	required for providers and assistants				\$20,300.00	required for providers and assistants			
TOTAL	\$1,486,962.00					TOTAL	\$3,349,061.00			

POSITION DESCRIPTION

POSITION TITLE:	Chief Executive Officer	FLSA:	Exempt
REPORTS TO:	Chairman – Board of Directors	DATE OF LAST REVISION:	January 26, 2022

POSITION PURPOSE AND SUMMARY

Under the guidelines established by the Board of Directors, the Chief Executive Officer (CEO) provides leadership, direction, and guidance for all aspects of Coastal Gateway Community Health Center (CGCHC) operations under the rules and regulations of Health Resources and Services Administration’s *Community Health Center Program*. As CEO, this position works closely with the Board of Directors to formulate strategic goals, policies, and objectives. The CEO monitors all operational aspects of the organization to ensure that quality and economical healthcare is provided to the community based upon its needs. The CEO is responsible for establishing lines of communications throughout the entity, as well as taking special interest in and working closely with State and Federal agencies to ensure organizational compliance in all aspects of its business functions. The CEO works closely with the management team regarding cost-effective operations, ensuring continued level of quality services while maximizing productivity and proper utilization of resources and program development.

CORE VALUES

1. **Dignity:** Constantly demonstrates, through actions and works, respect for others.
 - a. Demonstrates respect of others’ beliefs and values.
 - b. Aids and supports others when asked, and as appropriate.
 - c. Recognizes the importance and value of the contribution of each individual employee’s work.
 - d. Treats all individuals, including co-workers, with respect.
 - e. Recognizes and respects the diversity of our patients and coworkers.

2. **Compassionate Care:** Exceeds all reasonable expectations in treating those we serve and one another with professionalism, concern, and kindness.
 - a. Treats all people well. Anticipates, recognizes, and understands patient, family, and visitor needs. Responds appropriately and offers compassionate, skillful, and professional care.
 - b. Demonstrates the ability to be empathetic and a good listener in interactions with others.
 - c. Exhibits a genuine concern for others and a willingness to strive to make a difference.
 - d. Focuses on customer needs and provides service that exceeds customer expectations.

3. **Community:** Meets the vital responsibilities in the community we serve and takes a leadership role in enhancing the quality of life and health, as well as in striving to reduce the incidence of illness through clinical services, education and prevention.
 - a. Works as a team player collaborating with others on solving problems.
 - b. Appreciates the efforts of others and recognizes the value of each person’s contribution.
 - c. Communicates openly and honestly and seeks to build strong working relationships.
 - d. Avoids conflicts of interest or the appearance of conflicts of interest in dealing with vendors, customers and physicians.

- e. Supports the community by volunteering or through/by other means of assistance.
 - f. Promotes cooperation and mutual accountability among employees and peers.
4. **Quality:** Strives for excellence in all we do while working together collaboratively, as the power of our combined efforts exceeds what each of us can accomplish alone.
- a. Keeps informed by attending staff meetings and/or reviews information if unable to attend.
 - b. Works with visitors, co-workers, and leadership to simplify and improve work processes and is an active participant in the continuous quality improvement process.
 - c. Understands the patient’s reasonable expectations of service and provides effort and initiative to exceed these expectations.
 - d. Performs work in accordance with quality standards and regulatory compliance.
 - e. Notifies patients, family members, and coworkers of procedure/service status on a frequent and timely basis.
5. **Stewardship:** Values trustworthy stewardship and adherence to the highest ethical standards.
- a. Adheres to the rules and regulations of the *Community Health Center Program*.
 - b. Responsibly manages CGCHC human, tangible, and non-tangible assets.
 - c. Uses work time wisely for the benefit of the organization and those we serve.
 - d. Demonstrates commitment to offering services of superior value; embraces cost-management practices and strives for accuracy and waste reduction.

RESPONSIBILITIES

1. Leadership and Corporate Responsibility:

- a. Establishes and maintains a corporate culture of servant leadership and humility through modeling, equipping and intervention.
- b. Establishes and maintains a corporate culture that will empower staff members at all levels to participate in reciprocal learning.
- c. Directs all functions of the organization in a manner that protects the integrity of the corporate mission.
- d. Directs the development, strategy, and implementation of the organization’s strategic plans as well as new programs.
- e. Provides leadership to ensure the mission, ethical values, and core guiding principles are put into practice by all staff.
- f. Establishes management structure and ensures adequate staffing plan for the organization.
- g. Responsible for the recruitment, selection, individual development, and monitoring of all staff.
- h. Directly supervises the Chief Medical Officer, Chief Operations Officer, Chief Financial Officer, and other senior leadership positions.
- i. Provides regular feedback to the Board and staff regarding organizational progress on annual and strategic goals and objectives.
- j. Establishes and maintains positive external relationships that enhances the organization’s reputation within the community.

2. Business Management and Strategy:

- a. Responsible for the development, communication and implementation of effective delivery of health care by the organization.

- b. In partnership with the Chief Medical Officer, maintains overall responsibility with the Medical Director for the implementation and monitoring of the Quality Improvement Program.
- c. Oversees the development of a clinical information system that allows for assessment of clinical care and medical case management in the form of an electronic medical record.
- d. Develops appropriate administrative communication systems to monitor department activities and total organizational operations.
- e. With the cooperation of the Chief Financial Officer, ensures the financial solvency of the organization by developing annual budget, maximizing service-related revenue, and effectively overseeing materials management.
- f. Reviews and approves all revenue and expenses.
- g. In conjunction with the CFO establishes and maintains the company's internal controls over financial reporting.
- h. Reviews monthly reports on financial and office productivity and presents to the Board of Directors.
- i. Builds and maintains relationships with funders.
- j. Foster a success-oriented and accountable environment.
- k. Ensures that process and outcome objectives and work plans are created for all clinical and non-clinical programs.

3. Corporate Governance:

- a. Develops and implements key corporate policies such as policy and procedure manual, financial procedures, general operations, risk management, and corporate compliance as well as compliance with legal and regulatory requirements. All policies are subject to approval by the Board of Directors.
- b. Develops and implements systems to ensure efficient practice management including billing, accounts payable, accounts receivable, accounting, payroll, inventory, and purchasing.
- c. Assures compliance with all contract and funding requirements.
- d. Ensures appropriate and timely disclosure of material information.
- e. Serves as an ex-officio member of the Board of Directors and all standing committees, and assists the Chair in planning the agenda for all meetings.
- f. Work with the Board Chair to orient other Board members and develop appropriate approved material to educate Board Members.
- g. Assists the Board of Directors in identifying and recruiting new members.
- h. Assist Board Members in making positive contributions to the organization in finance (particularly fundraising), policy, and evaluation.
- i. Maintain appropriate communication with the Chair for all major decisions impacting the organization.
- j. Prepares appropriate reporting materials to inform the Board of Directors summarizing the status with management, governance, finance, and programs.

Other duties as assigned by the Board of Directors.

The above statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified.

EDUCATION/EXPERIENCE:

1. Master of Healthcare Administration preferred; or Master of Business Administration with at least 10 years healthcare experience.
2. Thorough working knowledge of federal, state, and local regulations governing the operation of a healthcare facility.
3. Executive level experience in the operations and administration of healthcare facilities operating under the Health Resources and Services Administration's (HRSA's) *Community Health Center Program*.
4. Successful history of applying for and receiving Federal funding for HRSA's *Community Health Center Program*.
5. High degree of health administration knowledge with special understanding of the problems and techniques of rural and multi-cultural healthcare delivery.
6. Sensitive to health needs of multicultural populations.
7. Progressive responsibility in management including personnel management, budgetary and fiscal responsibility, and program development.
8. Strong public relations and networking capabilities; proven ability to establish relationships and work with collaborative partners.
9. Exceptional written, oral, and presentation skills.
10. Demonstrated leadership skills.
11. Excellent problem-solving skills.

I have read and understand the duties/physical requirements indicated in this job description and acknowledge that I am able to perform these duties with or without reasonable accommodations. I understand that failure to adhere to these responsibilities could be grounds for disciplinary action, up to and including termination of employment.

Employee Signature

Date

List of governing board members of organization and their affiliations:

1. Anthony Stramecki, CGHC Board Chair. Anthony is the Business Controller for Jupiter. Anthony is also a Board member for the WSHD.
2. Ed Murrell is a CGCH board member and the Owner/President (Murrell Construction, LLC). Ed is also the President of the WSHD.

Exhibit “G”

ASSIGNMENT OF AGREEMENT

This Assignment of Agreement (the “Assignment”) is effective as of April 1, 2022 (the “Effective Date”) by and between the Winnie Stowell Hospital District, a political entity of the State of Texas, (“Assignor” and “Coastal Gateway”); Coastal Gateway Health Center, a Texas Corporation (“Assignee” and “Coastal Gateway”); and THRIVE, operating as a Doing Business As (DBA)/Fictitious Name of Franz Strategic Solutions, LLC, a Florida Limited Liability Company, (“Other Party”). The above-referenced parties may be collectively referred to herein as the “Parties.”

RECITALS

WHEREAS, on November 17, 2022, the Board of Directors of the District unanimously approved the agreement (“Agreement”) with THRIVE to assist the District with the development of a health clinic and Federally Qualified Health Clinic Look-Alike (“FQHC-LA”) set forth in **Exhibit “A”**;

WHEREAS, the during this meeting, the District established that the proposed agreement was effective on January 1, 2022;

WHEREAS, effective January 21, 2022, Coastal Gateway Health Center’s Certificate of Formation filed with the Texas Secretary of State became effective;

WHEREAS, since January 1, 2022, THRIVE has been working with the District and staff hired by Coastal Gateway to begin the process to establish a health clinic in Winnie, Texas;

WHEREAS, through April 1, 2022, the District has paid THRIVE \$108,493.98 for services performed under the Agreement including: \$48,750.00-Initial Retainer; 29,666.19-January 2022 invoice and travel expenses; and \$30,077.79-February 2022 invoice and travel expenses;

WHEREAS, during the January 23, 2022 Regular Meeting of the Board of Directors of the District, the Board unanimously voted to assign the THRIVE Agreement, which was approved on November 17, 2021, and effective on January 1, 2022, to Coastal Gateway; and

WHEREAS, during the March 11, 2022 Regular Meeting of Coastal Gateway Board of Directors, the Board unanimously approved the acceptance of the THRIVE Agreement and this Assignment of Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. **ASSIGNMENT**: Assignor hereby assigns to Assignee all of its interests, rights and title held by Assignor in and to the Agreement.
2. **ASSUMPTION OF OBLIGATIONS**: Assignee acknowledges the receipt of a copy of the Agreement. As of the date of this Assignment, Assignee hereby assumes all of Assignor’s interests, rights, duties and obligations remaining in the Agreement. As of the date of this Assignment, Assignee agrees to comply with all the terms, make all payments, and perform all conditions and covenants in the Agreement as if Assignee were an original party therein.

3. **ASSIGNOR’S REPRESENTATIONS:** Assignor warrants that the Agreement is in full force and effect and fully assignable or may be assigned with consent of Other Party. Assignor further warrants that the contract rights transferred in this Assignment are free of lien, encumbrance, or adverse claim.
4. **BINDING EFFECT:** The covenants and conditions contained in the Assignment shall apply to and bind the Parties and their heirs, legal representatives, successors and permitted assigns.
5. **GOVERNING LAW:** This Assignment shall be governed by and construed in accordance with the laws of the State of Texas not including its conflict of laws rules that would refer to the laws of another jurisdiction.
6. **WAIVER:** The failure of either Party to enforce any provisions of this Assignment shall not be deemed a waiver or limitation of that Party’s right to subsequently enforce and compel strict compliance with every provision of this Assignment.
7. **COUNTERPARTS:** This Assignment may be executed in any number of counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same document. In the event that any signature hereof is delivered by facsimile transmission or by e-mail as an attached, scanned document such signature shall create a valid and binding obligation of the Party or Other Party executing the same with the same force and effect as if such e-mailed or facsimile signature page were an original thereof.

IN WITNESS WHEREOF, the authorized representatives of the Parties have caused this Assignment to be executed effective as of the Effective Date.

ASSIGNOR:		ASSIGNEE:		
WINNIE STOWELL HOSPITAL DISTRICT		COASTAL GATEWAY HEALTH CENTER		

 Mr. Edward Murrell
 President, Board of Directors
 Winnie Stowell Hospital District

 Mr. Anthony Stramecki
 President, Board of Directors
 Coastal Gateway Health Center

OTHER PARTY OF INTEREST:
 THRIVE

 Mr. William Franz

THE UNDERSIGNED, WHICH IS THE OTHER PARTY TO THE AGREEMENT, HEREBY CONSENTS TO THE FOREGOING ASSIGNMENT AND RELEASES ASSIGNOR FROM ITS OBLIGATIONS AND LIABILITIES ARISING UNDER THE AGREEMENT AND ACCEPTS ASSIGNEE AS A PARTY TO THE AGREEMENT IN PLACE OF THE ASSIGNOR.