



**BOARD OF MANAGERS  
Board of Managers - Regular Meeting  
Tuesday, August 5, 2025 at 12:00 PM**

**AGENDA**

**1. WELCOME**

**2. ROLL CALL OF MEMBERS**

- \_\_\_ Belinda Flores, Chairman
- \_\_\_ Vishnu V. Reddy, Vice Chair
- \_\_\_ Sylvia Tryon Oliver
- \_\_\_ Mariana Garza
- \_\_\_ Efrain Guerrero, Jr.
- \_\_\_ Georgia Neblett
- \_\_\_ Karen O'Connor Urban

**3. CALL TO ORDER, ESTABLISHMENT OF QUORUM, MEETING POSTING CONFIRMATION, AND CLOSED MEETING NOTICE:**

A. Call to order.

B. Establish quorum.

C. Confirm posting of Meeting's public notice in accordance with Texas Open Meetings Act, Texas Government Code, Chapter 551.

D. Public notice is hereby given that the Board of Managers may elect to go into Closed Meeting session(s) at any time during the meeting to discuss any matter(s) listed on the agenda when so authorized by the provisions of the Open Meetings Act, Texas Government Code, Chapter 551.

**4. ANNOUNCEMENT ON DISCLOSURE OF CONFLICTS OF INTEREST.** Any Conflicts of Interest or Appearance of a Conflict of Interest with items on this agenda shall be declared at this time. Members with conflicts will refrain from voting and are asked to refrain from discussion on such items. Conflicts discovered later in the meeting shall be

disclosed at that time.

## 5. REGULAR SESSION

**A. PUBLIC COMMENT** - This section provides the public the opportunity to address the Board on any issues within its authority. Persons attending in-person and wishing to comment on any item(s) on the agenda or any subject within the Board's responsibilities must sign-in on the "Agenda Item Request to Speak" form provided at the entrance of the Board meeting room at least five (5) minutes prior to commencement of the meeting. Persons attending via audio or video conference and wishing to comment on any item(s) on the agenda or any subject within the Board's responsibilities must verbally notify the presiding officer of their desire to comment when the officer calls for public comment from those attending via audio and video conference. Commenters shall limit their comments to three (3) minutes, except that commenters addressing the Board through a translator shall limit their comments to six (6) minutes. The presiding officer may, if he/she deems it necessary, limit both the number of commenters and the time allotted to each commenter. Under the law, the Board may only take action on items specifically listed on the agenda. Subject matter presented which is not part of the agenda will be referred to District staff for review if appropriate. Materials submitted to the Board during public comment will not be returned. At least ten (10) copies of any document to be used by any commenter should be available for distribution to the Board. The commenter is responsible for preparation of the copies. The commenter's name and, if applicable, meeting agenda item number should be clearly marked on such documents.

**B. CONSENT AGENDA** - The Consent Agenda consists of those agenda items which are routine, administrative in nature, not in need of separate attention, and which a member of the Board has not requested be discussed separately. If requested to be discussed separately, that agenda item will be removed from the Consent Agenda by the presiding officer to the Regular Agenda and discussed as a part of the Regular Agenda at the appropriate time. All remaining items listed under the Consent Agenda will be voted upon in a single vote:

- |  |    |
|--|----|
| 1. Approve Board of Managers Regular Meeting minutes of July 1, 2025.  | 8  |
| 2. Receive listing of new vendors as of July 31, 2025; listing provided pursuant to Board of Managers Bylaws, §2.1.B and Texas Local Government Code, Chapter 176. | 18 |
| 3. Receive summary payment information on Nueces County health care disbursements for Fiscal Year 2025 year-to-date:   | 19 |

- a. Salaries, benefits, and supplies at/for the City of Corpus Christi/Nueces County Public Health District;
- b. Emergency medical services provided in unincorporated areas of Nueces County;
- c. Supplemental and jail diversion program funding for Nueces Center for Mental Health and Intellectual Disabilities;
- d. Medical services provided at County correctional facilities:
  - 1. Nueces County Jail; and
  - 2. Nueces County Juvenile Detention Center;
- e. Funding for alcohol and drug abuse treatment programs:
  - 1. Cenikor (Charlie's Place); and
  - 2. Council on Alcohol and Drug Abuse;
- f. Funding for diabetes prevention and supporting programs; and
- g. Public health grants. (*Finance Committee*)

- 4. Receive summary imputed claims information on medical and hospital care provided to the Nueces Aid Program population consistent with the CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement for fiscal year-to-date period-ended June 30, 2025. (*Finance Committee*) 20
- 5. Receive fiscal year-to-date Specified Annual Percentage-related revenue reports; revenue receipts pursuant to CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement, Section 5.03. (*Finance Committee*) 21
- 6. Receive statement of amounts deposited to and/or withdrawn from Local Provider Participation Fund for fiscal year-to-date; deposits and withdrawals pursuant to Board of Managers Order authorizing participation in a health care provider participation program pursuant to Texas Health and Safety Code, Chapter 298C, as amended. (*Finance Committee*) 22
- 7. Receive summary report of cumulative actual intergovernmental transfers (IGTs) made in support of local and other healthcare providers participating in Medicaid directed and supplemental payment programs sponsored by the Texas Health and Human Services Commission 23

(HHSC), and receive estimates of provider payments resulting from the IGTs:

- a. Directed Payment Programs - IGTs for HHSC's Medicaid managed care organization payments to healthcare providers that support overall Medicaid program goals and objectives:
  - 1. Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS);
  - 2. Comprehensive Hospital Increase Reimbursement Program (CHIRP);
  - 3. Network Access Improvement Program (NAIP); and
  - 4. Texas Incentives for Physicians and Professional Services (TIPPS); and
  
- b. Supplemental Payment Programs - IGTs for HHSC Medicaid payments made to hospitals, separate from and in addition to base payments, for achieving certain goals or to support health care providers that see significant numbers of uninsured or persons without much money: 27
  - 1. Disproportionate Share Hospital (DSH);
  - 2. Graduate Medical Education (GME);
  - 3. Hospital Augmented Reimbursement Program (HARP); and
  - 4. Hospital Uncompensated Care (UC). (*Finance Committee*)

**C. REGULAR AGENDA** - The Regular Agenda consists of those agenda items which are non-routine, not administrative in nature, or are otherwise in need of separate attention. Each Regular Agenda item will be voted upon separately if action is required:

1. **Finance Committee:**

a. Financial Statements:

- 1. Receive and approve unaudited financial statements for the month and fiscal year-to-date period ended June 30, 2025. 30  
(***ACTION***)

b. Investment Report:

- 1. Receive and approve Quarterly Investment Report for fiscal quarter-ended June 30, 2025 and ratify related investment transactions. (***ACTION***) 39

c. Fiscal Year 2026 Budget:

1. Receive and discuss Nueces County FY 2026 Budget Planning Schedule. <i>(INFORMATION)</i>	59
2. Receive information on and discuss Nueces County RFP No. 3315-25 relating to the acquisition of Jail Medical Services. <i>(INFORMATION)</i>	61
<b>2. <u>Community Mental Health Initiatives:</u></b>	
a. Receive and discuss report and information from Nueces Center for Mental Health and Intellectual Disabilities ("MHID") relating to work performed under agreements between Nueces County, MHID, and Hospital District for the fiscal quarter ended June 30, 2025. <i>(INFORMATION)</i>	62
<b>3. <u>Administrator's Actions:</u></b>	
a. Ratify Administrator's action(s) performed as part of his duties directing the affairs of the Hospital District and/or as required by the Board of Managers; duties established pursuant to Texas Health and Safety Code, §281.026(e):	
1. Execution of the Medicaid-Related Network Access Improvement Program (NAIP) Intergovernmental Transfer (IGT) Responsibility Contract (HHSC Contract No. HHS001580600008) with the Texas Health and Human Services Commission benefiting participating public hospitals in Nueces County. Contract period is from August 10, 2025, through July 10, 2026. NAIP is a pass-through payment program established under Texas's Section 1115 Medicaid waiver. <i>(ACTION)</i>	63
<b>4. <u>Administrator's Briefing:</u></b>	
a. Receive an update on recent changes to the Texas Open Meetings Act to extend the required public notice period for meetings and add transparency requirements when discussing or adopting budgets. <i>(INFORMATION)</i>	71
b. Execution of Personal Services Contract with Joel J. Romo for personal consulting services to identify state graduate medical education and other funding, and represent the Hospital District's interests when the Legislature is not in Session; Contract term July 1, 2025 through December 31, 2025. <i>(INFORMATION)</i>	72

c. Execution of Personal Services Contract with Patricia A. Shipton 88  
for personal consulting services to identify state graduate medical  
education and other funding, and represent the Hospital District's  
interests when the Legislature is not in Session; Contract term July  
1, 2025 through December 31, 2025. **(INFORMATION)**

d. Next scheduled Board of Managers and Board Committee regular meetings  
(all meetings' dates, times, and locations are subject to change):

1. Finance Committee Workshop: Tuesday, August 26, 2025, 10:00 AM in  
NCHD Board of Managers Meeting Room at 555 North Carancahua Street,  
Room 950-A, Corpus Christi, Texas 78401;

2. Finance Committee: Tuesday, August 26, 2025, 11:00 AM in NCHD  
Board of Managers Meeting Room at 555 North Carancahua Street, Room  
950-A, Corpus Christi, Texas 78401;

3. Board of Managers: Tuesday, August 26, 2025, 12:00 PM in NCHD  
Board of Managers Meeting Room at 555 North Carancahua Street, Room  
950-A, Corpus Christi, Texas 78401. **(INFORMATION)**

**6. CLOSED MEETING** - Public Notice is hereby given that the Board of Managers may go into closed meeting session(s) at any time during the meeting to discuss any matter(s) listed on the agenda, when so authorized by the provisions of the Open Meetings Act, Texas Government Code, Chapter 551. *To the extent there has been a past practice of distinguishing items for public deliberation and those for executive session, the public is advised that the Board is departing from that practice and reserves the right to discuss any listed agenda items in a closed meeting when authorized by law to do so.* When the Board goes into closed session(s) regarding an agenda item(s), the section(s) of the Open Meetings Act authorizing the closed session will be publicly announced by the presiding officer. Should any final action, final decision, or final vote be required in the opinion of the Board with regard to any matter considered in closed session(s), then the final action, final decision, or final vote shall be either: (a) in the open meeting covered by the Notice upon reconvening of the public meeting; or (b) at a subsequent public meeting of the Board upon notice thereof, as the Board shall determine pursuant to applicable laws. The Board specifically expects to go into a closed session(s) on the matters listed below pursuant to the Act, §551.071.

A. Consult with attorneys regarding the use of intergovernmental transfers (IGTs) related to Medicaid payment programs administered by the Texas Health and Human Services Commission and related matters.

B. Consult with attorneys on matters related to the CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement and related matters.

C. Consult with attorneys on matters related to the Corpus Christi Housing Authority and related matters.

D. Consult with attorneys on matters related to CPS Energy and related matters.

E. Consult with attorneys on matters relating to promotional agreement and related matters.

**7. OPEN MEETING** - Following the Closed Meeting, the Board of Managers will reconvene the Open Meeting prior to taking any action(s) on matters considered in the Closed Meeting or adjourning the meeting.

A. Discuss and consider final action, decision, or vote on matters considered in Closed Meeting. (***ACTION AS NEEDED***)

**8. ADJOURN**

9. Public Notice Posting Receipt.

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**DRAFT**

**BOARD OF MANAGERS  
NUECES COUNTY HOSPITAL DISTRICT  
REGULAR MEETING  
JULY 1, 2025**

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The Nueces County Hospital District Board of Managers met at 12.:00 p.m., July 1, 2025 in the NCHD Board Room at 555 N. Carancahua, Suite 950 – A Corpus Christi, Texas.

**HOSPITAL DISTRICT REPRESENTATIVES:**

Jonny F. Hipp	Administrator/CEO
Belinda Espinoza	Asst. Administrator, Admin. Services
Donna Littlefield	Director, Accounting & Finance
John B. Martinez	General Counsel
Adam Robison	Legal Counsel – via Zoom
Melissa Quintanilla	Executive Assistant/Human Resources
Carmina Hernandez Moreno	Administrative Assistant

**OTHERS PRESENT:**

Bill Hoelscher	Coastal Bend Wellness Foundation
Meredith Grantham	Coastal Bend Wellness Foundation
Alison Johnson	Coastal Bend Wellness Foundation
David Irizarry	Corpus Christi Medical Center
Lee Lopez	Corpus Christi Medical Center
Becky Rios	Christus Spohn Hospital – via Zoom
Joel Romo	Lobbyist – via Zoom
Patricia Shipton	Lobbyist – via Zoom

**BOARD OF MANAGERS  
REGULAR MEETING  
MINUTES  
JULY 1, 2025**

**1. WELCOME**

**2. ROLL CALL OF MEMBERS**

- Belinda Flores, Chairman
- Vishnu V. Reddy, Vice Chair
- Sylvia Tryon Oliver
- Mariana Garza
- Efrain Guerrero, Jr.
- Georgia Neblett
- Karen O'Connor Urban

**3. CALL TO ORDER, ESTABLISHMENT OF QUORUM, MEETING POSTING CONFIRMATION, AND CLOSED MEETING NOTICE:**

A. Call to order – Belinda Flores, Chair.

The meeting was called to order at 12:12 p.m.

B. Establish quorum – Belinda Flores, Chair.

A quorum was present with six members in attendance.

**Belinda Flores, Chair - PRESENT**

**Vishnu V. Reddy, Vice Chair – PRESENT @ 12:20 p.m.**

**Sylvia Tryon Oliver, Member – PRESENT**

**Efrain Guerrero, Jr., Member – PRESENT**

**Georgia Neblett, Member – PRESENT**

**Karen O'Connor Urban, Member – PRESENT**

**Mariana Garza, Member - ABSENT**

C. Confirm posting of Meeting's public notice in accordance with Texas Open Meetings Act, Texas Government Code, Chapter 551.

D. Public notice is hereby given that the Board of Managers may elect to go into Closed Meeting session(s) at any time during the meeting to discuss any matter(s) listed on the agenda when so authorized by the provisions of the Open Meetings Act, Texas Government Code, Chapter 551.

**4. ANNOUNCEMENT ON DISCLOSURE OF CONFLICTS OF INTEREST.** Any Conflicts of Interest or Appearance of a Conflict of Interest with items on this agenda shall

**BOARD OF MANAGERS  
REGULAR MEETING  
MINUTES  
JULY 1, 2025**

be declared at this time. Members with conflicts will refrain from voting and are asked to refrain from discussion on such items. Conflicts discovered later in the meeting shall be disclosed at that time.

**No Conflicts of Interest**

**5. REGULAR SESSION**

**A. PUBLIC COMMENT** - This section provides the public the opportunity to address the Board on any issues within its authority. Persons attending in-person and wishing to comment on any item(s) on the agenda or any subject within the Board's responsibilities must sign-in on the "Agenda Item Request to Speak" form provided at the entrance of the Board meeting room at least five (5) minutes prior to commencement of the meeting. Persons attending via audio or video conference and wishing to comment on any item(s) on the agenda or any subject within the Board's responsibilities must verbally notify the presiding officer of their desire to comment when the officer calls for public comment from those attending via audio and video conference. Commenters shall limit their comments to three (3) minutes, except that commenters addressing the Board through a translator shall limit their comments to six (6) minutes. The presiding officer may, if he/she deems it necessary, limit both the number of commenters and the time allotted to each commenter. Under the law, the Board may only take action on items specifically listed on the agenda. Subject matter presented which is not part of the agenda will be referred to District staff for review if appropriate. Materials submitted to the Board during public comment will not be returned. At least ten (10) copies of any document to be used by any commenter should be available for distribution to the Board. The commenter is responsible for preparation of the copies. The commenter's name and, if applicable, meeting agenda item number should be clearly marked on such documents.

**Bill Hoelscher  
Meredith Grantham  
Allison Johnson**

**B. CONSENT AGENDA** - The Consent Agenda consists of those agenda items which are routine, administrative in nature, not in need of separate attention, and which a member of the Board has not requested be discussed separately. If requested to be discussed separately, that agenda item will be removed from the Consent Agenda by the presiding officer to the Regular Agenda and discussed as a part of the Regular Agenda at the appropriate time. All remaining items listed under the Consent Agenda will be voted upon in a single vote:

**BOARD OF MANAGERS  
REGULAR MEETING  
MINUTES  
JULY 1, 2025**

1. Approve Board of Managers Regular Meeting minutes of May 27, 2025.
2. Receive listing of new vendors as of June 25, 2025; listing provided pursuant to Board of Managers Bylaws, §2.1.B and Texas Local Government Code, Chapter 176.
3. Receive summary payment information on Nueces County health care disbursements for Fiscal Year 2025 year-to-date:
  - a. Salaries, benefits, and supplies at/for the City of Corpus Christi/Nueces County Public Health District;
  - b. Emergency medical services provided in unincorporated areas of Nueces County;
  - c. Supplemental and jail diversion program funding for Nueces Center for Mental Health and Intellectual Disabilities;
  - d. Medical services provided at County correctional facilities:
    1. Nueces County Jail; and
    2. Nueces County Juvenile Detention Center;
  - e. Funding for alcohol and drug abuse treatment programs:
    1. Cenikor (Charlie's Place); and
    2. Council on Alcohol and Drug Abuse;
  - f. Funding for diabetes prevention and supporting programs; and
  - g. Public health grants. (*Finance Committee*)
4. Receive summary imputed claims information on medical and hospital care provided to the Nueces Aid Program population consistent with the CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement for fiscal year-to-date period-ended May 31, 2025. (*Finance Committee*)
5. Receive fiscal year-to-date Specified Annual Percentage-related revenue reports; revenue receipts pursuant to CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement, Section 5.03. (*Finance Committee*)

**BOARD OF MANAGERS  
REGULAR MEETING  
MINUTES  
JULY 1, 2025**

6. Receive statement of amounts deposited to and/or withdrawn from Local Provider Participation Fund for fiscal year-to-date; deposits and withdrawals pursuant to Board of Managers Order authorizing participation in a health care provider participation program pursuant to Texas Health and Safety Code, Chapter 298C, as amended. (*Finance Committee*)

7. Receive summary report of cumulative actual intergovernmental transfers (IGTs) made in support of local and other healthcare providers participating in Medicaid directed and supplemental payment programs sponsored by the Texas Health and Human Services Commission (HHSC), and receive estimates of provider payments resulting from the IGTs:

a. Directed Payment Programs - IGTs for HHSC's Medicaid managed care organization payments to healthcare providers that support overall Medicaid program goals and objectives:

1. Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS);
2. Comprehensive Hospital Increase Reimbursement Program (CHIRP);
3. Network Access Improvement Program (NAIP); and
4. Texas Incentives for Physicians and Professional Services (TIPPS); and

b. Supplemental Payment Programs - IGTs for HHSC Medicaid payments made to hospitals, separate from and in addition to base payments, for achieving certain goals or to support health care providers that see significant numbers of uninsured or persons without much money:

1. Disproportionate Share Hospital (DSH);
2. Graduate Medical Education (GME);
3. Hospital Augmented Reimbursement Program (HARP); and
4. Hospital Uncompensated Care (UC). (*Finance Committee*)

8. Receive reports relating to Nueces Aid Program enrollment for the month-ended May 31, 2025:

- a. Total Persons and Households Enrolled;
- b. Enrollment Summary;
- c. Denials;
- d. Application Processing Summary; and
- e. Enrollment by Zip Code. (*Finance Committee*)

**Consent Agenda Approved. Motion by Karen O'Connor Urban and seconded by Georgia Neblett. MOTION CARRIED.**

**BOARD OF MANAGERS  
REGULAR MEETING  
MINUTES  
JULY 1, 2025**

**C. REGULAR AGENDA** - The Regular Agenda consists of those agenda items which are non-routine, not administrative in nature, or are otherwise in need of separate attention. Each Regular Agenda item will be voted upon separately if action is required:

**1. Finance Committee:**

a. Financial Statements:

1. Receive and approve unaudited financial statements for the month and fiscal year-to-date period ended May 31, 2025. (*ACTION*)

**Motion by Vishnu V. Reddy and seconded by  
Karen O'Connor Urban. MOTION CARRIED.**

**2. Legislative Matters:**

- a. Receive and discuss reports from Legislative Consultants on the 89th Texas Legislative Session and related matters. (*INFORMATION*)

**Presentation by Joel Romo and Patricia Shipton.**

- b. Discuss and consider authorizing the Administrator to execute Personal Services Agreements for legislative-related services for the six-month term July 1, 2025 - December 31, 2025:
  1. Joel J. Romo; and
  2. Patricia A. Shipton. (*ACTION*)

**Motion by Georgia Neblett. Belinda Flores, Chair agreed.  
Chair call for approval and all Board Members agreed.  
MOTION CARRIED.**

**3. Health Care Provider Participation Program:**

- a. Receive notice of the following related to the Nueces County Hospital District's Health Care Provider Participation Program ("Program") for Fiscal Year 2025:
  1. Updated basis for participating providers' net patient revenue used to calculate their mandatory payments under the Program; mandatory payments authorized by Chapter 298C, Texas Health and Safety Code; and

**BOARD OF MANAGERS  
REGULAR MEETING  
MINUTES  
JULY 1, 2025**

2. Planned updates to the payment calculation basis amount, incorporating the most recent financial and utilization data reported by participating providers (hospitals) to the Texas Department of State Health Services pursuant to Sections 311.032 and 311.033 of the Health Code; updates in accordance with Rule 9(d) of the District’s Rules and Procedures; and basis amount updates to be effective September 1, 2025. *(INFORMATION)*

**4. Other Business:**

a. Discuss and consider a funding request from the Coastal Bend Wellness Foundation to support the continuation of its HIV (Human Immunodeficiency Virus) Prevention Program. *(ACTION)*

**Motion to table by Vishnu V. Reddy and seconded by Karen O’Connor Urban. MOTION CARRIED.**

b. Discuss and consider rescheduling the October 2025 meetings of the Board of Managers and Finance Committee, and holding the meetings at the Dr. Hector P. Garcia Memorial Family Health Center. *(ACTION)*

**Board Members did not Motion but all agreed with an “OK”**

**5. Administrator's Briefing:**

a. Next scheduled Board of Managers and Board Committee regular meetings (all meetings' dates, times, and locations are subject to change):

1. Finance Committee: Tuesday, July 22, 2025, 11:00 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401; and

2. Board of Managers: Tuesday, July 22, 2025, 12:00 PM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401. *(INFORMATION)*

**BOARD OF MANAGERS  
REGULAR MEETING  
MINUTES  
JULY 1, 2025**

6. **CLOSED MEETING** - Public Notice is hereby given that the Board of Managers may go into closed meeting session(s) at any time during the meeting to discuss any matter(s) listed on the agenda, when so authorized by the provisions of the Open Meetings Act, Texas Government Code, Chapter 551. *To the extent there has been a past practice of distinguishing items for public deliberation and those for executive session, the public is advised that the Board is departing from that practice and reserves the right to discuss any listed agenda items in a closed meeting when authorized by law to do so.* When the Board goes into closed session(s) regarding an agenda item(s), the section(s) of the Open Meetings Act authorizing the closed session will be publicly announced by the presiding officer.

Should any final action, final decision, or final vote be required in the opinion of the Board with regard to any matter considered in closed session(s), then the final action, final decision, or final vote shall be either: (a) in the open meeting covered by the Notice upon reconvening of the public meeting; or (b) at a subsequent public meeting of the Board upon notice thereof, as the Board shall determine pursuant to applicable laws. The Board specifically expects to go into a closed session(s) on the matters listed below pursuant to the Act, §551.071 and §551.072.

- A. Consult with attorneys on matters relating to December 14, 2023, Emergency Medicine Support Letter Agreement between the Hospital District and CHRISTUS Spohn Health System Corporation and related matters.
- B. Consult with attorneys on matters relating to the retention and recruitment of physicians and expansion of residency positions in Nueces County and related matters.
- C. Consult with attorneys on matters relating to the use of Hospital District funds for the retention and recruitment of physicians and expansion of residency positions in Nueces County and related matters.
- D. Consult with attorneys on matters related to the Corpus Christi Housing Authority and CPS Energy and related matters.
- E. Consult with attorneys on matters relating to the sale of Hospital District real property.

**Belinda Flores, Chair, called for Closed Meeting at 1:04 p.m.**

**BOARD OF MANAGERS  
REGULAR MEETING  
MINUTES  
JULY 1, 2025**

7. **OPEN MEETING** - Following the Closed Meeting, the Board of Managers will reconvene the Open Meeting prior to taking any action(s) on matters considered in the Closed Meeting or adjourning the meeting.

**Belinda Flores, Chair, called for Open Meeting at 1:41 p.m.**

**Vishnu V. Reddy exit meeting at 1:41 p.m.**

A. Discuss and consider final action, decision, or vote on matters considered in Closed Meeting. (***ACTION AS NEEDED***)

**No Action taken.**

**8. ADJOURN**

**Motion to adjourn by Belinda Flores, Chair.  
Meeting adjourned at 1:42 p.m.**

**BOARD OF MANAGERS  
REGULAR MEETING  
MINUTES  
JULY 1, 2025**

**PRESIDING OFFICER:**

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Belinda Flores, Chair

**ATTEST:**

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Jonny F. Hipp, Secretary  
Board of Managers  
Nueces County Hospital District

**Nueces County Hospital District**  
**Vendor Information List - Additional Vendors-Conflict of Interest Disclosure**

<u>Vendor ID</u>	<u>Vendor Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>ZIP</u>
2128	Wexford Health Sources, Inc.	P O Box 72264	Cleveland	OH	44192

Nueces County Hospital District  
 County Health Care Department Expenditures  
 Cash Disbursements Relating to  
 Fiscal Year 2025

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Fiscal YTD	Budget 2025	Balance
<b>County Healthcare Services</b>															
Health Dept - County	0.00	0.00	0.00	441,324.00	0.00	0.00	441,270.00	0.00	0.00	294,180.00	0.00	0.00	1,176,774.00	1,765,296.00	588,522.00
Mental Health Wellness	0.00	38,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38,000.00	38,000.00	0.00
Mobile Medical Clinic	0.00	0.00	0.00	0.00	0.00	0.00	3,439.37	0.00	0.00	2,659.91	0.00	0.00	6,099.28	60,000.00	53,900.72
Emergency Medical Services	0.00	0.00	0.00	147,000.00	0.00	0.00	119,400.00	4,200.00	0.00	0.00	0.00	0.00	270,600.00	650,000.00	379,400.00
NC MHID - Fund Matching	0.00	0.00	242,280.00	0.00	0.00	242,280.00	0.00	0.00	242,286.00	0.00	0.00	0.00	726,846.00	969,129.00	242,283.00
NC MHID - Jail Programs	268,474.68	200,466.20	262,360.10	219,616.53	195,517.94	247,747.48	91,385.80	158,297.87	171,948.57	0.00	0.00	0.00	1,815,815.17	2,550,000.00	734,184.83
NC Juvenile Center	0.00	0.00	62,453.40	0.00	0.00	0.00	164,842.14	0.00	0.00	176,736.82	0.00	0.00	404,032.36	474,000.00	69,967.64
Nueces County Jail Infirmary Svcs	0.00	0.00	0.00	0.00	940,086.28	0.00	0.00	0.00	0.00	2,758,698.95	0.00	0.00	3,698,785.23	5,202,850.00	1,504,064.77
Cenikor	0.00	0.00	0.00	0.00	0.00	0.00	30,000.00	0.00	0.00	15,000.00	0.00	0.00	45,000.00	60,000.00	15,000.00
Council on Alcohol & Drug Abuse	0.00	0.00	0.00	0.00	0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	0.00	25,000.00	50,000.00	25,000.00
Diabetes Program - County	0.00	0.00	0.00	0.00	1,500.00	0.00	0.00	0.00	0.00	16,227.71	0.00	0.00	17,727.71	50,000.00	32,272.29
HALO-Flight Funding	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00	15,000.00	0.00
County Public Health Grants	0.00	0.00	0.00	60,000.00	85,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	145,000.00	230,000.00	85,000.00
<b>Totals</b>	<b>268,474.68</b>	<b>238,466.20</b>	<b>567,093.50</b>	<b>867,940.53</b>	<b>1,222,104.22</b>	<b>490,027.48</b>	<b>890,337.31</b>	<b>162,497.87</b>	<b>414,234.57</b>	<b>3,263,503.39</b>	<b>0.00</b>	<b>0.00</b>	<b>8,384,679.75</b>	<b>12,114,275.00</b>	<b>3,729,595.25</b>

**Nueces County Hospital District  
Imputed Claims Experience for Calendar Year 2025  
As if Adjudicated January 1, 2025 through June 30, 2025**

<b>Service</b>	<b>Claims</b>	<b>Billed</b>	<b>Contract Amt.</b>	<b>Co Insurance</b>	<b>Co Pay</b>	<b>Net</b>
ER	1,595	18,534,988	1,279,090	44,276		1,234,814
ASU	84	4,950,250	477,006	2,696		474,310
Clinic	(24)	(22,951)	(6,069)	(246)		(5,823)
Obs	31	1,614,901	344,336	30,645		313,690
OP	7,667	18,524,227	4,441,499	241,129		4,200,369
Subtotal	9,353	43,601,416	6,535,861	318,500	-	6,217,361
IP	161	9,903,950	588,617	23,449		565,168
SNF	-					-
RX	52,697	21,268,908	8,095,171	250,195		7,844,975
Physician	14,546	29,280,661	3,265,604	112,946		3,152,658
Total	76,757	104,054,935	18,485,252	705,090	-	17,780,162

**NOTE:**

The Revised and Restated Indigent Care Agreement was terminated effective September 30, 2012. After that date, the District no longer makes payment to CHRISTUS Spohn for providing health care services to the Nueces Aid Indigent population. Under the terms of the Membership Agreement amended and restated effective November 18, 2015, CHRISTUS Spohn has committed to continue to provide health care services to the Nueces Aid Indigent population and, and at the request of the District, continues to submit informational claims to the District to permit the District to monitor the volume of health care services furnished to the Nueces Aid Indigent population.

Nueces County Hospital District  
 Spohn Corporate Member Revenue Analysis  
 Fiscal Year 2025

Member Revenue % 26.0%

	October	November	December	January	February	March	April	May	June	July	August	September	Totals
<u>Membership Revenue Deposits</u>													
Week 1	3,160,064.31	2,429,791.05	2,741,006.10	2,666,621.47	2,709,161.08	3,020,677.07	2,493,016.78	2,960,145.67	3,360,648.61	2,656,062.41			28,197,194.55
Week 2	2,404,654.68	2,639,248.54	2,845,782.58	2,551,052.66	3,053,133.62	3,662,581.49	2,388,942.85	3,095,210.73	3,497,994.84	2,465,684.79			28,604,286.78
Week 3	2,449,704.10	2,945,690.73	2,842,613.19	3,137,015.46	3,077,116.07	3,006,617.21	3,146,367.70	2,978,199.41	2,583,808.48	3,033,379.78			29,200,512.13
Week 4	2,593,480.60	2,867,191.22	3,201,866.84	2,429,815.54	3,228,611.11	2,889,119.92	2,232,432.81	3,522,925.06	3,853,438.19	2,604,793.57			29,423,674.86
Week 5			2,168,904.61	2,902,616.61				2,327,308.75					7,398,829.97
Subtotal	10,607,903.69	10,881,921.54	13,800,173.32	13,687,121.74	12,068,021.88	12,578,995.69	10,260,760.14	14,883,789.62	13,295,890.12	10,759,920.55	0.00	0.00	122,824,498.29

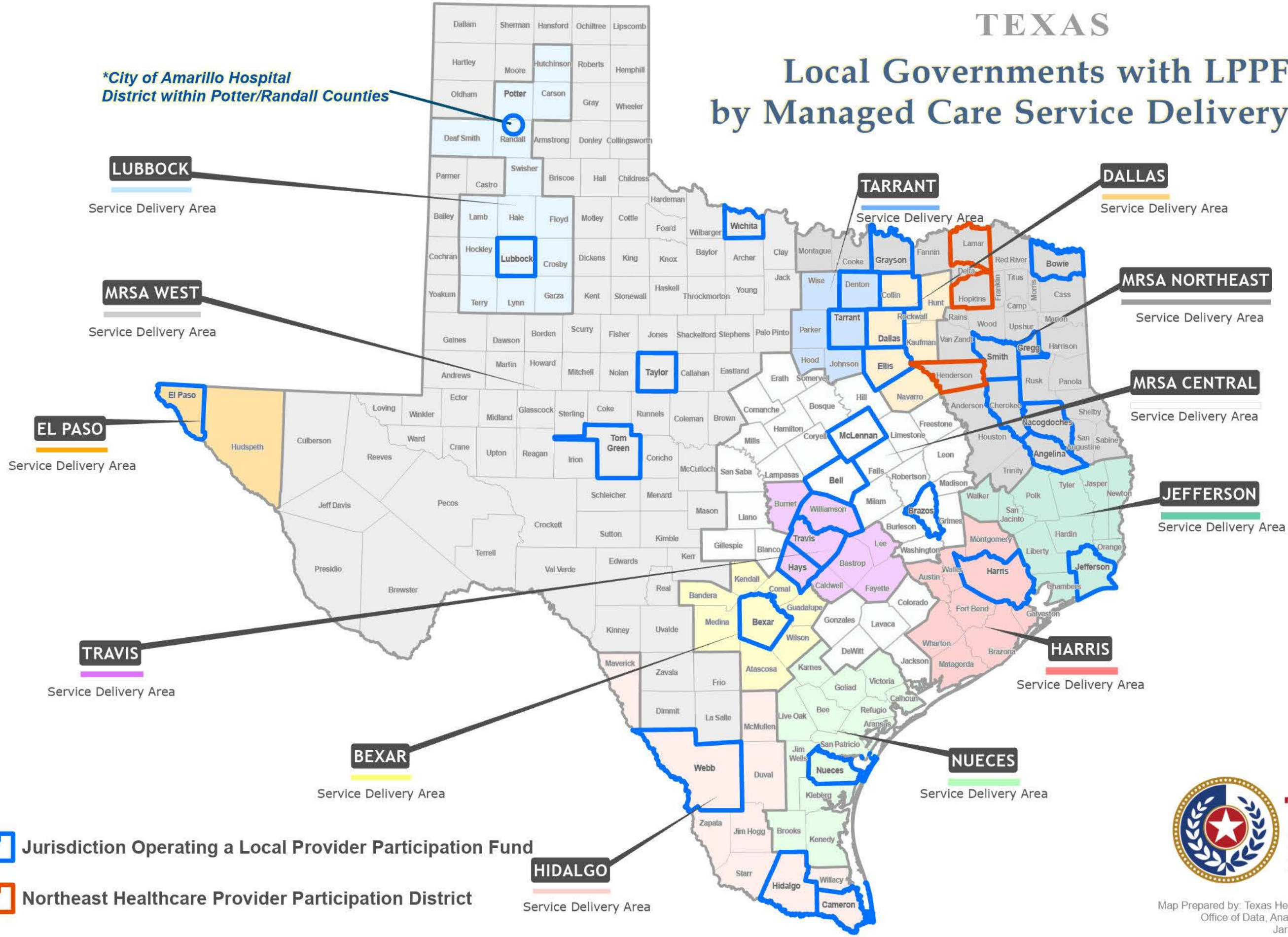
Nueces County Hospital District  
Nueces LPPF Activity  
Fiscal Year 2025

	October	November	December	January	February	March	April	May	June	July	August	September	Totals
Beginning Balan	15,144,830.77	67,482,313.38	60,418,505.35	82,354,046.88	83,587,305.85	77,760,212.38	77,880,234.27	77,847,497.36	77,365,877.83	26,890,329.74	23,297,383.33	23,297,383.33	15,144,830.77
<u>Deposits</u>													
Christus Spohn	18,463,203.50												18,463,203.50
CCMC	13,014,802.50												13,014,802.50
CC Rehab	590,255.50				295,127.75		295,127.75						1,180,511.00
Driscoll	13,448,905.50												13,448,905.50
PAM Specialty	759,945.50			379,972.75									1,139,918.25
PAM Rehab	746,361.00			373,180.50									1,119,541.50
S. TX Surgical	1,349,509.50												1,349,509.50
Subtotal	48,372,983.00	0.00	0.00	753,153.25	295,127.75	0.00	295,127.75	0.00	0.00	0.00	0.00	0.00	49,716,391.75
Interest	98,346.97	250,248.73	242,839.98	308,747.77	260,742.20	285,981.87	276,665.62	283,341.89	124,331.63				2,131,246.66
Transfers In	4,257,009.14		22,744,668.24	921,889.32									27,923,566.70
<b>Total Deposits</b>	<b>52,728,339.11</b>	<b>250,248.73</b>	<b>22,987,508.22</b>	<b>1,983,790.34</b>	<b>555,869.95</b>	<b>285,981.87</b>	<b>571,793.37</b>	<b>283,341.89</b>	<b>124,331.63</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>79,771,205.11</b>
<u>Inter-Governmental Transfers</u>													
UC			(10,274.91)		(2,875,437.56)	(165,959.98)		(236,791.88)		(111,307.51)			(3,399,771.84)
DSRIP													0.00
CHIRP		(6,722,453.21)							(50,599,879.72)				(57,322,332.93)
TIPPS		(591,603.55)											(591,603.55)
DSH													0.00
HARP			(1,041,691.78)	(528,169.55)				(528,169.54)					(2,098,030.87)
GME	(390,856.50)			(222,361.82)			(604,530.28)			(222,361.82)			(1,440,110.42)
ATLIS					(3,507,525.86)					(3,259,277.08)			(6,766,802.94)
<b>Total IGT's</b>	<b>(390,856.50)</b>	<b>(7,314,056.76)</b>	<b>(1,051,966.69)</b>	<b>(750,531.37)</b>	<b>(6,382,963.42)</b>	<b>(165,959.98)</b>	<b>(604,530.28)</b>	<b>(764,961.42)</b>	<b>(50,599,879.72)</b>	<b>(3,592,946.41)</b>	<b>0.00</b>	<b>0.00</b>	<b>(71,618,652.55)</b>
Transfers Out													0.00
Bank Fees													0.00
<b>Ending Balance</b>	<b>67,482,313.38</b>	<b>60,418,505.35</b>	<b>82,354,046.88</b>	<b>83,587,305.85</b>	<b>77,760,212.38</b>	<b>77,880,234.27</b>	<b>77,847,497.36</b>	<b>77,365,877.83</b>	<b>26,890,329.74</b>	<b>23,297,383.33</b>	<b>23,297,383.33</b>	<b>23,297,383.33</b>	<b>23,297,383.33</b>

# TEXAS

## Local Governments with LPPFs by Managed Care Service Delivery Area

*\*City of Amarillo Hospital  
District within Potter/Randall Counties*



Map Prepared by: Texas Health and Human Services Commission,  
Office of Data, Analytics and Performance. MRL.  
January 15, 2025

# **Non-federal Share Funding for Certain Medicaid Payments**

Medicaid is a program jointly funded by federal and state governments. The federal government provides matching funds to states for a specific percentage of Medicaid expenditures, called federal financial participation (FFP). The amount of FFP is calculated using a state-specific Federal Medical Assistance Percentage (FMAP). To receive federal funding, states must use public funds generated at either the state or local government level as the non-federal share of Medicaid expenditures.

In Texas, locally derived funds are used to finance a vast majority of the non-federal share of Medicaid supplemental and directed payments. All states must provide the non-federal share of Medicaid funding to receive federal matching funds. The non-federal share funds are provided to HHSC from governmental entities through two methods: intergovernmental transfers or the certified public expenditures process.

## **Intergovernmental Transfers (IGTs)**

Intergovernmental transfers (IGTs) are transfers of public funds from a governmental entity to the state. The state receives federal matching Medicaid funds for IGTs used as the non-federal share. The transfer of funds must occur before a Medicaid payment is made.

Some Medicaid payment programs that use IGTs as the non-federal share include: Comprehensive Hospital Reimbursement Increase Program (CHIRP), Disproportionate Share Hospital (DSH), Graduate Medical Education (GME), and uncompensated care payments for hospital providers.

## **Certified Public Expenditures (CPEs)**

Certified public expenditures (CPEs) are expenditures that have been certified by a governmental entity to represent its contribution of public funds in providing services that are eligible for federal matching Medicaid funds. Governmental entities will report CPEs to the state and the state will then claim the federal matching funds. States have the flexibility to retain some of the matching funds.

Some Medicaid payment programs that use CPEs as the non-federal share include: Public Health Provider - Charity Care Program (PHP-CCP), School Health and Related Services (SHARS), and uncompensated care for governmental ambulance providers.

## Types of Local Funding Used in Texas

In accordance with federal law, local governmental entities may opt to use eligible public funds to support the Medicaid program. Many local governmental entities in Texas choose to support the Medicaid program to ensure that their community members have access to essential health care services regardless of a patient's ability to pay.

There are many eligible sources of public funds that a local governmental entity may use to fund the Medicaid program; however, it is important to keep in mind that no federal funding may be used to generate the non-federal share. For example, a local governmental entity that receives a federal grant may not use those funds as eligible local public dollars to support the non-federal share. A local governmental entity can, however, use state-appropriated funding, funds received through the implementation of an ad valorem tax, funds appropriated from other local governmental entities, patient revenue (so long as no federal payor program funds are used), tuition or fees at state institution of higher education, or through the implementation of a health-care related tax.

In Texas, some jurisdictions have chosen to implement a Local Provider Participation Fund (LPPF), which is a health-care related tax that is implemented on a local level, administered by an existing unit of local government, and that is designed specifically to meet federal requirements associated with eligible local funds. The local government operating an LPPF will collect mandatory payments (i.e., taxes) from the non-public hospitals located in the local government's jurisdiction. LPPF funding collected by the local governmental entity is then provided to HHSC through an IGT for use as the non-federal share of Medicaid payments just like other eligible sources of local funding.

Currently, 32 jurisdictions have the authority to operate an LPPF. In 2019, House Bill 4289 provided authority for a local government not currently operating an LPPF to have the ability to operate one.

[Non-federal Share Funding for Certain Medicaid Payments | Texas Health and Human Services](#)

04/16/2025

Nueces County Hospital District  
 Medicaid Payment Programs/Directed Payment Programs  
 Estimated Provider Payments & IGT History  
 FY2012 to Present

Provider	DSRIP	UC	DSH	UHRIP	NAIP	CHIRP	TIPPS	GME	HARP	ATLIS	TOTALS	
Christus Spohn - Corpus Christi	393,023,597	595,930,683	271,449,808	54,617,146	160,984,900	154,656,045	3,687,187	10,474,533	26,186,370	237,577	1,671,247,846	41%
Christus Spohn Rural (Alice/Beeville/Kleberg)	48,398,858	222,601,044	0	14,571,054	0	32,524,241	0	0	838,721	719,548	319,653,467	8%
Corpus Christi Medical Center	121,850,134	173,669,897	0	47,168,955	0	196,406,090	0	8,751,223	12,844,206	15,708,426	576,398,931	14%
Driscoll Childrens Hospital	314,822,705	33,102,827	0	0	0	881,668,876	2,062,491	22,818,802	117,666,581	23,834,922	1,395,977,204	34%
Detar Hospital	24,949,804	47,723,156	0	15,076,184	0	0	0	0	0	0	87,749,145	2%
North Bay General Hospital	0	0	0	503,238	0	0	0	0	0	0	503,238	0%
South Texas Surgical Hospital	0	0	0	889,769	0	0	0	0	0	0	889,769	0%
Corpus Christ Rehab Hospital	0	0	0	286,797	0	0	0	0	0	122,992	409,789	0%
PAM Specialty Hospital	0	0	0	1,330	0	0	0	0	0	411,907	413,237	0%
PAM Rehab Hospital	0	0	0	141,201	0	1,429,773	0	0	0	554,920	2,125,894	0%
Zoom Rehabilitation Inc.	0	0	0	0	0	0	0	0	0	122,992	122,992	0%
Oceans Behavioral Hospital	0	0	0	0	0	43,294	0	0	0	0	43,294	0%
Nueces County Health Dept	21,809,410	0	0	0	0	0	0	0	0	0	21,809,410	1%
<b>TOTALS</b>	<b>924,854,508</b>	<b>1,073,027,608</b>	<b>271,449,808</b>	<b>133,255,675</b>	<b>160,984,900</b>	<b>1,266,728,319</b>	<b>5,749,678</b>	<b>42,044,559</b>	<b>157,535,877</b>	<b>41,713,284</b>	<b>4,077,344,216</b>	<b>100%</b>

\* Estimated Receipts for Entities (IGT + FMAP), Subject to HHSC Review and Administrative Fees

IGT Source	DSRIP	UC	DSH	UHRIP	NAIP	CHIRP	TIPPS	GME	HARP	ATLIS	TOTALS
Nueces County Hospital District	338,074,018	349,051,307	96,156,812	58,389,165	63,391,088	160,387,066	0	11,097,000	57,518,481	9,914,339	1,143,979,276
Nueces LPPF	27,902,997	69,110,934	7,478,253	0	0	331,501,660	1,780,044	4,353,223	5,080,386	6,766,803	453,974,300
<b>TOTALS</b>	<b>365,977,014</b>	<b>418,162,241</b>	<b>103,635,065</b>	<b>58,389,165</b>	<b>63,391,088</b>	<b>491,888,726</b>	<b>1,780,044</b>	<b>15,450,223</b>	<b>62,598,867</b>	<b>16,681,142</b>	<b>1,597,953,576</b>

# Medicaid Supplemental Payment and Directed Payment Programs

(As of April 16, 2025)

Texas Medicaid is a joint federal and state health insurance program for low-income families, older adults, and persons with disabilities. The federal government matches each state's Medicaid spending at a predetermined rate that varies by state. Healthcare providers (e.g., hospitals, doctors, nursing facilities, etc.) receive payments for the services they provide to persons with Medicaid.

The federal government allows each state to develop its own method to reimburse providers for the healthcare they provide to persons with Medicaid. Generally, states' Medicaid payments fall into three broad categories: base payments, supplemental payments and directed payments.

## I. Directed Payment Programs (DPPs)

Directed Payments allow states to set parameters for Medicaid managed care spending to assist states in achieving their overall goal of delivery system and payment reform, as well as improved performance. Specifically, a state is permitted to direct Medicaid Managed Care Organizations (MCO) to make certain payments to healthcare providers, either through an adjustment to the monthly base capitation rates or through a separate payment term.

### A. Comprehensive Hospital Increase Reimbursement Program (CHIRP)

The Comprehensive Hospital Increase Reimbursement Program (CHIRP) is a statewide program that increases Medicaid payments to hospitals for inpatient and outpatient services provided to persons with Medicaid. Texas MCOs receive additional funding through their monthly capitation rate from the Texas Health and Human Services Commission (HHSC) and are directed to increase payment rates for participating hospitals. As designed, eligible hospitals receive a percentage increase paid on claims submitted to a Medicaid MCO. CHIRP's purpose is to advance goals and objectives in the state's Medicaid quality strategy by incentivizing improved quality and access for hospitals that serve persons with Medicaid.

## **B. Rural Access to Primary and Preventive Services (RAPPS)**

The Rural Access to Primary and Preventive Services (RAPPS) is a directed payment program that incentivizes primary and preventive services for persons with Medicaid in rural areas of the state enrolled in STAR, STAR+PLUS, and STAR Kids. The program focuses on the management of chronic conditions.

## **C. Texas Incentives for Physicians and Professional Services (TIPPS)**

Texas Incentives for Physicians and Professional Services (TIPPS) is a physician-directed payment program (DPP) for certain physician groups to help cover the cost of healthcare services provided to persons with Medicaid enrolled in STAR, STAR+PLUS, and STAR Kids. Eligible physician groups include Health-Related Institution (HRI) physician groups, Indirect Medical Education (IME) physician groups, and other physician groups. These classifications allow the HHSC to direct reimbursement increases where they are most needed and to align with the program's quality goals. TIPPS also serves as a transition from the Network Access Improvement Program (NAIP) and Delivery System Reform Incentive Payment (DSRIP) program for specific physician groups.

## **II. Supplemental Payment Programs (SPP)**

Supplemental Payments are Medicaid payments to healthcare providers that are separate from and in addition to base payments. Supplemental payments give additional funding to certain healthcare providers, like hospitals. The payments may be made in a lump sum. However, some supplemental payments may be linked to achieving certain goals or to support healthcare providers that see significant numbers of uninsured persons without much money. For example, states may provide supplemental payments to providers to support quality initiatives, residency training for doctors, and certain types of facilities (e.g., rural or safety net providers).

### **A. Disproportionate Share Hospitals (DSH)**

Federal law requires Medicaid programs to make special payments to hospitals that serve a disproportionately large number of Medicaid and low-income patients. These hospitals are called Disproportionate Share hospitals (DSH) and receive DSH funding. DSH funds are different from most Medicaid payments because they are not tied to specific services for Medicaid-eligible patients. DSH payments are the only federally allowed Medicaid payment explicitly for the unpaid costs of care for uninsured patients. It can also be used by states to offset low Medicaid base payments.

## **B. Uncompensated Care Payments (UC)**

Uncompensated Care (UC) payments originated as a way for Texas to continue expanding managed care in Medicaid programs and making supplemental payments to hospitals. Texas UC payments may be used to reduce the actual uncompensated cost of medical services provided to uninsured individuals who meet a provider's charity care policy.

## **C. Graduate Medical Education (GME)**

Graduate Medical Education (GME) supplemental payments support medical residency training for medical school graduates at teaching hospitals. Teaching hospitals typically incur additional costs because they are a training site for medical school graduates to receive hands-on, practical experience in treating patients. In addition to medical residents' salary and benefits, teaching hospitals also incur additional costs for more testing and for treating sicker and more complex patients.

## **D. Hospital Augmented Reimbursement Program (HARP)**

The Hospital Augmented Reimbursement Program (HARP) is a statewide supplemental program providing Medicaid payments to hospitals for inpatient and outpatient services that serve Texas Medicaid fee-for-service (FFS) patients. The program serves as a financial transition for providers historically participating in the Delivery System Reform Incentive Payment (DSRIP) program. HARP will provide additional funding to hospitals to assist in offsetting the cost hospitals incur while providing Medicaid services.

## **E. Medicaid Managed Care Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS)**

Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS) are incentive arrangements with MCOs for achieving certain milestones on a semi-annual basis with the intention that the milestones will build on prior accomplishments over a 5-year period. The milestones will center around MCO achievement of necessary actions required to implement the structures, processes, and use of client data transmitted electronically between MCOs and providers in their networks to improve client outcome measures and to implement, evaluate, improve, and mature alternative payment models for Medicaid beneficiaries.

Original: 04/16/2025

Nueces County Hospital District  
**Combined Balance Sheet - All Fund Types & Account Groups**  
 As of 06/30/2025  
 (In Whole Numbers)

	General Fund	Special Revenue Fund	Trust Fund	General Fixed Assets	General Long Term Debt	TOTAL
<b>Assets</b>						
Cash & Cash Equivalents	86,926,578	49,852,134	30,572	0	0	136,809,284
Investments	5,925,122	15,353,901	0	0	0	21,279,023
Accrued Interest	0	191,336	106	0	0	191,441
Taxes Receivable, Net of Allowance	2,163,721	0	0	0	0	2,163,721
Other Receivables	0	0	0	0	0	0
Due from Other Funds	23,093	0	0	0	0	23,093
Prepaid Expenditures	157,937	0	0	0	0	157,937
Restricted Cash & Cash Equivalents - LPPF	26,890,330	0	0	0	0	26,890,330
Fixed Assets	0	0	0	14,202,608	0	14,202,608
Am't to be Provided for Retirement of LT Debt	0	0	0	0	39,952	39,952
<b>Total Assets</b>	<b>122,086,780</b>	<b>65,397,372</b>	<b>30,678</b>	<b>14,202,608</b>	<b>39,952</b>	<b>201,757,388</b>
<b>Liabilities</b>						
Accounts Payable	6,132,628	0	0	0	0	6,132,628
Accrued Payroll & Related Liabilities	315,641	0	0	0	0	315,641
Intergovernmental Transfer Obligations	26,890,330	0	0	0	0	26,890,330
Due to Other Funds	0	10,376	12,717	0	0	23,093
Deferred Revenue	2,163,721	0	0	0	0	2,163,721
Long Term Paid Time Off	0	0	0	0	39,952	39,952
<b>Total Liabilities</b>	<b>35,502,320</b>	<b>10,376</b>	<b>12,717</b>	<b>0</b>	<b>39,952</b>	<b>35,565,365</b>
<b>Fund Equity</b>						
Fund Balance	59,999,130	0	17,961	14,202,608	0	74,219,699
Committed to:						
Intergovernmental Transfers	26,585,329	0	0	0	0	26,585,329
Indigent Care	0	62,478,047	0	0	0	62,478,047
Optoid Abatement	0	2,906,965	0	0	0	2,906,965
Assigned to:						
County Health Care	0	1,983	0	0	0	1,983
<b>Total Fund Equity</b>	<b>86,584,460</b>	<b>65,386,996</b>	<b>17,961</b>	<b>14,202,608</b>	<b>0</b>	<b>166,192,024</b>
<b>Total Liabilities &amp; Fund Equity</b>	<b>122,086,780</b>	<b>65,397,372</b>	<b>30,678</b>	<b>14,202,608</b>	<b>39,952</b>	<b>201,757,388</b>

Nueces County Hospital District  
Statement of Revenues and Expenditures - All Governmental and Trust Funds  
General Fund  
From 6/1/2025 Through 6/30/2025  
(In Whole Numbers)

UNAUDITED

	Current Period Actual	Current Year Actual
Revenues		
Taxes	237,910	40,681,859
Penalties & Interest - Taxes	44,212	352,226
Spohn Corporate Member Revenue	13,295,890	112,064,578
Investment Income	325,823	3,263,020
Other Income	50	34,212
Total Revenues	13,903,885	156,395,895
Current Expenditures		
Intergovernmental Transfers	40,024,352	138,007,470
Emergency Residency Support	116,875	1,051,875
County Healthcare Funding	993,413	9,514,762
Salaries	122,390	1,254,650
Benefits	69,782	662,845
Legal & Professional Fees	144,857	679,436
Purchased Services	77,081	1,031,148
Supplies & Materials	3,247	14,722
Rent & Leases	12,212	100,780
Repairs & Maintenance	13	701
Utilities	4,633	34,971
Insurance	2,966	26,299
Administrative & General	6,186	105,301
Capital Outlay	0	28,526
Total Current Expenditures	41,578,008	152,513,487
Excess of Revenues Over Expenditures Before Sources/Uses	(27,674,123)	3,882,408
Other Financing Sources & Uses		
Operating Transfers In	(856,000)	(856,000)
Total Other Financing Sources & Uses	(856,000)	(856,000)
Excess of Revenues Over Expenditures After Sources & Uses	(26,818,123)	4,738,408
Fund Balance, Beginning of Year		81,846,052
FUND BALANCE, END OF YEAR		86,584,460

**Nueces County Hospital District**  
**Statement of Revenues and Expenditures - All Governmental and Trust Funds**  
**Special Revenue Fund**  
**From 6/1/2025 Through 6/30/2025**  
**(In Whole Numbers)**

UNAUDITED

	Current Period Actual	Current Year Actual
Revenues		
Investment Income	238,415	2,131,271
Tobacco Settlement Proceeds	0	852,026
Opioid Settlement Proceeds	0	540,319
Total Revenues	238,415	3,523,616
Current Expenditures		
Legal & Professional Fees	1,156	9,235
Total Current Expenditures	1,156	9,235
Excess of Revenues Over Expenditures Before Sources/Uses	237,259	3,514,381
Other Financing Sources & Uses		
Operating Transfers Out	856,000	856,000
Total Other Financing Sources & Uses	856,000	856,000
Excess of Revenues Over Expenditures After Sources & Uses	(618,741)	2,658,381
Fund Balance, Beginning of Year		62,728,614
FUND BALANCE, END OF YEAR		65,386,996

**UNAUDITED**

**Nueces County Hospital District**  
**Statement of Revenues and Expenditures - All Governmental and Trust Funds**  
**Trust Fund**  
**From 6/1/2025 Through 6/30/2025**  
**(In Whole Numbers)**

	<u>Current Period Actual</u>	<u>Current Year Actual</u>
Revenues		
Investment Income	106	1,012
Total Revenues	<u>106</u>	<u>1,012</u>
Current Expenditures		
Benefits	1,380	11,134
Administrative & General	13	1,427
Total Current Expenditures	<u>1,392</u>	<u>12,561</u>
Excess of Revenues Over Expenditures Before Sources/Uses	<u>(1,287)</u>	<u>(11,549)</u>
Excess of Revenues Over Expenditures After Sources & Uses	<u>(1,287)</u>	<u>(11,549)</u>
Fund Balance, Beginning of Year		29,510
FUND BALANCE, END OF YEAR		<u><u>17,961</u></u>

**Nueces County Hospital District**  
**Statement of Revenues and Expenditures - Actual v. Budget**  
**General Fund**  
**From 6/1/2025 Through 6/30/2025**  
(In Whole Numbers)

**UNAUDITED**

	Current Period Actual	Current Period Budget	Current Period Budget Variance	Current Year Actual	YTD Budget	YTD Budget Variance
<b>Revenues</b>						
Taxes	237,910	222,990	14,920	40,681,859	39,422,886	1,258,973
Penalties & Interest - Taxes	44,212	24,080	20,132	352,226	261,805	90,421
Spohn Corporate Member Revenue	13,295,890	10,248,333	3,047,557	112,064,578	92,235,001	19,829,577
Investment Income	325,823	60,529	265,294	3,263,020	713,980	2,549,040
Other Income	50	0	50	34,212	150,000	(115,788)
Total Revenues	<u>13,903,885</u>	<u>10,555,932</u>	<u>3,347,953</u>	<u>156,395,895</u>	<u>132,783,672</u>	<u>23,612,223</u>
<b>Current Expenditures</b>						
Intergovernmental Transfers	40,024,352	641,700	(39,382,652)	138,007,470	132,471,598	(5,535,872)
Emergency Residency Support	116,875	116,875	0	1,051,875	1,051,875	0
County Healthcare Funding	993,413	980,941	(12,472)	9,514,762	9,171,469	(343,293)
Salaries	122,390	170,226	47,836	1,254,650	1,669,464	414,814
Benefits	69,782	83,051	13,269	662,845	788,549	125,704
Legal & Professional Fees	144,857	109,750	(35,107)	679,436	1,487,754	808,318
Purchased Services	77,081	104,911	27,830	1,031,148	1,216,677	185,529
Supplies & Materials	3,247	1,999	(1,248)	14,722	18,007	3,285
Rent & Leases	12,212	13,084	872	100,780	117,756	16,976
Repairs & Maintenance	13	1,000	987	701	9,004	8,303
Utilities	4,633	4,959	326	34,971	44,631	9,660
Insurance	2,966	4,000	1,034	26,299	36,004	9,705
Administrative & General	6,186	81,249	75,063	105,301	791,269	685,968
Capital Outlay	0	0	0	28,526	229,000	200,474
Extraordinary	0	417	417	0	3,753	3,753
Total Current Expenditures	<u>41,578,008</u>	<u>2,314,162</u>	<u>(39,263,846)</u>	<u>152,513,487</u>	<u>149,106,810</u>	<u>(3,406,677)</u>
Excess of Revenues Over Expenditures Before Sources/Uses	<u>(27,674,123)</u>	<u>8,241,770</u>	<u>(35,915,893)</u>	<u>3,882,408</u>	<u>(16,323,138)</u>	<u>20,205,546</u>
<b>Other Financing Sources &amp; Uses</b>						
Operating Transfers In	(856,000)	0	856,000	(856,000)	(650,000)	206,000
Total Other Financing Sources & Uses	<u>(856,000)</u>	<u>0</u>	<u>856,000</u>	<u>(856,000)</u>	<u>(650,000)</u>	<u>206,000</u>
Excess of Revenues Over Expenditures After Sources & Uses	<u>(26,818,123)</u>	<u>8,241,770</u>	<u>(35,059,893)</u>	<u>4,738,408</u>	<u>(15,673,138)</u>	<u>20,411,546</u>
<b>Fund Balance, Beginning of Year</b>				81,846,052	0	81,846,052
<b>FUND BALANCE, END OF YEAR</b>				<u>86,584,460</u>	<u>(15,673,138)</u>	<u>102,257,598</u>

**Nueces County Hospital District**  
**Statement of Revenues and Expenditures - Actual v. Budget**  
**Tobacco Settlement Fund**  
**From 6/1/2025 Through 6/30/2025**  
**(In Whole Numbers)**

UNAUDITED

	Current Period Actual	Current Period Budget	Current Period Budget Variance	Current Year Actual	YTD Budget	YTD Budget Variance
Revenues						
Investment Income	1,510	0	1,510	4,175	0	4,175
Tobacco Settlement Proceeds	0	0	0	852,026	650,000	202,026
Total Revenues	<u>1,510</u>	<u>0</u>	<u>1,510</u>	<u>856,200</u>	<u>650,000</u>	<u>206,200</u>
Excess of Revenues Over Expenditures Before Sources/Uses	<u>1,510</u>	<u>0</u>	<u>1,510</u>	<u>856,200</u>	<u>650,000</u>	<u>206,200</u>
Other Financing Sources & Uses						
Operating Transfers Out	<u>856,000</u>	<u>0</u>	<u>(856,000)</u>	<u>856,000</u>	<u>650,000</u>	<u>(206,000)</u>
Total Other Financing Sources & Uses	<u>856,000</u>	<u>0</u>	<u>(856,000)</u>	<u>856,000</u>	<u>650,000</u>	<u>(206,000)</u>
Excess of Revenues Over Expenditures After Sources & Uses	<u>(854,490)</u>	<u>0</u>	<u>(854,490)</u>	<u>200</u>	<u>0</u>	<u>200</u>
Fund Balance, Beginning of Year				1,783	0	1,783
FUND BALANCE, END OF YEAR				<u><u>1,983</u></u>	<u><u>0</u></u>	<u><u>1,983</u></u>

**Nueces County Hospital District**  
**Statement of Revenues and Expenditures - Actual v. Budget**  
**Opioid Settlement Fund**  
**From 6/1/2025 Through 6/30/2025**  
**(In Whole Numbers)**

UNAUDITED

	Current Period Actual	Current Period Budget	Current Period Budget Variance	Current Year Actual	YTD Budget	YTD Budget Variance
Revenues						
Investment Income	10,231	0	10,231	80,958	0	80,958
Opioid Settlement Proceeds	0	0	0	540,319	0	540,319
Total Revenues	10,231	0	10,231	621,277	0	621,277
Excess of Revenues Over Expenditures Before Sources/Uses	10,231	0	10,231	621,277	0	621,277
Excess of Revenues Over Expenditures After Sources & Uses	10,231	0	10,231	621,277	0	621,277
Fund Balance, Beginning of Year				2,285,688	0	2,285,688
FUND BALANCE, END OF YEAR				2,906,965	0	2,906,965

Nueces County Hospital District  
Statement of Revenues and Expenditures - Actual v. Budget  
Indigent Care Fund  
From 6/1/2025 Through 6/30/2025  
(In Whole Numbers)

UNAUDITED

	Current Period Actual	Current Period Budget	Current Period Budget Variance	Current Year Actual	YTD Budget	YTD Budget Variance
Revenues						
Investment Income	226,674	75,582	151,092	2,046,138	676,899	1,369,239
Total Revenues	226,674	75,582	151,092	2,046,138	676,899	1,369,239
Current Expenditures						
Legal & Professional Fees	1,156	1,000	(156)	9,235	9,000	(235)
Total Current Expenditures	1,156	1,000	(156)	9,235	9,000	(235)
Excess of Revenues Over Expenditures Before Sources/Uses	225,518	74,582	150,936	2,036,903	667,899	1,369,004
Excess of Revenues Over Expenditures After Sources & Uses	225,518	74,582	150,936	2,036,903	667,899	1,369,004
Fund Balance, Beginning of Year				60,441,144	0	60,441,144
FUND BALANCE, END OF YEAR				62,478,047	667,899	61,810,148

Nueces County Hospital District  
Statement of Revenues and Expenditures - Actual v. Budget  
General Fund  
From 6/1/2025 Through 6/30/2025  
(In Whole Numbers)

UNAUDITED

	Current Period Actual	Current Year Actual	Total Budget	Total Budget Remaining	% Remaining
<b>Revenues</b>					
Taxes	237,910	40,681,859	39,617,597	1,064,262	3 %
Penalties & Interest - Taxes	44,212	352,226	391,961	(39,735)	(10)%
Spohn Corporate Member Revenue	13,295,890	112,064,578	122,980,000	(10,915,422)	(9)%
Investment Income	325,823	3,263,020	904,124	2,358,896	261 %
Other Income	50	34,212	150,000	(115,788)	(77)%
Total Revenues	13,903,885	156,395,895	164,043,682	(7,647,787)	(5)%
<b>Current Expenditures</b>					
Intergovernmental Transfers	40,024,352	138,007,470	153,092,697	15,085,227	10 %
Emergency Residency Support	116,875	1,051,875	1,763,750	711,875	40 %
County Healthcare Funding	993,413	9,514,762	12,114,275	2,599,513	21 %
Salaries	122,390	1,254,650	2,183,502	928,852	43 %
Benefits	69,782	662,845	1,055,671	392,826	37 %
Legal & Professional Fees	144,857	679,436	1,817,000	1,137,564	63 %
Purchased Services	77,081	1,031,148	1,526,850	495,702	32 %
Supplies & Materials	3,247	14,722	24,000	9,278	39 %
Rent & Leases	12,212	100,780	157,000	56,220	36 %
Repairs & Maintenance	13	701	12,000	11,299	94 %
Utilities	4,633	34,971	59,500	24,529	41 %
Insurance	2,966	26,299	48,000	21,701	45 %
Administrative & General	6,186	105,301	975,000	869,699	89 %
Capital Outlay	0	28,526	229,000	200,474	88 %
Extraordinary	0	0	5,000	5,000	100 %
Total Current Expenditures	41,578,008	152,513,487	175,063,245	22,549,758	13 %
Excess of Revenues Over Expenditures Before Sources/Uses	(27,674,123)	3,882,408	(11,019,563)	14,901,971	(135)%
<b>Other Financing Sources &amp; Uses</b>					
Operating Transfers In	(856,000)	(856,000)	(650,000)	206,000	(32)%
Total Other Financing Sources & Uses	(856,000)	(856,000)	(650,000)	206,000	(32)%
Excess of Revenues Over Expenditures After Sources & Uses	(26,818,123)	4,738,408	(10,369,563)	15,107,971	(146)%
<b>Fund Balance, Beginning of Year</b>					
		81,846,052	0	81,846,052	0 %
<b>FUND BALANCE, END OF YEAR</b>		86,584,460	(10,369,563)	96,954,023	(935)%

NUECES CNTY HOSPITAL DISTRICT

# Quarterly Investment Report

AS OF JUNE 30, 2025



**M E E D E R**

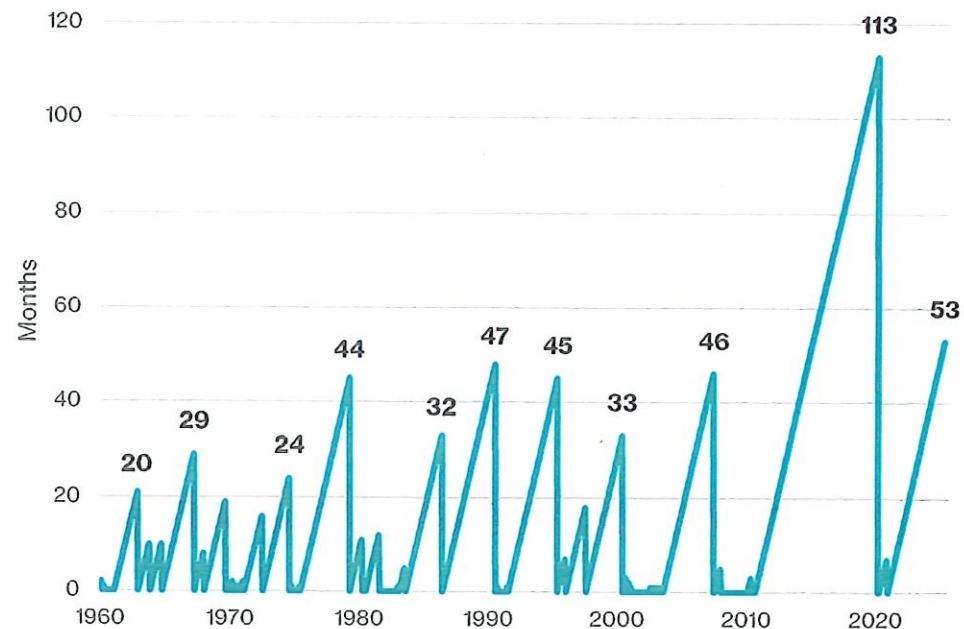
**PUBLIC FUNDS**

# OBSERVATIONS AND EXPECTATIONS

- Fed's Powell stated the labor market is still solid but slowing somewhat
- Trade/tariff tensions continue to weigh on business investment and sentiment
- The Fed held rates steady at the June FOMC meeting, projecting two cuts later in 2025
- GDP is expected to rebound in Q2 from the tariff-induced decline of -0.5% in Q1
- The Fed's favored inflation metric – Core PCE – ticked higher in May
- Interest rates across the yield curve were lower in the month of June

- May 2025 marks the 53rd consecutive month of job growth, the second-best streak since the 1960s.
- With this consistent job growth, average wages have been outpacing inflation (CPI) for the past two years.
- The Federal Reserve and other economists expect unemployment to increase by the end of 2025.

Number of Months for Consecutive Job Growth



- The Fed Funds futures market continually prices where market participants expect the Fed Funds rate to be heading.
- At the end of June, the futures market was showing about two and a half 0.25% Fed cuts by the end of 2025, with the rate ending the year at approximately 3.7%, from its current 4.3%.

SOURCES: BLOOMBERG, CME

History of Dec 2025 Expected Fed Funds Rate



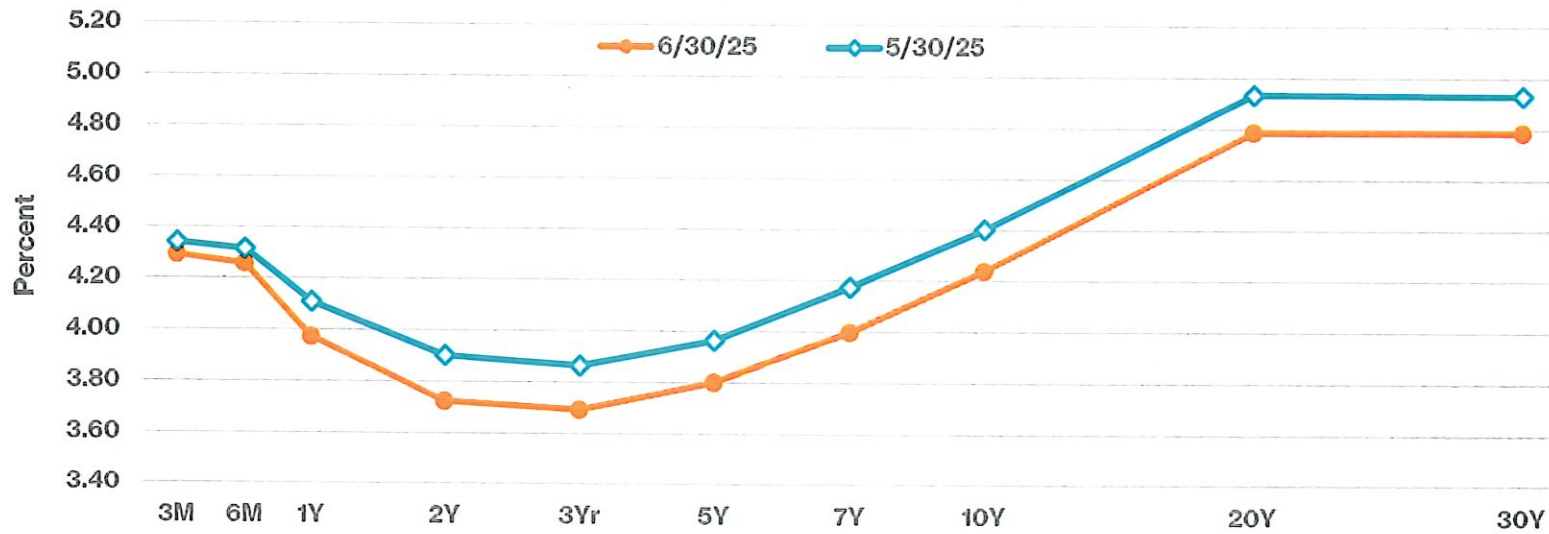
Core PCE YoY



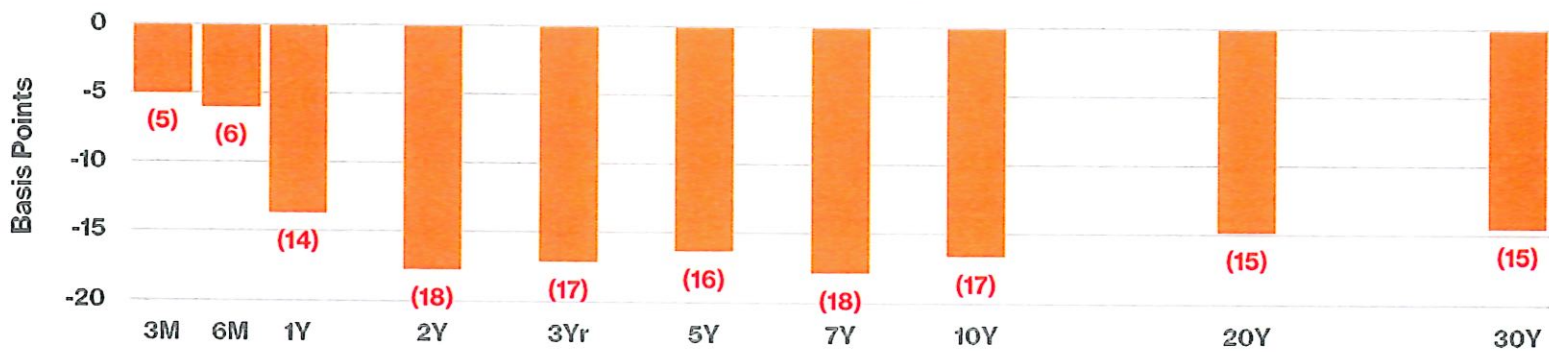
- Core Personal Consumption Expenditure YoY is the Fed's preferred inflation gauge.
- Core excludes food and energy components, which generally make the series less volatile.
- Core PCE YoY is currently at 2.7%, not yet at the Fed's 2% target, and moved higher last month.
- The Federal Reserve expects inflation to move higher later this year.

SOURCE: BLOOMBERG, BUREAU OF ECONOMIC ANALYSIS

### U.S. Treasury Yield Curve Change



### Basis Point Change





## Compliance Certification

The undersigned acknowledge they have reviewed this quarterly investment report for the period ending June 30, 2025. Officials designated as investment officers by this entity's Investment Policy attest that all investments comply with the Texas Public Funds Investment Act and this entity's Investment Policy.

Jonny Hipp, Administrator & CEO

Belinda Espinoza, Assistant Administrator

Donna Littlefield, Director of Accounting/Finance

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## Portfolio Statistics

**4.39**

Weighted Average Yield to Maturity

**0.13**

Weighted Average Maturity (Years)

**0.10**

Portfolio Effective Duration (Years)

**0.11**

Weighted Average Life (Years)

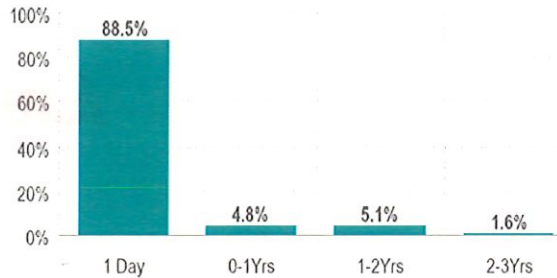
**AA+**

Average Credit Rating

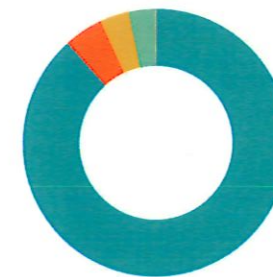
## Portfolio Position

<b>Par Value</b>	\$185,139,314
<b>Principal Cost</b>	\$184,680,774
<b>Book Value</b>	\$184,940,648
<b>Market Value</b>	\$184,982,554
<b>Unrealized Gain/Loss</b>	\$41,906
<b>Accrued Interest</b>	\$191,441

## Maturity Distribution



## Sector Allocation



● LGIP	88.36%
● Commercial Paper	4.77%
● Municipal Bonds	3.47%
● U.S. Treasuries	3.27%
● Bank Deposits	0.12%
● Money Market Funds	0.02%

# Quarterly Portfolio Summary

This quarterly report is prepared in compliance with the Investment Policy and the Strategy of this entity and the Public Funds Investment Act (Chapter 2256, Texas Government Code).

## Portfolio as of March 31, 2025

<b>BEGINNING BOOK VALUE</b>	\$252,844,150.27
<b>BEGINNING MARKET VALUE</b>	\$252,918,537.90
<b>UNREALIZED GAIN/(LOSS)</b>	\$74,387.63
<b>WEIGHTED AVERAGE MATURITY (YEARS)</b>	0.12
<b>WEIGHTED AVERAGE YIELD</b>	4.38

## Portfolio as of June 30, 2025

<b>ENDING BOOK VALUE</b>	\$184,940,648.42
<b>ENDING MARKET VALUE</b>	\$184,982,554.10
<b>INVESTMENT INCOME FOR THE PERIOD</b>	\$2,570,916.09
<b>UNREALIZED GAIN/(LOSS)</b>	\$41,905.68
<b>CHANGE IN UNREALIZED GAIN/(LOSS)</b>	(\$32,481.96)
<b>WEIGHTED AVERAGE MATURITY (YEARS)</b>	0.13
<b>WEIGHTED AVERAGE YIELD</b>	4.39

### Quarterly Portfolio Summary By Fund

<b>PORTFOLIO MARKET VALUE BY FUND</b>	<b>03/31/2025</b>	<b>06/30/2025</b>	<b>CHANGE</b>	<b>INTEREST EARNED</b>
GENERAL	110,948,630.23	92,798,321.79	-18,150,308.44	1,168,771.28
INDIGENT CARE	61,718,226.87	62,354,381.99	636,155.12	684,741.06
OPIOID SETTLEMENT FUND	2,338,035.20	2,906,965.06	568,929.86	28,610.41
RESTRICTED CASH	77,880,234.27	26,890,329.74	-50,989,904.53	684,339.14
TOBACCO SETTLEMENT	1,824.16	1,983.38	159.22	4,133.57
TRUST-EMPLOYEE HEALTH BENEFITS	31,587.17	30,572.14	-1,015.03	320.63
<b>TOTAL</b>	<b>252,918,537.90</b>	<b>184,982,554.10</b>	<b>-67,935,983.81</b>	<b>2,570,916.09</b>

# Portfolio Overview

SECURITY TYPE	PAR VALUE	MARKET VALUE	BOOK VALUE	% OF PORTFOLIO	DAYS TO MATURITY	YIELD
Bank Deposits	219,078.53	219,078.53	219,078.53	0.12%	1	2.11
LGIP	163,449,663.48	163,449,663.48	163,449,663.48	88.36%	1	4.36
Money Market Funds	30,572.14	30,572.14	30,572.14	0.02%	1	4.19
Commercial Paper	9,000,000.00	8,815,260.00	8,849,875.83	4.77%	138	4.52
U.S. Treasuries	6,000,000.00	6,042,421.89	5,994,137.65	3.27%	732	4.16
Municipal Bonds	6,440,000.00	6,425,558.06	6,397,320.79	3.47%	450	5.19
<b>TOTAL</b>	<b>185,139,314.15</b>	<b>184,982,554.10</b>	<b>184,940,648.42</b>	<b>100.00%</b>	<b>47</b>	<b>4.39</b>
<b>CASH AND ACCRUED INTEREST</b>						
Purchased Accrued Interest		3,760.36	3,760.36			
<b>TOTAL CASH AND INVESTMENTS</b>	<b>185,139,314.15</b>	<b>184,986,314.46</b>	<b>184,944,408.78</b>		<b>47</b>	<b>4.39</b>
<b>TOTAL EARNINGS</b>						
	<b>CURRENT QUARTER</b>					
	2,570,916.09					

## Summary by Type

SECURITY TYPE	# OF SECURITIES	PAR VALUE	BOOK VALUE	% OF PORTFOLIO	YIELD	DAYS TO FINAL MATURITY
<b>GENERAL</b>						
Bank Deposits	2	206,175.04	206,175.04	0.11	2.11	1
LGIP	2	86,720,102.75	86,720,102.75	46.83	4.35	1
Commercial Paper	2	6,000,000.00	5,895,219.16	3.17	4.48	146
<b>TOTAL</b>	<b>6</b>	<b>92,926,277.79</b>	<b>92,821,496.95</b>	<b>50.17</b>	<b>4.35</b>	<b>10</b>
<b>INDIGENT CARE</b>						
LGIP	3	46,943,186.04	46,943,186.04	25.35	4.39	1
Commercial Paper	1	3,000,000.00	2,954,656.67	1.59	4.59	123
U.S. Treasuries	2	6,000,000.00	5,994,137.65	3.30	4.16	731
Municipal Bonds	2	6,440,000.00	6,397,320.79	3.54	5.19	450
<b>TOTAL</b>	<b>8</b>	<b>62,383,186.04</b>	<b>62,289,301.15</b>	<b>33.71</b>	<b>4.46</b>	<b>124</b>
<b>OPIOID SETTLEMENT FUND</b>						
LGIP	1	2,906,965.06	2,906,965.06	1.57	4.35	1
<b>TOTAL</b>	<b>1</b>	<b>2,906,965.06</b>	<b>2,906,965.06</b>	<b>1.57</b>	<b>4.35</b>	<b>1</b>
<b>RESTRICTED CASH</b>						
Bank Deposits	1	12,903.49	12,903.49	0.01	2.11	1
LGIP	1	26,877,426.25	26,877,426.25	14.51	4.35	1
<b>TOTAL</b>	<b>2</b>	<b>26,890,329.74</b>	<b>26,890,329.74</b>	<b>14.54</b>	<b>4.35</b>	<b>1</b>
<b>TOBACCO SETTLEMENT</b>						
LGIP	1	1,983.38	1,983.38	0.00	4.35	1
<b>TOTAL</b>	<b>1</b>	<b>1,983.38</b>	<b>1,983.38</b>	<b>0.00</b>	<b>4.35</b>	<b>1</b>
<b>TRUST-EMPLOYEE HEALTH BENEFITS</b>						
Money Market Funds	1	30,572.14	30,572.14	0.02	4.19	1
<b>TOTAL</b>	<b>1</b>	<b>30,572.14</b>	<b>30,572.14</b>	<b>0.02</b>	<b>4.19</b>	<b>1</b>

## Summary by Type

SECURITY TYPE	# OF SECURITIES	PAR VALUE	BOOK VALUE	% OF PORTFOLIO	YIELD	DAYS TO FINAL MATURITY
<b>GRAND TOTAL</b>	<b>19</b>	<b>185,139,314.15</b>	<b>184,940,648.42</b>	<b>100.00</b>	<b>4.39</b>	<b>47</b>

## Position Statement

CUSIP	DESCRIPTION	TRADE DATE SETTLE DATE	PAR VALUE	PRINCIPAL COST PURCHASED INTEREST	TOTAL COST	YIELD TO MATURITY	MATURITY DATE	DAYS TO MATURITY	MARKET PRICE MARKET VALUE	UNREALIZED GAIN/LOSS BOOK VALUE	% OF MV	MOODY'S S&P RATING
<b>GENERAL</b>												
<b>BANK DEPOSITS</b>												
664053079	Frost Bank Public Fund Checking Account	06/30/2025 06/30/2025	201,073.00	201,073.00 0.00	201,073.00	2.11		1	1.00 201,073.00	0.00 201,073.00	0.11	NA NA
664027221	Frost Bank Public Fund Checking Account	06/30/2025 06/30/2025	5,102.04	5,102.04 0.00	5,102.04	2.11		1	1.00 5,102.04	0.00 5,102.04	0.00	NA NA
<b>BANK DEPOSITS TOTAL</b>			<b>206,175.04</b>	<b>206,175.04 0.00</b>	<b>206,175.04</b>	<b>2.11</b>		<b>1</b>	<b>1.00 206,175.04</b>	<b>0.00 206,175.04</b>	<b>0.11</b>	<b>NA</b>
<b>LGIP</b>												
TEXPOOL	TexPool	06/30/2025 06/30/2025	60,134,773.46	60,134,773.46 0.00	60,134,773.46	4.35		1	1.00 60,134,773.46	0.00 60,134,773.46	32.51	AAA
TXPOOL	TEXPOOL	06/30/2025 06/30/2025	26,585,329.29	26,585,329.29 0.00	26,585,329.29	4.35		1	1.00 26,585,329.29	0.00 26,585,329.29	14.37	NA
<b>LGIP TOTAL</b>			<b>86,720,102.75</b>	<b>86,720,102.75 0.00</b>	<b>86,720,102.75</b>	<b>4.35</b>		<b>1</b>	<b>1.00 86,720,102.75</b>	<b>0.00 86,720,102.75</b>	<b>46.88</b>	<b>AAA</b>
<b>COMMERCIAL PAPER</b>												
62479LYM1	MUFG BANK NY 11/21/25	02/26/2025 02/26/2025	3,000,000.00	2,904,413.33 0.00	2,904,413.33	4.42	11/21/2025	144	97.89 2,936,640.00	(12,356.66) 2,948,996.66	1.59	P-1 A-1
05253AYR5	ANZ BANK 11/25/25	11/27/2024 11/27/2024	3,000,000.00	2,867,202.50 0.00	2,867,202.50	4.54	11/25/2025	148	97.85 2,935,404.00	(10,818.50) 2,946,222.50	1.59	P-1 A-1+
<b>COMMERCIAL PA- PER TOTAL</b>			<b>6,000,000.00</b>	<b>5,771,615.83 0.00</b>	<b>5,771,615.83</b>	<b>4.48</b>		<b>146</b>	<b>97.87 5,872,044.00</b>	<b>(23,175.16) 5,895,219.16</b>	<b>3.17</b>	<b>AA-</b>
<b>GENERAL TOTAL</b>			<b>92,926,277.79</b>	<b>92,697,893.62 0.00</b>	<b>92,697,893.62</b>	<b>4.35</b>		<b>10</b>	<b>92,798,321.79</b>	<b>(23,175.16) 92,821,496.95</b>	<b>50.17</b>	<b>AAA</b>
<b>INDIGENT CARE</b>												
<b>LGIP</b>												
LOGIC	LOGIC	06/30/2025 06/30/2025	26,161,990.57	26,161,990.57 0.00	26,161,990.57	4.44		1	1.00 26,161,990.57	0.00 26,161,990.57	14.14	AAA
TEXSTAR	TexSTAR	06/30/2025 06/30/2025	12,806,171.69	12,806,171.69 0.00	12,806,171.69	4.33		1	1.00 12,806,171.69	0.00 12,806,171.69	6.92	AAA
TEXPOOL	TexPool	06/30/2025 06/30/2025	7,975,023.78	7,975,023.78 0.00	7,975,023.78	4.35		1	1.00 7,975,023.78	0.00 7,975,023.78	4.31	AAA
<b>LGIP TOTAL</b>			<b>46,943,186.04</b>	<b>46,943,186.04 0.00</b>	<b>46,943,186.04</b>	<b>4.39</b>		<b>1</b>	<b>1.00 46,943,186.04</b>	<b>0.00 46,943,186.04</b>	<b>25.38</b>	<b>AAA</b>
<b>COMMERCIAL PAPER</b>												
8923A0XX6	TOYO CRD PUE RIC 10/31/25	02/05/2025 02/05/2025	3,000,000.00	2,900,393.33 0.00	2,900,393.33	4.59	10/31/2025	123	98.11 2,943,216.00	(11,440.67) 2,954,656.67	1.59	P-151 A-1+

## Position Statement

CUSIP	DESCRIPTION	TRADE DATE SETTLE DATE	PAR VALUE	PRINCIPAL COST PURCHASED INTEREST	TOTAL COST	YIELD TO MATURITY	MATURITY DATE	DAYS TO MATURITY	MARKET PRICE MARKET VALUE	UNREALIZED GAIN/LOSS BOOK VALUE	% OF MV	MOODY'S S&P RATING
<b>COMMERCIAL PA-PER TOTAL</b>			<b>3,000,000.00</b>	<b>2,900,393.33 0.00</b>	<b>2,900,393.33</b>	<b>4.59</b>		<b>123</b>	<b>98.11 2,943,216.00</b>	<b>(11,440.67) 2,954,656.67</b>	<b>1.59</b>	<b>A-+</b>
<b>U.S. TREASURIES</b>												
91282CKA8	US TREASURY 4.125 02/15/27	02/26/2025 02/26/2025	3,000,000.00	3,001,875.00 3,760.36	3,005,635.36	4.09	02/15/2027	595	100.48 3,014,531.25	12,982.22 3,001,549.03	1.63	Aa1 AA+
91282CLX7	US TREASURY 4.125 11/15/27	11/27/2024 11/27/2024	3,000,000.00	2,990,742.19 0.00	2,990,742.19	4.24	11/15/2027	868	100.93 3,027,890.64	35,302.02 2,992,588.62	1.64	Aa1 AA+
<b>U.S. TREASURIES TOTAL</b>			<b>6,000,000.00</b>	<b>5,992,617.19 3,760.36</b>	<b>5,996,377.55</b>	<b>4.16</b>		<b>732</b>	<b>100.71 6,042,421.89</b>	<b>48,284.24 5,994,137.65</b>	<b>3.27</b>	<b>AA+</b>
<b>MUNICIPAL BONDS</b>												
592041WJ2	MET GOVT NASH- VILLE & DAVIDS 4.053 07/01/26 '26	08/11/2023 08/11/2023	4,075,000.00	3,951,975.75 0.00	3,951,975.75	5.19	07/01/2026	366	99.60 4,058,602.20	26,210.86 4,032,391.34	2.19	WR A
016249FQ2	ALIEF TEX INDPT SCH DIST 5.200 02/15/27 '25	11/08/2023 11/08/2023	2,365,000.00	2,364,858.10 0.00	2,364,858.10	5.20	02/15/2027	595	100.08 2,366,955.86	2,026.40 2,364,929.45	1.28	Aaa AAA
<b>MUNICIPAL BONDS TOTAL</b>			<b>6,440,000.00</b>	<b>6,316,833.84 0.00</b>	<b>6,316,833.84</b>	<b>5.19</b>		<b>450</b>	<b>99.78 6,425,558.06</b>	<b>28,237.26 6,397,320.79</b>	<b>3.47</b>	<b>A+</b>
<b>INDIGENT CARE TOTAL</b>			<b>62,383,186.04</b>	<b>62,153,030.40 3,760.36</b>	<b>62,156,790.76</b>	<b>4.46</b>		<b>124</b>	<b>62,354,381.99</b>	<b>65,080.84 62,289,301.15</b>	<b>33.71</b>	<b>AA+</b>
<b>OPIOID SETTLEMENT FUND</b>												
<b>LGIP</b>												
TEXPOOL	TexPool	06/30/2025 06/30/2025	2,906,965.06	2,906,965.06 0.00	2,906,965.06	4.35		1	1.00 2,906,965.06	0.00 2,906,965.06	1.57	AAA
<b>LGIP TOTAL</b>			<b>2,906,965.06</b>	<b>2,906,965.06 0.00</b>	<b>2,906,965.06</b>	<b>4.35</b>		<b>1</b>	<b>1.00 2,906,965.06</b>	<b>0.00 2,906,965.06</b>	<b>1.57</b>	<b>AAA</b>
<b>OPIOID SETTLEMENT FUND TOTAL</b>			<b>2,906,965.06</b>	<b>2,906,965.06 0.00</b>	<b>2,906,965.06</b>	<b>4.35</b>		<b>1</b>	<b>2,906,965.06</b>	<b>0.00 2,906,965.06</b>	<b>1.57</b>	<b>AAA</b>
<b>RESTRICTED CASH</b>												
<b>BANK DEPOSITS</b>												
664043316	Frost Bank Public Fund Checking Account	06/30/2025 06/30/2025	12,903.49	12,903.49 0.00	12,903.49	2.11		1	1.00 12,903.49	0.00 12,903.49	0.01	NA NA
<b>BANK DEPOSITS TOTAL</b>			<b>12,903.49</b>	<b>12,903.49 0.00</b>	<b>12,903.49</b>	<b>2.11</b>		<b>1</b>	<b>1.00 12,903.49</b>	<b>0.00 12,903.49</b>	<b>0.01</b>	<b>NA</b>
<b>LGIP</b>												

## Position Statement

CUSIP	DESCRIPTION	TRADE DATE SETTLE DATE	PAR VALUE	PRINCIPAL COST PURCHASED INTEREST	TOTAL COST	YIELD TO MATURITY	MATURITY DATE	DAYS TO MATURITY	MARKET PRICE MARKET VALUE	UNREALIZED GAIN/LOSS BOOK VALUE	% OF MV	MOODY'S S&P RATING
TEXPOOL	TexPool	06/30/2025 06/30/2025	26,877,426.25	26,877,426.25 0.00	26,877,426.25	4.35		1	1.00 26,877,426.25	0.00 26,877,426.25	14.53	AAA
<b>LGIP TOTAL</b>			<b>26,877,426.25</b>	<b>26,877,426.25</b> <b>0.00</b>	<b>26,877,426.25</b>	<b>4.35</b>		<b>1</b>	<b>1.00</b> <b>26,877,426.25</b>	<b>0.00</b> <b>26,877,426.25</b>	<b>14.53</b>	<b>AAA</b>
<b>RESTRICTED CASH TOTAL</b>			<b>26,890,329.74</b>	<b>26,890,329.74</b> <b>0.00</b>	<b>26,890,329.74</b>	<b>4.35</b>		<b>1</b>	<b>0.00</b> <b>26,890,329.74</b>	<b>0.00</b> <b>26,890,329.74</b>	<b>14.54</b>	<b>AAA</b>
<b>TOBACCO SETTLEMENT</b>												
<b>LGIP</b>												
TEXPOOL	TexPool	06/30/2025 06/30/2025	1,983.38	1,983.38 0.00	1,983.38	4.35		1	1.00 1,983.38	0.00 1,983.38	0.00	AAA
<b>LGIP TOTAL</b>			<b>1,983.38</b>	<b>1,983.38</b> <b>0.00</b>	<b>1,983.38</b>	<b>4.35</b>		<b>1</b>	<b>1.00</b> <b>1,983.38</b>	<b>0.00</b> <b>1,983.38</b>	<b>0.00</b>	<b>AAA</b>
<b>TOBACCO SETTLEMENT TOTAL</b>			<b>1,983.38</b>	<b>1,983.38</b> <b>0.00</b>	<b>1,983.38</b>	<b>4.35</b>		<b>1</b>	<b>0.00</b> <b>1,983.38</b>	<b>0.00</b> <b>1,983.38</b>	<b>0.00</b>	<b>AAA</b>
<b>TRUST-EMPLOYEE HEALTH BENEFITS</b>												
<b>MONEY MARKET FUNDS</b>												
825252406	INVESCO TREA- SURY;INST	06/30/2025 06/30/2025	30,572.14	30,572.14 0.00	30,572.14	4.19		1	1.00 30,572.14	0.00 30,572.14	0.02	Aaa AAA
<b>MONEY MARKET FUNDS TOTAL</b>			<b>30,572.14</b>	<b>30,572.14</b> <b>0.00</b>	<b>30,572.14</b>	<b>4.19</b>		<b>1</b>	<b>1.00</b> <b>30,572.14</b>	<b>0.00</b> <b>30,572.14</b>	<b>0.02</b>	<b>AAA</b>
<b>TRUST-EMPLOYEE HEALTH BENEFITS TOTAL</b>			<b>30,572.14</b>	<b>30,572.14</b> <b>0.00</b>	<b>30,572.14</b>	<b>4.19</b>		<b>1</b>	<b>0.00</b> <b>30,572.14</b>	<b>0.00</b> <b>30,572.14</b>	<b>0.02</b>	<b>AAA</b>
<b>GRAND TOTAL</b>			<b>185,139,314.15</b>	<b>184,680,774.34</b> <b>3,760.36</b>	<b>184,684,534.70</b>	<b>4.39</b>		<b>47</b>	<b>41,905.68</b> <b>184,982,554.10</b>	<b>0.00</b> <b>184,940,648.42</b>	<b>100.00</b>	<b>AA+</b>

## Cash Reconciliation Report

GENERAL						
POST DATE	IDENTIFIER	DESCRIPTION	PAR VALUE	FINAL MATURITY	PRINCIPAL	AMOUNT
<b>MATURITY</b>						
04/30/2025	63307LRW3	National Bank of Canada - New York Branch 0.0 04/30/2025	-3,000,000.00	04/30/2025	-3,000,000.00	3,000,000.00
<b>MATURITY TOTAL</b>			<b>-3,000,000.00</b>		<b>-3,000,000.00</b>	<b>3,000,000.00</b>
INDIGENT CARE						
POST DATE	IDENTIFIER	DESCRIPTION	PAR VALUE	FINAL MATURITY	PRINCIPAL	AMOUNT
<b>COUPON</b>						
05/15/2025	91282CLX7	US TREASURY 4.125 11/15/27	0.00	11/15/2027	0.00	61,875.00
05/19/2025	3130ARVVO	FEDERAL HOME LOAN BANKS 3.5 05/19/2025	0.00	05/19/2025	0.00	35,000.00
<b>COUPON TOTAL</b>			<b>0.00</b>		<b>0.00</b>	<b>96,875.00</b>
POST DATE	IDENTIFIER	DESCRIPTION	PAR VALUE	FINAL MATURITY	PRINCIPAL	AMOUNT
<b>MATURITY</b>						
05/19/2025	3130ARVVO	FEDERAL HOME LOAN BANKS 3.5 05/19/2025	-2,000,000.00	05/19/2025	-2,000,000.00	2,000,000.00
<b>MATURITY TOTAL</b>			<b>-2,000,000.00</b>		<b>-2,000,000.00</b>	<b>2,000,000.00</b>

## Transaction Statement

GENERAL								NET REALIZED
	TRADE DATE	SETTLE DATE	CUSIP	DESCRIPTION	PAR VALUE	BOOK VALUE	TOTAL	GAIN/LOSS
<b>MATURITY</b>								
	04/30/2025	04/30/2025	63307LRW3	National Bank of Canada - New York Branch 0.0 04/30/2025	(3,000,000.00)	3,000,000.00	3,000,000.00	(0.00)
<b>MATURITY TOTAL</b>					<b>(3,000,000.00)</b>	<b>3,000,000.00</b>	<b>3,000,000.00</b>	<b>(0.00)</b>

INDIGENT CARE								NET REALIZED
	TRADE DATE	SETTLE DATE	CUSIP	DESCRIPTION	PAR VALUE	BOOK VALUE	TOTAL	GAIN/LOSS
<b>MATURITY</b>								
	05/19/2025	05/19/2025	3130ARVV0	FEDERAL HOME LOAN BANKS 3.5 05/19/2025	(2,000,000.00)	2,000,000.00	2,000,000.00	0.00
<b>MATURITY TOTAL</b>					<b>(2,000,000.00)</b>	<b>2,000,000.00</b>	<b>2,000,000.00</b>	<b>0.00</b>

## Amortization Schedule

CUSIP	DESCRIPTION	PAR VALUE	PRINCIPAL COST	ORIGINAL PREMIUM OR DISCOUNT	BEGINNING BOOK VALUE	CURRENT PERIOD AMORT	ENDING BOOK VALUE	TOTAL AMORTIZATION	UNAMORTIZED BALANCE
<b>GENERAL</b>									
05253AYR5	ANZ BANK 11/25/25	3,000,000.00	2,867,202.50	(132,797.50)	2,912,931.67	33,290.83	2,946,222.50	79,020.00	(53,777.50)
62479LYM1	MUFG BANK NY 11/21/25	3,000,000.00	2,904,413.33	(95,586.67)	2,916,540.00	32,456.67	2,948,996.66	44,583.33	(51,003.34)
63307LRW3	National Bank of Canada - New York Branch 0.0 04/30/2025	3,000,000.00	2,844,433.33	(155,566.67)	2,987,433.33	12,566.67	0.00	155,566.67	0.00
<b>TOTAL</b>		<b>9,000,000.00</b>	<b>8,616,049.16</b>	<b>(383,950.84)</b>	<b>8,816,905.00</b>	<b>78,314.17</b>	<b>5,895,219.16</b>	<b>279,170.01</b>	<b>(104,780.84)</b>
<b>INDIGENT CARE</b>									
016249FQ2	ALIEF TEX INDPT SCH DIST 5.200 02/15/27 '25	2,365,000.00	2,364,858.10	(141.90)	2,364,918.65	10.81	2,364,929.45	71.36	(70.55)
3130ARV0	FEDERAL HOME LOAN BANKS 3.5 05/19/2025	2,000,000.00	2,000,000.00	0.00	2,000,000.00	0.00	0.00	0.00	0.00
592041WJ2	MET GOVT NASHVILLE & DAVIDS 4.053 07/01/26 '26	4,075,000.00	3,951,975.75	(123,024.25)	4,021,768.36	10,622.98	4,032,391.34	80,415.59	(42,608.66)
8923A0XX6	TOYO CRD PUE RIC 10/31/25	3,000,000.00	2,900,393.33	(99,606.67)	2,920,835.00	33,821.67	2,954,656.67	54,263.34	(45,343.33)
91282CKA8	US TREASURY 4.125 02/15/27	3,000,000.00	3,001,875.00	1,875.00	3,001,786.34	(237.31)	3,001,549.03	(325.97)	1,549.03
91282CLX7	US TREASURY 4.125 11/15/27	3,000,000.00	2,990,742.19	(9,257.81)	2,991,810.73	777.90	2,992,588.62	1,846.43	(7,411.38)
<b>TOTAL</b>		<b>17,440,000.00</b>	<b>17,209,844.36</b>	<b>(230,155.64)</b>	<b>17,301,119.06</b>	<b>44,996.04</b>	<b>15,346,115.11</b>	<b>136,270.74</b>	<b>(93,884.89)</b>
<b>GRAND TOTAL</b>		<b>26,440,000.00</b>	<b>25,825,893.52</b>	<b>(614,106.48)</b>	<b>26,118,024.06</b>	<b>123,310.21</b>	<b>21,241,334.27</b>	<b>415,440.75</b>	<b>(198,665.73)</b>

## Accrued Interest Schedule

IDENTIFIER	DESCRIPTION	SETTLE DATE	PAR VALUE	PRINCIPAL COST	BEGINNING ACCRUED INTEREST	PURCHASED INTEREST	CURRENT PERIOD ACCRUAL	INTEREST RECEIVED	ENDING ACCRUED INTEREST
<b>GENERAL</b>									
05253AYR5	ANZ BANK 11/25/25	2024-11-27	3,000,000.00	2,867,202.50	0.00	0.00	0.00	0.00	0.00
664053079	Frost Bank Public Fund Checking Account	2025-06-30	201,073.00	201,073.00	0.00	0.00	5,403.58	5,403.58	0.00
664027221	Frost Bank Public Fund Checking Account	2025-06-30	5,102.04	5,102.04	0.00	0.00	192.38	192.38	0.00
62479LYM1	MUFG BANK NY 11/21/25	2025-02-26	3,000,000.00	2,904,413.33	0.00	0.00	0.00	0.00	0.00
TXPOOL	TEXPOOL	2025-06-30	26,585,329.29	26,585,329.29	0.00	0.00	457,043.93	457,043.93	0.00
TEXPOOL	TexPool	2025-06-30	60,134,773.46	60,134,773.46	0.00	0.00	627,817.22	627,817.22	0.00
<b>TOTAL</b>			<b>92,926,277.79</b>	<b>92,697,893.62</b>	<b>0.00</b>	<b>0.00</b>	<b>1,090,457.11</b>	<b>1,090,457.11</b>	<b>0.00</b>
<b>INDIGENT CARE</b>									
016249FQ2	ALIEF TEX INDPT SCH DIST 5.200 02/15/27 '25	2023-11-08	2,365,000.00	2,364,858.10	15,714.11	0.00	30,745.00	0.00	46,459.11
3130ARVV0	FEDERAL HOME LOAN BANKS 3.5 05/19/2025	2022-05-19	0.00	0.00	25,666.67	0.00	9,333.33	35,000.00	0.00
LOGIC	LOGIC	2025-06-30	26,161,990.57	26,161,990.57	0.00	0.00	286,695.33	286,695.33	0.00
592041WJ2	MET GOVT NASHVILLE & DAVIDS 4.053 07/01/26 '26	2023-08-11	4,075,000.00	3,951,975.75	41,289.94	0.00	41,289.94	0.00	82,579.88
8923A0XX6	TOYO CRD PUE RIC 10/31/25	2025-02-05	3,000,000.00	2,900,393.33	0.00	0.00	0.00	0.00	0.00
TEXPOOL	TexPool	2025-06-30	7,975,023.78	7,975,023.78	0.00	0.00	84,829.08	84,829.08	0.00
TEXSTAR	TexSTAR	2025-06-30	12,806,171.69	12,806,171.69	0.00	0.00	124,897.45	124,897.45	0.00
91282CKA8	US TREASURY 4.125 02/15/27	2025-02-26	3,000,000.00	3,001,875.00	15,383.29	0.00	31,108.43	0.00	46,491.71
91282CLX7	US TREASURY 4.125 11/15/27	2024-11-27	3,000,000.00	2,990,742.19	46,833.56	0.00	30,846.46	61,875.00	15,805.03
<b>TOTAL</b>			<b>62,383,186.04</b>	<b>62,153,030.40</b>	<b>144,887.57</b>	<b>0.00</b>	<b>639,745.02</b>	<b>593,296.86</b>	<b>191,335.73</b>
<b>OPIOID SETTLEMENT FUND</b>									
TEXPOOL	TexPool	2025-06-30	2,906,965.06	2,906,965.06	0.00	0.00	28,610.41	28,610.41	0.00
<b>TOTAL</b>			<b>2,906,965.06</b>	<b>2,906,965.06</b>	<b>0.00</b>	<b>0.00</b>	<b>28,610.41</b>	<b>28,610.41</b>	<b>0.00</b>
<b>RESTRICTED CASH</b>									
664043316	Frost Bank Public Fund Checking Account	2025-06-30	12,903.49	12,903.49	0.00	0.00	60.60	60.60	0.00
TEXPOOL	TexPool	2025-06-30	26,877,426.25	26,877,426.25	0.00	0.00	684,278.54	684,278.54	0.00

## Accrued Interest Schedule

IDENTIFIER	DESCRIPTION	SETTLE DATE	PAR VALUE	PRINCIPAL COST	BEGINNING ACCRUED INTEREST	PURCHASED INTEREST	CURRENT PERIOD ACCRUAL	INTEREST RECEIVED	ENDING ACCRUED INTEREST
<b>TOTAL</b>			<b>26,890,329.74</b>	<b>26,890,329.74</b>	<b>0.00</b>	<b>0.00</b>	<b>684,339.14</b>	<b>684,339.14</b>	<b>0.00</b>
<b>TOBACCO SETTLEMENT</b>									
TEXPOOL	TexPool	2025-06-30	1,983.38	1,983.38	0.00	0.00	4,133.57	4,133.57	0.00
<b>TOTAL</b>			<b>1,983.38</b>	<b>1,983.38</b>	<b>0.00</b>	<b>0.00</b>	<b>4,133.57</b>	<b>4,133.57</b>	<b>0.00</b>
<b>TRUST-EMPLOYEE HEALTH BENEFITS</b>									
825252406	INVESCO TREASURY,INST	2025-06-30	30,572.14	30,572.14	113.65	0.00	320.63	328.68	105.60
<b>TOTAL</b>			<b>30,572.14</b>	<b>30,572.14</b>	<b>113.65</b>	<b>0.00</b>	<b>320.63</b>	<b>328.68</b>	<b>105.60</b>
<b>GRAND TOTAL</b>			<b>185,139,314.15</b>	<b>184,680,774.34</b>	<b>145,001.22</b>	<b>0.00</b>	<b>2,447,605.88</b>	<b>2,401,165.77</b>	<b>191,441.33</b>

## PROPOSED – FY 2025/2026 - Budget Planning Schedule

### **NO LATER THAN DATES**

April 11	Fri.	Auditor sends Budget Request Packets to Departments.
April 30	Wed.	Chief Appraiser provides preliminary estimate of taxable value.
May 9	Fri.	Budget Request Packets Due to Auditor
June 11	Wed.	Commissioners Court designates an officer or employee (often the-tax-assessor but not necessarily) to calculate the no-new-revenue tax rate (effective rate), the voter-approval tax rate (rollback rate) and the notice and hearing limit.
July 3	Thurs.	72-hour notice for July Budget Workshop (July 7 & 8)
July 7	Mon.	Budget Workshop – Department Presentations (9:00 am)
July 8	Tues	Budget Workshop – Department Presentations (9:00 am)
July 25	Fri.	Deadline for Chief Appraiser to certify rolls to taxing units. Tax code 26.01 (a).
July 28	Mon.	Calculation of no-new revenue tax rate and voter-approval tax rate.
August 2	Sat.	Meeting with County Judge and County Auditor (9:00 am)
Aug. 6	Wed.	<b>Submission of no-new revenue tax rate; voter-approval tax rate, Schedules, &amp; Fund Balances to Governing Body.</b>
Aug. 8	Fri.	72-hour notice for Budget Workshop, August 11 <sup>th</sup>
Aug. 11	Mon.	Budget Workshop Tax Rate & Proposed Budget (9:00 am Monday)
Aug. 15	Fri.	72-hour notice for August 21 <sup>st</sup> meeting
Aug. 20	Wed.	<b>Meeting of governing body to discuss tax rate. If proposed tax rate will exceed the no-new revenue tax rate or voter-approval tax rate (whichever is lower), Commissioners Court must take record vote and schedule public hearing.</b>
Aug. 22	Fri.	Give Written Notice of Salary and Personal Expenses to each Elected Official, LGC 152.013(c). Commissioners Court shall give written notice to each elected county and precinct officer of the officer's salary and expense allowance to be included in the budget before filing the annual budget.

Aug. 27	Wed	“Notice of Tax Year 2025 Proposed Property Tax Rate” published in newspaper, advertised on TV and Web site at least 5 days before public hearing.
Aug. 29	Fri.	72-hour notice for September 4 <sup>th</sup> - Public Hearing on Tax Increase.
Aug. 31	Sun.	Publish Notice on Proposed Increase of Elected Officials’ Salaries, Expenses, or Allowances LGC 152.013(b). Commissioners Court must publish any salary, expense, or allowance that is proposed to be increased and the amount of the proposed increase. Publication must appear before the 10th day before the date of the hearing on the budget.
Aug. 31	Sun.	Publish Notice on Budget Hearing. LGC 111.038(c). Commissioners Court shall publish notice that it will consider the proposed budget on the date of the budget hearing. The notice must state the date, time, and location of the hearing. LGC 111.0385(b). Notice shall be published not earlier than the 30th or later than the 10th day before the date of the hearing.
Sept. 4	Thurs.	<b>Public Hearing on Tax Increase.</b> Schedule and announce meeting to adopt tax rate either the same day or no later than 7 days from this date.
Sept. 5	Fri.	File Proposed Budget - LGC111.037 (a). - County Auditor files proposed budget with the County Clerk.
Sept. 5	Fri.	72-hour notice for Sept 10 <sup>th</sup> meeting at which the County will adopt tax rate and adopt the budget.
Sept. 10	Wed.	<b>Meeting to adopt tax rate.</b> Meeting must be no later than 7 days from public hearing on tax increase.
Sept. 10	Wed.	<b>Public Hearing on and Adoption of Budget</b> - LGC 111.038(b). - Commissioners Court shall hold the hearing on a day within ten (10) calendar days after the date the proposed budget is filed but before the last day of the first month of the fiscal year. LGC 111.039(a). - Commissioners Court shall take action by record vote on the proposed budget at the conclusion of the public hearing.
Sept. 12	Fri.	Tax Assessor-Collector deadline for Commissioners Court to provide rate to be included in tax notices that are mailed out October 1st.
Oct. 26	Fri.	File Approved Budget with Officers - LGC 111.040. On final approval, the Commissioners Court shall file a copy of the budget with the County Auditor and County Clerk.

**RFP NO. 3315-25**

**JAIL MEDICAL SERVICES**

**JULY 31, 2025 – 2:00 PM**



**Connie Scott, Nueces County Judge**

**Commissioner Pct. 1 – Mike Pusley  
Commissioner Pct. 2 – Joe A. Gonzalez  
Commissioner Pct. 3 – John Marez  
Commissioner Pct. 4 – Brent Chesney**

**Michael Robinson  
Nueces County Purchasing Agent  
901 Leopard St., Room 106  
Corpus Christi, TX 78401  
Email: michael.robinson1@nuecescountytexas.gov  
Phone: 361-888-0426  
Fax: 361-888-0458**

## **Placeholder for Agenda Item 5.C.2.a**

A written report on this item will be provided at the meeting.

**IGT RESPONSIBILITY CONTRACT**  
**BETWEEN**  
**THE TEXAS HEALTH AND HUMAN SERVICES COMMISSION**  
**AND**  
**NON-STATE GOVERNMENTAL ENTITY**

This Contract is between the Texas Health and Human Services Commission (“**HHSC**”) and Nueces County Hospital District, (“**Governmental Entity**”) (individually, a “**Party**” and collectively, “the **Parties**”).

**I. LEGAL AUTHORITY**

This Contract is entered into pursuant to Chapters 531 and 791 of the Texas Government Code.

**II. BACKGROUND AND PURPOSE**

- A. HHSC is the single state agency designated in Texas to administer the medical assistance program known as Medicaid.
- B. HHSC administers the Network Access Improvement Program (“**NAIP**”) through Medicaid managed care organizations (“**MCOs**”). The Centers for Medicare and Medicaid Services (“**CMS**”) has determined that NAIP payments meet the following definition of “pass-through payments” contained in 42 C.F.R. §438.6(a):

[A]ny amount required by the State to be added to the contracted payment rates, and considered in calculating the actuarially sound capitation rate, between the MCO, PIHP, or PAHP and hospitals, physicians, or nursing facilities that is not for the following purposes: A specific service or benefit provided to a specific enrollee covered under the contract; a provider payment methodology permitted under paragraphs (c)(1)(i) through (iii) of this section for services and enrollees covered under the contract; a subcapitated payment arrangement for a specific set of services and enrollees covered under the contract; GME payments; or FQHC or RHC wrap around payments.

Under NAIP, MCOs will be required by HHSC to provide pass-through payments to eligible Public Hospitals.

- C. The purpose of this Contract is to:
  - 1. Provide terms and conditions for the Governmental Entity to transfer non-federal Public Funds to HHSC for use as the non-federal share of NAIP pass-through payments; and

2. Describe the process that will be used to reconcile the non-federal percentage of payments from HHSC to the MCOs with the amount of funds transferred to HHSC from the Governmental Entity.

### **III. DEFINITIONS**

For purposes of this Contract, the following terms have the meanings as described below:

- A. Intergovernmental Transfer (“**IGT**”) -- A transfer of Public Funds from a Non-state Governmental Entity to HHSC.
- B. Managed Care Organization (“**MCO**”) -- A Medicaid managed care organization contracted with HHSC to provide health care services to Medicaid recipients.
- C. Non-state Governmental Entity -- A hospital authority, hospital district, health district, city or county.
- D. Public Hospital -- The hospital owned and operated by the Governmental Entity.
- E. Public Funds -- Funds derived from taxes, assessments, levies, investments, and other public revenues within the sole and unrestricted control of the Governmental Entity that owns and operates the Public Hospital. Public funds do not include gifts, grants, trusts, or donations, the use of which is conditioned on supplying a benefit solely to the donor or grantor of the funds.

### **IV. CONTRACT PERIOD AND RECONCILIATION PERIOD**

- A. The term of this Contract (the “**Contract Period**”) begins on September 1, 2025, and ends on August 31, 2026.
- B. The Contract Period may be modified by written agreement between the Parties.

### **V. CONTRACT AMOUNT**

- A. For each Medicaid managed care program and service area in which the Public Hospital participates in a NAIP pass-through payment arrangement, HHSC's managed care contract with participating MCOs will establish a rate component for NAIP to be included in the MCOs’ capitation rates (the “**NAIP Rate Component**”) to provide NAIP pass-through payments to the Public Hospital.
- B. The non-federal percentage of the NAIP Rate Component equals 100 percent minus the applicable Federal Medical Assistance Percentage for Medicaid for Texas in effect when HHSC incurs the expense.
- C. The Parties agree this Contract will not exceed \$7,731,202.00 (“**Contract Amount**”), which equals (1) the non-federal percentage of the pass-through payment amount plus 10 percent, and (2) the non-federal percentage of the risk margin, administrative fee, and any other NAIP-related amounts HHSC is required to pay each applicable MCO pursuant to

the associated managed care contract between HHSC and the MCO. The Contract Amount is subject to the provisions of Section VI.A. and Article VII.

## VI. STATEMENT OF SERVICES TO BE PERFORMED

### A. Governmental Entity's responsibilities under this Contract include the following:

1. Beginning on August 10, 2025, and continuing on the tenth day of each month through July 10, 2026, the Governmental Entity will transfer to HHSC an amount equal to at least one-twelfth of the Contract Amount. If at any time during the Contract Period, HHSC determines that the Contract Amount is likely to exceed the amount described in Section V.C., HHSC will notify the Governmental Entity in writing of a revised amount that the Governmental Entity must transfer on the tenth day of each month remaining in the Contract Period.
2. The Governmental Entity will transfer to HHSC any shortfall amount calculated as described in Article VII within 30 days of receipt of HHSC's notice.

### B. HHSC's responsibilities under this Contract include the following:

1. HHSC will provide the Governmental Entity with the NAIP Rate Component for each applicable MCO, Medicaid managed care program, and service area in which the Public Hospital participates in NAIP.
2. HHSC will perform the reconciliation processes described in Article VII.

## VII. RECONCILIATION

### A. HHSC will confirm that the amount owed by the Governmental Entity under this Contract equals the amount actually paid by the Governmental Entity under this Contract by completing a reconciliation (referred to as the "**Reconciliation Period**") in multiple parts, as follows:

1. For each Medicaid program and service area in which the Public Hospital participates in NAIP, HHSC will determine the non-federal percentage of the NAIP Rate Component expended by HHSC for the Contract Period by multiplying the NAIP Rate Component by the total member months included in the Contract Period. Total member months include any adjustments to enrollment that occurred for the Contract Period prior to the reconciliation.
2. HHSC will compare the amount transferred by the Governmental Entity to HHSC for the Contract Period to the non-federal percentage of the NAIP Rate Component expended by HHSC for the Contract Period.
  - a. If the amount transferred by the Governmental Entity exceeds 102% of the non-federal percentage of the NAIP Rate Component expended by HHSC:

- I. HHSC will refund the difference between the amount transferred and 102% of the amount expended by HHSC; and
  - II. HHSC will return any excess funds following the reconciliation described in Section VII.C.
- b. If the amount transferred by the Governmental Entity is less than 102% of the non-federal percentage of the NAIP Rate Component expended by HHSC, HHSC will notify the Governmental Entity of the amount of the shortfall. The Governmental Entity will have 30 days to transfer the shortfall to HHSC, unless HHSC, at its sole discretion, extends the deadline.
- B. The Reconciliation Period will end no later than August 31, 2028. HHSC may complete interim reconciliations between August 31, 2026, and August 31, 2028, as updated enrollment data for the Contract Period, as reflected in adjusted member months, becomes available. HHSC will follow the process described in Section VII.A. for such interim reconciliations.
- C. HHSC will complete the final reconciliation no later than August 31, 2028, to ensure that payments under this Contract are based on final enrollment figures for the Contract Period.
1. For each Medicaid program and service area in which the Public Hospital participates in NAIP, HHSC will determine the non-federal percentage of the NAIP Rate Component expended by HHSC for the Contract Period by multiplying the NAIP Rate Component by the total member months included in the Contract Period. Total member months include any adjustments to enrollment that occurred subsequent to a reconciliation.
  2. HHSC will compare the amount transferred by the Governmental Entity to HHSC for the Program Period to the non-federal percentage of the NAIP Rate Component expended by HHSC for the Contract Period.
    - a. If the amount transferred by the Governmental Entity exceeds the non-federal percentage of the NAIP Rate Component expended by HHSC, HHSC will refund the excess and the amount retained under Section A.2.a.II. of this Article VII;
    - b. If the amount transferred by the Governmental Entity is less than the non-federal percentage of the NAIP Rate Component expended by HHSC, HHSC will notify the Governmental Entity of the amount of the shortfall. The Governmental Entity will have 30 days to transfer the shortfall to HHSC, unless HHSC, at its sole discretion, extends the deadline.

## VIII. TERMINATION

- A. HHSC may terminate this Contract at any time, in its sole discretion, by providing written notice to the Governmental Entity through the individual identified in Section X.A.

## IX. ADDITIONAL TERMS

- A. The services specified above are necessary and authorized for activities that are properly within the statutory functions and programs of the Parties.
- B. The services contracted for are not required by Section 21 of Article XVI of the Constitution of Texas to be supplied under contract given to the lowest responsible bidder.
- C. The proposed arrangements serve the interest of efficient and economical administration of state government.
- D. All acts required under this Contract will be done in conformity with federal and state laws and regulations.
- E. If any portion of this Contract is held to be invalid or unenforceable, the remainder of the Contract remains valid and enforceable.
- F. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code (Resolution of Certain Contract Claims Against the State) will be used by the Governmental Entity to attempt to resolve any claim for breach of the Contract.
- G. This Contract may only be amended or modified by written agreement of the Parties.
- H. Information related to the performance of this Contract may be subject to Chapter 552 of the Texas Government Code (Public Information Act) and will be withheld from public disclosure or released to the public only in accordance therewith. The Governmental Entity shall make any information required under the Public Information Act available to HHSC in portable document file (".pdf") format or any other format agreed between the Parties.
- I. This Contract and the rights and obligations of the Parties hereto shall be governed by, and construed according to, the laws of the State of Texas, exclusive of conflicts of law provisions. Venue of any suit brought under this Contract shall be in a court of competent jurisdiction in Travis County, Texas. The Governmental Entity irrevocably waives any objection, including any objection to personal jurisdiction or the laying of venue or based on the grounds of forum non conveniens, which it may now or hereafter have to the bringing of any action or proceeding in such jurisdiction in respect of this Contract or any document related hereto. **NOTHING IN THIS SECTION SHALL BE CONSTRUED AS A WAIVER OF SOVEREIGN IMMUNITY BY HHSC OR GOVERNMENTAL IMMUNITY BY THE GOVERNMENTAL ENTITY.**
- J. Neither Party shall assign or subcontract the whole nor any part of the Contract, including any right or duty required under it, without the other Party's prior written consent. Any assignment made contrary to this shall be void.

- K. All terms of this Contract will survive during any period where the Contract is going through reconciliation.

**X. NOTICE**

- A. All communications to the Governmental Entity under this Contract will be sent to:

Name: Jonny F. Hipp, ScD, FACHE  
Title: Administrator/Chief Executive Officer  
Address: 555 North Carancahua St, Suite 950  
Corpus Christi, Texas 78401-0835

- B. All communications to HHSC under this Contract will be sent to Victoria Grady, Director of Provider Finance, Health and Human Services Commission, North Austin Complex, 4601 W. Guadalupe St., Austin, TX 78751.

**XI. SIGNATURE AUTHORITY**

Each Party represents and warrants that the person executing this Contract on its behalf has full power and authority to enter into this Contract. Any services or work performed by the Governmental Entity before this Contract is effective or after it ceases to be effective are performed at the sole risk of the Governmental Entity. By signing this Contract, the person signing on behalf of the Governmental Entity certifies that this Contract has not been altered, amended, or changed from the version of the Contract sent by HHSC to the Governmental Entity.

SIGNATURE PAGE FOLLOWS

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK**

**SIGNATURE PAGE FOR HHSC CONTRACT NO. HHS001580600008**

**Texas Health and Human Services  
Commission**

Signed by:  
By:   
6A89FCFF81104AB...  
Name: Emily Zalkovsky

Title: Chief Medicaid and CHIP Services Officer

Signature Date: July 28, 2025

**Governmental Entity**

Signed by:  
By:   
0A62B4B2DB3F439...  
Name: Jonny F. Hipp

Title: Administrator/CEO

Signature Date: July 26, 2025

**THE FOLLOWING ATTACHMENT IS HEREBY INCORPORATED BY REFERENCE:**

**ATTACHMENT A – SFY 2026 NAIP PROGRAM FINANCIAL ASSUMPTIONS**

**ATTACHMENT A – SFY 2026 NAIP PROGRAM FINANCIAL ASSUMPTIONS**

**Superior - CHRISTUS Spohn Health System**

September 1, 2025 - August 31, 2026										
Program	SDA	All Funds	IGT (w/o 10% buffer)	FMAP	Net to Provider	TAXES	TAXES %	ADMIN	ADMIN %	Monthly IGT w/ 10% Margin
STAR, STAR+Plus	Nueces	5,791,065	2,325,692	59.84%	5,675,244	101,344	1.75%	14,478	0.25%	213,188
STAR, STAR+Plus	Nueces	4,508,781	1,810,726	59.84%	4,418,605	78,904	1.75%	11,272	0.25%	165,983
		<b>10,299,846</b>	<b>4,136,418</b>		<b>10,093,849</b>	<b>180,247</b>		<b>25,750</b>		<b>379,172</b>

**United - CHRISTUS Spohn Health System**

September 1, 2025 - August 31, 2026										
Program	SDA	All Funds	IGT (w/o 10% buffer)	FMAP	Net to Provider	TAXES	TAXES %	ADMIN	ADMIN %	Monthly IGT w/ 10% Margin
STAR	Nueces	5,791,065	2,325,692	59.84%	5,675,244	101,344	1.75%	14,478	0.25%	213,188
STAR	Nueces	1,410,000	566,256	59.84%	1,381,800	24,675	1.75%	3,525	0.25%	51,907
		<b>7,201,065</b>	<b>2,891,948</b>		<b>7,057,044</b>	<b>126,019</b>		<b>18,003</b>		<b>265,095</b>

# Explainer: House Bill 1522 (HB 1522)

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## What the Bill Does

HB 1522 updates the Texas Open Meetings Act to:

1. Extend the required public notice period for meetings.
2. Add transparency requirements when discussing or adopting budgets.

### 1. Longer Posting Time for Meeting Notices

- Old Rule: Notices had to be posted at least 72 hours before the meeting.
- New Rule: Notices must be posted for at least three full business days.  
This ensures weekends and holidays don't reduce public notice time.
- Applies to most governmental bodies, with some statutory exceptions.

### 2. Budget Transparency Requirements

If a meeting includes discussion or adoption of a budget, the notice must now include:

- A proposed budget: either a physical copy or a clear website link on the homepage.
- A taxpayer impact statement:
  - \* Shows estimated change in property tax for a median-valued homestead.
  - \* Compares current tax bill to one under the proposed budget and a no-new-revenue budget.
- Applies to taxing units (cities, counties), but excludes school districts and public universities.

## Effective Date

This law takes effect on September 1, 2025.

## Why It Matters

- Enhances public awareness and participation.
- Improves transparency on tax impacts of budgets.
- Aligns with existing tax code for clarity and accountability.

**PERSONAL SERVICES CONTRACT**

THIS CONTRACT FOR PERSONAL SERVICES is made by and between Nueces County Hospital District (the “Hospital District” or “District”) and Joel J. Romo, (the “Contractor”) for the purpose of contracting for personal services.

**WITNESSETH**

**WHEREAS**, the Hospital District is a body politic and corporate and a political subdivision of the State of Texas, established and created pursuant to the Texas Constitution, Article IX, Section 4 and the Texas Health and Safety Code (the “Health Code”), Chapter 281, and operated in accordance with the Health Code and other applicable laws of the State of Texas;

**WHEREAS**, pursuant to the collective authorities of the Health Code, §281.047 and §281.048, the Board of Managers of the Hospital District (the “Board”) has, and at the time of approval or ratification of this Contract had, full power and authority to manage, control, administer, and to adopt rules governing operation of the District;

**WHEREAS**, pursuant to Health Code, §281.026, the Hospital District’s Administrator (the “Administrator”) performs duties required by the Board and supervises the work and activities of the Hospital District;

**WHEREAS**, Local Government Code, §262.024, provides for the procurement of personal services;

**WHEREAS**, the Hospital District desires to contract for personal consulting services relating to Texas legislative, regulatory, agency, departmental, and state-provided funding matters when the Legislature is not in Session as described in Attachment B - Services to be Provided by Contractor; and

**WHEREAS**, notwithstanding the foregoing recital, the Hospital District’s primary objective under this Contract is to identify state-provided funding and the secondary objectives are to represent the Hospital District’s interests when the Legislature is not in Session, each as described in Attachment B - Services to be Provided by Contractor.

**NOW, THEREFORE**, the Hospital District and the Contractor, in consideration of the mutual covenants and agreements herein contained, do hereby mutually agree as follows:

## **AGREEMENT**

### **ARTICLE 1 SCOPE OF SERVICES TO BE PROVIDED BY HOSPITAL DISTRICT AND CONTRACTOR**

Hospital District hereby agrees to perform those tasks and services described in Attachment A, which is attached hereto and made a part thereof this Contract.

Contractor hereby agrees to perform those tasks and services described in Attachment B, which is attached hereto and made part thereof of this Contract.

### **ARTICLE 2 CONTRACT PERIOD**

This Contract shall begin on July 1, 2025 and shall terminate at the close of business on December 31, 2025, unless extended by supplemental agreement duly executed by the Contractor and the Hospital District prior to the date of termination, as provided in Article 9 - Supplemental Agreements, or otherwise terminated, as provided in Article 16 - Termination. Any work performed or cost incurred after the date of termination shall be ineligible for reimbursement.

### **ARTICLE 3 COMPENSATION AND METHOD OF PAYMENT**

The maximum amount payable under this Contract is Fifteen Thousand Dollars (\$15,000), unless modified as provided in Article 9 - Supplemental Agreements. Maximum amount payable is not inclusive of any reimbursable expenses as set-out below.

Payments will be made monthly at Two Thousand Five Hundred Dollars (\$2,500) per month through December of 2025. Both parties agree and recognize that any reduction in payment should reflect a proportional reduction in expected monthly hours worked by Contractor.

The Contractor shall prepare and submit to the Hospital District monthly invoices and progress reports stating the status and description of the work accomplished during the billing period; the invoices and reports shall be sent directly to the Administrator, the District's representative under this Contract.

If requested by the Hospital District, the Contractor shall execute and submit all necessary accounting and/or legal reporting forms (i.e., Internal Revenue Form W-9-Request for Taxpayer Identification Number, Texas Ethics Commission Form 1295-Certificate if Interested Parties, etc.) as statutorily required or requested by Hospital District, prior to the remittance of any payments by the Hospital District for work.

The Hospital District reserves the right to withhold payment pending verification of satisfactory work.

The Hospital District will NOT pay reasonable expenses incurred relative to the Contractor's duties, including travel expenses, long-distance telephone calls, special mailing, and delivery expenses.

**The Hospital District assumes no liability for work performed or costs incurred prior to the effective date of this Contract during periods when work is suspended, or after the Contract completion date.**

#### **ARTICLE 4 WORK AUTHORIZATIONS**

**[Specifically Excluded]**

#### **ARTICLE 5 PROGRESS**

The Contractor shall, from time to time during the progress of the work, confer with the Hospital District. The Contractor shall prepare and present such information as may be pertinent and necessary, or as may be requested by the District to evaluate features of the work. Upon request by the District, the Contractor shall make presentations to the Board, District staff, and as otherwise directed by the District.

At the request of the Hospital District or the Contractor, conferences shall be held at the Contractor's office, the District's office, or at other locations as may be designated by the District. These conferences shall also include an evaluation of the Contractor's services and work when requested by the District.

The Contractor shall report to the Administrator for purposes of this Contract. If the Contractor has questions on directions, or on any of the tasks and services to be performed in Attachment A or B, the Contractor should seek clarity through the Administrator.

The Contractor shall promptly advise the Hospital District, through the Administrator, in writing of events which have a significant impact upon the progress of work, including:

1. problems, delays, or adverse conditions which will materially affect the ability to attain Contract objectives, prevent the meeting of time schedules and goals, or preclude the attainment of project work units by established time periods; this disclosure will be accompanied by a statement of the action taken, or contemplated, and any District assistance needed to resolve the situation; and
2. favorable developments or events which would enable meeting the work schedule goals sooner than anticipated.

## **ARTICLE 6 SUSPENSION**

The Hospital District may suspend the work, but not terminate the Contract, by giving written notice a minimum of two (2) calendar days prior to the date of suspension. The two (2)-day notice may be waived if approved in writing by the parties.

The work will be reinstated and resumed in full force and effect within ten (10) calendar days of receipt of written notice from the Hospital District to resume the work. The ten (10) day notice may be waived if approved in writing by both parties.

If the Hospital District suspends the work, the Contract period, as determined in Article 2 - Contract Period, is not affected and the Contract will terminate on the date specified unless the Contract is amended as provided in Article 9 - Supplemental Agreements.

## **ARTICLE 7 ADDITIONAL WORK**

If the Contractor determines that any work it has been directed to perform is beyond the scope of this Contract and constitutes extra work, it shall promptly notify the Hospital District through the

Administrator in writing. In the event the District determines that such work constitutes extra work and exceeds the maximum amount payable, the District shall so advise the Contractor and a supplemental agreement may be executed, as provided in Article 9 - Supplemental Agreements.

The Contractor shall not perform any additional work or incur any additional costs prior to the execution, by all parties, of a supplemental agreement. The Hospital District shall not be responsible for actions by the Contractor or any costs incurred by the Contractor relating to additional work not directly associated with the performance of the work authorized in this Contract or as amended.

## **ARTICLE 8 CHANGES IN WORK**

If the Hospital District finds it necessary to request changes to previously satisfactorily completed work or parts thereof which involve changes to the original scope of services or character of work under the Contract, the Contractor shall make such revisions if requested and as directed by the District. This will be considered additional work and paid for as specified under Article 7- Additional Work.

The Contractor shall make such revisions to the work to correct errors appearing therein, when required to do so by the Hospital District. No additional compensation will be paid for the correction of errors.

## **ARTICLE 9 SUPPLEMENTAL AGREEMENTS**

The terms of this Contract may be modified by supplemental agreement if the Hospital District determines that there has been a significant change in the scope, complexity, or character of the service to be performed, or the duration of the work. Additional compensation, if appropriate, shall be identified as provided in Article 3 - Compensation and Method of Payment.

Any supplemental agreement must be executed by both parties within the Contract period specified in Article 2 - Contract Period.

**No claim for extra work done shall be made by the Contractor until full execution of the supplemental agreement and authorization to proceed is issued by the Hospital District. The District reserves the right to withhold payment pending verification of satisfactory work performed.**

**ARTICLE 10  
PUBLIC INFORMATION ACT**

All data, and other documents created or collected under the terms of this Contract are the exclusive property of the Hospital District and shall be furnished to the District upon request. All documents prepared by the Contractor and all documents furnished to the Contractor by the District shall be delivered to the Administrator upon completion or termination of this Contract. The Contractor, at its own expense, may retain copies of such documents or any other data which it has furnished the District under this Contract. Release of information will be in accordance with the Texas Public Information Act.

**ARTICLE 11  
SUBCONTRACTING**

The Contractor shall not assign, subcontract, or transfer any portion of the work under this Contract. All work under this Contract shall be performed by Contractor personally.

**ARTICLE 12  
EVALUATION OF WORK**

The Hospital District and its authorized representatives shall have the right at all reasonable times to review or otherwise evaluate the work performed or being performed hereunder. If a review or evaluation is being made on the premises of the Contractor, the Contractor shall provide all reasonable facilities and assistance for the safety and convenience of the District representatives in the performance of their duties. If funds by other agencies or entities are to be used for payment of the services under this Contract, the Contractor's services and work may be subject to periodic review and approval by other agencies or entities, including city, county, state, and/or federal agencies.

**ARTICLE 13  
SUBMISSION OF REPORTS**

All applicable study reports shall be submitted in preliminary form for review by the Hospital District before a final report is issued. The District's comments on the Contractor's preliminary report shall be addressed in the final report.

All reports, whether preliminary or final, shall be submitted to the Administrator. The Administrator is responsible for disseminating the information to the Board and as appropriate within the Hospital District.

Unless during an open meeting pursuant to Texas Government Code Chapter 551 of the Board, Contractor shall not convey any information received from any member of the Board to any other member of the Board.

If contacting a member of the Board by email, Contractor shall send a copy under separate email to each of the other member of the Board and Administrator to avoid any potential Open Meetings Act (OMA) Texas Government Code Chapter 551 violations.

**ARTICLE 14  
COMPUTER DOCUMENTS AND INFORMATION EXCHANGE**

All computer files must be compatible with the Hospital District's computer systems without conversion or modifications.

All graphics media provided by the Contractor shall be delivered to the Hospital District.

**ARTICLE 15  
VIOLATION OF CONTRACT TERMS/BREACH OF CONTRACT**

Violation of the Contract terms or breach of Contract by the Contractor shall be grounds for termination of the Contract and any increased cost arising from the Contractor's default, breach of Contract, or violation of Contract terms shall be paid by the Contractor. This Contract shall not be considered as specifying the exclusive remedy for any default, but all remedies existing at law and in equity may be availed of by either party and shall be cumulative.

**ARTICLE 16  
TERMINATION**

This Contract shall terminate at the close of business on December 31, 2025 unless extended as provided in Article 9 - Supplemental Agreements.

This Contract may be terminated before the stated termination date by any of the following conditions:

1. By mutual agreement and consent, in writing, of parties;
2. By the Hospital District, by notice in writing to the Contractor as a consequence of failure by the Contractor to perform the services set forth herein in a satisfactory manner;
3. By any party, upon the failure of the other party to fulfill its obligations as set forth herein;
4. By the Hospital District, for reasons of its own and not subject to the mutual consent of the Contractor upon not less than thirty (30) calendar days written notice to the Contractor; and
5. By written notice from the Hospital District upon satisfactory completion of all services and obligations described herein.

Should the Hospital District terminate this Contract as herein provided, no fees other than fees due and payable at the time of termination shall thereafter be paid to the Contractor. In determining the value of the work performed by the Contractor prior to termination the District shall be the sole judge. Compensation for work at termination will be based on a percentage of the work completed at that time. Should the District terminate this Contract under Item 4 of the above paragraph, the amount charged during the thirty (30) calendar day notice period shall not exceed the amount charged during the preceding thirty (30) calendar days.

If the Contractor defaults in the performance of this Contract or if the Hospital District terminates this Contract for fault on the part of the Contractor, the District will give consideration to the actual costs incurred by the Contractor in performing the work to the date of default, the amount of work which was satisfactorily completed to the date of default, the value of the work which is usable to the District, the cost to the District of employing another to complete the work required and the time required to do so, and other factors which affect the value to the District of the work performed at the time of default.

The termination of this Contract and payment of an amount in settlement as prescribed above shall extinguish all rights, duties, and obligations of the Hospital District and the Contractor under this Contract, except the obligations set forth in Articles 10, 12, 17, 18, 19, and 20 of this Contract. If the termination of this Contract is due to the failure of the Contractor to fulfill its Contract obligations, the District may take over the project and prosecute the work to completion. In such case, the Contractor shall be liable to the District for any additional cost occasioned to the District.

**ARTICLE 17  
COMPLIANCE WITH LAWS**

The Contractor shall comply with all applicable Federal, State, and local laws, statutes, codes, ordinances, rules, and regulations, and the orders and decrees of any court, or administrative bodies or tribunals, in any manner affecting the performance of this Contract, including, without limitation licensing laws and regulations. In particular, Contractor represents he/she shall comply with Chapter 305 of the Texas Government Code, including reporting requirements regarding conflict of interest. When required, the Contractor shall furnish the Hospital District with satisfactory proof of its compliance.

It is expressly understood by the Contractor, that from the date of award of this Contract to one (1) year after termination or expiration of Contract's term, the Contractor is prohibited from providing gifts of any form to any Board member, the Administrator, any District official, or any District employee.

**ARTICLE 18  
INDEMNIFICATION**

**THE CONTRACTOR SHALL SAVE HARMLESS THE HOSPITAL DISTRICT AND ITS OFFICERS AND EMPLOYEES FROM ALL CLAIMS AND LIABILITY DUE TO ACTIVITIES OF ITSELF, ITS AGENTS, OR EMPLOYEES PERFORMED UNDER THIS CONTRACT AND WHICH ARE CAUSED BY OR RESULT FROM ERROR, OMISSION, OR NEGLIGENT ACT OF THE CONTRACTOR OR OF ANY PERSON EMPLOYED BY THE CONTRACTOR. THE CONTRACTOR SHALL ALSO SAVE HARMLESS THE HOSPITAL DISTRICT FROM ANY AND ALL EXPENSE, INCLUDING, BUT NOT LIMITED TO, ATTORNEY FEES WHICH MAY BE INCURRED BY THE HOSPITAL DISTRICT IN LITIGATION OR OTHERWISE RESISTING SAID CLAIM OR LIABILITIES WHICH MAY BE IMPOSED ON THE COUNTY AS A RESULT OF SUCH ERROR, OMISSION, OR NEGLIGENT ACTIVITY BY THE CONTRACTOR.**

**ARTICLE 19  
CONTRACTOR'S RESPONSIBILITY**

The Contractor shall be responsible for the accuracy of its work and shall promptly make necessary revisions or corrections resulting from its errors, omissions, or negligent acts without compensation.

**ARTICLE 20  
RETENTION, AVAILABILITY OF RECORDS AND AUDIT REQUIREMENTS**

The Contractor shall maintain all books, documents, papers, accounting records, and other evidence pertaining to cost incurred and shall make such materials available at its office during the Contract period and for four (4) years from the date of final payment under this Contract or until pending litigation has been completely and fully resolved, whichever occurs last. The Hospital District or any of its duly authorized representatives shall have access during normal business hours to any and all books, documents, papers, and records of the Contractor which are directly pertinent to this Contract for the purpose of making audits, examinations, excerpts, transcriptions, and for checking the amount of work performed by the Contractor.

**ARTICLE 21  
SUCCESSORS AND ASSIGNS**

The Contractor and the Hospital District do hereby bind themselves, their successors, executors, administrators, and assigns to each other party of this Contract and to the successors, executors, administrators, and assigns of such other party in respect to all covenants of this Contract.

The Contractor shall not assign, subcontract, or transfer its interest in this Contract without the prior written consent of the Hospital District.

**ARTICLE 22  
SEVERABILITY**

In the event any one or more of the provisions contained in this Contract, for any reason, shall be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and; this Contract shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

**ARTICLE 23**  
**PRIOR CONTRACT SUPERSEDED**

This Contract constitutes the sole agreement of the parties hereto and supersedes any prior understandings or written or oral contracts between the parties respecting the subject matter defined herein.

**ARTICLE 24**  
**AUTHORITY TO ACT AS LOBBYIST**

Contractor warrant that he is registered as a lobbyist as required under Chapter 305 of the Texas Government Code; that Contractor is authorized by law to act as a lobbyist for the Hospital District; that there is no legal or ethical impediment to Contractor acting as a lobbyist for the District; and that Contractor shall immediately communicate to the District in writing any change in Contractor's' status as a registered lobbyist or authority to lawfully and ethically act as a lobbyist for the District.

**ARTICLE 25**  
**CONFIDENTIALITY**

During and after the Term of this Contract, Contractor agrees to strictly maintain the confidentiality of all information pertaining to the Hospital District and its personnel not open to the public under the Texas Public information Act (Tex. Gov't Code Ann., Chapter 552) and will not use any such information to the detriment of the District or its officers or employees at any time. In the event any member of the public or media requests information pertaining to the District or its personnel from the Contractor, Contractor shall immediately direct the requesting party to the custodian of public information designated by the District and shall also immediately notify the District of the request.

**ARTICLE 26**  
**CONFLICT OF INTEREST**

Contractor affirms and warrants that he has no conflict of interest regarding the services to be provided under this Contract that would affect the representation undertaken herein. Contractor warrants that all representation within the last three (3) calendar years, by Contractor of an interest adverse to or conflicting with any interest of the Hospital District or any of its departments, boards,

employees or appointed and officials, has been fully disclosed in writing to the District. Contractor must provide the District with a list of any clients or business associates of the Contractor any of Contractor's employees or subcontractors which may have any interest in District projects or legislation covered under this Contract. This list shall include the nature of the interest the client or business has in the District project or legislation. Contractor has an obligation to update the list as new clients, associates or interests develop. Such notice should be given 3 business days after Consultants obtain the additional information.

**ARTICLE 27  
INDEPENDENT CONTRACTOR RELATIONSHIP**

Nothing herein shall be construed as creating a relationship of employer and employee between the Parties. The Contractor shall be deemed at all times to be an independent contractor. The Hospital District shall not be subject to any obligations or liabilities of the Contractor incurred in the performance of this Contract. The Contractor expressly agrees to indemnify and hold harmless the District, its agents, officer, and employees, for any and all liabilities and obligations incurred due to any breach of contract or negligent acts or omissions or other defalcations on the part of Contractor.

**ARTICLE 28  
NOTICES**

All notices from one party to another, required under this Contract, shall be personally delivered or mailed to such party at the following respective address:

**HOSPITAL DISTRICT**

Jonny F. Hipp, Administrator  
Nueces County Hospital District  
555 N. Carancahua, Suite 950  
Corpus Christi, TX 78401

**CONTRACTOR**

Joel J. Romo  
P.O. Box 114  
Chappell Hill, Texas 77426

**ARTICLE 29  
VENUE AND GOVERNING LAW**

Venue shall be in Nueces County, Texas. This Contract shall be construed under and in accord with the law of the State of Texas.

**IN WITNESS WHEREOF**, this Contract is effective July 1, 2025

**NUECES COUNTY HOSPITAL DISTRICT**

**CONTRACTOR**

By: Jonny F. Hipp  
Jonny F. Hipp  
Administrator/CEO

Digitally signed by Jonny F. Hipp, ScD, LFACHE  
Date: 2025.07.01 15:39:24 -05'00'

By: Joel Romo  
Joel J. Romo

Date: \_\_\_\_\_

Date: 7-2-25

**List of Attachments:**

- Attachment A – Services to be provided by Hospital District
- Attachment B – Services to be provided by Contractor

**ATTACHMENT A**  
**SERVICES TO BE PROVIDED BY HOSPITAL DISTRICT**

1. Provide overall direction and day-to-day coordination, clarification, and information about the Hospital District's Texas legislative, regulatory, agency, and departmental, and state-funding objectives when the Legislature is not in Session.

**ATTACHMENT B**  
**SERVICES TO BE PROVIDED BY CONTRACTOR**

The Hospital District's primary objective under this Contract is to identify state-provided funding as described below. The secondary objectives are to represent the interests of the Hospital District.

When the Texas Legislature is not in Session:

**A. Primary Objectives:**

1. Research and identify state regulatory, agency, department, and other state-provided funding opportunities relating to graduate medical education and recruitment and retention of physicians.
2. Research and identify state regulatory, agency, department, and other state-provided funding opportunities relating to public health services, mental health services, mental health facilities, and emergency medical services.
3. Research and identify state regulatory, agency, department, and other state-provided funding opportunities relating to diversion of persons from jails and other detention facilities, including, but not necessarily limited to the following programs or services: Crisis Intervention, Jail Diversion, Mobile Crisis Outreach, Jail-Based Competency Restoration, Walk-In Crisis Intervention, and Forensic Assertive Community Treatment.

**B. Secondary Objectives:**

1. Represent the interests and concerns of the Hospital District to lawmakers in both houses of the Legislature and their staff.
2. Represent the interests and concerns of the Hospital District to Texas regulators, agencies, departments, and state entities providing funding and their heads and staff.
3. Monitor proposed rules and persuade state regulators, agencies, and departments to write and support rules that benefit the Hospital District.
4. Monitor proposed legislation, amendments, budget, and rule-making discussions relevant to the Hospital District.
5. Monitor of legislative committee hearings, interim committee meetings, rule-making hearings, studies underway, and notices of legislation being proposed that are relevant to the Hospital District.
6. Inform heads and staff of state regulators, agencies, and departments as needed regarding the Hospital District's priorities.
7. Utilize existing relationships with lawmakers and their staff, as well as state regulatory, agency, and departments heads and staff, to further the interests of the Hospital District.

8. Provide guidance on defeating, supporting, or amending regulatory, agency, and department rule proposals as necessary to preserve and protect the interests of the Hospital District.
9. Provide updates to the Hospital District on issues of interest or concern to the District.
10. Assist and advise the Board and Administrator with preparation of verbal and written comments on rules proposed by state regulators, agencies, and departments and consult regarding the District's communication efforts.
11. Provide briefings as needed to the Board and Administrator regarding any action taken at interim committee meetings, rule-making hearings, studies underway, and notice of legislation or action being proposed that affects the interests of the Hospital District.
12. Monitor interim committee meetings, rule-making hearings, and studies underway relating to public health services, mental health services, and emergency medical services.
13. Monitor interim committee meetings, rule-making hearings, and studies underway relating to the Hospital District including, but not necessarily limited to the following programs and services: graduate medical education and recruitment and retention of physicians.
14. Monitor interim committee meetings, rule-making hearings, and studies underway relating to diversion of persons from jails and other detention facilities, including, but not necessarily limited to the following programs or services: Crisis Intervention, Jail Diversion, Mobile Crisis Outreach, Jail-Based Competency Restoration, Walk-In Crisis Intervention, and Forensic Assertive Community Treatment.
15. Monitor interim committee meetings, rule-making hearings, and studies underway relating to the Hospital District including, but not necessarily limited to the following: Indigent Health Care, Legislative Expansions and Mandates Affecting Hospital Districts, Intergovernmental Transfers, Hospital District Property Taxes , Hospital District Finances, Use of Hospital District Funds, Eminent Domain, Board appointments, terms, qualifications for office, and removal, Medicaid, Medicaid Supplemental Payment Programs, Supplemental Payment Programs sponsored by the Texas Health and Human Services Commission, Tax Increment Financing, Bonds and Certificates of Obligation, Alternative Debt Financing Methods, and Sale of Real Property.

# # #

## PERSONAL SERVICES CONTRACT

THIS CONTRACT FOR PERSONAL SERVICES is made by and between Nueces County Hospital District (the “Hospital District” or “District”) and Patricia A. Shipton, (the “Contractor”) for the purpose of contracting for personal services.

### WITNESSETH

**WHEREAS**, the Hospital District is a body politic and corporate and a political subdivision of the State of Texas, established and created pursuant to the Texas Constitution, Article IX, Section 4 and the Texas Health and Safety Code (the “Health Code”), Chapter 281, and operated in accordance with the Health Code and other applicable laws of the State of Texas;

**WHEREAS**, pursuant to the collective authorities of the Health Code, §281.047 and §281.048, the Board of Managers of the Hospital District (the “Board”) has, and at the time of approval or ratification of this Contract had, full power and authority to manage, control, administer, and to adopt rules governing operation of the District;

**WHEREAS**, pursuant to Health Code, §281.026, the Hospital District’s Administrator (the “Administrator”) performs duties required by the Board and supervises the work and activities of the Hospital District;

**WHEREAS**, Local Government Code, §262.024, provides for the procurement of personal services;

**WHEREAS**, the Hospital District desires to contract for personal consulting services relating to Texas legislative, regulatory, agency, departmental, and state-provided funding matters when the Legislature is not in Session as described in Attachment B - Services to be Provided by Contractor; and

**WHEREAS**, notwithstanding the foregoing recital, the Hospital District’s primary objective under this Contract is to identify state-provided funding and the secondary objectives are to represent the Hospital District’s interests when the Legislature is not in Session, each as described in Attachment B - Services to be Provided by Contractor.

**NOW, THEREFORE**, the Hospital District and the Contractor, in consideration of the mutual covenants and agreements herein contained, do hereby mutually agree as follows:

## **AGREEMENT**

### **ARTICLE 1 SCOPE OF SERVICES TO BE PROVIDED BY HOSPITAL DISTRICT AND CONTRACTOR**

Hospital District hereby agrees to perform those tasks and services described in Attachment A, which is attached hereto and made a part thereof this Contract.

Contractor hereby agrees to perform those tasks and services described in Attachment B, which is attached hereto and made part thereof of this Contract.

### **ARTICLE 2 CONTRACT PERIOD**

This Contract shall begin on July 1, 2025 and shall terminate at the close of business on December 31, 2025, unless extended by supplemental agreement duly executed by the Contractor and the Hospital District prior to the date of termination, as provided in Article 9 - Supplemental Agreements, or otherwise terminated, as provided in Article 16 - Termination. Any work performed or cost incurred after the date of termination shall be ineligible for reimbursement.

### **ARTICLE 3 COMPENSATION AND METHOD OF PAYMENT**

The maximum amount payable under this Contract is Fifteen Thousand Dollars (\$15,000), unless modified as provided in Article 9 - Supplemental Agreements. Maximum amount payable is not inclusive of any reimbursable expenses as set-out below.

Payments will be made monthly at Two Thousand Five Hundred Dollars (\$2,500) per month through December of 2025. Both parties agree and recognize that any reduction in payment should reflect a proportional reduction in expected monthly hours worked by Contractor.

The Contractor shall prepare and submit to the Hospital District monthly invoices and progress reports stating the status and description of the work accomplished during the billing period; the invoices and reports shall be sent directly to the Administrator, the District's representative under this Contract.

If requested by the Hospital District, the Contractor shall execute and submit all necessary accounting and/or legal reporting forms (i.e., Internal Revenue Form W-9-Request for Taxpayer Identification Number, Texas Ethics Commission Form 1295-Certificate if Interested Parties, etc.) as statutorily required or requested by Hospital District, prior to the remittance of any payments by the Hospital District for work.

The Hospital District reserves the right to withhold payment pending verification of satisfactory work.

The Hospital District will NOT pay reasonable expenses incurred relative to the Contractor's duties, including travel expenses, long-distance telephone calls, special mailing, and delivery expenses.

**The Hospital District assumes no liability for work performed or costs incurred prior to the effective date of this Contract during periods when work is suspended, or after the Contract completion date.**

#### **ARTICLE 4 WORK AUTHORIZATIONS**

**[Specifically Excluded]**

#### **ARTICLE 5 PROGRESS**

The Contractor shall, from time to time during the progress of the work, confer with the Hospital District. The Contractor shall prepare and present such information as may be pertinent and necessary, or as may be requested by the District to evaluate features of the work. Upon request by the District, the Contractor shall make presentations to the Board, District staff, and as otherwise directed by the District.

At the request of the Hospital District or the Contractor, conferences shall be held at the Contractor's office, the District's office, or at other locations as may be designated by the District. These conferences shall also include an evaluation of the Contractor's services and work when requested by the District.

The Contractor shall report to the Administrator for purposes of this Contract. If the Contractor has questions on directions, or on any of the tasks and services to be performed in Attachment A or B, the Contractor should seek clarity through the Administrator.

The Contractor shall promptly advise the Hospital District, through the Administrator, in writing of events which have a significant impact upon the progress of work, including:

1. problems, delays, or adverse conditions which will materially affect the ability to attain Contract objectives, prevent the meeting of time schedules and goals, or preclude the attainment of project work units by established time periods; this disclosure will be accompanied by a statement of the action taken, or contemplated, and any District assistance needed to resolve the situation; and
2. favorable developments or events which would enable meeting the work schedule goals sooner than anticipated.

## **ARTICLE 6 SUSPENSION**

The Hospital District may suspend the work, but not terminate the Contract, by giving written notice a minimum of two (2) calendar days prior to the date of suspension. The two (2)-day notice may be waived if approved in writing by the parties.

The work will be reinstated and resumed in full force and effect within ten (10) calendar days of receipt of written notice from the Hospital District to resume the work. The ten (10) day notice may be waived if approved in writing by both parties.

If the Hospital District suspends the work, the Contract period, as determined in Article 2 - Contract Period, is not affected and the Contract will terminate on the date specified unless the Contract is amended as provided in Article 9 - Supplemental Agreements.

## **ARTICLE 7 ADDITIONAL WORK**

If the Contractor determines that any work it has been directed to perform is beyond the scope of this Contract and constitutes extra work, it shall promptly notify the Hospital District through the

Administrator in writing. In the event the District determines that such work constitutes extra work and exceeds the maximum amount payable, the District shall so advise the Contractor and a supplemental agreement may be executed, as provided in Article 9 - Supplemental Agreements.

The Contractor shall not perform any additional work or incur any additional costs prior to the execution, by all parties, of a supplemental agreement. The Hospital District shall not be responsible for actions by the Contractor or any costs incurred by the Contractor relating to additional work not directly associated with the performance of the work authorized in this Contract or as amended.

## **ARTICLE 8 CHANGES IN WORK**

If the Hospital District finds it necessary to request changes to previously satisfactorily completed work or parts thereof which involve changes to the original scope of services or character of work under the Contract, the Contractor shall make such revisions if requested and as directed by the District. This will be considered additional work and paid for as specified under Article 7- Additional Work.

The Contractor shall make such revisions to the work to correct errors appearing therein, when required to do so by the Hospital District. No additional compensation will be paid for the correction of errors.

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The terms of this Contract may be modified by supplemental agreement if the Hospital District determines that there has been a significant change in the scope, complexity, or character of the service to be performed, or the duration of the work. Additional compensation, if appropriate, shall be identified as provided in Article 3 - Compensation and Method of Payment.

Any supplemental agreement must be executed by both parties within the Contract period specified in Article 2 - Contract Period.

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**ARTICLE 10  
PUBLIC INFORMATION ACT**

All data, and other documents created or collected under the terms of this Contract are the exclusive property of the Hospital District and shall be furnished to the District upon request. All documents prepared by the Contractor and all documents furnished to the Contractor by the District shall be delivered to the Administrator upon completion or termination of this Contract. The Contractor, at its own expense, may retain copies of such documents or any other data which it has furnished the District under this Contract. Release of information will be in accordance with the Texas Public Information Act.

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SUBCONTRACTING**

The Contractor shall not assign, subcontract, or transfer any portion of the work under this Contract. All work under this Contract shall be performed by Contractor personally.

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EVALUATION OF WORK**

The Hospital District and its authorized representatives shall have the right at all reasonable times to review or otherwise evaluate the work performed or being performed hereunder. If a review or evaluation is being made on the premises of the Contractor, the Contractor shall provide all reasonable facilities and assistance for the safety and convenience of the District representatives in the performance of their duties. If funds by other agencies or entities are to be used for payment of the services under this Contract, the Contractor's services and work may be subject to periodic review and approval by other agencies or entities, including city, county, state, and/or federal agencies.

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All reports, whether preliminary or final, shall be submitted to the Administrator. The Administrator is responsible for disseminating the information to the Board and as appropriate within the Hospital District.

Unless during an open meeting pursuant to Texas Government Code Chapter 551 of the Board, Contractor shall not convey any information received from any member of the Board to any other member of the Board.

If contacting a member of the Board by email, Contractor shall send a copy under separate email to each of the other member of the Board and Administrator to avoid any potential Open Meetings Act (OMA) Texas Government Code Chapter 551 violations.

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All graphics media provided by the Contractor shall be delivered to the Hospital District.

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VIOLATION OF CONTRACT TERMS/BREACH OF CONTRACT**

Violation of the Contract terms or breach of Contract by the Contractor shall be grounds for termination of the Contract and any increased cost arising from the Contractor's default, breach of Contract, or violation of Contract terms shall be paid by the Contractor. This Contract shall not be considered as specifying the exclusive remedy for any default, but all remedies existing at law and in equity may be availed of by either party and shall be cumulative.

**ARTICLE 16  
TERMINATION**

This Contract shall terminate at the close of business on December 31, 2025 unless extended as provided in Article 9 - Supplemental Agreements.

This Contract may be terminated before the stated termination date by any of the following conditions:

1. By mutual agreement and consent, in writing, of parties;
2. By the Hospital District, by notice in writing to the Contractor as a consequence of failure by the Contractor to perform the services set forth herein in a satisfactory manner;
3. By any party, upon the failure of the other party to fulfill its obligations as set forth herein;
4. By the Hospital District, for reasons of its own and not subject to the mutual consent of the Contractor upon not less than thirty (30) calendar days written notice to the Contractor; and
5. By written notice from the Hospital District upon satisfactory completion of all services and obligations described herein.

Should the Hospital District terminate this Contract as herein provided, no fees other than fees due and payable at the time of termination shall thereafter be paid to the Contractor. In determining the value of the work performed by the Contractor prior to termination the District shall be the sole judge. Compensation for work at termination will be based on a percentage of the work completed at that time. Should the District terminate this Contract under Item 4 of the above paragraph, the amount charged during the thirty (30) calendar day notice period shall not exceed the amount charged during the preceding thirty (30) calendar days.

If the Contractor defaults in the performance of this Contract or if the Hospital District terminates this Contract for fault on the part of the Contractor, the District will give consideration to the actual costs incurred by the Contractor in performing the work to the date of default, the amount of work which was satisfactorily completed to the date of default, the value of the work which is usable to the District, the cost to the District of employing another to complete the work required and the time required to do so, and other factors which affect the value to the District of the work performed at the time of default.

The termination of this Contract and payment of an amount in settlement as prescribed above shall extinguish all rights, duties, and obligations of the Hospital District and the Contractor under this Contract, except the obligations set forth in Articles 10, 12, 17, 18, 19, and 20 of this Contract. If the termination of this Contract is due to the failure of the Contractor to fulfill its Contract obligations, the District may take over the project and prosecute the work to completion. In such case, the Contractor shall be liable to the District for any additional cost occasioned to the District.

**ARTICLE 17  
COMPLIANCE WITH LAWS**

The Contractor shall comply with all applicable Federal, State, and local laws, statutes, codes, ordinances, rules, and regulations, and the orders and decrees of any court, or administrative bodies or tribunals, in any manner affecting the performance of this Contract, including, without limitation licensing laws and regulations. In particular, Contractor represents he/she shall comply with Chapter 305 of the Texas Government Code, including reporting requirements regarding conflict of interest. When required, the Contractor shall furnish the Hospital District with satisfactory proof of its compliance.

It is expressly understood by the Contractor, that from the date of award of this Contract to one (1) year after termination or expiration of Contract's term, the Contractor is prohibited from providing gifts of any form to any Board member, the Administrator, any District official, or any District employee.

**ARTICLE 18  
INDEMNIFICATION**

**THE CONTRACTOR SHALL SAVE HARMLESS THE HOSPITAL DISTRICT AND ITS OFFICERS AND EMPLOYEES FROM ALL CLAIMS AND LIABILITY DUE TO ACTIVITIES OF ITSELF, ITS AGENTS, OR EMPLOYEES PERFORMED UNDER THIS CONTRACT AND WHICH ARE CAUSED BY OR RESULT FROM ERROR, OMISSION, OR NEGLIGENT ACT OF THE CONTRACTOR OR OF ANY PERSON EMPLOYED BY THE CONTRACTOR. THE CONTRACTOR SHALL ALSO SAVE HARMLESS THE HOSPITAL DISTRICT FROM ANY AND ALL EXPENSE, INCLUDING, BUT NOT LIMITED TO, ATTORNEY FEES WHICH MAY BE INCURRED BY THE HOSPITAL DISTRICT IN LITIGATION OR OTHERWISE RESISTING SAID CLAIM OR LIABILITIES WHICH MAY BE IMPOSED ON THE COUNTY AS A RESULT OF SUCH ERROR, OMISSION, OR NEGLIGENT ACTIVITY BY THE CONTRACTOR.**

**ARTICLE 19  
CONTRACTOR'S RESPONSIBILITY**

The Contractor shall be responsible for the accuracy of its work and shall promptly make necessary revisions or corrections resulting from its errors, omissions, or negligent acts without compensation.

**ARTICLE 20  
RETENTION, AVAILABILITY OF RECORDS AND AUDIT REQUIREMENTS**

The Contractor shall maintain all books, documents, papers, accounting records, and other evidence pertaining to cost incurred and shall make such materials available at its office during the Contract period and for four (4) years from the date of final payment under this Contract or until pending litigation has been completely and fully resolved, whichever occurs last. The Hospital District or any of its duly authorized representatives shall have access during normal business hours to any and all books, documents, papers, and records of the Contractor which are directly pertinent to this Contract for the purpose of making audits, examinations, excerpts, transcriptions, and for checking the amount of work performed by the Contractor.

**ARTICLE 21  
SUCCESSORS AND ASSIGNS**

The Contractor and the Hospital District do hereby bind themselves, their successors, executors, administrators, and assigns to each other party of this Contract and to the successors, executors, administrators, and assigns of such other party in respect to all covenants of this Contract.

The Contractor shall not assign, subcontract, or transfer its interest in this Contract without the prior written consent of the Hospital District.

**ARTICLE 22  
SEVERABILITY**

In the event any one or more of the provisions contained in this Contract, for any reason, shall be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and; this Contract shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

**ARTICLE 23  
PRIOR CONTRACT SUPERSEDED**

This Contract constitutes the sole agreement of the parties hereto and supersedes any prior understandings or written or oral contracts between the parties respecting the subject matter defined herein.

**ARTICLE 24  
AUTHORITY TO ACT AS LOBBYIST**

Contractor warrant that he is registered as a lobbyist as required under Chapter 305 of the Texas Government Code; that Contractor is authorized by law to act as a lobbyist for the Hospital District; that there is no legal or ethical impediment to Contractor acting as a lobbyist for the District; and that Contractor shall immediately communicate to the District in writing any change in Contractor's' status as a registered lobbyist or authority to lawfully and ethically act as a lobbyist for the District.

**ARTICLE 25  
CONFIDENTIALITY**

During and after the Term of this Contract, Contractor agrees to strictly maintain the confidentiality of all information pertaining to the Hospital District and its personnel not open to the public under the Texas Public information Act (Tex. Gov't Code Ann., Chapter 552) and will not use any such information to the detriment of the District or its officers or employees at any time. In the event any member of the public or media requests information pertaining to the District or its personnel from the Contractor, Contractor shall immediately direct the requesting party to the custodian of public information designated by the District and shall also immediately notify the District of the request.

**ARTICLE 26  
CONFLICT OF INTEREST**

Contractor affirms and warrants that he has no conflict of interest regarding the services to be provided under this Contract that would affect the representation undertaken herein. Contractor warrants that all representation within the last three (3) calendar years, by Contractor of an interest adverse to or conflicting with any interest of the Hospital District or any of its departments, boards,

employees or appointed and officials, has been fully disclosed in writing to the District. Contractor must provide the District with a list of any clients or business associates of the Contractor any of Contractor's employees or subcontractors which may have any interest in District projects or legislation covered under this Contract. This list shall include the nature of the interest the client or business has in the District project or legislation. Contractor has an obligation to update the list as new clients, associates or interests develop. Such notice should be given 3 business days after Consultants obtain the additional information.

**ARTICLE 27  
INDEPENDENT CONTRACTOR RELATIONSHIP**

Nothing herein shall be construed as creating a relationship of employer and employee between the Parties. The Contractor shall be deemed at all times to be an independent contractor. The Hospital District shall not be subject to any obligations or liabilities of the Contractor incurred in the performance of this Contract. The Contractor expressly agrees to indemnify and hold harmless the District, its agents, officer, and employees, for any and all liabilities and obligations incurred due to any breach of contract or negligent acts or omissions or other defalcations on the part of Contractor.

**ARTICLE 28  
NOTICES**

All notices from one party to another, required under this Contract, shall be personally delivered or mailed to such party at the following respective address:

**HOSPITAL DISTRICT**

Jonny F. Hipp, Administrator  
Nueces County Hospital District  
555 N. Carancahua, Suite 950  
Corpus Christi, TX 78401

**CONTRACTOR**

Patricia A. Shipton  
919 Congress Ave., Suite 1030  
Austin, Texas 78701

**ARTICLE 29  
VENUE AND GOVERNING LAW**

Venue shall be in Nueces County, Texas. This Contract shall be construed under and in accord with the law of the State of Texas.

**IN WITNESS WHEREOF**, this Contract is effective July 1, 2025

**NUECES COUNTY HOSPITAL DISTRICT**

By: Jonny F. Hipp  
Jonny F. Hipp  
Administrator/CEO

Digitally signed by Jonny F. Hipp, ScD, LFACHE  
Date: 2025.07.01 15:35:26 -05'00'

Date: \_\_\_\_\_

**CONTRACTOR**

By: Patricia A. Shipton  
Patricia A. Shipton

Date: July 15, 2025

**List of Attachments:**

- Attachment A – Services to be provided by Hospital District
- Attachment B – Services to be provided by Contractor

**ATTACHMENT A**  
**SERVICES TO BE PROVIDED BY HOSPITAL DISTRICT**

1. Provide overall direction and day-to-day coordination, clarification, and information about the Hospital District's Texas legislative, regulatory, agency, and departmental, and state-funding objectives when the Legislature is not in Session.

**ATTACHMENT B**  
**SERVICES TO BE PROVIDED BY CONTRACTOR**

The Hospital District's primary objective under this Contract is to identify state-provided funding as described below. The secondary objectives are to represent the interests of the Hospital District.

When the Texas Legislature is not in Session:

**A. Primary Objectives:**

1. Research and identify state regulatory, agency, department, and other state-provided funding opportunities relating to graduate medical education and recruitment and retention of physicians.
2. Research and identify state regulatory, agency, department, and other state-provided funding opportunities relating to public health services, mental health services, mental health facilities, and emergency medical services.
3. Research and identify state regulatory, agency, department, and other state-provided funding opportunities relating to diversion of persons from jails and other detention facilities, including, but not necessarily limited to the following programs or services: Crisis Intervention, Jail Diversion, Mobile Crisis Outreach, Jail-Based Competency Restoration, Walk-In Crisis Intervention, and Forensic Assertive Community Treatment.

**B. Secondary Objectives:**

1. Represent the interests and concerns of the Hospital District to lawmakers in both houses of the Legislature and their staff.
2. Represent the interests and concerns of the Hospital District to Texas regulators, agencies, departments, and state entities providing funding and their heads and staff.
3. Monitor proposed rules and persuade state regulators, agencies, and departments to write and support rules that benefit the Hospital District.
4. Monitor proposed legislation, amendments, budget, and rule-making discussions relevant to the Hospital District.
5. Monitor of legislative committee hearings, interim committee meetings, rule-making hearings, studies underway, and notices of legislation being proposed that are relevant to the Hospital District.
6. Inform heads and staff of state regulators, agencies, and departments as needed regarding the Hospital District's priorities.
7. Utilize existing relationships with lawmakers and their staff, as well as state regulatory, agency, and departments heads and staff, to further the interests of the Hospital District.

8. Provide guidance on defeating, supporting, or amending regulatory, agency, and department rule proposals as necessary to preserve and protect the interests of the Hospital District.
9. Provide updates to the Hospital District on issues of interest or concern to the District.
10. Assist and advise the Board and Administrator with preparation of verbal and written comments on rules proposed by state regulators, agencies, and departments and consult regarding the District's communication efforts.
11. Provide briefings as needed to the Board and Administrator regarding any action taken at interim committee meetings, rule-making hearings, studies underway, and notice of legislation or action being proposed that affects the interests of the Hospital District.
12. Monitor interim committee meetings, rule-making hearings, and studies underway relating to public health services, mental health services, and emergency medical services.
13. Monitor interim committee meetings, rule-making hearings, and studies underway relating to the Hospital District including, but not necessarily limited to the following programs and services: graduate medical education and recruitment and retention of physicians.
14. Monitor interim committee meetings, rule-making hearings, and studies underway relating to diversion of persons from jails and other detention facilities, including, but not necessarily limited to the following programs or services: Crisis Intervention, Jail Diversion, Mobile Crisis Outreach, Jail-Based Competency Restoration, Walk-In Crisis Intervention, and Forensic Assertive Community Treatment.
15. Monitor interim committee meetings, rule-making hearings, and studies underway relating to the Hospital District including, but not necessarily limited to the following: Indigent Health Care, Legislative Expansions and Mandates Affecting Hospital Districts, Intergovernmental Transfers, Hospital District Property Taxes , Hospital District Finances, Use of Hospital District Funds, Eminent Domain, Board appointments, terms, qualifications for office, and removal, Medicaid, Medicaid Supplemental Payment Programs, Supplemental Payment Programs sponsored by the Texas Health and Human Services Commission, Tax Increment Financing, Bonds and Certificates of Obligation, Alternative Debt Financing Methods, and Sale of Real Property.

# # #



\*VG-12-2025-2025000327\*

Nueces County  
Kara Sands  
Nueces County Clerk

Instrument Number: 2025000327

Public Notice

PUBLIC NOTICES

Recorded On: July 31, 2025 09:28 AM

Number of Pages: 10

" Examined and Charged as Follows: "

Total Recording: \$0.00



STATE OF TEXAS  
Nueces County

I hereby certify that this Instrument was filed in the File Number sequence on the date/time printed hereon, and was duly recorded in the Official Records of Nueces County, Texas

Kara Sands  
Nueces County Clerk  
Nueces County, TX

\*\*\*\*\* THIS PAGE IS PART OF THE INSTRUMENT \*\*\*\*\*

Any provision herein which restricts the Sale, Rental or use of the described REAL PROPERTY because of color or race is invalid and unenforceable under federal law.

File Information:

Document Number: 2025000327  
Receipt Number: 20250731000032  
Recorded Date/Time: July 31, 2025 09:28 AM  
User: Rachel R  
Station: CLERK06

Record and Return To:

NUECES COUNTY HOSPITAL DISTRICT



**Kara Sands**

Nueces County Clerk  
901 Leopard St #201  
Corpus Christi, TX 78401

**Main:** (361)888-0580

**Receipt:** 20250731000032

**Date:** 07/31/2025

**Time:** 09:28AM

**By:** Rachel R

**Station:** CLERK06

**Status:** ORIGINAL COPY

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<u>Seq</u>	<u>Item</u>	<u>Document Description</u>	<u>Number</u>	<u>Number Of</u>	<u>Amount</u>	<u>Serial Number</u>
1	Public Notice	PBN	2025000327	10	\$0.00	

**Order Total (1)** \$0.00

<u>Seq</u>	<u>Payment Method</u>	<u>Transaction Id</u>	<u>Comment</u>	<u>Total</u>
1				\$0.00

**Total Payments (1)** \$0.00

**Change Due** \$0.00

NUECES COUNTY HOSPITAL DISTRICT

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For more information about the County Clerk's office and to search property records online, please visit <http://www.nuecesco.com/county-services/county-clerk>



# Nueces County Hospital District

RECEIVED

JUL 31 2025

KARA SANDS  
CLERK OF THE COUNTY COURT  
NUECES COUNTY, TEXAS

## NOTICE OF PUBLIC MEETING

### BOARD OF MANAGERS

**Board of Managers - Regular Meeting  
Tuesday, August 5, 2025 at 12:00 PM**

**Location:**

**Board of Managers Meeting Room, 555 N. Carancahua Street, Room 950-A, Corpus Christi, Texas 78401**

The Nueces County Hospital District ("NCHD") Board of Managers or a Committee thereof as specified above will hold a meeting on the date and at the time and location shown above. The agenda item(s) for the meeting are set forth on the accompanying page(s). Agenda item(s) are not necessarily considered in the order listed.

The specified NCHD Board of Managers meeting will be held in-person and via videoconference call. Public participation will be available in-person as well as via videoconference call as allowed under the Texas Open Meetings Act ("Act"). It is the intent that a quorum of the Board of Managers or Committee as required for the specified meeting will be physically present at the meeting location posted in this meeting notice. It is also the intent that the Board member presiding over the meeting be physically present for the specified meeting at the meeting location posted in this meeting notice. Any member of the Board of Managers participating by videoconference call will be visible and audible to the public whenever the member is speaking; Board member participation by audio-only is not permitted. Any member of the public wishing to observe or participate in the meeting via videoconference call may do so through the videoconference call meeting Internet link shown on this meeting notice below and via NCHD's BoardBook meeting management system at <https://meetings.boardbook.org/Public/Organization/1886>.

The Act defines a "videoconference call" as a communication conducted between two or more persons in which one or more of the participants communicate with the other participants through duplex audio and video signals transmitted over a telephone network, a data network, or the Internet. NCHD will use Zoom to conduct the meeting via videoconference call; Zoom is a cloud-based communications platform that allows users to connect with video, audio, phone, and chat. Using Zoom requires an Internet connection and a supported device.

The agenda for this meeting and its supporting materials are available at: <https://meetings.boardbook.org/Public/Organization/1886>.

The Meeting may be attended in-person or via videoconference call:

**Videoconference Call:**

Click the link below or copy and paste the link into a supported web browser address bar.

<https://nchdcc-org.zoom.us/j/5746765992?pwd=T2RVWFBBpZGJYdHYyQmp1VUdZeUc3Zz09>

Meeting ID: 574 676 5992

Passcode: 195957

**Telephone:**

Dial any telephone number below and enter the Meeting ID and Passcode above if required.

One tap mobile:

+13462487799,,5746765992# US (Houston)

+16699006833,,5746765992# US (San Jose)

Dial by your location:

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

+1 719 359 4580 US

+1 253 205 0468 US

+1 253 215 8782 US (Tacoma)

+1 669 444 9171 US

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 646 931 3860 US

+1 689 278 1000 US

+1 929 205 6099 US (New York)

Find your local number: <https://nchdcc-org.zoom.us/u/kbKxLl8Eq4>



**BOARD OF MANAGERS**  
**Board of Managers - Regular Meeting**  
**Tuesday, August 5, 2025 at 12:00 PM**

**AGENDA**

**1. WELCOME**

**2. ROLL CALL OF MEMBERS**

- Belinda Flores, Chairman
- Vishnu V. Reddy, Vice Chair
- Sylvia Tryon Oliver
- Mariana Garza
- Efrain Guerrero, Jr.
- Georgia Neblett
- Karen O'Connor Urban

**3. CALL TO ORDER, ESTABLISHMENT OF QUORUM, MEETING POSTING CONFIRMATION, AND CLOSED MEETING NOTICE:**

A. Call to order.

B. Establish quorum.

C. Confirm posting of Meeting's public notice in accordance with Texas Open Meetings Act, Texas Government Code, Chapter 551.

D. Public notice is hereby given that the Board of Managers may elect to go into Closed Meeting session(s) at any time during the meeting to discuss any matter(s) listed on the agenda when so authorized by the provisions of the Open Meetings Act, Texas Government Code, Chapter 551.

**4. ANNOUNCEMENT ON DISCLOSURE OF CONFLICTS OF INTEREST.** Any Conflicts of Interest or Appearance of a Conflict of Interest with items on this agenda shall be declared at this time. Members with conflicts will refrain from voting and are asked to refrain from discussion on such items. Conflicts discovered later in the meeting shall be

disclosed at that time.

## 5. REGULAR SESSION

**A. PUBLIC COMMENT** - This section provides the public the opportunity to address the Board on any issues within its authority. Persons attending in-person and wishing to comment on any item(s) on the agenda or any subject within the Board's responsibilities must sign-in on the "Agenda Item Request to Speak" form provided at the entrance of the Board meeting room at least five (5) minutes prior to commencement of the meeting. Persons attending via audio or video conference and wishing to comment on any item(s) on the agenda or any subject within the Board's responsibilities must verbally notify the presiding officer of their desire to comment when the officer calls for public comment from those attending via audio and video conference. Commenters shall limit their comments to three (3) minutes, except that commenters addressing the Board through a translator shall limit their comments to six (6) minutes. The presiding officer may, if he/she deems it necessary, limit both the number of commenters and the time allotted to each commenter. Under the law, the Board may only take action on items specifically listed on the agenda. Subject matter presented which is not part of the agenda will be referred to District staff for review if appropriate. Materials submitted to the Board during public comment will not be returned. At least ten (10) copies of any document to be used by any commenter should be available for distribution to the Board. The commenter is responsible for preparation of the copies. The commenter's name and, if applicable, meeting agenda item number should be clearly marked on such documents.

**B. CONSENT AGENDA** - The Consent Agenda consists of those agenda items which are routine, administrative in nature, not in need of separate attention, and which a member of the Board has not requested be discussed separately. If requested to be discussed separately, that agenda item will be removed from the Consent Agenda by the presiding officer to the Regular Agenda and discussed as a part of the Regular Agenda at the appropriate time. All remaining items listed under the Consent Agenda will be voted upon in a single vote:

1. Approve Board of Managers Regular Meeting minutes of July 1, 2025.
2. Receive listing of new vendors as of July 31, 2025; listing provided pursuant to Board of Managers Bylaws, §2.1.B and Texas Local Government Code, Chapter 176.
3. Receive summary payment information on Nueces County health care disbursements for Fiscal Year 2025 year-to-date:

- a. Salaries, benefits, and supplies at/for the City of Corpus Christi/Nueces County Public Health District;
- b. Emergency medical services provided in unincorporated areas of Nueces County;
- c. Supplemental and jail diversion program funding for Nueces Center for Mental Health and Intellectual Disabilities;
- d. Medical services provided at County correctional facilities:
  - 1. Nueces County Jail; and
  - 2. Nueces County Juvenile Detention Center;
- e. Funding for alcohol and drug abuse treatment programs:
  - 1. Cenikor (Charlie's Place); and
  - 2. Council on Alcohol and Drug Abuse;
- f. Funding for diabetes prevention and supporting programs; and
- g. Public health grants. (*Finance Committee*)

4. Receive summary imputed claims information on medical and hospital care provided to the Nueces Aid Program population consistent with the CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement for fiscal year-to-date period-ended June 30, 2025. (*Finance Committee*)

5. Receive fiscal year-to-date Specified Annual Percentage-related revenue reports; revenue receipts pursuant to CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement, Section 5.03. (*Finance Committee*)

6. Receive statement of amounts deposited to and/or withdrawn from Local Provider Participation Fund for fiscal year-to-date; deposits and withdrawals pursuant to Board of Managers Order authorizing participation in a health care provider participation program pursuant to Texas Health and Safety Code, Chapter 298C, as amended. (*Finance Committee*)

7. Receive summary report of cumulative actual intergovernmental transfers (IGTs) made in support of local and other healthcare providers participating in Medicaid directed and supplemental payment programs sponsored by the Texas Health and Human Services Commission (HHSC), and receive estimates of provider payments resulting from the IGTs:

a. Directed Payment Programs - IGTs for HHSC's Medicaid managed care organization payments to healthcare providers that support overall Medicaid program goals and objectives:

1. Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS);
2. Comprehensive Hospital Increase Reimbursement Program (CHIRP);
3. Network Access Improvement Program (NAIP); and
4. Texas Incentives for Physicians and Professional Services (TIPPS); and

b. Supplemental Payment Programs - IGTs for HHSC Medicaid payments made to hospitals, separate from and in addition to base payments, for achieving certain goals or to support health care providers that see significant numbers of uninsured or persons without much money:

1. Disproportionate Share Hospital (DSH);
2. Graduate Medical Education (GME);
3. Hospital Augmented Reimbursement Program (HARP); and
4. Hospital Uncompensated Care (UC). (*Finance Committee*)

C. **REGULAR AGENDA** - The Regular Agenda consists of those agenda items which are non-routine, not administrative in nature, or are otherwise in need of separate attention. Each Regular Agenda item will be voted upon separately if action is required:

1. Finance Committee:

a. Financial Statements:

1. Receive and approve unaudited financial statements for the month and fiscal year-to-date period ended June 30, 2025. (**ACTION**)

b. Investment Report:

1. Receive and approve Quarterly Investment Report for fiscal quarter-ended June 30, 2025 and ratify related investment transactions. (**ACTION**)

c. Fiscal Year 2026 Budget:

1. Receive and discuss Nueces County FY 2026 Budget Planning Schedule. (**INFORMATION**)
2. Receive information on and discuss Nueces County RFP No. 3315-25 relating to the acquisition of Jail Medical Services. (**INFORMATION**)

**2. Community Mental Health Initiatives:**

a. Receive and discuss report and information from Nueces Center for Mental Health and Intellectual Disabilities ("MHID") relating to work performed under agreements between Nueces County, MHID, and Hospital District for the fiscal quarter ended June 30, 2025. (*INFORMATION*)

**3. Administrator's Actions:**

a. Ratify Administrator's action(s) performed as part of his duties directing the affairs of the Hospital District and/or as required by the Board of Managers; duties established pursuant to Texas Health and Safety Code, §281.026(e):

1. Execution of the Medicaid-Related Network Access Improvement Program (NAIP) Intergovernmental Transfer (IGT) Responsibility Contract (HHSC Contract No. HHS001580600008) with the Texas Health and Human Services Commission benefiting participating public hospitals in Nueces County. Contract period is from August 10, 2025, through July 10, 2026. NAIP is a pass-through payment program established under Texas's Section 1115 Medicaid waiver. (*ACTION*)

**4. Administrator's Briefing:**

a. Receive an update on recent changes to the Texas Open Meetings Act regarding the minimum posting time required for meeting notices and new provisions related to the discussion or adoption of a governmental body's budget. (*INFORMATION*)

b. Execution of Personal Services Contract with Joel J. Romo for personal consulting services to identify state graduate medical education and other funding, and represent the Hospital District's interests when the Legislature is not in Session; Contract term July 1, 2025 through December 31, 2025. (*INFORMATION*)

c. Execution of Personal Services Contract with Patricia A. Shipton for personal consulting services to identify state graduate medical education and other funding, and represent the Hospital District's interests when the Legislature is not in Session; Contract term July 1, 2025 through December 31, 2025. (*INFORMATION*)

d. Next scheduled Board of Managers and Board Committee regular meetings (all meetings' dates, times, and locations are subject to change):

1. Finance Committee Workshop: Tuesday, August 26, 2025, 10:00 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401;

2. Finance Committee: Tuesday, August 26, 2025, 11:00 AM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401;

3. Board of Managers: Tuesday, August 26, 2025, 12:00 PM in NCHD Board of Managers Meeting Room at 555 North Carancahua Street, Room 950-A, Corpus Christi, Texas 78401. (**INFORMATION**)

6. **CLOSED MEETING** - Public Notice is hereby given that the Board of Managers may go into closed meeting session(s) at any time during the meeting to discuss any matter(s) listed on the agenda, when so authorized by the provisions of the Open Meetings Act, Texas Government Code, Chapter 551. *To the extent there has been a past practice of distinguishing items for public deliberation and those for executive session, the public is advised that the Board is departing from that practice and reserves the right to discuss any listed agenda items in a closed meeting when authorized by law to do so.* When the Board goes into closed session(s) regarding an agenda item(s), the section(s) of the Open Meetings Act authorizing the closed session will be publicly announced by the presiding officer. Should any final action, final decision, or final vote be required in the opinion of the Board with regard to any matter considered in closed session(s), then the final action, final decision, or final vote shall be either: (a) in the open meeting covered by the Notice upon reconvening of the public meeting; or (b) at a subsequent public meeting of the Board upon notice thereof, as the Board shall determine pursuant to applicable laws. The Board specifically expects to go into a closed session(s) on the matters listed below pursuant to the Act, §551.071.

A. Consult with attorneys regarding the use of intergovernmental transfers (IGTs) related to Medicaid payment programs administered by the Texas Health and Human Services Commission and related matters.

B. Consult with attorneys on matters related to the CHRISTUS Spohn Health System Corporation Amended and Restated Membership Agreement and related matters.

C. Consult with attorneys on matters related to the Corpus Christi Housing Authority and related matters.

D. Consult with attorneys on matters related to CPS Energy and related matters.

E. Consult with attorneys on matters relating to promotional agreement and related matters.

**7. OPEN MEETING** - Following the Closed Meeting, the Board of Managers will reconvene the Open Meeting prior to taking any action(s) on matters considered in the Closed Meeting or adjourning the meeting.

A. Discuss and consider final action, decision, or vote on matters considered in Closed Meeting. (*ACTION AS NEEDED*)

**8. ADJOURN**

9. Public Notice Posting Receipt.