BOARD OF TRUSTEES

Public Meeting Agenda

HARRISHEALTH

SPECIAL CALL BOARD MEETING

Wednesday, November 11, 2026 | 10:00 AM

(or immediately following the Dialysis Center at Quentin Mease Governing Body meeting)

4800 Fournace Place, Bellaire, TX 77401 | 1st Floor Board Room

Notice: The meeting may be viewed online: https://harrishealthtx.new.swagit.com/views/432/live, and some members of the Board may participate by videoconference.

Mission

Harris Health is a public, integrated health system dedicated to improving the health of our communities by delivering high-quality, person-centered care in collaboration with community and academic partners.

AGENDA

I.	**Call to Order and Record of Attendance**	**Dr. Andrea Caracostis**	**1 min**
II.	**Announcements / Special Presentations**	**Dr. Andrea Caracostis**	**5 min**

A. CEO Report Including Special Announcements **– *Dr. Esmaeil Porsa***

- Wall Breakings for Greater Alief Clinic and Pasadena Square Health Center
- LBJ Receives National Recognition for Meritorious Outcomes from American College of Surgeons
- Update on Planning for Staffing of John M. O'Quinn Hospital

III.	**Public Comment**	**Dr. Andrea Caracostis**	**3 min**
IV.	**Consent Agenda Items**	**Dr. Andrea Caracostis**	**3 min**

A. Consent Grant Recommendations

1. Consideration of Approval of Grant Recommendations (Item A1 of the Grant Matrix) **– *Ms. Sara Morales***
   [See Attached Grant Matrix: November 11, 2026]

B. Consent Contract Recommendations

1. Consideration of Approval of Contract Recommendations (Item B1 of the Contract Matrix) **– *Mr. Patrick Casey***
   [See Attached Contract Matrix: November 11, 2026]

C. New Consent Items for Board Approval

1. Consideration of Approval of a Resolution Creating Rules and Authorizing Harris County Hospital District Response to New Requirements Related to Harris County Hospital District's Participation in a Healthcare Provider Participation Program, Applicable to Mandatory Payments for Assessment Periods Beginning on or After October 1, 2026, Requiring Use of the Medicare Cost Report as the Basis to Separately Calculate Inpatient and Outpatient Net Patient Revenue Based on the Medicare Upper Payment Limit Methodology, and Requiring Revenue from all Mandatory Payments Imposed for Assessment Periods Beginning on or After October 1, 2026 to be Deposited in a New Separate Harris County Hospital District Healthcare Provider Participation Program Depository Account ***– Ms. Victoria Nikitin***

[End of Consent Agenda]

V.	**Item(s) Related to the Health Care for the Homeless Program**	**Dr. Andrea Caracostis**	**10 min**
A.	Review and Acceptance of the Following Reports for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health to Provide Health Services to Persons Experiencing Homelessness Under Section 330(h) of the Public Health Service Act ***– Dr. Jennifer Small, Dr. Roslyn Aduhene-Opoku, and Ms. Tracey Burdine***		*(9 min)*
	• HCHP November 2026 Operational Update		
B.	Consideration of Approval of the HCHP Quarterly Budget Summary Report ***– Dr. Jennifer Small and Ms. Tracey Burdine***		*(1 min)*
VI.	**Executive Session**	**Dr. Andrea Caracostis**	**55 min**
A.	Review of the Health Care for the Homeless Program (HCHP) Quality Management Report, Pursuant to Tex. Occ. Code Ann. §151.002 and Tex. Health & Safety Code §161.032, Including Consideration of Approval of the HCHP Quality Management Report Upon Return to Open Session ***– Dr. Roslyn Aduhene and Dr. Jennifer Small***		*(5 min)*
B.	Deliberation Regarding the Purchase, Exchange, Lease or Value of Real Property, Pursuant to Tex. Gov't Code §§551.071, 551.072, Including Possible Action Upon Return to Open Session ***– Ms. Sara Thomas and Mr. Louis Smith***		*(30 min)*
C.	Discussion Regarding the Chief Executive Officer (CEO) Evaluation, Pursuant to Tex. Gov't Code Ann. §551.074, and Possible Action Upon Return to Open Session ***– Board of Trustees***		*(20 min)*
VII.	**Reconvene**	**Dr. Andrea Caracostis**	**2 min**
VIII.	**Adjournment**	**Dr. Andrea Caracostis**	**1 min**

HARRISHEALTH

Public Comment Registration Process

Pursuant to Texas Government Code Ann. §551.007, members of the public are invited to attend the regular meetings of the Harris Health Board of Trustees and may address the Board during the public comment segment regarding an official agenda item that the Board will discuss, review, take action upon, or regarding a subject related to healthcare or patient care rendered at Harris Health. Public comment will occur prior to the consideration of all agenda items.

If you have signed up to attend as a virtual Public Speaker, a meeting link will be provided within 24-48 hours of the scheduled meeting. Notice: Virtual public speakers will be removed from the meeting after speaking and have the option to join the meeting live via **https://harrishealthtx.new.swagit.com/views/432/live**. *You must click the "Watch Live" hyperlink in the blue bar, located on the top left of the screen.*

How to Request to Address the Board of Trustees

Members of the public must register in advance to speak at the Harris Health Board of Trustees Board meetings. To register, members of the public may contact the Board of Trustees Office during core business hours, Monday through Friday between 8:00 a.m. to 4:00 p.m. Members of the public must submit registration no later than 4:00 p.m. on the day before the scheduled meeting using the following manners:

1. Providing the requested information located in the "Speak to the Board" tile found at https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx.
2. Printing and completing the downloadable registration form found at https://www.harrishealth.org/about-us-hh/board/Documents/Public%20Comment%20Registration%20Form.pdf
   2a. A hard copy may be emailed to BoardofTrustees@harrishealth.org
   2b. A hard copy may be mailed to 4800 Fournace Pl., Ste. E618, Bellaire, TX 77401
3. Contact a Board of Trustees staff member at (346) 426-1524 to register verbally or by leaving a voicemail with the required information denoted on the registration form

Prior to submitting a request to address the Harris Health Board of Trustees, please take a moment to review the guidelines to be observed during the Public Comment portion of the meeting.

Rules During Public Comment Period

The presiding officer of the Board of Trustees or the Board Secretary shall keep the time for speakers.

Time Limits

A speaker whose subject matter, as submitted, relates to an identifiable item of business on the agenda will be requested by the presiding officer to come to the podium where they will be provided with three (3) minutes to speak. A speaker whose subject matter, as submitted, does not relate to an identifiable item of business on the agenda, will be provided with one (1) minute to speak. A member of the public who addresses the body through a translator will be given at least twice the amount of time as a member of the public who does not require the assistance of a translator.

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Wednesday, November 11, 2026

Consideration of Approval of Grant Recommendations
(Item A1 of the Grant Matrix)

Grant Recommendation(s):

A1. Grant Award

- Grantor: Harris Health Strategic Fund
- Term: Funds to be Distributed in November 2026
- Award Amount: $250,000.00
- Project Owner: Sara Morales

Grant Agenda Items for the Harris County Hospital District dba Harris Health, Board of Trustees Report
Grant Matrix: November 11, 2026

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
A1	Harris Health Strategic Fund	Consideration of approval of a grant award to support an Interdisciplinary Nursing-led Clinic at Martin Luther King, Jr. Health Center.	Grant Award	Funds to be Distributed in November 2026	Sara Morales	$ 250,000.00
					TOTAL AMOUNT:	**$ 250,000.00**

Wednesday, November 11, 2026

Consideration of Approval of Contract Recommendations
(Item B1 of the Contract Matrix)

Contract Recommendation(s):

B1. Ratification of a New Interlocal Agreement

- Contractor: Harris County Department of Economic Equity and Opportunity (DEEO)
- Project Owner: Patrick Casey
- Term: November 15, 2026 – September 30, 2027
- Amount: $633,284.82

Contract Agenda Item(s) for the Harris County Hospital District d/b/a Harris Health, Board of Trustees Report
Contract Matrix: November 11, 2026

No.	Contractor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Amount
B1	Harris County Department of Economic Equity and Opportunity (DEEO)	Consideration of Approval of a Ratification for a New Interlocal Agreement with the Harris County Department of Economic Equity and Opportunity (DEEO) to Provide Prevailing Wage Monitoring Services for Harris Health Construction Projects. **Harris Health will pay the County a fixed fee of $633,284.82, prorated through September 30, 2027.*	Ratification of a New Interlocal Agreement	November 15, 2026 through September 30, 2027	Patrick Casey	$ 633,284.82
					TOTAL AMOUNT:	**$ 633,284.82**

INTERLOCAL AGREEMENT FOR PREVAILING WAGE MONITORING SERVICES

This Agreement is between the Harris County Hospital District d/b/a Harris Health, a political subdivision of the State of Texas ("Harris Health"), and Harris County (the "County" or "DEEO"), a body corporate and politic organized under the laws of the State of Texas. Harris Health and the County are referred to herein collectively as the "Parties" and individually as a "Party." This Agreement is an interlocal agreement pursuant to Chapter 791 of the Texas Government Code.

RECITALS

Harris Health is the owner and operator of Ben Taub Hospital ("Ben Taub"), Lyndon B. Johnson Hospital ("LBJ") and numerous community health centers all situated in Harris County, Texas.

The County has established and maintains the Department of Economic Equity and Opportunity (DEEO), which ensures that construction contractors providing services to the County comply with Davis-Bacon Act wage rates and various other compliance-related functions;

Effective April 5, 2024, the Parties executed an Interlocal Agreement for Wage Rate Compliance Services (the "Existing ILA");

The Parties now seek to terminate the Existing ILA and replace it with this new Interlocal Agreement for Prevailing Wage Monitoring Services in order to clarify and expand the services to be provided by DEEO and provide additional resources for those services (this "Agreement").

TERMS

ARTICLE I: Effective Date; Term

1.1 This Agreement shall be effective on November 15. 2026 (the "Effective Date") and shall continue thereafter until September 30, 2027 (the "Initial Term") unless terminated sooner in accordance with Article VIII. This Agreement shall automatically renew annually under the same terms and conditions (each, a "Renewal Term") for the period of October 1st through September 30th of each year, unless either Party notifies the other Party in writing of its intent not to renew this Agreement at least sixty (60) days prior to the expiration of any one (1) year term. The Initial Term and any Renewal Term shall be referred to collectively as the "Term." The Agreement, however, is subject to annual funding for each one (1) year term as set forth in Article V of this Agreement. Harris Health shall not be liable for payment of any fees regardless of their nature or origin that become due after the effective date of termination or non-renewal of this Agreement.

1.2 Notwithstanding the foregoing, if this Agreement is not ratified by the Harris Health Board of Trustees at the next properly convened Board meeting after Harris Health's execution of this Agreement, this Agreement will be null and void, and neither Party will have any further obligations to the other hereunder. In the event of such termination, neither Party shall have any claims or liability against the other for any unperformed obligations under this Agreement as of the date of termination.

ARTICLE II: Termination of Existing ILA

2.1 The Existing ILA is hereby terminated as of the Effective Date of this Agreement.

ARTICLE III: Responsibilities of the Parties

3.1 Scope of Services. DEEO agrees to act as Harris Health's Wage Compliance Monitor and shall perform the following services (the "Services") and comply with the requirements of the Statement of Work attached hereto as Exhibit A:

A. Attend all pre-bid and pre-construction meetings to provide information and answer any questions about prevailing wage compliance and reporting requirements, including specific instructions on how to use DEEO's online certified payroll reporting system (hereinafter referred to as "LCPtracker") and common mistakes to avoid.

B. Review and verify that all subcontractors and contractors have submitted certified payroll records ("CPR") to LCPtracker, and that such certified payroll records include for each worker:

(i) Approved Job Classification, defined as a job classification included within the contract's wage decision, (ii) job certifications, (iii) wage rate, (iv) date, days and hours worked, with hours data provided both as a cumulative total and broken down by day, (v) an itemized list of fringe benefits paid by the employer, (vi) Contract Data as defined in Section 3.1(M) below, and (vii) employee data including at minimum the employee name, address, last 4 digits of employee's social security/personal identifying number.

C. Maintain open lines of communication with contractors' and subcontractors' representatives and timely respond to questions and concerns from those representatives related to the certified payroll reporting process and LCPtracker.

D. Provide a written report to Harris Health by the 15th day of each month identifying (i) any subcontractors or contractors who have not timely submitted their certified payroll records and (ii) any payroll records that do not comply with § 3.1.B above. In order to facilitate timely receipt of accurate CPR from all contractors and subcontractors, DEEO shall make good faith efforts to ensure the report contains up-to-date information effective as of two (2) business days prior to the date of the report.

E. Notify Harris Health of unresolved discrepancies or irregularities following engagement with the contractors. If issues remain unresolved after ten (10) business days, DEEO will elevate the matter to Harris Health through written email correspondence to the Project Management Liaison.

F. Provide Harris Health with digital reproducible copies of signage or flyers for worker notices related to anonymous reporting options, such as a hotline, email address or online location, for potential prevailing wage violations. DEEO shall ensure that any such anonymous reports are received and reviewed by DEEO personnel, as appropriate. Both Parties understand and agree that Harris Health, or its contractors, shall post signage at applicable Harris Health locations.

G. Conduct periodic visits to the construction site to perform field interviews with workers to obtain information related to subcontractor wage compliance. These visits must occur at regularly recurring intervals no less frequently than quarterly, to be determined by both Parties depending on the size and duration of each project. Each site visit must be conducted by DEEO personnel and coordinated in advance through Harris Health for safety reasons. DEEO shall not bring third-party representatives to a Harris Health construction site visit without the prior express written approval of the Administrator.

H. Document any discrepancies related to subcontractor or contractor wage compliance and include, within seven(7) business days following each visit to a construction site, such discrepancies in a report to Harris Health. If the discrepancy includes an allegation of a prevailing wage violation, the report shall also include the Qualifying Information described in 3.1(J) below.

I. Receive information and complaints from the field concerning potential prevailing wage violations.

J. Upon receipt of any information or complaints from the field concerning potential prevailing wage violations, or upon DEEO's independent discovery of potential wage violations, DEEO shall review certified payroll records to verify the nature of the information and complaint ("Verification"), and only after completing such Verification, provide prompt written notice ("Notice of Complaint") to Harris Health that includes the Qualifying Information necessary for Harris Health to initiate a review or investigation, where "Qualifying Information" is defined as: (i) a written summary of the information or complaint, (ii) the identity of the complainant or source of the information, if known, and (iii) the identity of the contractor and subcontractor to which the information or complaint relates. To the extent feasible, DEEO shall not share or communicate to any third-party any information or complaints received during performance of the Services before providing the Notice of Complaint to Harris Health. DEEO shall not take any follow-up action or provide any response to the complainant or any other third party about the complaint without Harris Health's express written authorization.

K. Respond promptly to all Harris Health inquiries or requests for documents related to the Services.

L. Harris Health has separately retained a Wage Compliance Auditor, whose role is to perform

other distinct duties related to wage compliance, including assessing and evaluating information and/or complaints received by Harris Health concerning alleged violations of prevailing wage laws. DEEO shall reasonably cooperate and coordinate with the Wage Compliance Auditor from time to time as requested by Harris Health.

M. The term "Contract Data" as referenced in Section 3.1(B) above, shall include, at a minimum the following information: (i) Name and address of Contractor or Subcontractor, (ii) correct payroll number, (iii) payroll week ending date, and (iv) location, name/number of project or project description.

3.2 DEEO represents and warrants that it has the necessary experience, capability, and competence to effectively perform the Services, and it shall assign to handle the Services staff with demonstrable experience on monitoring prevailing wages, handling compliance issues involving the Davis-Bacon and Related Acts, or working within the contracting community as a wage compliance officer or similar position. DEEO shall provide a personnel list to Harris Health identifying the experience and expertise of each personnel assigned to perform the Services within DEEO, and DEEO shall provide Harris Health 30 days' notice before replacing any such staff member who leaves or is reassigned, if possible.

3.3 DEEO shall interface and report to Harris Health's Senior Vice President of Facilities, Construction and Systems Engineering (the "Administrator") or their designee on all matters related to this Agreement.

3.4 Exclusions from DEEO's Services:

A. DEEO shall not take any actions or make any determinations required by Harris Health, as the "public body" under Texas Government Code Chapter 2258.

B. DEEO shall not make any representations to third-parties about Harris Health's wage compliance or Harris Health's determinations under Chapter 2258.

C. DEEO shall not represent Harris Health in any dispute proceedings or at any public hearing or commission, unless expressly authorized by Harris Health in writing.

D. DEEO shall not issue any notices of a wage violation, stop-work orders, or demands for payment from contractors without express written authorization from Harris Health. This Section 3.4(D) does not prohibit or restrict the issuance by DEEO of its corrective action LCPTracker admin notices.

E. Services beyond those set forth in Section 3.1 of this Agreement ("Additional Services") shall not be performed without a properly executed written amendment to this Agreement, which includes authorization for the expenditure of additional funds by Harris Health.

3.5 Harris Health Responsibilities

A. Within three (3) days after the Effective Date of this Agreement, Harris Health shall provide the following information to DEEO:

i. Dates, times, and locations of upcoming pre-bid and pre-construction meetings. Harris Health agrees to promptly, but no less than five(5) business days before such meeting, provide any updates to those schedules as they occur so that DEEO is at all times fully informed about Harris Health's current and upcoming projects that will require DEEO's Services, and

ii. A forecast of anticipated trades and subcontractor activity for the duration of each current and upcoming Project, including any known subcontractor names and the list of construction trades to be performed by each subcontractor. Harris Health agrees to provide this information to DEEO for each construction project within three (3) business days after receiving the same from each contractor(s).

B. Promptly after the Effective Date, Harris Health shall designate individuals to fill the following roles referenced in this Agreement: Corporate Communications Liaison, Government Relations Liaison, Project Management Liaison.

C. Harris Health shall ensure that the signage or flyers provided by DEEO for worker notices related to anonymous reporting options for potential prevailing wage violations are posted on all construction projects in a prominent location where all other worker notices are posted.

D. Harris Health shall respond promptly to requests for information from DEEO.

E. Harris Health shall facilitate discussions and information and document exchange between DEEO, the prime contractor for each Project, the Wage Compliance Auditor, and the Harris County Attorney's Office, as applicable.

F. Harris Health shall make good faith efforts to provide DEEO with supporting documents, rationale, and reports related to any determinations issued by Harris Health regarding prevailing wage allegations

G. Harris Health shall collaborate with DEEO on appropriate forms and documents provided to contractors by DEEO (i) during pre-bid and pre-construction meetings, and (ii) when corresponding with contractors during construction regarding missing documentation.

H. Harris Health shall collaborate with DEEO to review and approve appropriate templates for the monthly, quarterly and annual reports required by this Agreement.

I. Harris Health will ensure DEEO designated representatives (a) are invited promptly after Harris Health becomes aware of the scheduled dates, with a good faith effort to provide at least two (2) week's notice, to all Pre-Bid and Pre-Construction meetings, and (b) receive the scope of work for all projects.

3.6 Communications and Public Contact.

A. Harris Health is the public body charged with administering and enforcing wage compliance for its construction projects. Harris Health expects DEEO to coordinate all public statements related to DEEO's services and this Agreement with Harris Health.

B. DEEO shall follow the Collaborative Communications Framework attached to this Agreement as Exhibit A.

C. Except to the extent specifically delegated to DEEO in writing by Harris Health in advance, DEEO shall keep all information related to its Services confidential and shall not disclose to any third party (including contractors, subcontractors, workers, and labor unions,) any information related to any wage compliance issue, without express written authorization from Harris Health. DEEO shall also not make any public statements or issue any correspondence to any third party related to any wage compliance issue without Harris Health's express written authorization. For the sake of clarity, the Harris County Commissioners Court, the Harris County Auditor, and other departments within Harris County are each not considered a "third party" as that term is used in this section. The obligations of this Section 3.6(C) do not apply to (i) any requirements to disclose information or provide documentation as may be required by a court order from any court having applicable jurisdiction and (ii) any Party's obligations to comply with the Texas Public Information Act pursuant to Article XIII below.

D. DEEO's obligations in this provision shall survive termination of this Agreement for a period of two (2) years.

ARTICLE IV: **Compensation**

4.1 For the services set forth in this Agreement during the Initial Term, Harris Health agrees to pay County a fixed fee of $633,284.82, prorated through September 30, 2027, payable within thirty (30) days after the Effective Date of this Agreement. Upon expiration of the Initial Term, and so long as this Agreement has been renewed according to the terms of Article I, Harris Health shall pay to the County the amount of $722,340.50 per year ("Annual Fee"), payable upon commencement of each Renewal Term, to cover the twelve-month Renewal Term period. The Annual Fee includes, but is not limited to, all intended and unintended labor, equipment, materials, and supplies, as well as all intended and unintended expenses, costs, fees, and/or other liabilities incurred by DEEO in its performance of the Services.

4.2 The Annual Fee shall remain fixed for the Initial Term and the first Renewal Term of this Agreement. Beginning with the second (2^{nd}) Renewal Term, Harris Health may adjust the Annual Fee downwards to reflect the actual anticipated costs necessary to perform the Services based on Harris Health's upcoming construction activity, so long as Harris Health provides the revised costs to DEEO at least ninety (90) days prior to the start of the applicable Renewal Term. Any request from DEEO to increase the Annual Fee shall be submitted to Harris Health at least ninety (90) days prior to the start of a Renewal Term and shall include documents supporting that the increased rates are based on

reasonably estimated increased costs for DEEO to perform the Services and considering Harris Health's anticipated upcoming construction schedule.

4.3 By May 31st of each year, Harris Health will provide DEEO a forecast of upcoming construction activity to assist the Parties with workforce planning and inform negotiation of any changes to the cost of services during a Renewal Term.

ARTICLE V: **Limit of Appropriation**

5.1 Prior to execution of this Agreement, the County has been advised by Harris Health and the County clearly understands and agrees, such understanding and agreement being of absolute essence of this Agreement, that Harris Health has available the total maximum sum of **$633,284.82** specifically allocated to fully discharge any and all liabilities that may be incurred by Harris Health during the Initial Term, including any and all costs for any and all things or purposes, arising under or out of this Agreement, irrespective of their nature, and notwithstanding any word, statement or thing contained in or inferred from other provisions of this Agreement, which might in any light by any person be interpreted to the contrary. County further understands and agrees, said understanding and agreement also being of the absolute essence to this Agreement that the total maximum compensation the County may become entitled to, and the total maximum sum that Harris Health is liable to pay the County under or in relation to this Agreement does not under any conditions, circumstances or interpretations exceed said sum of **$633,284.82** during the Initial Term.

5.2 County understands and agrees that the continued funding of this Agreement for a Renewal Term is subject to an annual approval process by Harris Health. County understands and agrees that should Harris Health determine in their sole discretion not to approve additional funds for the continuance of this Agreement, then and upon the occurrence of such event, Harris Health can, prior to the 30th day preceding the effective date of each Term hereof, terminate this Agreement in Harris Health's sole discretion, and Harris Health shall then have no further obligation to County beyond the expiration of the then current Term.

5.3 County is making no funds available to accomplish its obligations under this Agreement. Notwithstanding any other provision herein, County shall not be obligated to perform any services hereunder that would cost County in excess of the funds provided to County by Harris Health.

ARTICLE VI: Neither Party is obligated or liable for the performance of this Agreement to any entity other than the other Party to this Agreement. This Agreement shall not provide third parties with any remedy, cause, liability, reimbursement, claim of action or other right in law or in equity for any matter governed by or subject to the provisions of this Agreement.

ARTICLE VII:

7.1 County agrees to furnish all equipment, materials and tools necessary for the completion of its obligations at no additional charge to Harris Health. DEEO is not an employee or agent of Harris Health. All of the services required under this Agreement are performed by DEEO as an independent contractor.

ARTICLE VIII: Termination

8.1 Either Party may terminate this Agreement for convenience with 30 days' notice in writing to the other Party, with no penalty for early termination.

8.2 Either Party may terminate this Agreement for cause on seven (7) days' notice if the other Party materially breaches or violates any term, condition, or obligation in this Agreement, or if such other Party no longer possesses the legal authority necessary to effectively comply with the terms, conditions or obligations of this Agreement.

8.3 Upon termination for any reason, the following shall occur:

A. If requested by Harris Health, DEEO will provide the services under this Agreement to Harris Health for a sufficient period, not to exceed 90 days, to allow transition of the services back to Harris Health management and control (the "Transition Period").

B. DEEO shall make good faith efforts to ensure all CPR in LCPtracker for Harris Health's projects

are transferred to Harris Health or uploaded to a third-party software system, at Harris Health's discretion.

C. A pro rata portion of the Annual Fee will be returned to Harris Health within thirty (30) days after the later of i) the date of termination, or ii) the date the Transition Period is complete, if applicable.

ARTICLE IX: Nothing in this Agreement is construed as creating any personal liability on the part of any officer or agent of any public body that may be a Party to this Agreement.

ARTICLE X: County represents that neither DEEO nor any of its employees or principals who may be performing the Services are listed on any state or federal exclusion list.

ARTICLE XI: This Agreement constitutes the entire agreement between the Parties. No prior written or prior contemporaneous oral promise or representation is binding. This Agreement may not be amended, changed or extended except by written instrument signed by both Parties.

ARTICLE XII:

12.1 County understands that Harris Health maintains an ongoing, system-wide quality assessment and performance improvement ("QAPI") program, which includes the monitoring and assessment of the quality, efficiency, and safety of County's performance of Services. To that end, County shall furnish to Harris Health any and all information, records and other documents related to its provision of the Services under this Agreement that Harris Health may reasonably request to help it evaluate the quality, efficiency, and safety of County's performance of Services. If Harris Health determines that contract expectations are not being met by County, Harris Health will notify County in writing, and the parties will work together to develop an action plan ("Action Plan") to meet Harris Health's expectations. Should County fail to meet the expectations established in the Action Plan, Harris Health shall have the sole and exclusive right to immediately terminate this Agreement with written notice to County.

12.2 DEEO shall keep and maintain complete and accurate records of all documents, emails, and other communications related to the Services for a period of seven (7) years following the termination or expiration of this Agreement. Upon reasonable notice and during regular business hours, Harris Health may, at its sole expense, perform an audit of DEEO's and County's records as they pertain to the Services.

ARTICLE XIII: Texas Public Information Act

13.1 The Parties expressly acknowledge that this Agreement is subject to the Texas Public Information Act, Tex. Gov't Code Ann. §§ 552.001 *et seq*., as amended (the "Act"). Harris Health expressly understands and agrees that DEEO shall release any and all information necessary to comply with Texas law without the prior written consent of Harris Health.

13.2 It is expressly understood and agreed that DEEO, its officers and employees may request advice, decisions and opinions of the Attorney General of Texas ("Attorney General") in regard to the application of the Act to any software, or any part thereof, or other information or data furnished to DEEO, whether or not the same are available to the public. It is further understood that DEEO, its officers and employees shall have the right to rely on the advice, decisions, and opinions of the Attorney General, and that DEEO, its officers, and employees shall have no liability or obligations to Harris Health for the disclosure to the public, or to any person or persons, of any document, or a part thereof, or other information or data furnished to DEEO in reliance on any advice, decision or opinion of the Attorney General.

13.3 In the event DEEO receives a written request for information pursuant to the Act that affects Harris Health's rights, title to, or interest in any information or data or a part thereof, furnished to DEEO by Harris Health under this Agreement, then DEEO will promptly notify Harris Health of such request. Harris Health may, at its own option and expense, prepare comments and submit information directly to the Attorney General stating why the requested information is exempt from disclosure pursuant to the requirements of the Act. Harris Health is solely responsible for submitting the memorandum brief and information to the Attorney General within the time period prescribed by the Act. Harris Health is solely responsible for seeking any declaratory or injunctive relief regarding the disclosure of information that it deems confidential or privileged.

13.4 Electronic Mail Addresses. Both Parties acknowledge any e-mail addresses it provides to the other Party, including any agency or department of Harris County, are subject to disclosure under the Texas Public Information Act without prior notification of, or permission from such providing Party. This acknowledgement shall apply to e-mail addresses provided by both Parties and agents acting on behalf of each Party and shall apply to any e-mail address provided in any form for any reason whether related to this Agreement or otherwise. This provision shall survive termination of this Agreement.

ARTICLE XIV: This Agreement shall be governed by the laws of the State of Texas. The Parties agree that any disputes related to this Agreement shall be submitted to, and the parties hereby submit themselves to the jurisdiction of, the Harris County District Court in Houston, Texas.

IN WITNESS WHEREOF, this instrument has been executed by a duly authorized representative of Harris Health and by a duly authorized representative of Harris County.

HARRIS COUNTY HOSPITAL DISTRICT D/B/A HARRIS HEALTH

By: _____
Esmaeil Porsa, M.D.
President & CEO

Date: _____

**Subject to ratification by the Harris Health Board of Trustees. See Section 1.2.*

APPROVED AS TO FORM:
County Attorney

By: _____
Nathan Bac
Sr. Assistant General Counsel
Counsel for Harris Health
C.A. File No. 26HSP0565

HARRIS COUNTY

By: _____
Lina Hidalgo
County Judge

Date: _____

APPROVED AS TO FORM:
County Attorney

By: _____
Randy Keenan
Sr. Assistant County Attorney
C.A. File No. 26GEN2927

EXHIBIT "A"

STATEMENT OF WORK

Annual Staffing Update. The proposed staffing plan will be reviewed and updated annually using Harris Health's construction forecast, the number of active covered projects, and the size and tier of those projects. Any resulting change to staffing, services, or compensation will be documented and implemented in accordance with the ILA.

Project Tiers and Monitoring Frequency

Project Tier	Project Criteria	Minimum DEEO Site Visits	Minimum Interviews per Visit	Management Reporting
Tier 1	Less than $25 million and fewer than 50 peak workers	1 per quarter (4/year)	2 workers	Monthly project report; quarterly executive review
Tier 2	$25 million-$100 million or 50-100 peak workers	1 per month (12/year)	5 workers	Monthly project report; quarterly executive review
Tier 3	$100 million-$500 million or 101-250 peak workers	2 per month (24/year)	5 workers	Monthly project report; quarterly executive review
Tier 4	Greater than $500 million or more than 250 peak workers	3 per month (36/year)	5 workers	Monthly project report; quarterly executive review

*Exceptions, such as instances where monitors interview the same worker(s) during a single site visit, will be discussed between the two parties and documented.

Proposed Staffing Plan

Role	Minimum FTE	Primary Functions	Minimum Experience / Competency
Program Manager	0.5	Program governance; quality control; executive coordination; escalation; monthly and quarterly reporting	Demonstrable prevailing wage program leadership and public construction compliance experience
Compliance Specialist	1.0	CPR review; classification and wage checks; contractor follow-up; complaint verification; trend analysis	Davis-Bacon/prevailing wage and certified payroll review experience

Role	Minimum FTE	Primary Functions	Minimum Experience / Competency
Compliance Monitors	4.0	CPR review; site visits; worker interviews; field reconciliation; posting verification; site visit reports	Wage compliance for construction projects and labor interview experience
Quality Assurance Analyst	0.5	System administration; tracking; data quality; records; dashboards; KPIs	Wage compliance system, records, and reporting competency

KPI / Outcome	Target Goals
Weekly CPR review coverage	100% of submitted CPR reviewed. Escalate to Harris Health for action on undelivered or incorrect CPRs.
Routine CPR review timeliness	95% reviewed within 5 business days; 100% within 10 business days absent documented dependency
Missing/late CPR follow-up	Weekly follow-up with contractor or subcontractor
Unresolved document discrepancy escalation	Written escalation to Harris Health after 10 business days
Site visit completion	At least 95% of scheduled visits completed within the required period; 100% completed or formally rescheduled
Worker interview completion	At least 90% of the project-tier interview target each quarter
Site discrepancy reporting	Within 7 business days
Verified allegation transmittal	Generally, within 5 business days after receipt/verification
Monthly report timeliness	100% issued by the 15th day of the month
Quarterly executive reporting	100% issued within 20 calendar days after quarter end
Staffing transparency	Current roster and quarterly FTE utilization included in reports
Record retention	Complete service records retained for 7 years after ILA expiration or termination

Level	Condition	DEEO Action	Harris Health Role
1 - Routine administrative	Late, missing, incomplete, or system-deficient CPR	Notify contractor; track correction; include in monthly report	Monitor trends and support access/accountability

KPI / Outcome		Target Goals	
2 - Unresolved documentation	Deficiency unresolved after 10 business days or repeated noncompliance	Written escalation to Harris Health PMO Liaison; continue follow-up with Harris Health to take action and include DEEO-assigned staff.	Determine owner response and contractor engagement
3 - Potential wage violation	Possible underpayment	Verify against CPR; preserve records; transmit Notice of Complaint generally within 5 business days after Verification	Lead good-cause review and statutory process

Deliverables

Deliverable	Frequency / Due Date	Recipient
Personnel roster and staffing plan	At mobilization; update upon material change	Harris Health Administrator
Pre-bid/pre-construction participation	Each designated meeting	Harris Health Project Manager
CPR review and deficiency tracking	Continuous; weekly contractor follow-up	Harris Health PMO Liaison
Site visits and interviews	By project tier	Harris Health PMO Liaison
Site visit report/ discrepancies noted	Tier 1-3: Monthly Tier 4 Bi-weekly	Harris Health PMO Liaison
Notice of Complaint	Generally, within 5 business days after receipt/verification	Harris Health PMO and Government Relations liaisons
Monthly compliance report	By the 15th day of each month	Harris Health Administrator and designees
Quarterly executive report	Within 20 calendar days after quarter end	Harris Health Administrator
Annual program assessment	Within 45 days after fiscal year end	Harris Health Administrator

EXHIBIT B

Collaborative Communications Framework

Harris Health and DEEO share a commitment to ensuring fair wages and responsible stewardship of taxpayer-funded projects in Harris County. To support effective coordination, the following framework clarifies communication roles and expectations related to wage compliance matters.

The intent of this framework is to ensure consistent information flow, enable aligned responses, and support transparency while aligning with DEEO's established processes and stakeholder engagement.

This approach is designed to:

- Respect DEEO's expertise and established processes.
- Clarify Harris Health's role as the public body, including responsibility for initial 'good cause' determinations.
- Establish clear coordination points when visibility and alignment are required.

Communication Guidelines

1. DEEO communications related to monitoring wage compliance on Harris Health projects (prior to a formal allegation):

- DEEO will follow its internal standard operating procedures to communicate directly with contractors regarding certified payroll documents, such as ensuring the certified payroll records (CPR) are submitted in LCPtracker and the CPR documents include for each worker: (i) job classification, (ii) job certifications, (iii) wage rate, (iv) hours worked, and (v) itemized list of fringe benefits paid by the contractor.
- DEEO agrees to notify Harris Health of unresolved document discrepancies or irregularities following engagement with the contractors. If issues remain unresolved after ten (10) business days, DEEO will elevate the matter to Harris Health through written email correspondence to the Project Management Liaison.
- Specific to LCPtracker certified payroll reporting related to communications with contractors before allegations are made, DEEO will continue to communicate with internal and external parties as it sees fit in these circumstances.

2. When DEEO receives a complaint of, or identifies, an alleged violation of Texas Government Code § 2258 (the Texas Prevailing Wage Law):

Sample standard response language by DEEO:
"We have received information which may include an allegation of prevailing wage violations on a Harris Health project. We are currently reviewing the information received to verify that it includes an allegation, and if so, will share the documents with Harris Health for their follow-up investigation of the allegation itself."

- Illustrative examples include, but are not limited to:
    - Failure to pay workers the value of fringe benefits according to their worker classifications, either in direct payments to third parties or cash payments of the equivalent amount;
    - Failure to pay prevailing wages for overtime or holiday work;
    - Worker misclassifications; or
    - Retaliation against a worker who is claiming or who may claim an alleged violation of prevailing wage laws, or who may be cooperating with such investigations.

- DEEO will review the information and verify that it includes an allegation of a prevailing wage law violation before providing the allegation and all supporting documentation to Harris Health.
- After such verification, DEEO will provide the allegation and supporting materials to Harris Health's Project Management Liaison as soon as practicable, generally within five(5) business days.
- The notification to Harris Health shall include: (i) the nature of the alleged violation, (ii) the name of at least one worker impacted by the alleged violation, (iii) the name of the applicable Harris Health construction project; and (iv) the name of the subcontractor who employs the worker named in the allegation.
- DEEO will notify Harris Health's Project Management Liaison via email of any process-related issues affecting timely notification of allegations (e.g., technical, SharePoint access constraints, etc.) within one (1) business day of the initial occurrence.
- DEEO will participate in meetings and provide relevant information to support Harris Health's investigation.

3. Communications during active investigations led by Harris Health

Sample standard response language by DEEO:
"Consistent with standard practice, DEEO does not comment on active investigations. DEEO has received an allegation of a potential prevailing wage violation and provided information to Harris Health. The matter is under review by Harris Health, which is the public body responsible for making the initial determination as to whether there is good cause that a violation exists. Additional information will be provided once the review is complete."

- Harris Health is the "public body" with the duty to comply with statutory deadlines and mandates.
- External communications will be coordinated with Harris Health to ensure consistency and accuracy.

Coordination contacts:

- Please share all external requests with Harris Health's Corporate Communications Liaison within 24 hours, including urgent requests outside normal business hours, and prior to responding.
- Coordinate government-related inquiries/responses, including those from Harris County representatives, with Harris Health's Government Relations Liaison.

Wednesday, November 11, 2026

Consideration of Approval of a Resolution Creating Rules and Authorizing Harris County Hospital District Response to New Requirements Related to Harris County Hospital District's Participation in a Healthcare Provider Participation Program, Applicable to Mandatory Payments for Assessment Periods Beginning on or After October 1, 2026, Requiring Use of the Medicare Cost Report as the Basis to Separately Calculate Inpatient and Outpatient Net Patient Revenue Based on the Medicare Upper Payment Limit Methodology, and Requiring Revenue from all Mandatory Payments Imposed for Assessment Periods Beginning on or After October 1, 2026 to be Deposited in a New Separate Harris County Hospital District Healthcare Provider Participation Program Depository Account

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Attached for your review and consideration is a resolution related to Harris County Hospital District's participation in a Health Care Provider Participation Program.

Victoria Nikitin
EVP – Chief Financial Officer

Resolution Creating Rules and Authorizing Harris County Hospital District Response to New Requirements Related to Harris County Hospital District's Participation in a Health Care Provider Participation Program

WHEREAS, pursuant to Chapter 299 of the Texas Health and Safety Code, the Board of Trustees (the "Board") of the Harris County Hospital District (the "District") on June 27, 2019 authorized the District to participate in a Local Provider Participation Fund ("LPPF");

WHEREAS, the purpose of participation in a Harris County health care provider participation program is to generate revenue from mandatory payments that may be required by the District from an institutional health care provider to fund certain intergovernmental transfers for a supplemental Medicaid payment program or Medicaid managed care rate enhancements;

WHEREAS, Section 299.151 of the Texas Health and Safety Code provides that the Board calculate mandatory payments from institutional health care providers using net patient revenue without bifurcating inpatient and outpatient services or excluding revenues from non-hospital services;

WHEREAS, pursuant to Section 299.052 of the Texas Health and Safety Code, the Board may adopt rules relating to the administration of the LPPF;

WHEREAS, pursuant to Section 299.153(c) of the Texas Health and Safety Code, to the extent that any provision of Chapter 299 of the Texas Health and Safety Code causes a mandatory payment collected by the District to be ineligible for federal matching funds, the Board may provide by rule for an alternative provision that conforms to the requirements of the federal Centers for Medicare and Medicaid Services;

WHEREAS, on September 17, 2026, the Texas Health and Human Services Commission ("HHSC") issued the "Notice Regarding New Policy for Acceptance of Intergovernmental Transfer (IGT) Funding for the Texas Medicaid Program Effective October 1, 2026" describing requirements for intergovernmental transfers derived from mandatory payments to remain eligible for federal matching funds for assessment periods starting on or after October 1, 2026, including calculating mandatory payments by bifurcating inpatient and outpatient services and excluding non-hospital service revenues;

WHEREAS, on October 6, 2026, HHSC held a public meeting promulgating additional guidance for intergovernmental transfers derived from mandatory payments to remain eligible for federal matching funds entitled "New Policy for Acceptance of Intergovernmental Transfer (IGT) Funding for the Texas Medicaid Program Effective October 1, 2026" (the "New Policy") describing detailed documentation requirements due to HHSC by November 18, 2026; and

WHEREAS, the Board is committed to meeting HHSC's November 18, 2026 deadline to comply with the New Policy requirements. Now, therefore,

Be it hereby resolved by the Board of Trustees of the Harris County Hospital District that:

1. The Board hereby recognizes that the New Policy describes detailed documentation requirements due to HHSC by November 18, 2026. The New Policy is attached to this Resolution and identified as Exhibit A: New Policy for Acceptance of Intergovernmental Transfer (IGT) Funding for the Texas Medicaid Program Effective October 1, 2026.

2. Pursuant to Sections 299.052 and 299.153(c) of the Texas Health and Safety Code, the Board hereby adopts the new rules attached to this Resolution and identified as Exhibit B: Harris County Hospital District Health Care Provider Participation Program Rules and Procedures.

3. The Board hereby acknowledges that intergovernmental transfers will adhere to the requirements set forth in the New Policy. In other words, intergovernmental transfers the District submits to HHSC to support the non-federal share of Medicaid payments will be supported by either, (1) mandatory payments attributable to assessment periods beginning on or after October 1, 2026 that are imposed exclusively and separately on net patient revenue attributable to inpatient hospital services and on net patient revenue attributable to outpatient hospital services, both derived from the most recent Medicare Cost Report, as defined by HHSC, or (2) mandatory payments attributable to assessment periods beginning on or before September 30, 2026 that were imposed on a hospital's aggregate net patient revenue, regardless of the date of collection.

4. The Board hereby acknowledges that mandatory payment revenue attributable to periods beginning on or before September 30, 2026 remaining in the existing LPPF depository account may be used to support intergovernmental transfers until the funds are expended.

5. The Board hereby authorizes the District to take all reasonable administrative actions to submit the requested documentation to HHSC by November 18, 2026 and address related inquiries.

6. The Board is hereby authorized to take all other actions necessary to meet the requirements of Chapter 299 of the Texas Health and Safety Code.

7. This Resolution shall be in full force and effect from and after the date of its adoption.

PASSED AND APPROVED this 11th day of November, 2026.

Name:_____

Title: _____

Signature: _____

Exhibit A: New Policy for Acceptance of Intergovernmental Transfer (IGT) Funding for the Texas Medicaid Program Effective October 1, 2026

TEXAS
Health and Human Services

New Policy for Acceptance of IGT Funding for the Texas Medicaid Program Effective October 1, 2026

Meeting date: October 6, 2026

Acceptance of IGT

- Beginning October 1, 2026, HHSC will accept IGTs supported by mandatory payment revenue deposited into an LPPF only if the mandatory payments applicable to the period beginning October 1, 2026, are imposed exclusively and separately on net patient revenue attributable to inpatient hospital services and on net patient revenue attributable to outpatient hospital services.

TEXAS
Health and Human Services

The Health and Human Services Commission (HHSC) Provider Finance Department (PFD) is requesting documentation to ensure that IGTs supported by mandatory payment revenue deposited into an LPPF adhere to HHSC's new IGT requirements.

TEXAS
Health and Human Services

The LGEs administering a LPPF must:

1. Attest that the documentation complies with guidance from HHSC; if it does not, HHSC will not accept IGT from the LGE.
2. Submit documentation on the jurisdiction's rule/ordinance to reflect assessments based on IP/OP NPR.
3. Submit forms and information to assist in the setup of the new TIN and TexNet account for the new bank account.

October 6, 2026

TEXAS
Health and Human Services

Requirement 1 – Attestation:

I attest that, on or after October 1, 2026, the intergovernmental transfers the governmental entity submits to HHSC from a Local Provider Participation Fund (LPPF) to support the non-federal share of Medicaid payments meet one of the following criteria:

A. Mandatory assessments imposed for a tax period beginning on or after October 1, 2026, that are imposed exclusively and separately on net patient revenue attributable to inpatient hospital services and on net patient revenue attributable to outpatient hospital services, both derived from the most recent Medicare Cost Report, as defined by HHSC (primarily FY2025). In addition, I have provided additional documentation to demonstrate compliance.

B. Mandatory assessments imposed for a tax period beginning on or before September 30, 2026, that were imposed on a hospital's aggregate net patient revenue, regardless of the date of collection of the assessment.

To the best of my knowledge and belief, the information is true, correct, and prepared from the records of the government entity in accordance with applicable instructions.

TEXAS
Health and Human Services

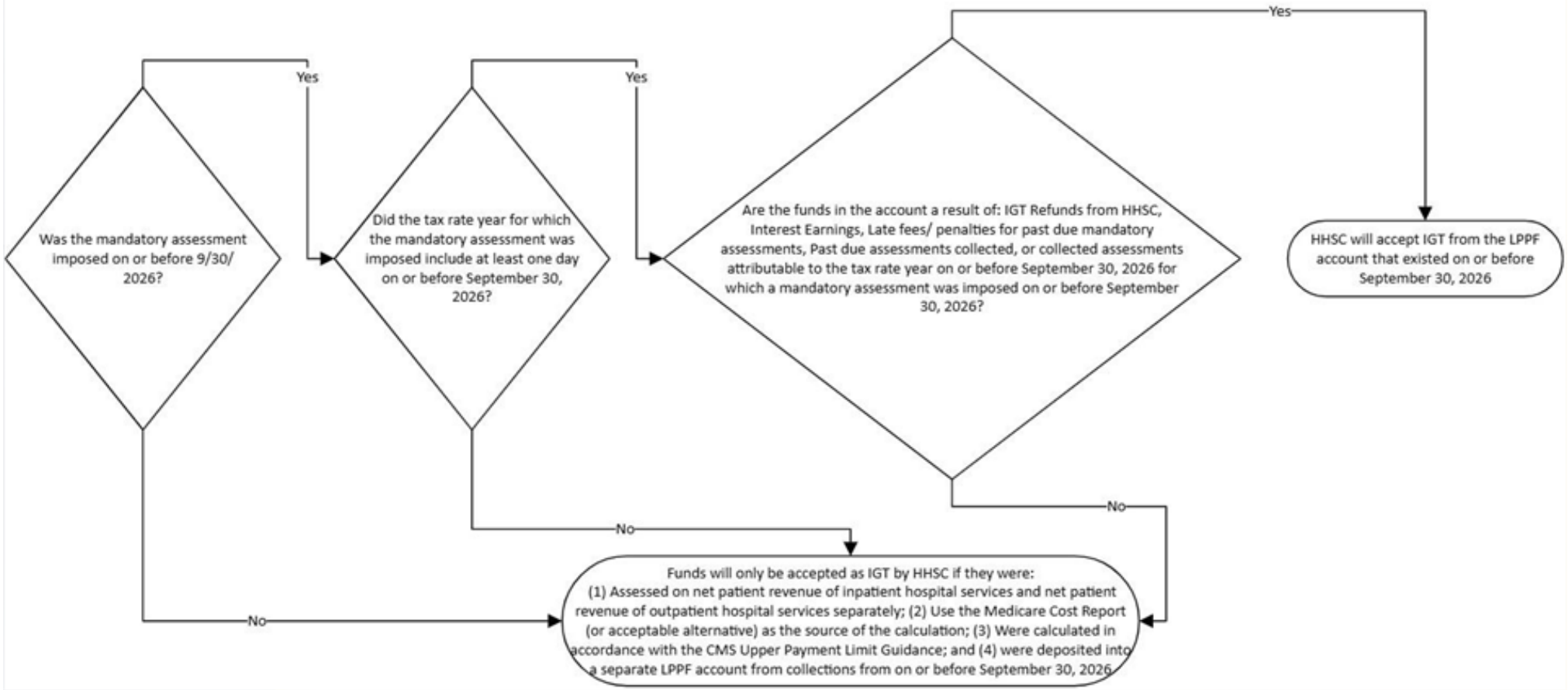
Requirement 2: Documents required for the jurisdiction's rule/ordinance for HHSC's new IGT requirements:

- Attachment A: Notice of Public Hearing or Declaration of Intent
- Attachment B: Public Hearing Meeting Minutes
- Attachment C: Rules and Procedures for Provider Participation Program
- Attachment D: Signed Resolution

Requirement 3: Documents needed for HHSC to setup a new TIN and TexNet for the new bank account:

- Attachment E – Form 4108 (Direct Deposit for the TIN)
- Attachment F – Form 4109 (Application for the TIN)
- Attachment G – TexNet information.

Info Requirements due to HHSC by November 6, 2026



Info Requirements due to HHSC by November 6, 2026 (cont.)

The documents required (Attachments A – D) for the jurisdiction's rule/ordinance for the mandatory assessments should include the following information:

1. Date of resolution or meeting with signature of presiding board member, executive officer of the LGE, or county judge.

2. Notice must include that the hearing is applicable to mandatory assessments on and after October 1, 2026, and must include: (1) intent to use the Medicare CR as the basis to separately calculate IP and OP Net Patient Revenue based on the Medicare Upper Payment Limit (UPL) methodology AND deposited in a new LPPF bank account.

3. Effective date of the change to split IP/OP NPR in the meeting minutes and/or resolution.

4. Acknowledgement that for IGT for future program periods after October 1, 2026, will meet the above criteria.

5. Acknowledgement that IGT meets criteria when collected previously based on NPR (i.e.. IGT refunds, interest earnings, late fees/penalties for past due mandatory assessments, past due assessments collected, for transferring for program periods before October 1, 2026, redistributions,) For example, this would apply to LGEs operating different Fiscal Years, such as July 1, 2026 – June 30, 2027.

6. Funds remaining in account as of September 30, 2026, regardless of basis of tax, may be used until the funds are expended.

Info Requirements due to HHSC by November 6, 2026 (cont.)

By November 6, 2026 – HHSC must receive the following attachments:

1. Return Attachment E - 4108 & Attachment F - 4109 forms to create a TIN for the new bank account that will be used for the new TexNet account.
2. Provide information in Attachment G to assist PFD in setting up a second TexNet for the LPPF.

HHSC is requiring ALL LPPFs to create a separate bank account, TIN, and TexNet for all provider taxes/mandatory assessments imposed on and after October 1, 2026.

- Keeps funds divided NPR vs. IP/OP NPR.
- Allows clear delineation of assessments imposed after October 1, 2026.
- Please note that creation of a new TexNet and a TIN will take time to implement once the forms are received.

Criteria to Accept IGT

HHSC will require the following actions to occur in order for IGT to be accepted:

All LGEs administering an LPPF, regardless of their operating year, must comply with the document request.

HHSC will review the documents and make a determination to either accept or deny IGT. If IGT is denied additional documents will be required and reviewed before IGT can be accepted.

TEXAS
Health and Human Services

Timeline for submitting updated information to HHSC

- HHSC requires submission of updated mandatory assessment documents for rate years beginning on or after October 1, 2026, from NPR to IP/OP NPR to PFD local funds no later than November 6, 2026. (ALL LPPFs regardless of rate years)
- HHSC will evaluate information submitted and notify if additional information is needed within 3 business days of receipt.

TEXAS
Health and Human Services

State Fiscal Year Payment Attributable to FFY 2027

Program Year/Demonstration Year	Program	IGT Notification Date	IGT Settlement Date
SFY 2027	RAPPS	Thursday, October 29, 2026	Wednesday, November 18, 2026
SFY 2027	CHIRP	Friday, October 30, 2026	Friday, November 20, 2026
SFY 2027	TIPPS	Wednesday, November 4, 2026	Tuesday, November 24, 2026

How HHSC will calculate Inpatient and Outpatient Net Patient Revenue

- HHSC will be calculating the total amounts for inpatient (IP) and outpatient (OP) Net Patient Revenue (NPR) based on the charge lines from the Upper Payment Limit Guidelines issued by CMS.
- HHSC is pulling the NPR and Total Patient Revenue lines from Worksheet G-3.
- HHSC will use the most recent cost report (primarily FY2025) available in HCRIS at the time of HHSC review to calculate the IP/OP split.
- American Hospital Association (AHA) Annual Survey will no longer be accepted as an alternate to Medicare cost reports.

TEXAS Health and Human Services

Medicare Data Priority

1. 2025 Medicare Cost Report (CR)

2. If 1 is unavailable, 2024 Medicare Cost Report
3. If a short period of CR is available, blend the CR with the most recent report to get 12 months
4. If no full Medicare Cost Report is available, but a partial year CR is available, we will only use that partial year

AHA survey data will NOT be accepted

Medicare Cost Report Fields

Type	Worksheet	Lines	Column
Inpatient Charges	C Part 1	30 to 76*	6
Outpatient Charges	C Part 1	50 to 98*	7
Net Patient Revenue	G-3	3	1
Total Patient Revenue	G-3	1	1

*We included all subscripted lines (ex: Line 31.01, 31.02, etc. are included).

More to come

- Failure to submit acceptable documentation will result in HHSC being unable to accept IGT and will require additional documentation before accepting future IGT.
- HHSC is continuing to work on developing information to provide publicly to outline the processes HHSC will follow to monitor IGT and amounts as submitted.
- HHSC is continuing to work on additional resources on cost report data scrubbing including:
  - Hospital changes of ownership
  - Cost report blending and prorating to 12 months

TEXAS Health and Human Services

Resources

- Local Funding Website:

  https://pfd.hhs.texas.gov/local-funding

- Local Funding Email: PFD_LFM@hhs.texas.gov

TEXAS Health and Human Services

TEXAS
Health and Human Services

Thank you

HHSC Provider Finance Department's Local Funds Monitoring

PFD_LFM@hhs.texas.gov

EXHIBIT B: HARRIS COUNTY HOSPITAL DISTRICT HEALTH CARE PROVIDER PARTICIPATION PROGRAM RULES AND PROCEDURES

SECTION I

PURPOSE AND DEFINITION OF TERMS

1.1 Purpose of Rules and Procedures. These rules and procedures are intended to clarify and add specificity to actions the District and the Board are authorized to take under State law. Nothing in these rules and procedures is intended to limit the actions the District and the Board may take pursuant to State law.

1.2 Terms. For purposes of these Rules and Procedures, the following terms shall have the meanings assigned below.

a. "Board" means the governing body of the District, also known as the Board of Trustees.

b. "District" means the Harris County Hospital District;

c. "Fiscal Year" means the LPPF fiscal year assessment period spanning the twelve-month period from July 1 through the last day of June.

d. "HCRIS" means the Healthcare Provider Cost Reporting Information System;

e. "HHSC" means the Texas Health and Human Services Commission;

f. "IGT" means intergovernmental transfer;

g. "Institutional health care provider" means a nonpublic hospital located in the District that provides inpatient hospital services;

h. "LPPF" means the health care provider program and local provider participation fund established by the District; and

i. "Mandatory payment" means a mandatory payment assessed on institutional health care providers in the District as authorized under Chapter 299 of the Texas Health and Safety Code.

SECTION II

DEPOSITORY ACCOUNTS

2.1 Depository Account for Fiscal Years beginning on or before September 30, 2026. The District shall continue to operate the depository account created pursuant to the June 27, 2019 resolution authorizing the creation of the LPPF consistent with HHSC requirements set out in Section 3.5.

2.2 Depository Account for Fiscal Years beginning on or after October 1, 2026. The District shall create a separate depository account to separately maintain LPPF funds attributable to mandatory payments for Fiscal Years beginning on or after October 1, 2026.

a. Such account(s) must hold separate funds from any LPPF depository account which holds or held mandatory payment funds applicable to Fiscal Years beginning on or before September 30, 2026.

b. The District shall complete all steps necessary to register such account in the TexNet Electronic Payment Network and create a Texas Identification Number Mail Code for such account.

c. The District shall establish a procedure for tracking which funds in the LPPF depository account are from mandatory payments attributable to inpatient net patient revenue, and which funds are from mandatory payments attributable to outpatient net patient revenue.

d. The District may establish an investment account for LPPF funds attributable to assessment periods beginning on or after October 1, 2026. Such account shall be separate from any account storing LPPF investment funds attributable to mandatory assessments for periods beginning on or before September 30, 2026. Such account shall keep LPPF investment funds separate from mandatory assessment funds, and separate from funds in any non-LPPF bank account utilized by the District.

SECTION III
MANDATORY PAYMENTS

3.1 Amount of Mandatory Payments Fiscal Years beginning on or before September 30, 2026. The District shall continue to collect mandatory payments imposed on institutional health care providers attributable to Fiscal Years beginning on or before September 30, 2026 and continue to cause them to be used for any valid purpose under federal and State law.

3.2 Amount of Mandatory Payments for Fiscal Years beginning on or after October 1, 2026. For Fiscal Years beginning on or after October 1, 2026, if the Board requires a mandatory payment to be assessed, the mandatory payment must be imposed exclusively and separately on net patient revenue attributable to inpatient hospital services and on net patient revenue attributable to outpatient hospital services.

a. Inpatient Hospital Services Rate. The amount of mandatory payments shall not exceed six (6.00) percent of the net patient revenue of an institutional health care provider located in the District attributable to inpatient hospital services, exclusive of non-hospital services.

b. Outpatient Hospital Services Rate. The amount of mandatory payments shall not exceed six (6.00) percent of the net patient revenue of an institutional health care provider located in the District attributable to outpatient hospital services, exclusive of non-hospital services.

c. Limitations. The amounts of annual mandatory payments under Section 3.1(a) and Section 3.1(b) are subject to any limitations which may be imposed by state and federal laws pursuant to Pub. L. 119-21 and implementing regulations.

3.3 Calculation of Mandatory Payments for Fiscal Years beginning on or after October 1, 2026. For Fiscal Years beginning on or after October 1, 2026, mandatory payments on inpatient and outpatient hospital services shall be calculated pursuant to the following method:

a. Data Sources. The District shall use Medicare Cost Report data available from HCRIS to identify the following statistics for each institutional health care provider located in the District.

i. Revenue. Revenue data will be obtained from the following sources:

A. Net Patient Revenue data will be obtained from the Medicare Cost Report, Worksheet G-3, Line 3, Column 1.

B. Total Patient Revenue data will be obtained from the Medicare Cost Report, Worksheet G-3, Line 1, Column 1.

ii. Charges. Charges data will be obtained from the following Medicare Cost Report sources:

A. Summing Total Inpatient Routine and Ancillary Charges from Worksheet C, Part 1, Lines 30-76, Column 6, inclusive of subscripted

lines.

B. Summing Total Outpatient Routine and Ancillary Charges from Worksheet C, Part 1, Lines 50-98, Column 7, inclusive of subscripted lines.

iii. Calculation Formulas for Inpatient and Outpatient Net Patient Revenue.

A. Inpatient Net Patient Revenue will be calculated by multiplying the sum of the eligible Total Inpatient Routine and Ancillary Charges defined in Section 3.2(a)(ii)(A) by the ratio of Net Patient Revenue to Total Patient Revenue defined in Sections 3.2(a)(i)(A) and (B), respectively.

B. Outpatient Net Patient Revenue will be calculated by multiplying the sum of the eligible Total Outpatient Routine and Ancillary Charges defined in Section 3.2(a)(ii)(B) by the ratio of Net Patient Revenue to Total Patient Revenue defined in Sections 3.2(a)(i)(A) and (B), respectively.

iv. Calculation of Mandatory Payments.

A. Mandatory payments attributable to inpatient net patient revenue will be calculated by multiplying the Inpatient Hospital Services Rate defined in Section 3.2(a) by the Inpatient Net Patient Revenue defined in Section 3.3(a)(iii)(A).

B. Mandatory payments attributable to outpatient net patient revenue will be calculated by multiplying the Outpatient Hospital Services Rate defined in Section 3.2(b) by the Inpatient Net Patient Revenue defined in Section 3.3(a)(iii)(B).

b. Medicare Cost Report Data Period. The District will obtain and utilize Medicare Cost Report data for the applicable Medicare Cost Report data year consistent with State law and guidance from HHSC to maintain the ability for mandatory payment revenues to remain eligible for federal matching funds.

c. Institutional Health Care Providers without Medicare Cost Reports. Notwithstanding any other provision to the contrary, the District shall make all reasonable efforts to conform with federal and State law requirements regarding the appropriate data source to use for calculating mandatory payments for any institutional health care provider subject to mandatory payments that does not file an eligible Medicare Cost Report.

3.4 Invoices for Fiscal Years beginning on or after October 1, 2026. The District shall issue invoices to providers subject to mandatory payments that for Fiscal Years beginning on or after October 1, 2026 must contain the following information:

a. Contact information for the payor and the District;

b. The date of the statement and the date of the assessment;

c. The total amount of the payment, the date by which the payment is due, and the date after which the payment will be considered delinquent;

d. Payment instructions for electronic transfers and payment by mail; and

e. A delineation of separate mandatory payments attributable to inpatient net patient revenue and outpatient net patient revenue, including the amount of each mandatory payment, the rate associated with each mandatory payment, and the amount of net patient revenue attributable to inpatient revenue and outpatient revenue, separately.

3.5 Prior Assessment Periods. The District will transfer IGTs from the LPPF to HHSC using funds from assessments imposed prior to the adoption of these rules only if—

a. The funds are attributable to a mandatory payment imposed on or before September 30, 2026;

b. The assessment period for which the mandatory payment was imposed included at least one day on or before September 30, 2026;

c. The funds are stored in an LPPF depository account separate from the LPPF depository account used to store mandatory payment funds attributable to periods starting on or after October 1, 2026; and

d. The funds are in such LPPF depository account as a result of:

i. IGT refunds from HHSC,

ii. Interest earnings,

iii. Late fees or penalties from past due mandatory payments,

iv. Past due mandatory payments collected, or

v. Collected mandatory payments attributable to the assessment rate year starting on or before September 30, 2026 for which a mandatory payment was imposed on or before September 30, 2026.

SECTION IV
GENERAL TERMS

4.1 Captions and Headings. The captions and headings used in these rules and procedures are for convenience only and do not limit their contents.

4.2 Conflict with State Law. To the extent any provision under these rules or procedures conflicts with State law, the Board may adopt an alternative provision or procedure that conforms to the requirements of State law.

Wednesday, November 11, 2026

Review and Acceptance of the Following Report for the Health Care for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

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Attached for review and approval:

- **HCHP November Operational Updates**

Administration recommends that the Board accept the Health Care for the Homeless Program Report as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act.



Jennifer Small, AuD, MBA, CCC-A
Chief Executive Officer – Ambulatory Care Services

Health Care for the Homeless Monthly Update Report – November 2026

Jennifer Small AuD, MBA, CCC-A, Chief Executive Officer, Ambulatory Care Services

Tracey Burdine, Director, Health Care for the Homeless Program

HARRISHEALTH



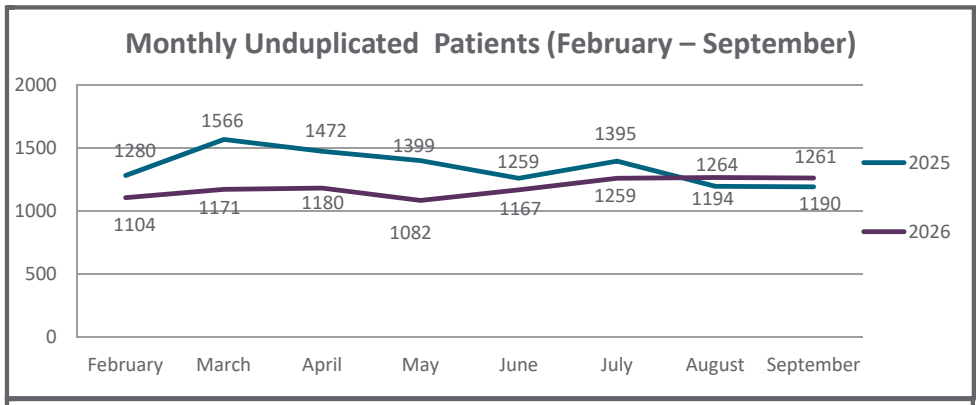
Agenda

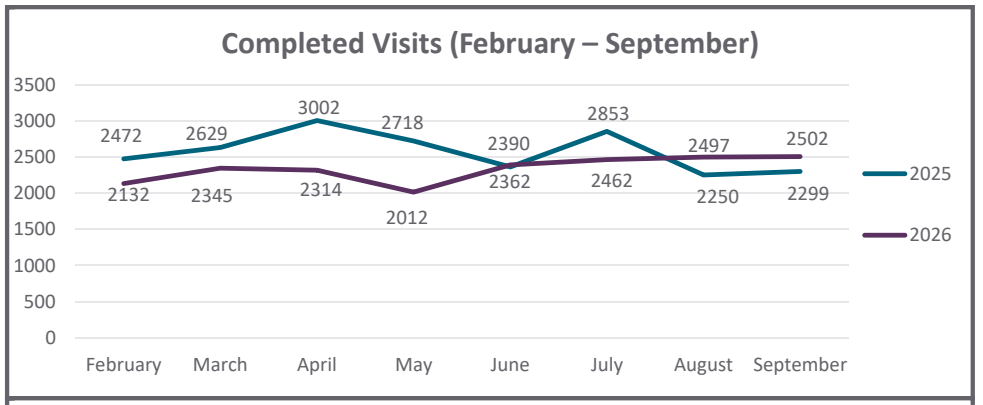
- Operational Update
  - Productivity Report
  - Budget Summary Report

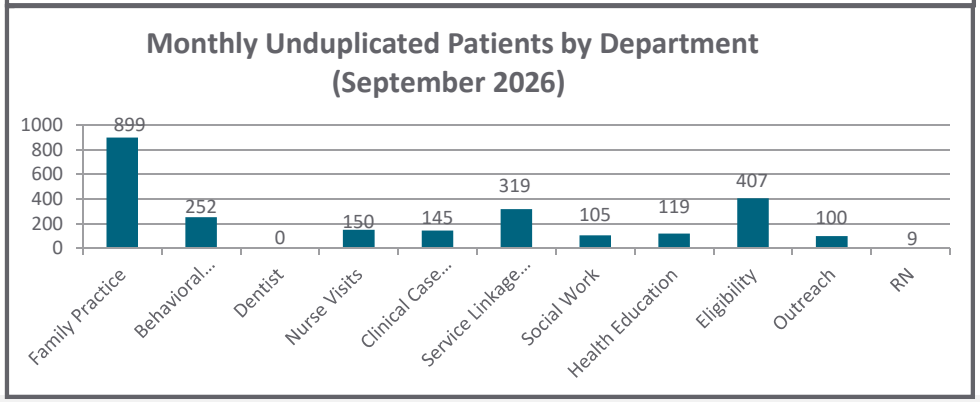
HARRISHEALTH

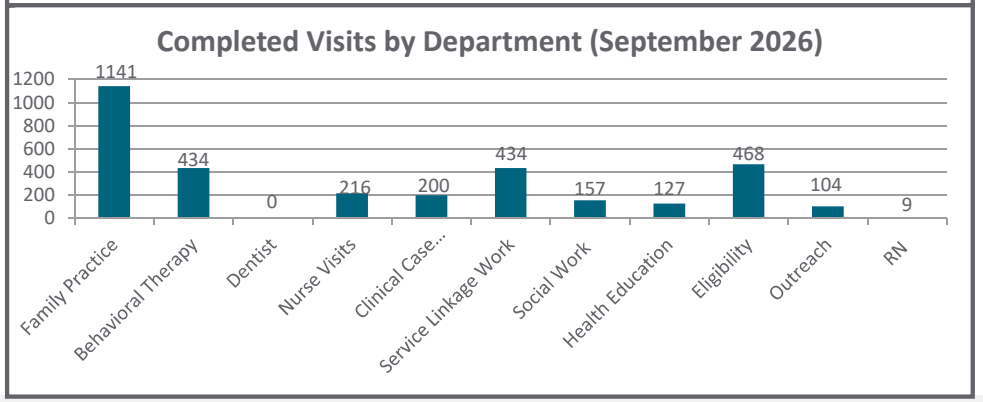
Patients Served – Operational Productivity Update (September 2026)

HRSA Unduplicated Patients Target: 7,250	HRSA Completed Visit Patients: 30,496
YTD Unduplicated Patients: 5,250	YTD Completed Visits: 19,760









HARRISHEALTH

Budget Summary Report

Homeless -Primary Grants and Harris Health Funding					
	Period: January 1, 2026 –September 30, 2026				
	Reporting Period: January 1, 2026 – December 31, 2026				
	Line Item	Multiple Award Year Budget	YTD Total Expense	Remaining Balance (budget-YTD total expense)	%Used YTD
Operating	Personnel/Fringe	$6,752,258	$3,590,189	$3,162,069	53.17%
	Travel	$21,163	$3,755	$17,408	17.74%
	Supplies	$537,009	$252,946	$284,063	47.11%
	Equipment	$23,000	$22,670	$330	98.57%
	Contractual	$269,195	$105,607	$163,588	39.23%
	Other	$208,748	$171,357	$37,391	82.08%
	Total	**$7,811,373**	**$4,146,524**	**$3,664,849**	**53.1%**

HARRISHEALTH

Wednesday, November 11, 2026

Consideration of Approval of the HCHP Quarterly Budget Summary Report

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Attached for review and approval:

- **HCHP Quarterly Budget Summary Report**

Administration recommends that the Board approve the Health Care for the Homeless Program Report as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act.



Jennifer Small, AuD, MBA, CCC-A
Chief Executive Officer – Ambulatory Care Services

ACS Grants - Homeless

Through September 2026

Type	Grant	Project ID	Grantor	Grant Start Date	Grant End Date	Expense Category	Award Budget	Expense through Dec 31, 2025	Budget/Balance Remaining as of Jan 1, 2026
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant	**1/1/2026**	**12/31/2026**	Salary	3,220,636.00	-	$ 3,220,636.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Benefits	772,953.00	-	$ 772,953.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Travel	6,702.00	-	$ 6,702.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Supplies	54,000.00	-	$ 54,000.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Equipment	-	-	$ -
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Contractual	74,000.00	-	$ 74,000.00
Homeless	Homeless-Primary GYE 12/26	3542	HRSA Grant			Other	-	-	$ -
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant	**1/1/2026**	**12/31/2026**	Salary	111,131.00	-	$ 111,131.00
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Benefits	26,671.00	-	$ 26,671.00
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Travel	-	-	$ -
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Supplies	26,736.00	-	$ 26,736.00
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Equipment	-	-	$ -
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Contractual	176,845.00	-	$ 176,845.00
Homeless	Homeless-Dental GYE 12/26	3543	HRSA Grant			Other	-	-	$ -
Homeless	Homeless-Ending the HIV Epidemic GYE 12/26	3665	HRSA Grant	**1/1/2026**	**12/31/2026**	Salary	-		$ -
Homeless	Homeless-Ending the HIV Epidemic GYE 12/26	3665	HRSA Grant			Benefits	-		$ -
Homeless	Homeless-Ending the HIV Epidemic GYE 12/26	3665	HRSA Grant			Travel	-		$ -
Homeless	Homeless-Ending the HIV Epidemic GYE 12/26	3665	HRSA Grant			Supplies	67,000.00		$ 67,000.00
Homeless	Homeless-Ending the HIV Epidemic GYE 12/26	3665	HRSA Grant			Equipment	-		$ -
Homeless	Homeless-Ending the HIV Epidemic GYE 12/26	3665	HRSA Grant			Contractual	-		$ -
Homeless	Homeless-Ending the HIV Epidemic GYE 12/26	3665	HRSA Grant			Other	-		$ -
Homeless	Homeless-Carryover 2026	3678	HRSA Grant	**1/1/2026**	**12/31/2026**	Salary	100,201.00		$ 100,201.00
Homeless	Homeless-Carryover 2026	3678	HRSA Grant			Benefits	24,048.00		$ 24,048.00
Homeless	Homeless-Carryover 2026	3678	HRSA Grant			Travel	5,339.00		$ 5,339.00
Homeless	Homeless-Carryover 2026	3678	HRSA Grant			Supplies	166,480.00		$ 166,480.00
Homeless	Homeless-Carryover 2026	3678	HRSA Grant			Equipment	-		$ -
Homeless	Homeless-Carryover 2026	3678	HRSA Grant			Contractual	-		$ -
Homeless	Homeless-Carryover 2026	3678	HRSA Grant			Other	16,600.00		$ 16,600.00
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation	**8/1/2017**	**7/31/2025**	Salary	-	-	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Benefits	-	-	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Travel	-	-	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Supplies	10,000.00	5,270.52	$ 4,729.48
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Equipment	164,305.00	164,305.00	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Contractual	-	-	$ -
Homeless Support	Mobile Unit Purch/Spt	793	HCHD Foundation			Other	25,769.09	2,124.07	$ 23,645.02
Homeless Support	Shelter Support Dental	3565	Harris Health	**1/1/2026**	**12/31/2026**	Salary	11,000.00	-	$ 11,000.00
Homeless Support	Shelter Support Dental	3565	Harris Health			Benefits	3,640.00	-	$ 3,640.00
Homeless Support	Shelter Support Dental	3565	Harris Health			Travel	-	-	$ -
Homeless Support	Shelter Support Dental	3565	Harris Health			Supplies	54,000.00	-	$ 54,000.00
Homeless Support	Shelter Support Dental	3565	Harris Health			Equipment	-	-	$ -
Homeless Support	Shelter Support Dental	3565	Harris Health			Contractual	18,350.00	-	$ 18,350.00
Homeless Support	Shelter Support Dental	3565	Harris Health			Other	5,000.00	-	$ 5,000.00
Homeless Support	Shelter Support Medical	3564	Harris Health	**1/1/2026**	**12/31/2026**	Salary	2,013,044.00	-	$ 2,013,044.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Benefits	468,934.00	-	$ 468,934.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Travel	9,122.00	-	$ 9,122.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Supplies	164,064.00	-	$ 164,064.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Equipment	23,000.00	-	$ 23,000.00
Homeless Support	Shelter Support Medical	3564	Harris Health			Other	163,503.00	-	$ 163,503.00

Homeless Primary Grant & Non-Federal Funding Period: January 1, 2026 -September 30, 2026 Reporting Period: January 1, 2026 - December 31, 2026							
	Line Item	**Annual Budget**	**YTD Total Expense**	**Annualized Expenses**	**Remaining Balance (Budget-YTD Expenses)**	**% Used YTD**	**% Used Annualized**
Federal	Salary	$ 3,431,968.00	$ 2,213,494.48	$ 2,951,325.97	$ 1,218,473.52	64.5%	86.0%
	Benefits	$ 823,672.00	$ 596,308.70	$ 795,078.27	$ 227,363.30	72.4%	96.5%
	Travel	$ 12,041.00	$ 663.48	$ 884.64	$ 11,377.52	5.5%	7.3%
	Supplies	$ 314,216.00	$ 62,854.99	$ 83,806.65	$ 251,361.01	20.0%	26.7%
	Equipment	$ -	$ -	$ -	$ -	0.0%	0.0%
	Contractual	$ 250,845.00	$ 105,607.20	$ 140,809.60	$ 145,237.80	42.1%	56.1%
	Other	$ 16,600.00	$ 7,444.99	$ 9,926.65	$ 9,155.01		
	TOTAL	**$ 4,849,342.00**	**$ 2,986,373.84**	**$ 3,981,831.79**	**$ 1,862,968.16**	**61.6%**	**82.1%**
Non-Federal	Salary	$ 2,024,044.00	$ 635,045.93	$ 846,727.91	$ 1,388,998.07	31.4%	41.8%
	Benefits	$ 472,574.00	$ 145,339.51	$ 193,786.01	$ 327,234.49	30.8%	41.0%
	Travel	$ 9,122.00	$ 3,091.90	$ 4,122.53	$ 6,030.10	33.9%	45.2%
	Supplies	$ 222,793.48	$ 190,090.83	$ 253,454.44	$ 32,702.65	85.3%	113.8%
	Equipment	$ 23,000.00	$ 22,670.04	$ 30,226.72	$ 329.96	98.6%	131.4%
	Contractual	$ 18,350.00	$ -	$ -	$ 18,350.00	0.0%	0.0%
	Other	$ 192,148.02	$ 163,911.61	$ 218,548.81	$ 28,236.41	85.3%	113.7%
	TOTAL	**$ 2,962,031.50**	**$ 1,160,149.82**	**$ 1,546,866.43**	**$ 1,801,881.68**	**39.2%**	**52.2%**
Grand Total	Salary	$ 5,456,012.00	$ 2,848,540.41	$ 3,798,053.88	$ 2,607,471.59	52.2%	69.6%
	Benefits	$ 1,296,246.00	$ 741,648.21	$ 988,864.28	$ 554,597.79	57.2%	76.3%
	Travel	$ 21,163.00	$ 3,755.38	$ 5,007.17	$ 17,407.62	17.7%	23.7%
	Supplies	$ 537,009.48	$ 252,945.82	$ 337,261.09	$ 284,063.66	47.1%	62.8%
	Equipment	$ 23,000.00	$ 22,670.04	$ 30,226.72	$ 329.96	98.6%	131.4%
	Contractual	$ 269,195.00	$ 105,607.20	$ 140,809.60	$ 163,587.80	39.2%	52.3%
	Other	$ 208,748.02	$ 171,356.60	$ 228,475.47	$ 37,391.42	82.1%	109.5%
	TOTAL	**$ 7,811,373.50**	**$ 4,146,523.66**	**$ 5,528,698.21**	**$ 3,664,849.84**	**53.1%**	**70.8%**

Project 3542 - Homeless Medical

	Expenses through Current Year September 2026	Expenses through 12/31/2025	Expenses 01/2026 - 09/2026
Salary	$ 2,066,221.05	$ -	$ 2,066,221.05
Benefits	$ 557,671.45	$ -	$ 557,671.45
Travel	$ -	$ -	$ -
Supplies	$ 26,067.99	$ -	$ 26,067.99
Equipment	$ -	$ -	$ -
Contractual	$ 26,960.00	$ -	$ 26,960.00
Other	$ -	$ -	$ -
Total	$ 2,676,920.49	$ -	$ 2,676,920.49

Project 3665 - Ending the HIV Epidemic

	Expenses through Current Year September 2026	Expenses through 12/31/2025	Expenses 01/2026 - 09/2026
Salary	$ -	$ -	$ -
Benefits	$ -	$ -	$ -
Travel	$ -	$ -	$ -
Supplies	$ 18,600.00	$ -	$ 18,600.00
Equipment	$ -	$ -	$ -
Contractual	$ -	$ -	$ -
Other	$ -	$ -	$ -
Total	$ 18,600.00	$ -	$ 18,600.00

Project 3543 - Homeless Dental

	Expenses through Current Year September 2026	Expenses through 12/31/2025	Expenses 01/2026 - 09/2026
Salary	$ 73,316.46	$ -	$ 73,316.46
Benefits	$ 24,398.83	$ -	$ 24,398.83
Travel	$ -	$ -	$ -
Supplies	$ 1,855.61	$ -	$ 1,855.61
Equipment	$ -	$ -	$ -
Contractual	$ 78,647.20	$ -	$ 78,647.20
Other	$ -	$ -	$ -
Total	$ 178,218.10	$ -	$ 178,218.10

Project 3678 - Homeless Carryover 2026

	Expenses through Current Year September 2026	Expenses through 12/31/2025	Expenses 01/2026 - 09/2026
Salary	$ 73,956.97	$ -	$ 73,956.97
Benefits	$ 14,238.42	$ -	$ 14,238.42
Travel	$ 663.48	$ -	$ 663.48
Supplies	$ 16,331.39	$ -	$ 16,331.39
Equipment	$ -	$ -	$ -
Contractual	$ -	$ -	$ -
Other	$ 7,444.99	$ -	$ 7,444.99
Total	$ 112,635.25	$ -	$ 112,635.25

Shelter Support Dental - 3565

	Expenses through Current Year September 2026	Expenses through 12/31/2025	Expenses 01/2026 - 09/2026
Salary	$ 8,125.31	$ -	$ 8,125.31
Benefits	$ 2,906.64	$ -	$ 2,906.64
Travel	$ -	$ -	$ -
Supplies	$ 26,344.17	$ -	$ 26,344.17
Equipment	$ -	$ -	$ -
Contractual	$ -	$ -	$ -
Other	$ 2,229.64	$ -	$ 2,229.64
Total	$ 39,605.76	$ -	$ 39,605.76

Shelter Support Medical - 3564

	Expenses through Current Year September 2026	Expenses through 12/31/2025	Expenses 01/2026 - 09/2026
Salary	$ 626,920.62	$ -	$ 626,920.62
Benefits	$ 142,432.87	$ -	$ 142,432.87
Travel	$ 3,091.90	$ -	$ 3,091.90
Supplies	$ 163,746.66	$ -	$ 163,746.66
Equipment	$ 22,670.04	$ -	$ 22,670.04
Contractual	$ -	$ -	$ -
Other	$ 161,681.97	$ -	$ 161,681.97
Total	$ 1,120,544.06	$ -	$ 1,120,544.06

Project 793 - Mobile Unit Purchase

	Expenses through Current Year September 2026	Expenses through 12/31/2025	Expenses 01/2026 - 09/2026
Salary	$ -	$ -	$ -
Benefits	$ -	$ -	$ -
Travel	$ -	$ -	$ -
Supplies	$ 5,270.52	$ 5,270.52	$ -
Equipment	$ 164,305.00	$ 164,305.00	$ -
Contractual	$ -	$ -	$ -
Other	$ 2,124.07	$ 2,124.07	$ -
Total	$ 171,699.59	$ 171,699.59	$ -

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, November 11, 2026

Executive Session

Review of the Health Care for the Homeless Program (HCHP) Quality Management Report, Pursuant to Tex. Occ. Code Ann. §151.002 and Tex. Health & Safety Code §161.032, Including Consideration of Approval of the HCHP Quality Management Report Upon Return to Open Session.



Jennifer Small, AuD, MBA, CCC-A
Chief Executive Officer – Ambulatory Care Services

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