



**PRO RATA TOBACCO SETTLEMENT DISTRIBUTION
COUNTY EXPENDITURE STATEMENT – 2016**

Return completed Expenditure Statement by no later than, March 31, 2016

www.dshs.state.tx.us/tobaccosettlement

Direct your questions to: Anne Stokey (512)776.2591 or DSHSTobacco@dshs.state.tx.us

Name of County: _____

Provide **calendar year 2015 unreimbursed health care expenditures** for your *county* within the categories designated below. Information to help you prepare your statement follows:

The *Agreement Regarding Disposition of Settlement Proceeds* defines **unreimbursed health care expenditures** for counties not located wholly within a hospital district as “those actual expenditures made by a political subdivision which are directly attributable to the provision of health care services to the general public, either directly or by contract or agreement with a third party provider, and for which no reimbursement is made by or expected from any third party source or fund.”

Calculation of unreimbursed health care expenditures are “all unreimbursed amounts, including unreimbursed jail health care, expended by such county for health care services to the general public during that year, *plus 15% of the total.”

*General administrative and overhead costs of the county not directly related to the provision of health care services are contemplated in the 15% added.

Allowable Expenditure Categories:

- A. Unreimbursed county indigent health care services: \$ _____

- B. Unreimbursed jail health care: \$ _____
 (See Footnote 1 on pg. 2 of 4) (Attach Methodology Worksheet)

- C. Additional unreimbursed personal health care services provided to the general public: \$ _____
 (See Footnote 2 on pg. 2 of 4) (Transfer from Category C Expenditure Worksheet)

- D. Other allowable expenditures: \$ _____
 (This category applies **ONLY** when a Non-Hospital District Public Hospital Expenditure Statement, regarding sale or lease of a public health care facility, applies). (See Footnote 3 on pg. 2 of 4) (Transfer total from pg. 2 of the Non-Hospital District Expenditure Statement)

- Total Expenditures Claimed for 2015:** \$ _____
 Categories A+B+C+D = \$ _____

Total Expenditures claimed (above) multiplied by 1.15 (Administrative and Overhead) equals Total Allowable Expenditures for 2015 (write Total below)

\$ _____
Total Allowable Expenditures for 2015

¹Unreimbursed jail health care expenditures may be calculated using either of the following two methods. The total may include unreimbursed health care expenditures for juveniles held under court commitment, at county expense. Indirect costs must be excluded from the calculation.

(1) determine the total expenditures based on itemized health care expenses for prisoners over the entire year, subtracting any reimbursement received from entities outside your political subdivision to cover health care expenses for individual prisoners; or

(2) determine the total expenditures based on itemized health care expenses for the entire year and apply the following formula:

$$\text{Total Prisoner Health Care} \times \frac{\text{Unreimbursed Jail Population}}{\text{Total Jail Population}} = \text{Unreimbursed Health Care Expenses}$$

Attach a worksheet indicating which of the above methods you used to calculate unreimbursed jail health care expenditures, as well as the base numbers for your calculation.

²Expenditures in Category C must be for services such as a hospital district may provide. These are typically diagnostic and treatment services for individuals. Health care education, outreach, screening, laboratory services, counseling, and case management may be counted. Environmental services, such as mosquito control, water testing, and septic tank inspection may not be counted. Expenditures for population-based services not involving direct contact with an individual health care recipient, such as restaurant inspection, must also be excluded.

Complete the Attachment (page 4 of 4 of this expenditure statement) indicating the base numbers for your calculation of Category C expenditures.

³ Note the following additional provision in the tobacco settlement agreement, Section 5.B (4):

"To the extent not already included, a political subdivision shall be eligible to include expenditures from the political subdivision reserve funds and other expenditures; to the extent they are verifiable, which are attributable to proceeds from the sale or lease of public health care facilities. To the extent that proceeds from the **sale or lease of public health care facilities** are represented by contractually obligated health care services for indigent residents of the political subdivision performed by the purchaser or lessee, such services shall be valued as if they had been reimbursed at Medicaid rates."

If the above provision is applicable to your political subdivision, complete and attach the Non-Hospital District Public Hospital Expenditure Statement indicating the base numbers for your calculation of Category D expenditures.

The deadline for submission of expenditure statement and supporting documents to the Department of State Health Services (DSHS) is March 31, 2016. The target date for payment by the Comptroller of Public Accounts to the political subdivisions, based on this information, is no later than April 30, 2016.

The information submitted on Expenditure Statement and Supporting Documents is subject to audit by the State of Texas. If ineligible expenditures are identified through an audit following payment to a political subdivision, the ineligible amount may be deducted from the subsequent year's payment to that political subdivision.

This is to certify that the above expenditures are eligible for pro rata payment in accordance with the Agreement Regarding Disposition of Settlement Proceeds between the State of Texas and American Tobacco Company, et al.

Name of County: _____

Name of Certifying Officer: _____

Certifying Officer's Title: _____

Certifying Officer's Signature: _____ Date: _____

Telephone Number: (____) _____ Email: _____

STATEMENTS THAT DO NOT INCLUDE A SIGNATURE WILL NOT BE ACCEPTED

To submit your completed signed expenditure statement and documents, select a method:

Hand Delivery - must be received no later than 5:00 p.m., March 31, 2016

**Department of State Health Services
Funds Coordination & Management
Attn: Anne Stokey, MC 4501, Rm. T-511
1100 W 49th Street, Austin, TX 78756**

Fax: (512)776.7774 – must reflect a date no later than 11:59 p.m. CST, March 31, 2016, Attn: Ms. Stokey

Email: DSHSTobacco@dshs.state.tx.us – must reflect a date no later than 11:59 p.m. CST, March 31, 2016

Mail or Ship (via a commercial mail service) - the postmark must reflect a date no later than 11:59 p.m. CST, March 31, 2016

**Department of State Health Services
Funds Coordination & Management
Attn: Anne Stokey, MC 4501, Rm. T-511
PO Box 149347, Austin, Texas 78714-9347**

DSHS WILL ACKNOWLEDGE IN WRITING THE RECEIPT OF ALL COMPLETED SIGNED

EXPENDITURE STATEMENTS
Category C Expenditure Worksheet

On the appropriate line below, enter the base numbers for your county's additional unreimbursed personal health care services provided to the general public during calendar year 2015. Any unreimbursed expenditures that you made from a trust fund or reserve account for the provision of health care services may also be included below.

(1) Health care clinic, laboratory, and case management services.	\$
(2) Dental care services	\$
(3) Outreach and prevention efforts related to tobacco use, including but not limited to media campaigns, education, counseling, and production and distribution of promotional literature.	\$
(4) Other health care outreach and prevention efforts, including but not limited to media campaigns, education, counseling, and production and distribution of promotional literature. Typical target areas for these efforts include health hazards affecting the general public.	\$
(5) Medical transportation	\$
(6) Behavioral or psychiatric health care services	\$
(7) Capital expenditures for health care services	\$
(8) Overhead costs for a health care facility	\$
(9) Emergency medical services	\$
(10) Medical supplies or equipment used for the provision of health care services to the general public.	\$
(11) Other services provided by the county which are also within the scope of services that hospital districts are authorized by law to provide. These will typically be diagnostic and treatment services. Describe :	\$
(12) Intergovernmental Transfer Payment(s) made by a county to a hospital(s) in their jurisdiction, <u>in exchange for indigent health care services</u> . NOTE: An <i>Indigent Care Affiliation Agreement</i> between the county and hospital(s) must also be provided to support IGT payment eligibility	\$

TOTAL FOR CATEGORY C

\$ _____
(Transfer total to Page 1, Category C)