

PURPOSE

Use to provide information about county program expenditures in order to provide statewide information for TDSHS.

PROCEDURE

Form 105 must be completed and submitted monthly to the TDSHS Primary Care Group in Austin by the 10th of the month following the report month.

Any amendments to a report should be identified as such and submitted on the Form 105. The amended item(s) should be circled.

- **Submit a Form 105 even if no expenditures were made for the month.**
- **Do not send claim payment ledgers with Form 105.**

Submit the Form 105 electronically by emailing it to: CIHCP@dshs.state.tx.us.

If you are unable to submit the form electronically, you may fax it to the TDSHS at [512/776-7203](tel:5127767203).

It is not necessary to submit the Form 105 by mail once it has been faxed and received by TDSHS Primary Care Group.

File the Form 105 for county records.

DETAILED INSTRUCTIONS

I. Reimbursable Expenditures. Enter the dollar amount spent in the calendar report month for each of the categories in Items 1-10. List only expenditures that are applied to state assistance eligibility/reimbursement.

In Item 11, enter amount of dollars spent if an intergovernmental transfer (IGT) was made to provide health care services as part of the Texas Healthcare Transformation and Quality Improvement Program waiver. Four percent of the General Revenue Tax Levy (GRTL) may be allowed toward eligibility for state assistance.

Total the expenditures by adding Items 1-11. Enter this expenditure total in Item 12.

In Item 13, enter the total of all reimbursements received during the calendar report month. Examples of reimbursements include but are not limited to: Medicaid reimbursements for SSI appellants; refunds from providers, clients, insurance companies.

Do not list state assistance funds.

In Item 14, enter the total amount of dollars in error, if any, identified in the 6 percent Eligibility System Review.

Total the deductions by adding Items 13 and 14. Enter this deduction total in Item 15.

For the total expenditures that can be applied to state assistance eligibility/reimbursement, subtract the deduction total listed in Item 15 from the expenditure total in Item 12. In Item 16, enter the total dollar amount applied to State Assistance.

II. Expenditure Tracking. The county completes this section with information from county records.

List the 4 percent, 6 percent, and 8 percent GRTL levels.

FORM RETENTION

Maintain the records at least until the end of the third complete state fiscal year.