

## Texas Department of State Health Services

# Tobacco Settlement Distribution Program Expenditure Statement for Hospital Districts Instructions

Hospital districts in Texas responsible for providing indigent health care to the general public are eligible for a pro rata share of the annual tobacco settlement distribution. Eligible hospital districts that wish to be considered for a pro rata share must fill out all items on the Expenditure Statement for Hospital Districts and submit it to the Texas Department of State Health Services (DSHS) by the submission deadline (see below). Pro rata shares are expected to be distributed no later than April 30<sup>th</sup> each year.

Counties in Texas that are **wholly located** within a hospital district are eligible for a pro rata share if they 1) have their own budget for expenditures related to jail health care services (see category B) and/or 2) made payments not funded by taxes to a public health care facility that was sold or leased by the county and that included a contractual obligation on the part of the purchaser or lessee to provide health care services to the indigent population (see category C.1). Counties <u>must submit</u> these <u>expenditures</u> to their local hospital district for inclusion on the hospital district's expenditure statement. Once the hospital district receives the pro rata share, it should give the county the proportion that applies to the amount of expenditures reported by the county. Counties that are **not wholly located** within a hospital district should submit expenditures on the Expenditure Statement for Counties.

Please submit only the completed and signed expenditure statement. If additional information is required to complete review of the expenditure statement, you will be contacted by DSHS staff. A portable document format (PDF) file of the expenditure statement may be downloaded from <a href="dshs.texas.gov/tobaccosettlement/expendforms.aspx">dshs.texas.gov/tobaccosettlement/expendforms.aspx</a>. Google Chrome users are advised to first download the expenditure statement to your computer before filling it out in Adobe Acrobat.

The information submitted on the expenditure statement and any requested additional information may be subject to audit by the State of Texas after the annual distribution cycle is complete. If ineligible expenditures are identified through an audit following payment to the hospital district, the ineligible amount may be deducted from a subsequent year's payment.

Please **use only <u>one</u>** of the following four options to submit your completed and signed expenditure statement and, if requested by DSHS staff, any additional information by the specified submission deadline. Submissions received by more than one option may delay processing. If you encounter any problems with the submission process, please let us know. DSHS staff will send an email acknowledgement once the completed and signed expenditure statement has been received.



## Texas Department of State Health Services

Submission Deadline:
March 31 <sup>st</sup>
if submitting by

 Overnight Delivery by 5:00 p.m. CT to: AMIRA SUTON MC 4501 TX DEPT OF STATE HEALTH SERVICES 1100 W 49TH ST AUSTIN TX 78756

#### Submission Deadline: March 31<sup>st</sup> if submitting by

- Email by 11:59 p.m. CT to <a href="mailto:DSHSTobacco@dshs.texas.gov">DSHSTobacco@dshs.texas.gov</a>.
- Fax by 11:59 p.m. CT to 512-776-7774.
- USPS Mail with postmark no later than 11:59 p.m. CT to: AMIRA SUTON MC 4501 TX DEPT OF STATE HEALTH SERVICES PO BOX 149347 AUSTIN TX 78714-9347

Do not include this document with your submission.

### If you have questions:

- Go to the Frequently Asked Questions at <a href="mailto:dshs.texas.gov/tobaccosettlement/fag.shtm">dshs.texas.gov/tobaccosettlement/fag.shtm</a>
- Email Amira Suton at DSHSTobacco@dshs.texas.gov