

## Purpose of the Declaration of Intent (DOI) Form

The purpose of this DOI form is for governmental entities to declare the amounts they intend to IGT for use as the state share of **UC** funding. The amount that is declared is non-binding; however, the declaration amount gives HHSC a valuable estimate of expected IGT amounts across the program. The non-federal share of all CHIRP payments is funded through IGTs from sponsoring governmental entities (SGEs). **This form is due by August 2, 2024.**

**\*Non-Public providers are not SGEs and cannot IGT.\***

## Applicable Texas Administrative Code

### Per Title 1 of the Texas Administrative Code (TAC) §355.8212(h):

(1) Notice. Prior to making any payment described in subsection (g) of this section, HHSC will give notice of the following information:

(A) the maximum payment amount for each hospital in a pool or sub-pool for the payment period (based on whether the payment is made quarterly, semi-annually, or annually);

(B) the maximum IGT amount necessary for hospitals in a pool or sub-pool to receive the amounts described in subparagraph (A) of this paragraph; and

(C) the deadline for completing the IGT.

(2) Payment amount. The amount of the payment to hospitals in each pool or sub-pool will be determined based on the amount of funds transferred by governmental entities as follows.

(A) If the governmental entities transfer the maximum amount referenced in paragraph (1) of this subsection, the hospitals in the pool or sub-pool will receive the full payment amount calculated for that payment period.

(B) If the governmental entities do not transfer the maximum amount referenced in paragraph (1) of this subsection, each hospital in the pool or sub-pool will receive a portion of its payment amount for that period, based on the hospital's percentage of the total payment amounts for all providers in the pool or sub-pool.

## Instructions

Sponsoring Governmental Entity's (SGE's) representative will complete all fields on the associated "IGT Data" tab of this document. The SGE's representative may utilize the drop-down box, if available.

Sponsoring Governmental Entity Information	
Sponsoring Governmental Entity (SGE) Name* <i>(e.g. [Name] County, [Name] Hospital District, City of [Name], etc.)</i>	
SGE's Operational Nature** <i>(If SGE administers and operates an LPPF and is IGTing from the LPPF, select LPPF-SGE's Operational Nature)</i>	
SGE TEXNET Location Number <i>(five digit number associated with the SGE's TEXNET account used to transfer IGT to HHSC)</i>	
SGE Jurisdiction County Name <i>(if the SGE is not a state entity, which county is it located in?)</i>	
Does the Transferring SGE have General Taxing Authority ?	

Payment Information	
Is the Transferring SGE Eligible for Payment Under UC?	
<b>If yes, please provide the following:</b>	
TPI of SGE Eligible for Payment	
NPI of SGE Eligible for Payment	

Certification and Attestation	
Certifier's Name	
Certifier's Title	
Certifier's Email	
Certifier's Phone	
I attest that I am a person legally authorized to sign for the transferring entity and that the information entered is correct to my best knowledge and belief. I also understand that the declaration of intent does not bind the governmental entity to transfer IGT.	

SDA	Transfer Amount (Transfer Occurs on September 06, 2024)



**\*\*If your SGE administers and operates an LPPF and submits IGT from the LPPF and from other SGE revenue sources, submit two DOI IGT Commitment Forms: one concerning the non-LPPF IGT with the SGE's operational nature and one concerning the IGT from the LPPF with the operational nature of the SGE indicated as LPPF-(SGE's operational nature). \*\***