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Health and Human
Services

Texas Department of State
Health Services

Program Income Spending & Allocation Monitoring Tool

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Spending Plan

Agency Name	
Contact Name and Title	
Contact Email	

Actual costs must be submitted to fmu@dshs.texas.gov with the submission of the second and fourth quarter FSR (months of February and August).

Total PI Earned ↓

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Program Income Spending Plan

Service Category	Description	Date Used (MMDDYYYY)	Estimated Cost	DSHS Funding Stream	Funding Stream Cont.	Actual Cost
Training	Enter Comment	Enter Date		Other	Enter Comment	

Service Category

- Accounting Services
- Communication Costs
- Salaries
- Office Supplies
- Meeting/Conferences
- Professional Services Costs
- Training
- Outreach and Education
- Travel
- Equipment
- Other



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Program Income Revenue Allocation

Agency Name	
Contact Name and Title	
Contact Email	

Service Category Options

- Co-Pay
- Sold Item
- Sub-recipient
- Medication Difference
- Registration Fees
- Fees for Services Performed
- Revenue from the Use or Rental of Property
- Other

Program Income Allocation					
Service Category	Description	Date Received MM/DD/YYYY	DSHS Funding Stream	Funding Stream Cont.	Amount
Medication Difference	Enter Comment	Enter Date	Other	Enter Comment	



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Instructions

Program Income Spending Plan Instructions:

1. "Service Category" column: Choose an allowable category to spend earned program income from the drop down list.
2. "Description" column: Enter a comment further explaining the allowable category in column "service category." For example, if in the "item/service category" column, an agency chooses 'training' then in the description column, the agency would describe the training intended to attend, such as "XYZ training on 12/2/2019-12/4/2019."
3. "Date Used" column: Enter the estimated date this program income will be used for the first submission to DSHS. For the 2nd and 3rd submission, update the date to when the program income was actually used.
4. "Estimated Cost" column: This cost is the initial budgeted cost for the fiscal year.
5. "DSHS Funding Stream" column: Document the contract/program in which the program income was earned.
6. "Funding Stream Cont." column: If in step 5, "other" was chosen, please elaborate on the funding stream in which this program income was earned.
7. "Actual Cost" column: Update this column when program income is actually spent on this particular category for a comparison between what was budgeted for this category and the amount of program income actually spent on this category.

Program Income Revenue Allocation Instructions:

1. "Service Category" column: Choose a category in which the program income was obtained from the drop down list.
2. "Description/Comment" column: Enter a comment further explaining how obtained the program income. For example, if the program income is from the "sold item" category then list the item that was sold and further necessary comments.
3. "Date Received" column: Document the date in which the program income was earned.
4. "DSHS Funding Stream" column: Document the contract/program in which the program income was earned.
5. "Funding Stream cont." column: If in step 4, "other" was chosen, please elaborate on the funding stream in which this program income was earned.
6. "Amount" column: Document the amount of program income earned.



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Instructions cont.

Reporting Program Income on DSHS Required Documents

Program income must be reported monthly on your reimbursement request (Form B-13) and you must document on the B-13 that you are utilizing program income first by deducting it from their expenses and the balance is what DSHS will reimburse. The monthly reimbursement request must be submitted to **invoices@dshs.texas.gov** and to **cmsinvoices@dshs.texas.gov**. In addition, the quarterly Financial Status Report is also where all of your expenses will be reported, included program income and it must be submitted to

See below example:

Reporting of Program Income (PI)

DSHS share of PI must be reported as a deduction from gross expenses on the monthly reimbursement request each month. For example:

Gross Allowable Expenses incurred this month	\$XXXXXX
Less: Program Income	\$ (XXXX)
Non-DSHS Funding	\$(XXXXX)
Net Reimbursable Expense	\$XXXXXX

Reimbursement requests must be submitted to **invoices@dshs.texas.gov** and to **cmsinvoices@dshs.texas.gov**. PI must also be reported on the quarterly Financial Status Report (FSR). FSRs are to be submitted to **fsrgrants@dshs.texas.gov**. All adjustments related to PI should be made on the reimbursement requests. Actual costs must be submitted to **fm@dshs.texas.gov** with the submission of the second and fourth quarter FSR (months of February and August).



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Questions / Comments



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Thank you

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Contact us at: fm@dshtexas.gov