

# COUNTY of HIDALGO



**HIDALGO COUNTY AUDITOR'S OFFICE**  
*Hidalgo County Administration Building*  
2808 South Business Highway 281  
Edinburg, Texas 78539-6243  
PHONE: (956) 318-2511  
FAX: (956) 318-2577  
WEBSITE: [www.co.hidalgo.tx.us/auditor](http://www.co.hidalgo.tx.us/auditor)

December 11, 2024

The Honorable Richard Cortez, Hidalgo County Judge  
The Honorable David Fuentes, Commissioner, Precinct No. 1  
The Honorable Eduardo "Eddie" Cantu, Commissioner, Precinct No. 2  
The Honorable Everardo "Ever" Villarreal, Commissioner, Precinct No. 3  
The Honorable Ellie Torres, Commissioner, Precinct No. 4

**RE: Certification of Revenue**

Dear Judge and Commissioners:

Pursuant to Local Government Code § 111.07075 SPECIAL BUDGET FOR REVENUE RECEIVED AFTER START OF FISCAL YEAR.

The county auditor shall certify to the commissioners court the receipt of revenue from a new source not anticipated before the adoption of the budget and not included in the budget for that fiscal year. On certification, the court may adopt a special budget for the limited purpose of spending the revenue for general purposes or for any of its intended purposes.

I, Letty Chavez, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court, the revenues received from the assessment of mandatory payments from the respective hospitals for Health Care Funding District in the amount of \$32,718.98 for the DY9 UC Redistribution Payment. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

CERTIFIED BY:

\_\_\_\_\_  
Letty Chavez  
County Auditor

\_\_\_\_\_  
12/11/2024  
Date

**HIDALGO COUNTY DISTRICT JUDGES**

LUIS M. SINGLETERRY JUDGE, 92 <sup>ND</sup> D.C.	FERNANDO MANCIAS JUDGE, 93 <sup>RD</sup> D.C.	J. R. "BOBBY" FLORES JUDGE, 139 <sup>TH</sup> D.C.	ROSE GUERRA REYNA JUDGE, 206 <sup>TH</sup> D.C.	MARLA CUELLAR JUDGE, 275 <sup>TH</sup> D.C.	MARIO E. RAMIREZ, JR. JUDGE, 332 <sup>ND</sup> D.C.	NOE GONZALEZ JUDGE, 370 <sup>TH</sup> D.C. OVERSEER	LETICIA LOPEZ JUDGE, 389 <sup>TH</sup> D.C.	L. KENO VASQUEZ JUDGE, 398 <sup>TH</sup> D.C.	ISRAEL RAMON, JR. JUDGE, 430 <sup>TH</sup> D.C.	RENEE R. BETANCOURT JUDGE, 449 <sup>TH</sup> D.C.	JOSE "JOE" RAMIREZ JUDGE, 464 <sup>TH</sup> D.C.	YSMAEL FONSECA JUDGE, 476 <sup>TH</sup> D.C.
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Melissa Garcia <melissa.garcia@auditor.co.hidalgo.tx.us>

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## Fwd: AI-97596

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**Ray Morin** <ray.morin@auditor.co.hidalgo.tx.us>

Tue, Dec 10, 2024 at 9:01 AM

To: Melissa Garcia <melissa.garcia@auditor.co.hidalgo.tx.us>

Cc: Letty Chavez <letty.chavez@auditor.co.hidalgo.tx.us>, Reynaldo Cantu <reynaldo.cantu@auditor.co.hidalgo.tx.us>, Merlen Munoz <merlen.munoz@auditor.co.hidalgo.tx.us>

Good morning Melissa,

Please prepare the COR for AI-97596.

Respectfully,

***Ray Morin***

Financial Accounting Supervisor

Hidalgo County Auditor's Office

2808 South Business Highway 281

Edinburg, Texas 78539

Office: (956) 318-2511 Ext.4664

Fax: (956) 318-2577

Website - [www.co.hidalgo.tx.us/auditor](http://www.co.hidalgo.tx.us/auditor)



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From: **Lourdes Acevedo** <lourdes.acevedo@hchd.org>

Date: Tue, Dec 10, 2024 at 8:51 AM

Subject: AI-97596

To: Jesus Muniz <jesus.muniz@auditor.co.hidalgo.tx.us>, Merlen Muñoz <merlen.munoz@auditor.co.hidalgo.tx.us>, Audrey Ochoa <audrey.ochoa@co.hidalgo.tx.us>, Dairen Sarmiento <dairen.sarmiento@hchd.org>, Lita Leo <lita.leo@co.hidalgo.tx.us>, Letty Chavez <letty.chavez@auditor.co.hidalgo.tx.us>, James Hodge <james.hodge@co.hidalgo.tx.us>, Ray Morin <ray.morin@auditor.co.hidalgo.tx.us>, Rey Salazar <rey.salazar@co.hidalgo.tx.us>, Valde Guerra <valde.guerra@co.hidalgo.tx.us>, Carolina Herrera <carolina.herrera@co.hidalgo.tx.us>, Reynaldo Cantu <reynaldo.cantu@auditor.co.hidalgo.tx.us>, Damaris San Miguel <Damaris.sanmiguel@co.hidalgo.tx.us>, Sandra Jara <sandra.jara@co.hidalgo.tx.us>, Miranda Vela <miranda.vela@hchd.org>

## **Budget, County Treasurer and County Auditor Offices:**

Please accept this as my request to transfer **\$32,718.98** from the Local Provider Participation for the DY9 UC Redistribution Payment.

The last day to submit the IGT into TexNet is **12/12/2024** with a Settlement date of **12/13/2024**.

Budget office please prepare the Appropriation of funds (LPPF) in the amount of **\$32,718.98**.

County Auditor's office please prepare the certification of revenues (LPPF) in the amount of **\$32,718.98**.

County Treasurer's department please select the **"UC"** bucket in TexNet when you enter the DY 9 UC Redistribution Payment amount of **\$32,718.98** from the LPPF Account.

Please send me a copy of the trace sheet once the transfer has been completed so that I may submit it to HHSC along with the Allocation Form.

Should you have any questions please contact me at extension 7366 or Dairen Sarmiento at extension 7365.

Thank you for your assistance with this request. Have a good day.

Best Regards,  
Lourdes Acevedo, MPA  
Division Manager III  
Hidalgo County Health and Human Services  
1304 S. 25th Avenue  
Edinburg, TX 78542  
956-292-7000 ext. 7366

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**AI-97596**  
**CC REGULAR AGENDA SPECIAL MTG**

**Health & Human Services Dept. 18. B. 2.**  
**Health Care Funding District**

**Meeting Date:** 12/10/2024

**Submitted For:** Lourdes Acevedo, HEALTH & HUMAN SERVICES DEPT.

**Submitted By:** Miranda Vela

**Department:** HEALTH & HUMAN SERVICES DEPT.

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**CAPTION**

A. Discussion, consideration and approval to draw down funds for Demonstration Year 9 Final Redistribution UC IGT Payment in the amount to be determined by HHSC instructions from the Local Provider Participation Fund (LPPF) with a transfer date of 12/12/2024 and a settlement date of 12/13/2024.

B. Approval of Certification of Revenues as certified by the County Auditor from the LPPF in the amount to be determined by HHSC final instructions.

C. Approval of Appropriation of funds from the LPPF in the amount to be determined by HHSC final instructions.

**BACKGROUND**

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**Fiscal Impact**

**Attachments**

Instructions

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**Form Review**

<b>Inbox</b>	<b>Reviewed By</b>	<b>Date</b>
Budget & Management	Veronica Ortiz	12/03/2024 10:23 AM
Final Approval	Monica Salinas	12/06/2024 05:43 PM
Form Started By: Miranda Vela		Started On: 12/03/2024 10:09 AM
Final Approval Date: 12/06/2024		



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## Comprehensive Hospital Increase Reimbursement Program IGT Notification - Second Half of Year 4 (SFY25)

1 message

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Texas Health and Human Services Commission <txhhs@public.govdelivery.com>  
To: lourdes.acevedo@hchd.org

Fri, Oct 25, 2024 at 2:07 PM



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## Comprehensive Hospital Increase Reimbursement Program IGT Notification - Second Half of Year 4 (SFY25)

HHSC is providing notification of the Intergovernmental Transfers (IGT) call for the Comprehensive Hospital Increase Reimbursement Program (CHIRP) for the Second half of Year 4, State Fiscal Year 2025 (SFY25).

The IGT amounts can be found in column DM on the "CHIRP Payment Calc" tab of the [Suggested IGT file \(Excel\)](#). This file was updated Oct. 24, 2024, and can be found under the "**Suggested IGT**" and "SFY 2025" headings on [the Provider Finance CHIRP website](#).

The IGT must be entered into TexNet no later than close of business on Nov. 15, 2024, with a settlement date of Nov. 18, 2024.

- This settlement date is non-negotiable.
- The funds must be placed in the "CHIRP" Bucket.

Please transfer funds through TexNet (instructions are available [on the Texas Comptroller's website](#)), and send an email with a screen shot or PDF of the confirmation/trace sheet to [the Provider Finance Department](#).

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**Balance Sheet Summary**

Account Year: 24

Account Period: 12

Period End: 12/31/2024

Account	Account Description	Beginning Balance	Current Balance	YTD Balance	Ending Balance
<b>Fund 1258</b>	<b>LOCAL PROVIDER PARTICIPATION FUND</b>				
4-1258-101-00-000-000-0-000	LPPF-CASH	28,344,686.08	1,749,839.66	-19,559,425.90	8,785,260.18
4-1258-101-00-000-001-0-000	LPPF-1115 WAIVER CASH	18,103.81	0.00	0.00	18,103.81
4-1258-115-00-000-000-0-000	LPPF-SPEC ASSESS-ACCOUNTS RECEIVABLE	0.00	0.00	0.00	0.00
4-1258-126-20-000-000-0-000	LPPF-DUE FR STATE	0.00	0.00	0.00	0.00
4-1258-130-03-000-424-0-000	DUE FROM TAX OFFICE TRUST FUND	0.00	0.00	0.00	0.00
4-1258-130-01-000-100-0-000	DUE FROM GENERAL FUND	0.00	0.00	0.00	0.00
4-1258-130-01-000-246-0-000	DUE FROM TAC SP VEH INV	0.00	0.00	0.00	0.00
<b>Total Assets:</b>		<b>\$28,362,789.89</b>	<b>\$1,749,839.66</b>	<b>-\$19,559,425.90</b>	<b>\$8,803,363.99</b>

**Balance Sheet Summary**

Account Year: 24      Account Period: 12      Period End: 12/31/2024

Account	Account Description	Beginning Balance	Current Balance	YTD Balance	Ending Balance
<b>Fund 1258</b>	<b>LOCAL PROVIDER PARTICIPATION FUND</b>				
4-1258-201-00-000-000-0-000	LPPF-ACCR SALARY, WAGES & FRINGE BENEFIT	0.00	0.00	0.00	0.00
4-1258-202-00-000-000-0-000	LPPF-ACCOUNTS PAYABLE	0.00	0.00	0.00	0.00
4-1258-202-00-000-001-0-000	LPPF-A/P 1115 WAIVER	0.00	0.00	0.00	0.00
4-1258-223-00-000-000-0-000	LPPF-UNEARNED REVENUE	0.00	0.00	0.00	0.00
4-1258-241-00-000-000-0-000	LPPF-UNAVAILABLE REVENUE	11,822,981.06	0.00	-11,822,981.06	0.00
<b>Total Liabilities:</b>		<b>\$11,822,981.06</b>	<b>\$0.00</b>	<b>-\$11,822,981.06</b>	<b>\$0.00</b>
4-1258-270-00-000-000-0-000	LPPF-BUDGETED FUND BALANCE	0.00	0.00	-16,539,808.84	-16,539,808.84
4-1258-258-00-000-000-0-000	LPPF-UNASSIGNED FUND BALANCE	16,539,808.83	0.00	0.00	16,539,808.83
<b>Total Equity:</b>		<b>\$16,539,808.83</b>	<b>\$0.00</b>	<b>-\$16,539,808.84</b>	<b>-\$0.01</b>
4-1258-275-00-000-000-0-000	LPPF-ESTIMATED REVENUES	0.00	0.00	-111,572,346.19	-111,572,346.19
4-1258-276-00-000-000-0-000	LPPF-REVENUE CONTROL	0.00	1,749,839.66	120,375,710.19	120,375,710.19
4-1258-271-00-000-000-0-000	LPPF-APPROPRIATIONS	0.00	0.00	128,112,155.03	128,112,155.03
4-1258-272-00-000-000-0-000	LPPF-EXPENDITURE CONTROL	0.00	0.00	-128,112,155.03	-128,112,155.03
4-1258-273-00-000-000-0-000	LPPF-ENCUMBRANCE CONTROL	0.00	0.00	0.00	0.00
4-1258-274-00-000-000-0-000	LPPF-RESERVED FOR ENCUMBRANCES	0.00	0.00	0.00	0.00
<b>Total Controls:</b>		<b>\$0.00</b>	<b>\$1,749,839.66</b>	<b>\$8,803,364.00</b>	<b>\$8,803,364.00</b>
<b>Total Equity and Controls:</b>		<b>\$16,539,808.83</b>	<b>\$1,749,839.66</b>	<b>-\$7,736,444.84</b>	<b>\$8,803,363.99</b>
<b>Total Liabilities, Equity and Controls:</b>		<b>\$28,362,789.89</b>	<b>\$1,749,839.66</b>	<b>-\$19,559,425.90</b>	<b>\$8,803,363.99</b>

Fund is in balance      0.00

+ 16,539,808.83  
 +120,375,710.19  
 -128,112,155.03  
 -----  
 + 8,803,363.99

DATE: December 10, 2024

DEPARTMENT HEAD Dagoberto Soto

2024  
Appropriation  
AI-97596



DEPARTMENT NAME Department of Budget & Management for Human Services -LPPF

ACCOUNT NUMBER: 4-1258-3XX-X0-240-00X-0-000

Contact Person: Sandra Jara Ph#: (956) 292-7025 ext. 5408

SUBJECT: **Budget Amendments** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

INCREASE ACCOUNT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT
4-1258-444-00-240-006-3-843	LPPF- Aid to Nongovt	32,718.98
4-1258-355-20-240-001-0-000	LPPF-SPEC ASSESS-COLUMBIA RIO GRANDE	3,020.68
4-1258-355-20-240-002-0-000	LPPF-SPEC ASSESS-CORNERSTONE REGIONAL	254.30
4-1258-355-20-240-003-0-000	LPPF-SPEC ASSESS-DOCTORS HOSPITAL AT REN	17,793.36
4-1258-355-20-240-004-0-000	LPPF-SPEC ASSESS-KNAPP MEDICAL CENTER	1,769.61
4-1258-355-20-240-006-0-000	LPPF-SPEC ASSESS-EDINBURG REGIONAL MED	8,301.57
4-1258-355-20-240-007-0-000	LPPF-SPEC ASSESS-MISSION HOSPITAL	1,200.49
4-1258-355-20-240-008-0-000	LPPF-SPEC ASSESS-SOLERA HOSPITAL MCALLEN	299.82
4-1258-355-20-240-009-0-000	LPPF-SPEC ASSESS-WESLACO REHAB HOSPITAL	79.15
4-1258-361-11-240-000-0-000	LPPF-NOW INTEREST	-
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>32,718.98</b>

**REASON:** Appropriation of funds in relation for approval to draw down funds for Demonstration Year 9 Final Redistribution UC IGT Payment in the amount to be determined by HHSC instructions from the Local Provider Participation Fund (LPPF) with a transfer date of 12/12/2024 and a settlement date of 12/13/2024.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

/ /  
DATE

ATTEST COUNTY CLERK