Appendix A - Contact Info

Birth to 3 Program Reconciliation Fiscal Staff Contact Information

Please fill out the contact information requested below for the **primary and secondary county/agency fiscal contacts** for the **Birth to 3 Program** reconciliation process. The **primary Birth to 3 Program** fiscal contact person should be the individual who is best able to address any questions or concerns related to these forms. All Department communications will begin with this person.

The **secondary Birth to 3 Program** fiscal contact person should be the individual who is best able to address any questions or concerns related to these forms if the primary contact is unavailable. This person will only be contacted in the event that the primary contact is unavailable. The secondary contact will be copied on the final reconciliation communication.

Reponses on this form are used to generate the **Birth to 3 Program** fiscal contact list for the current calendar year, which is used for sharing county-specific information and contract update letters. **If the fiscal contact person is someone other than the two contacts listed, please inform the DHS Fiscal Team at DHSB23Fiscal@dhs.wisconsin.gov when you submit these forms.**

Primary Birth To 3 Program Fiscal Contact						
County/Agency:	Candy County					
Last Name:	King					
First Name:	Joe					
Phone Number:	(555)-678-9900					
Email Address:	JoeKing@candycounty.gov					
Fax Number:	(555)-678-9900					
Street Address:	1234 Sugar St.					
City:	Candy City					
Zip Code:	00009-9999					

Secondary Birth To 3 Program Fiscal Contact							
Last Name:	Help						
First Name:	Fiscal						
Phone Number:	(555)-678-0099						
Email Address:	FiscalHelp@candycounty.gov						
Fax Number:	(555)-678-9900						
Street Address	1234 Sugar St.						
City:	Candy City						
Zip Code:	00009-9999						

Statement of Approval and Accuracy

The authorized signing Birth to 3 Program County/Agency representative certifies that the total county service expenditures, revenues and administrative costs reported in this form are accurate and correct and were incurred solely in connection with **Birth to 3 Program** activities. All allocations used to derive these costs follow federally mandated cost accounting principles and adhere to all applicable State and Federal regulations specified in the State and County Contract for Social Services, Community Programs, and Income Maintenance. The representative also certifies that the County/Agency collected all applicable provider revenue information to the best of his/her knowledge. Additionally, the signing County/Agency Birth to 3 Program representative certifies that none of the costs claimed for reimbursement on this form have also been claimed, or allocated, through any other source of reimbursement.

NAME - Agency Representative	Title / Position	Date Signed
Joe King	Candy Couny DHHS Director	4/3/2022

DISTRIBUTION:

Please email the completed form to: DHSB23Fiscal@dhs.wisconsin.gov

WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services F-00388 (03/2022)

APPENDIX B COUNTY BIRTH TO 3 PROGRAM FISCAL RECONCILIATION REPORT

The provision of the fiscal information in this form is mandatory. The Wisconsin Department of Health Services (DHS) is required per 34 CFR § 303.225(a)(2) of federal law to assure funds will be used so as to supplement the level of state and local funds expended for infants and toddlers with disabilities and their families, and in no case to supplant those state and local funds. If the Birth to 3 Program fails to meet the federal financial requirements, the U.S. Department of Education may take a variety of actions, including corrective action plans, compliance agreements, recovery of funds, withholding of payments, or legal enforcement action.

INSTRUCTIONS: Report county actual expenditures, revenues and administration costs for the Birth to 3 Program for calendar year 2021 using the following budget categories. Only include expenses that were incurred by the county and revenues actually collected by the county for calendar year 2021. This report should include revenues of individual providers only when they 'pass through' the county's fiscal reports and records. All other provider revenue must be reported in Appendix C.

	County/Agency	Candy County		
	REVENUES			
Α	Community Aids	\$ 1,244,315.00		
В	County Funds	\$ 299,698.74		
С	Revenues from Medicaid			
i	Targeted Case Management	\$ 32,660.62		
ii	Direct Early Intervention Services			
D	Revenues from Private Insurance			
Е	Parental Cost Share	\$ 1,421.00		
F	Other Sources of Revenue - Describe			
i	Birth to 3 Grant	\$ 18,564.00		
ii	Other Source Rev			
iii	Other Source Rev			
	SUBTOTAL LOCAL REVENUES (items A through F)	\$ 1,596,659.36		
G	Birth to 3 Program Allocation (Contract Period 1/1/2021 - 12/31/2021)			
	TOTAL REVENUES (items A through G)	\$ 1,596,659.36		

	AMOUNT		
Η	Early Intervention Services	\$	1,054,456.10
1	Service Coordination	\$	209,899.00
J	Administrative and Support costs	\$	245,223.06
K	Outreach	\$	87,081.20
L	Other - Please Describe:		·
	TOTAL EXPENDITURES (items H through L)	\$	1,596,659.36

	TOTAL EXPENDITURES (items H through L)	\$ 1,596,659.36
Notes and/or additional explanations:		

П	Α	В	C	D	E	F	G	Н	1	J	K	L	М
П			APPENDIX C										
1			BIRTH TO 3 PROGRAM REPORT OF PROVIDER REVENUE										
2	The provision of the fiscal information in this form is mandatory. Counties are required to submit revenue information from private providers who are contracted to deliver Birth to 3 Program Services on behalf of a county Birth to 3 Program. The Wisconsin Department of Heath Services (DIS) is required per 34 CR§ 3 303.225(a)(2) of federal law to assure funds will be used so as to supplement the level of state and local funds expended for infants and toddlers with disabilities and their families, and in no case to supplemt those state and local funds. INSTRUCTIONS: Please provide revenue received by each provider the County contracts with to deliver services for the Birth to 3 Program. The provider revenues reported on this form should only include revenues not reported in Appendix B is few Appendix B instructions). Columns for up to 10 10 providers are included. Please add columns as												
3		needed and	ensure they include the same formulas as the existing columns.							•			
4			County/Agenc	y Candy County									
5			BIRTH TO 3 PROGRAM PROVIDER CONTACT INFORMATION	Provider 1	Provider 2	Provider 3	Provider 4	Provider 5	Provider 6	Provider 7	Provider 8	Provider 9	Provider 10
6		Α	County	Candy County	Candy County								
7		В	Name of Provider	Care Coordinator	der for Our Health								
8		С	Name - Contact Person	Jim Bob	Hope Helps								
9		D	Telephone Number (enter area code and phone number)	555-678-0909	555-678-9909								
10		E	Address - Street	2345 Cavity Lane	4356 Floss St.								
11		F	City	Candy City	Candy City								
12		G	State	Wisconsin	Wisconsin								
13		н	Zip Code	00009-9990	00009-9990								
14		- 1	Email Address	Jbob@wicare.co	Hhelp@healthpro	vider.com							
15			REVENUE CATEGORY - AMOUNTS										
16		J	Private Provider Funds Private Provider funds include the amount of funds contributed by the private provider agency for operation of the Birth to 3 Program										
17		K	Medicaid										
18			Targeted Case Management	\$ 178,599.00	\$ 104,416.00								
19		i	i Direct Early Intervention Services	\$ 420,889.00	\$ 284,987.00								
20		L	Revenues from Private Insurance	\$ 119,765.54			1						
21		М	Parental Cost Share		\$ 11,024.00								
22		N	Other Sources of Revenue This section includes funds received from other sources such as fundraisers, grants, or donations and paid directly to the private provider for the operation of the Birth to 3 Program. Identify and describe the amount and specific source for each revenue source received.	of									
23			i Fundraising	\$ 27,987.00	\$ 179.97			_					
24		i	i Donations	\$ 985.95									
25		i	Grants from Government Agencies		\$ 5,000.00			P					
26			TOTAL REVENUES (items J through N)	\$ 748,226.49	\$ 405,606.97	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27				1 4									
29			1										

Appendix D COUNTY BIRTH TO 3 PROGRAM FISCAL RECONCILIATION REPORT - INSTRUCTIONS

This document provides instructions for the completion of the county Birth to 3 Program Fiscal Reconciliation (Appendix B) and Provider Revenue (Appendix C) forms for calendar year 2021. Using the following categories, indicate total expenses and revenues for calendar year 2021. For those categories that pertain to Appendix B, only include expenses that were incurred by the county and revenues actually collected by the county. Include expenses or reimbursements of individual providers in Appendix B when the provider amounts 'pass through' the county's fiscal reports and records. For those categories that pertain to Appendix C, only include provider revenues that did not 'pass through' the county's fiscal reports and records.

RECONCILIATION REPORTS ARE DUE NO LATER THAN: April 8, 2022

Please submit the completed form electronically to the following email address: DHSB23Fiscal@dhs.wisconsin.gov Please only send in Excel format (no pdfs)

NOTE: Appendix B and C have self-calculating total fields that are locked. Once you enter an amount in an unlocked field you must tab or click out of that field so the total field calculation will update with the entered amount.

Community Aids - Appendix B Only

The total amount of Community Aids expended is reported in this section. Community Aids is funding provided by the Department of Health Services to counties for the provision of social services defined in Wis. Stats. Ch. 46 and 51.

County Funds - Appendix B Only

The total amount of county funds expended is reported in this section. County funds include any county tax levy or non-base county allocation (BCA) funds provided for Birth to 3 Program services. Funds reported in this line should include the amount of funds spent on the Birth to 3 Program that were allocated from only county funds; this amount should not include any state or federal funds.

Revenues from Medicaid - Appendix B and C

Funds the county or provider received from Medicaid for the categories listed below are reported in this section:

- * Targeted case management services
- Direct Early Intervention services

Revenues from Private Insurance - Appendix B and C

Funds collected from third party payers and paid directly to the county Birth to 3 Program or provider for services are reported under this

Parental Cost Share - Appendix B and C

The amount of funding reported in this section includes actual collections the county or provider received from families based on the cost share guidelines established in Wis. Adm. Rule DHS 90.06.

Other Sources of Revenue - Appendix B and C

This section includes funds received from other sources such as fundraisers, grants, or donations and paid directly to provider. Identify the amount and specific source for each revenue source received

Subtotal Local Revenues - Appendix B Only

The total of the state and local revenues applied to Birth to 3 Program services is used to determine if a county Birth to 3 met the required maintenance of effort (MOE) amount for the calendar year reported.

Birth to 3 Program Allocation (Contract Period January 1, 2021 - December 31, 2021) - Appendix B Only
The amount reported in this section includes all available state and federal Birth to 3 Program funds allocated to the county to administer the Birth to 3 Program. These funds are reported in CARS on profile 550 or 552 and cannot exceed the total funds provided in the State and County Contract or Grant Agreement.

Total Revenue - Appendix B Only

The TOTAL REVENUE line automatically sums the amounts reported in items A through G.

EXPENDITURES - Appendix B Only

This section includes the total Birth to 3 Program related expenses incurred by the county in calendar year 2021.

Early Intervention Services (EIS)

The EIS amount includes the cost of providing evaluation and assessment; development and review of the IFSP; provision of early intervention services identified in Wis. Adm. Code Ch. DHS 90 and transition to other programs or services. Costs of early intervention personnel, other than the service coordinator, should be reported under this item; early intervention personnel are personnel who have direct contact with children and families. Personnel costs include salary, fringe benefits, telephone, rent, travel and training. The costs of material, equipment, tests, etc. should also be reported under this item.

Service coordination

Service coordination includes the cost of coordinating the evaluation and assessment, the development and review of the IFSP, the identification and the arrangements needed for the provision of early intervention services, etc. Personnel costs of the services coordinator, including salary, fringe benefits, telephone, rent, travel training, etc.. are reported in this item.

Administrative and Support Costs

Administrative and support costs includes personnel costs for supervision or clerical support prorated based upon the employee's percent of time spent on Birth to 3 Program activities. Overhead and information technology (IT) costs charged to the Birth to 3 Program are

Outreach

Outreach includes expenditures related to activities for increasing public awareness and child find.

The Other section includes other expenditures beyond those categories listed above expended for one-time, long-term purposes such as the acquisition of equipment or software and the construction of facilities. Identify the amount and specific expense for each expenditure incurred.
TOTAL EXPENDITURE

The TOTAL EXPENDITURE line automatically sums the amounts reported in items H through L.