

INTRODUCTION

The CARS 603 Report summarizes expenses and payments for all contracts processed through CARS. In addition, the report details the expenses that have been allocated. Please refer to Attachments A to G for examples of the various parts comprising the CARS 603 Report.

DETAILED DESCRIPTION

A. Report Header

Each page of the report has a standard two line header (see [Attachment A](#), *report headings in bold*). The first line includes:

- (A) **Community Aids Reporting System:** CARS is both a working unit of people and the computerized payment system.
- (B) **20XX Distribution Report For Agencies:** the title of the report.
- (C) **Voucher number:** The primary reference for finding detail on a given payment. This number is also found on the ACH transaction.
- (D) **<Month> Exps:** indicates the expenditure period through which expenses and adjustments are being processed.
- (E) **DES-CARS-603:** every form and report the state generates must have its own identification number -- 603 is this report. DES is the Division of Enterprise Services.

The second line of the header contains:

- (F) **Agency <Agency number>:** Agency number is a 1 to 10-digit code, leading zeros are not required.
- (G) **<Agency Type Code>:** Agency type is a three-digit code defined by the type of agency and the year in which a contract ends. The agency type code is used to distinguish new year contracts using the same profile as used in a prior year. This is the key to agency specific information and should be available whenever an inquiry is made of the CARS Unit staff.
- (H) **AGENCY NAME:** The Agency Name immediately follows the agency type
- (I) **Expected PMT Date MM/DD/YYYY:** Date of payment. Municipalities usually receive their payments on or about the 5th of the month; non-municipal agencies usually receive their payments on the 1st of the month..
- (J) **<Month> Advs:** indicates the month for which prepayments on new contracts are being paid.
- (K) **MM/DD/YYYY:** the run date of CARS system batch processing.

B. Report Sections

The CARS 603 report consists of three sections:

1. Allocations
2. Profile Activity
3. Distribution of Expenditures

1. ALLOCATIONS: Summary of all allocated profiles applicable to an agency

This section reports cost allocations calculated by the CARS system, showing profiles allocated from and those allocated to. The profile numbers and names are on the left side of the page. Refer to your contract to see if allocations apply to your agency (see [Attachment B](#); *column headings in bold*).

- (A) CARS Profile number
- (B) CARS Profile name
- (C) **Expenses This Month:** Amounts reported to this profile during the month.
- (D) **Adjustments Prior Month:** Amounts may appear in this column when a prior month report is received and processed after normal due dates. This column may also include state adjustments.
- (E) **Net Expense:** Total of “Expenses This Month”, “Adjustments Prior Month”, plus all allocations to the profile.
- (F) **Ratio:** The percentage used for the allocation to another profile.
- (G) **Amount Allocated:** The amount(s) allocated to another profile.

2. PROFILE ACTIVITY: Summary of expenses reported or allocated to each profile.

Profile Activity is illustrated in [Attachments C, D, E](#). The columns are identical to the “Allocations” section above, sans columns “Ratio” and “Amount Allocated”. The Profile Activity section is grouped by Contract Type. Each Contract Type begins with two asterisks (**) on the report. The Contract Types are as follows:

**** IM CONTRACTS:** Includes profiles applicable to income maintenance contracts/addenda ([Attachment C](#)).

**** SOCIAL SERVICES/51 BOARD:** Includes all profiles applicable to community services contracts ([Attachment D](#)).

**** NON-STATE/COUNTY CONTRACT:** Includes all profiles applicable to contracts with agencies which are outside the consolidated contract ([Attachment E](#)).

Each of these Contract Types is further grouped by Profile Type, which designates how expenses are paid. Each Profile Type begins with three asterisks (***) on the report. The Profile Types are as follows:

***** Adjustment (Contract):** Profile Type A. Manual adjustments to payments. Use is restricted to DHS staff.

***** Non-Reimbursable:** Profile Type D. Expenses that must be reported but are not to be reimbursed.

***** Sum-Sufficient:** Profile Type E. Payment will be made for the reimbursable percentage of all reported expenses.

***** Contract Controlled:** Profile Type F. Payment will be made up to the contract amount. Includes profiles where expenses are reported but roll to another profile for payment.

***** Allocated:** Profile Type G. Profiles requiring ratios for proper payment. The expenses entered here are paid on other profiles after allocation.

3. DISTRIBUTION OF EXPENDITURES: Detail breakdown of all profiles an agency had activity in, either contract and/or expenses (Attachment F, G).

Distribution of Expenditures is illustrated in Attachment F. Similar to Profile Activity, Distribution of Expenditures is grouped by Contract Type: IM CONTRACT, SOCIAL SERVICES/51 BOARD and NON-STATE/COUNTY. Each row consists of two lines. The first line contains the profile number, profile name and the contract start and end date.

- (A) CARS Profile number
- (B) CARS Profile name
- (C) Contract Start Date
- (D) Contract End Date. If there is no contract start or end dates, the system defaults to NO CONTRACT, ADJUSTMENT or NONREIMBURSABLE depending on the situation.

The second line contains the figures for the following columns:

- (E) **Net Expenses This Month:** Net expenditures reported or allocated for the current month. The amounts can be positive or negative.
- (F) **Reported CTD Expenses:** Summary of all expenses reported or allocated to this profile.
- (G) **EXPNS Rolled +IN/-OUT:** The net of all expenditures rolling in or out. The net of all "rolls" will be zero. The amount reflected on the DES-CARS 603 report represents the contract to date amount and not the current month's roll amount.
- (H) **Actual CTD Expenses:** Total of the contract-to-date expenses which are allowable. This column will not include expenses reported outside of the contract period nor expenses without a contract. When these situations occur the amounts become 100% agency costs.
- (I) **Contract/Addendum:** Federal and/or state contract amounts.
- (J) **Payment/Advance:** The amount of payment/advance made this report month. THE TOTAL OF THIS COLUMN IS EQUAL TO YOUR PAYMENT.
- (K) **CTD Payments/Advances:** Total of all payments made on a contract, but will not exceed the contract amount.
- (L) **Difference K – H:** Mathematical calculation of Column K (CTD Payments/Advances) less Column H (Actual CTD Expenses).
- (M) **Unexpended Contract:** Mathematical calculation of Contract/Addendum (Column I) less CTD Payments/Advances (Column K).
- (N) **TOTALS FOR CONTRACT TYPE (<CONTRACT TYPE>):** For the present, do not use these totals because they include duplicate amounts for Accounts Receivable. To calculate the total for the agency subtract profile 99999 from this line to get the actual agency total.
- (O) **TOTALS FOR AGENCY (<AGENCY NAME>):** For the present, do not use these totals because they include duplicate amounts for Accounts Receivable. To calculate the total for the agency subtract profile 99999 from this line to get the actual agency total.
- (P) **DUE DHSS FROM <Agency Name>:** Amount your agency owes the State
- (Q) **CURRENT AGENCY CHECK AMOUNT:** Amount your agency will receive (net of all contracts).
- (R) **999999 DUE DHSS FROM PREV PERIOD:** Amount due to DHS at the end of the prior months report. This profile and page appear only if there was an amount due to DHS at the end of the last processing cycle.

ATTACHMENT A

A Community Aids Reporting System Agency		B 2014 Distribution Report For Agencies 73-410 WILSON CO HSD			C Voucher 090420 Expected PMT Date 06/01/2014	D March Exps June Advcs	E DES-CARS 603 5/19/2014
F G		H			I	J	K
March Expenses *** Allocations ***							
ExpenseDescription	Expenses This Month	Adjustments Prior Month	Net Expense	Ratio	Amount Allocated		
337 COP-W	1,654	0	1,654				
338 COP-W WAIVER				40.94%	677		
339 COP-W FEDERAL				59.06%	977		
406 ICFMR	2,161	0	2,161				
407 ICFMR NONFED				40.94%	885		
408 ICFMR FED				59.06%	1,276		
557 CIP 1B	110	0	110				
563 CIP 1B FEDERAL				59.06%	65		
564 CIP 1B NON FEDERAL				40.94%	45		
870 CLTS OTHER	4,068	0	4,068				
871 CLTS OTHER GPR				40.94%	1,665		
872 CLTS OTHER FED				59.06%	2,403		

ATTACHMENT C

Community Aids Reporting System
Agency 73-410 WILSON CO HSD

2014 Distribution Report For Agencies
Expected PMT Date 06/01/2014

Voucher 090420

March Exps
June Adv

DES-CARS 603
5/19/2014

ExpenseDescription	Expenses This Month	Adjustments Prior Month	Net Expense
** IM CONTRACTS			
*** SUM-SUFFICIENT			
61 FS FPI FED	0	0	13,961
62 MA FPI FED	0	0	5,667
*** CONTRACT CONTROLLED			
60 FPI NON-FED	0	0	19,632
230 FSET ADMIN 100% FED SUPPL	2,985	0	2,985
231 FSET ADMIN GPR/FED BASE	29,724	0	29,724
232 FSET ADMIN 50% LOCAL-FED	44,312	0	44,312
233 FSET TRANSP GPR/FED BASE	7,556	0	7,556
234 FSET TRANSP 50% LOCAL-FED	1,956	0	1,956
235 FSET RETENT GPR/FED BASE	125	0	125
236 FSET RETENT 50% LOCAL-FED	125	0	125
*** ALLOCATED			
58 FS FPI REPORTING	10,820	17,104	27,924
59 MA FPI REPORTING	4,387	6,949	11,336

ATTACHMENT D

Community Aids Reporting System
 Agency 73-410 WILSON CO HSD

2014 Distribution Report For Agencies
 Expected PMT Date 06/01/2014

Voucher 090420

March Exps
 June Advs

DES-CARS 603
 5/19/2014

ExpenseDescription	Expenses This Month	Adjustments Prior Month	Net Expense
** SOCIAL SERVICES/51 BOARD			
*** ADJUSTMENT (CONTRACT)			
882 CLTS PF STATE MATCHED	-3,491	0	-3,491
947 MENDOTA MHI	-230,549	0	-230,549
*** NON-REIMBURSABLE			
874 CLTS AUTISM GPR	0	0	151,695
875 CLTS AUTISM FED	0	0	218,835
*** SUM-SUFFICIENT			
339 COP-W FEDERAL	0	0	412,254
581 CIP 1A FEDERAL	0	0	288,666
881 CLTS AUTISM CWA ADMIN FED	0	0	12,409
*** CONTRACT CONTROLLED			
338 COP-W WAIVER	0	0	285,771
367 COMMUNITY OPTIONS PROGRAM	424,102	0	424,102
517 CERTIFIED MENTAL HLTH PRG	0	0	0
545 WOMEN'S AODA TREATMENT	19,583	0	19,583
561 BASIC COUNTY ALLOCATION	-1,515,077	0	-1,515,077
580 CIP 1A NON FEDERAL	0	0	200,101
681 STATE/COUNTY MATCH	0	0	0
880 CLTS AUTISM CWA ADMIN GPR	0	0	12,409
81044 COUNTY OWI DRUG COURT	7,866	0	7,866
*** ALLOCATED			
337 COP-W	698,025	0	698,025
558 CIP 1A	488,767	0	488,767
873 CLTS AUTISM	370,530	0	370,530
879 CLTS AUTISM CWA ADMIN	24,818	0	24,818

ATTACHMENT E

Community Aids Reporting System
 Agency 73-410 WILSON CO HSD

2014 Distribution Report For Agencies
 Expected PMT Date 06/01/2014

Voucher 090420

March Exps
 June Advx

DES-CARS 603
 5/19/2014

ExpenseDescription		Expenses This Month	Adjustments Prior Month	Net Expense
** NON STATE/COUNTY CONTRACT				
*** ADJUSTMENT (CONTRACT)				
946	PACT-DANE COUNTY	-145,000	0	-145,000
1007	WIMCR A/R MOVE	0	0	0
*** SUM-SUFFICIENT				
560021	I&A EBS BEN SPEC CTY FED	0	0	0
560029	I&A EBS OCI RPLCMNT FED	0	0	892
*** CONTRACT CONTROLLED				
1425	MA COP LTS EXPANSION	-5,000	0	-5,000
560022	I&A EBS BEN SPEC CTY GPR	0	0	0
560023	OTHER EBS BEN SPEC COUNTY	5,204	0	5,204
560122	EXPANDING CDSMP IN WI	16,801	0	16,801
560300	AAA ADMINISTRATION	29,509	0	29,509
560320	BENEFIT SPECIALIST COUNTY	0	0	0
560327	EBS OCI REPLACEMENT	0	0	0
560330	SENIOR COMMUNITY SVS PROG	2,421	0	2,421
560340	TITLE 3B SUPPORTIVE SVS	47,049	0	47,049
560350	TITLE 3C-1 CONG MEAL PROG	95,552	0	95,552
560360	TITLE 3C-2 HOME MEALS	37,782	0	37,782
560422	NSIP (USDA) CASH	37,335	0	37,335
560432	HEALTH INS INFORMATN SHIP	1,000	0	1,000
560490	ELDER ABUSE SERVICE	22,152	0	22,152
560510	PREVENTIVE HEALTH T3D	3,484	0	3,484
560520	T3ENATLFAMILYCAREGVERSUPP	18,220	0	18,220
*** ALLOCATED				
560028	I&A EBS OCI REPLACEMENT	1,784	0	1,784

ATTACHMENT F

Community Aids Reporting System
Agency 73-410 WILSON CO HSD

2014 Distribution Report For Agencies
Expected PMT Date 06/01/2014

Voucher 090420

March Exps
June Advx

DES-CARS 603
5/19/2014

Expense Description Net Expenses This Month	Reported CTD Expenses	EXPS Rolled +IN-OUT	Actual CTD Expenses	Contract /Addendum	Payment CTD /Advance	Payments /Advances	Difference K - H	Unexpended Contract
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*** Distribution Of Expenditures ***

*** NON STATE/COUNTY CONTRACT ***

(*CTD* = Contr to date)

A	B							
1007	WIMCR AIR MOVE			*** ADJUSTMENT				
	0	-5,741,617	0	-5,741,617		0	-5,741,617	0
								5,741,617
560422	NSIP (USDA) CASH			10012013 09302014				
	37,335	74,690	0	74,690	158,641	39,640	114,350	39,660
								44,291
560432	HEALTH INS INFORMATN SHIP			04012013 03312014				
	1,000	4,000	0	4,000	5,000	594	4,000	0
								1,000
560490	ELDER ABUSE SERVICE			01012014 12312014				
	22,152	35,038	0	35,038	86,329	0	21,582	-13,456
								64,747
560510	PREVENTIVE HEALTH T3D			01012014 12312014				
	3,484	3,484	0	3,484	14,776	3,484	7,178	3,694
								7,598
560520	T3ENATLFAMILYCAREGVERSUPP			01012014 12312014				
	18,220	18,220	0	18,220	129,257	18,220	50,534	32,314
								78,723
TOTALS FOR CONTRACT TYPE (NON STATE/COUNTY CONTRACT)								
	169,135	-5,785,014	0	-5,785,014	2,250,950	131,563	-5,277,731	507,283
								7,528,681
TOTALS FOR AGENCY (WILSON CO HSD)								
	7,677,174	20,852,563	0	20,852,563	60,372,991	5,800,533	26,456,989	5,604,426
								33,916,002
CURRENT AGENCY CHECK AMOUNT:					5,800,533			



ATTACHMENT G

Community Aids Reporting System 2014 Distribution Report For Agencies
 Agency 73-410 WILSON CO HSD Expected PMT Date 06/01/2014

Voucher 090420

March Exps
June Adv

DES-CARS 603
5/19/2014

Expense Description Net Expenses This Month	F Reported CTD Expenses	G EXPS Rolled +IN-OUT	H Actual CTD Expenses	I Contract /Addendum	J Payment TD /Advance	K Payments /Advances	Difference K - H	Unexpended Contract
*** Distribution Of Expenditures *** *** NON CONTRACT SPECIFIC***							(*CTD* = Contr to date)	
999999 	0	0	0	0	-173,000	0	0	0
***** TOTALS FOR CONTRACT TYPE (NON CONTRACT SPECIFIC)								
0	0	0	0	0	-173,000	0	0	0
Expense Description Net Expenses This Month	F Reported CTD Expenses	G EXPS Rolled +IN-OUT	H Actual CTD Expenses	I Contract /Addendum	J Payment TD /Advance	K Payments /Advances	Difference K - H	Unexpended Contract
*** Distribution Of Expenditures *** *** NON STATE/COUNTY CONTRACT ***							(*CTD* = Contr to date)	
1003 ACC REC-COLLECTION AGENC\	0	916,145	0	916,145	0	916,145	0	-916,145
***** TOTALS FOR CONTRACT TYPE (NON STATE/COUNTY CONTRACT)								
0	75,751	0	75,751	0	0	75,751	0	-75,751
1007 WIMCR A/R MOVE	0	75,751	0	75,751	0	75,751	0	-75,751
1008 DHFS A/R CLOSEOUT	0	-916,145	0	-916,145	0	-916,145	0	916,145
***** TOTALS FOR CONTRACT TYPE (NON STATE/COUNTY CONTRACT)								
0	75,751	0	75,751	0	0	75,751	0	-75,751
***** TOTALS FOR AGENCY (WILSON CO HSD)								
	0	1,918,740	0	1,918,740	2,173,326	-173,000	1,151,921	-766,819
*** DUE DHSS FROM WILSON CO HSD					-173,000			
*** DO NOT SEND CASH UNLESS DIRECTED BY AN ATTACHMENT								