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| DEPARTMENT OF HEALTH SERVICESDivision of Enterprise ServicesF-80142 (6/08) | STATE OF WISCONSIN |
| COLLECTIONS DELEGATION APPLICATION |
| **SECTION A** – To be Completed by 51.42-437 Program Director | Date Submitted      |
| Name – Providing Facility      | Number and Street      |
| City      | County      | Wisconsin | Zip Code      | Telephone Number      |
| Name Administrator      | Indicate one of the following:[ ]  Operated by 51.42/437 Bd.[ ]  Under Purchase of Services with one of the above. If checked, complete Name of 51.42-437 Bd. |
| Name of 51.42/437 Bd.      |
| Number and Street      | City      | County      | Zip Code      |
| List type(s) of service provided for which delegation is requested: |
|       |       |       |
| Full delegation is request for services received on and after       (Month/Day/Year) |
| Requested designation for the placement of the delegated collection function |
| Name – Organization      | Telephone Number      |
| Name and Title – Designate to be assigned delegated collection function      |
| **SECTION B** – To be completed by person to be assigned collection responsibility. |
| Indicate what other staff resources will assist in the collection function for these services.      |
| Indicate the approximate number of new accounts generated monthly.      |      |
| Statement and Signature of DesignateI agree to carry out collections for services listed in this application according to the Policies and Procedures set forth by the Department of Health Services in Administrative Directive 10.2 and HFS 1.01 – 1.07 on the Wis. Adm. Code. |
| **SIGNATURE** – Designate | Date Signed |
| Statement and Signature of 51.42/437 Program DirectorI attest sufficient capability exists as state in this application to warrant delegation of collections under the Polices and Procedures of the Department of Health Services and so request approval for such delegation. I further agree to abide by the provisions of Administrative Directive 10.2 and HFS 1.01 – 1.07 of the Wis. Adm. Code. |
| **SIGNATURE** – Program Director | Date Signed |

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| **SECTION C** – Instructions |
| SALARIESAdministrative and General Support Staff: Activities performed by those persons cannot usually be associated with a particular service but extend across service areas.Support Staff: These persons provide services directly to clients or perform services that may be associated with specific service areas. | 1a Salary costs not attributable to specific services. |
| 1b Salary costs that are attributable to specific service areas. |
| 1c Total salary costs: Add entries in lines 1a and 1b. |
| FRINGE BENEFITSFringe benefits (if not included in line 1c) should be determined by multiplying the amounts in line 1c by the facility’s fringe benefit percentage. | 2 Fringe benefit costs Fringe percentage is |
| OTHER BUDGETED COSTSThis category should include office supplies, depreciation or rent of facility, consultant and other service costs, employee travel, food, linen and all other allowable operation costs. | 3a Costs are attributable to specific service areas |
| 3b Costs not attributable to specific service areas |
| 3c Total other costs. Add entries in lines 3a and 3b. |
| BOARD ADMINISTRATION COSTS (for board operated facilities only)Enter the facility’s prorated share of board expenses identified with services provided by facilities operated by boards under s51.42, 51.537 or 46.23. | 4 Board administration costs. |
| TOTAL COSTS | 5 Total costs: Add entries in lines 1c, 2, 2c and 4. |
| DEDUCTIBLE FUNDS OR COSTSEnter funded costs included in previous entries that must be deducted where there is a regulation or grant requirement that prohibits billing clients for service. | 6a Funds attributable to specific services or functions. |
| 6b Funds not attributable to specific services. |
| 6c Total deductible funds. Add entries on lines 6a and 6b. |
| NET ALLOWABLE COSTS | 1. Net allowable costs.

Subtract entries on line 6c from line 5. |
| DISTRIBUTE ADMINISTRATIVE COSTS TO EXEMPT SERVICES AND SERVICES UNDER THE UNIFORM FEE SYTEMDistribute costs or funds between exempt services and uniform fee services on the basis of service staff time devoted to these service areas unless it can be shown that another distribution basis is more appropriate.Explain other distribution basis in remarks section on page 4. | 8 Distribute administrative costs between exempt and non-exempt services. |
| DISTRIBUTE ADMINISTRATIVE COSTS AMONG CHARGEABLE SERVICES (where more than one service is provided)Distribute administrative costs attributable to non-exempt services on the basis of the proportion of projected units of service on line 11. | 9 Distribute administrative costs among chargeable services. |
| TOTAL SERVICE PLUS RELATED ADMINISTRATIVE COSTS | 10 Service plus adm. costs. |
| PROJECTED UNITS OF SERVICEUnits of service should be days for residential or inpatient care and hours for other services. | 11 Enter projected units of service |
| PROJECTED FEES | 1. Projected fees:

Divide the entries in line 10 by 11. |

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| F-80142 – Page 3\*For additional services, extend the form or add pages.\*\* These boxes should be used if a fee for only one client service is being computed in this application. |
| SECTION D |
|  | A. TOTAL FACILITY BUDGET | B. ADMINISTRATIVE & SUPPORT COSTS | 1. BUDGET FOR SERVICES EXEMPT FROM UNIFORM FEE SYSTEM

(inc. services to community) | D. BUDGET FOR DIRECT CLIENT SERVICES UNDER UNIFORM FEE SYSTEM | USE THESE COLUMNS TO COMPUTE FEES FOR MORE THAN ONE DIRECT CLIENT SERVICE\* |
| Service 1 | Service 2 | Service 3 |
| 1a |  |  |  |  |  |  |  |
| 1b |  |  |  |  |  |  |  |
| 1c |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3a |  |  |  |  |  |  |  |
| 3b |  |  |  |  |  |  |  |
| 3c |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6a |  |  |  |  |  |  |  |
| 6b |  |  |  |  |  |  |  |
| 6c |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  | \*\* |  |  |  |
| 12 |  |  |  | \*\* |  |  |  |