

# **Module 4 – Meal Claim Submission**

### **Target Audience**

- Designated Officials/Authorized Representative
- SFSP Administrators
- Accounting Personnel
- Claim Preparer

### **Estimated Time Required**

• 20 minutes

### **Objectives**

- Clarify the claim submission process
- Familiarize yourself with the use of the NDA CNP claim process

### Tasks

- Read instructions
- Review Web sites and Resources
- Complete and submit online quiz

### **Claims for Reimbursement**

Filing Claims for Reimbursement is a <u>two-step process</u>. To complete the claim process, Sponsors must file a Monthly Site Claim, and then file a Consolidated Monthly Claim.

### Step One - Monthly Site Claim

- 1. Click > LOGIN
- 2. Sign in using your User ID and Password
- 3. Choose > CLAIMS

	State of Nevada Summer Food Serv	State of Nevada Department of Education Summer Food Service Program																								Pro H	<b>O</b> Igram ome		U Programs	ſ	X) Exit
		1	Sponsor Application																												
<ul> <li>Applications</li> </ul>																															
Accounting														Summer	r Food S	ervice Pi	rograr	n													
Rates			_											Pr	ogram Y	ear: 2013															
Claims					Clie	ck here	to star	ta nev	spons	or appli	cation.			_					lf y	ou knov	the Aa	reemer	it Numb	oer. ent	er it her	re.					
- Claim									· ·															GO							
- Claim Inquiry							Nev	и Арр	licatior	1														00							
- Unpaid Claims		-										Cli	ck on	the inde	x below	to searc	h for a	spons	or.												
Maintenance		Α	B	c	D	E	E	G	H	1	ī	ĸ	L	M	N	<u>0</u>	P	Q	R	<u>s</u>	I	U	¥	w	×	Y	Z	0 - 9	All		
Numbered Memos													_																		
<ul> <li>Sponsor Resources</li> </ul>													Vie	ew All S	Submit	ed App	licati	ons													
<ul> <li>Reports</li> </ul>																															

#### 4. Choose > **CLAIM**

	state of Nevada Department of Education ummer Food Service Program	O rogram Home	U Program
	Sponsor Application		
Applications			
Accounting	Summer Food Service Program		
Rates	Program Year: 2013 🔯		
Claims	Click here to start a new sponsor application. If you know the Agreement Number, enter it here.		
Claim			
Claim Inquiry	New Application CO		
Unpaid Claims	Click on the index below to concept for a spenner		
Payment Summary		7 0 9	011
Maintenance		2 013	Mil
Numbered Memos	March All Coloridad Analysis		
SponsorResource	View Air Submitted Applications		
Reports			

#### 5. Choose > the **Month** in the Monthly Site Claim column

	State of Nevada Department of Education Summer Food Service Program						<b>O</b> Program Home	1 Programs	X) Exit
Applications			School L	unch Claim(s)					r.
<ul> <li>Accounting</li> </ul>		Spon	sor Name	or information			Agreement Number		
Rates		BOYS CLUB	OF TRUCKEE MEADOWS				S0248		
<ul> <li>Claims</li> </ul>			Select	a Claim Month					1
- Claim			School Y	ar: 2012 - 2013					
- Claim Inquiry	Monthly	ben	Revision	Claim		Month to Date			
<ul> <li>Unpaid Claims</li> </ul>	Site Claim	nthly Claim	Number	Status	Earned Amo	unt	Amount P	aid	
- Payment Summary	Oct 2012	Oct 2012	0	Paid		\$0.00		\$8,429.54	1
Maintenance	Nov 2012	Nov 2012	0	Paid		\$0.00		\$14,924.62	1
Numbered Memo	Dec 2012	Dec 2012	0	Paid		\$0.00		\$8,067.87	1
Construction President	Jan 2013	<u>Jan 2013</u>	0	Paid		\$0.00		\$11,374.24	1
<ul> <li>Sponsor Resource</li> </ul>	Eeb 2013	Feb 2013							1
Reports	Mar 2013	Mar 2013							
				Year-to-Date Totals		\$0.00		\$42,796.27	
			< Bac	Cancel					

6. Choose > **SITE** 

	tate of Nevada Department of Education ummer Food Service Program	Program Home
	Select Site for Monthly Claim	
Applications		
Accounting	Sponsor Name Agreement Number	School Year
Rates	BOYS & GIRLS CLUB OF TRUCKEE S0248	2012 - 2013
laims	Site(s)	
aim	Site Saved Submitted Claim Date Site Status	Site Approved
m Inquiry	Boys and Girls Club of Truckee Meadows Saved 2 02/28/2013 Active	02/25/2013
ipaid Claims ayment Summary 4aintenance lumbered Memos iponsor Resources Reports	Back to Claim Month List View All Submitted Claims	

7. Fill out the Monthly Site Claim.

**The Sponsor Name**, **Site Name**, and **Agreement Number** will be filled out automatically based upon information from your Sponsor Application.

	State of Nevada Departme Summer Food Service Program	ent of Educa <sup>m</sup>	tion					Program Home	Programs	Exit
Applications Accounting Rates			N	onthly Site Claim	for Reimburs	ement			Child Nutrition (775)	Program 687-9198
Claims				Monthly	laim Form					
laim		Sponsor Name	•		Site Name		Agreemen	t Number	Month Claime	ed
aim Inquiry	BOYS & GI	RLS CLUB OF TRUC	KEE MEADOWS	Boys and	Girls Club of Truckee M	leadows	\$02	48	2/1/2013	
npaid Claims ayment Summary	Submise	sion Type:		State Employee Ori	ginal Claim		Received D	ate:	3/7/2013	
Maintenance	Addionzes	a orginature.								
numbered Memos	Program Information									
ponsor Resources Reports	Days Open:		A	verage Daily Participation:			CAP:		194	
				Meals	Served					
			Firsts	Se	onds	Reimburs	sable Firsts		Excess Firsts	
	Breakfast									
	Lunch									
	Supper									
	AM Snack									
	PM Snack									
				Com	ments					
	lack	novledge that I am the achool food aut	tority responsible for reviewing and analyzing meal courts to ensure termination of the program as specified in 7 CPR 21024. Lack	ecouracy as specified in 7 CFR 210.8 governing claims for rei onledge that if failure to submit accurate claims reflects embe the instructions for filling the claim and am aware that if the cla	bursement. I acknowledge that failure to submit ziement, wiliful misapplication of funds, thef or f m is not submitted by the claim deadline the claim	accurate claims will result in the recovery of an fraudulent activity, the penalties specified in 7 Ci in may not be cald.	overclaim and may result in the withholding of PR 210.25 shall apply.	payments, suspension or		
		Created By: ta	nnir	Created Date: 1/29/2013 12:35:45 PM		Notified By:	Modified 0	Date:		
			Warning: the 'Save' b	tton does not submit the claim. To create a Note: Please review this informatio Click the Submit button Cancel Calculate	consolidated claim all site claim in before submitting this claim. o enter this claim. Save Submit	ns must be submitted first.			ļ	

The Month Claimed will also populate automatically because that was selected in the first step. PLEASE NOTE: The Claim for Reimbursement for any month includes only meals served in that month EXCEPT if the first or last month of Program operations for any year contains **10** operating days or less. In such an instance two months may be combined on the Claim for Reimbursement. [Example: June (5 operating days) combined with July (22 operating days)]. If the <10 day rule is used, the number of operating days on the site application must match the number of days to be claimed.

- 8. Authorized Signature From the drop down box, select the name of person authorized to sign.
- 9. Days Open Type in the total number of days the site operated for the month.

#### 10. Meals Served to Children:

- a. **Breakfast** Report all firsts and seconds served in the Claim month in the appropriate box.
- b. Lunch Report all firsts and seconds served in the Claim month in the appropriate box.
- c. **Supper** Report all firsts and seconds served in the Claim month in the appropriate box.
- d. **AM/PM Snacks** Report all firsts and seconds served in the Claim month in the appropriate box.
- e. Click SAVE
- 9. Click > **SUBMIT**

If an error occurs, contact the summer meals Program Officer at 702-668-4584.

10. **Continue this step until ALL Monthly Site Claims have been submitted**. Then proceed to the second step of the claim process, which is filing a Consolidated Monthly Claim.

## **<u>Step Two</u> – Consolidated Monthly Claim**

Sponsors must submit **ONE** Consolidated Monthly Claim to complete the claim for reimbursement process. The Consolidated Monthly Claim totals all Monthly Site Claims.

11. Choose > CLAIMS

State of Ne Summer Foo	evada Department of Ed od Service Program	ucation				O U Program Progr Home	rams
			School L	unch Claim(s)			
cations			Spons	or Information			
unting		Spo	nsor Name		Agr	eement Number	
		BOYS & GIRLS CLUB	OF TRUCKEE MEADOWS			S0248	
is /			Select	a Claim Month			
			School Y	ear: 2012 - 2013			
Inquiry	Monthly	Consolidated	Revision	Claim	Month to Date		
Claims	Site Claim	Monthly Claim	Number	Status	Earned Amount	Amount Paid	
Summary	Oct 2012	Oct 2012	0	Paid	\$0.00	\$8,4	429.54
3000	Nov 2012	Nov 2012	0	Paid	\$0.00	\$14,9	924.62
lance	Dec 2012	Dec 2012	0	Paid	\$0.00	\$8,0	067.87
ed Memos	Jan 2013	Jan 2013	0	Paid	\$0.00	\$11,3	374.24
rResources	Feb 2013	Feb 2013					
ts	Mar 2013	Mar 2013					
				Year-to-Date Totals	\$0.00	\$42,7	796.27

12. Choose the Month in the Consolidated Monthly Claim column

2	State of Nevada Department of Educa Summer Food Service Program	ation					<b>O</b> Program Home	U Programs	
9			School L	unch Claim(s)					
ations			Spons	r Information					
iung		Spo	nsor Name			Agi	reement Number		
		BOYS & GIRLS CLUB	OF TRUCKEE MEADOWS				S0248		
			Select	Claim Month					
			School Y	ar: 2012 - 2013					
uiry	Monthly	Consolidated	Revision	Claim	Month to Date				
aims	Site Claim	Monthly Claim	Number	Status	Earned Amount		Amount F	Paid	
Summary	Oct 2012	Oct 2012	9	Paid		\$0.00		\$8,429.54	
ance	Nov 2012	Nov 2012		Paid		\$0.00		\$14,924.62	
	Dec 2012	Dec 2012		Paid		\$0.00		\$8,067.87	
eo memos	Jan 2013	Jan 2013		Paid		\$0.00		\$11,374.24	
Resource	Feb 2013	Feb 2013							
	Mar 2013	Mar 2013							
				(ear-to-Date Totals		\$0.00		\$42,796.27	

13. Choose > ADD CLAIM



The Monthly Consolidated Claim screen will appear with all data fields automatically populated based on the information from the Monthly Site Claims that were submitted. **These fields cannot be accessed or modified from this screen.** Review the data for accuracy.

State Summ	e of Nevada Department of Ed ner Food Service Program	ucation				O Progr Hom	am Programs e
			Month	hly Claim Form			
	Spons	or Name	Agree	ement Number	Month Claimed		Revision Number
0.00	FAMILY YOUTH	ENRICHMENT CDC		\$0283	6/1/2012		0
	Submission T	ype:	Sponsor Cla	aim	Received Date:		8/11/2012
i i	Authorized Sign	ature:					
ince J Memos	Number of Sites:	1	Progra	am Information	Monthly	Operating Days:	14
ince d Memos Resources	Number of Sites:	1	Progra Average Daily Participation:	am Information 25	Monthly	Operating Days:	14
ance d Memos Resources	Number of Sites:	1	Progra Average Daily Participation: Me	am Information 25 eals Served	Monthly	Operating Days:	14
ance d Memos Resources	Number of Sites:	1 Firsts	Progr Average Daily Participation: Me Seconds	am Information 25 25 2als Served Reimbursable Firsts	Monthly Reimbursable Seconds	Operating Days: Excess Firsts	14 Excess Seconds
ance d Memos Resources	Number of Sites: Breakfast	1 Firsts 0	Progr. Average Daily Participation: Me Seconds 0	am Information 25 cals Served Reimbursable Firsts 0	Monthly Reimbursable Seconds	Operating Days: Excess Firsts 0	14 Excess Seconds 0
ance d Memos Resources	Number of Sites: Breakfast Lunch	1 Firsts 0 354	Progr Average Daily Participation: Me Seconds 0 0	am Information 25 sals Served Reimbursable Firsts 0 384	Reimbursable Seconds	Operating Days: Excess Firsts 0 0	14 Excess Seconds 0 0
ance d Memos Resources	Number of Sites: Breakfast Lunch Supper	1 Firsts 0 354 0	Progr Average Daily Participation: Me Seconds 0 0 0 0	am Information 25 sals Served Reimbursable Firsts 0 354 0	Monthly Reimbursable Seconds 0 0 0	Operating Days: Excess Firsts 0 0 0	14 Excess Seconds 0 0 0
ance d Memos Resources	Number of Sites: Breakfast Lunch Supper AM Snack	1 Firsts 0 0 354 0 0	Progr Average Daily Participation: Me Seconds 0 0 0 0 0	am Information 25 eals Served Reimbursable Firsts 0 384 0 0	Monthly Reimbursable Seconds 0 0 0	Operating Days: Excess Firsts 0 0 0 0	14 Excess Seconds 0 0 0 0

#### 14. Insert > AUTHORIZED SIGNATURE from the drop down menu

	State of Nevada Department of Education Summer Food Service Program			<b>O</b> Program Home	U Programs	X) Exit	
CNP				Nev	ada Department of E Child Nutrition (775)	Education Program 687-9144	ſ
Applications	0	lideted Menthly Claim Form for De	in hursen t				
<ul> <li>Rates</li> </ul>	Conso	bildated Monthly Claim Form for Re	Impursement				
<ul> <li>Claims</li> </ul>		Summer Food Service Frogram					
- Claims		Monthly Claim Form					
<ul> <li>Maintenance</li> </ul>	Sponsor Name	Agreement Number	Month Claimed				
Numbered Memos	FAMILY YOUTH ENRICHMENT CDC	\$0283	7/1/2012				
SponsorResources							
<ul> <li>Reports</li> </ul>	Submission Type:	Sponsor Claim	Received Date:		1/29/2013		
· ·	Authorized Signature:						=

#### 15. Click > SUBMIT

	r Food Service Program	adon					Program Home	Programs	E
			Month	ly Claim Form					
	Sponsor Na	ame	Agree	ment Number	Month Claimed		Revi	sion Number	
	FAMILY YOUTH ENRI	ICHMENT CDC		S0283	7/1/2012			0	
_							-	100,004.0	
	Submission Type:		Sponsor Cla	im	Received Date:			1/29/2013	
	Authorized Signature				•				
			Progra	m Information					
	Number of Sites:	0	Average Daily Participation:	0	Monthly C	perating Days:		0	
									_
			Me	als Served					
⊢		Firsts	Seconds	Reimbursable Firsts	Reimbursable Seconds	Excess Firsts	5	Excess Seconds	_
_	Breakfast	0	0		0			0	
	Lunch	0	0		0			0	
	Supper	0	0		0			0	
	AM Snack	0	0		0			0	
	PM Snadk	0	0		0			0	
	Created By:	Creat	eri Date:	Modifi	ef Br		Modified Date:		
l ce bee stat clai	PM Snack Create By artify that to the best of my knowledge and belief, an received. Treconice that I will be fully respon te oriminal statutes. I further certify that all daims ims not being paid. I also understand that accord	Creat this claim is true and correct in a sible for any excess amounts which for reimbursement shall De subm ng to 7 CFR 225.9 (d.) the sponsor	0 Il respects, that records are avail may result from encours or n tited to NDE no Isofreeuus or n shall not be eligible for reimbu Note: Please review this info Click the Submit < Back	Moon able to support this claim, that gelectful reporting herein. I all syst after the end of the claim sement for operating and adm rmation before submitting this button to enter this claim. Cancel Submit	0 et By: It is in accordance with the term to understand that deliberate miss period. I understand that failure inistrative costs unless them so claim.	e of existing According epresent	Modified Date ent(s); and the ubject me to p in the 60-day with NDE.	0 t payment therefor rosecution under a deadline may resu	e   Pf

16. Click "OK" on certification statement

			Monthly Claim Form				
	Sponsor Name		Aareement Number		Month Claimed		Revision Number
l III	FAMILY YOUTH ENRICHMEN	Message from webpage		×	1/1/2013		0
tions							1/20/2012
	Submission type:				Received Date:		1/20/2015
	Authorized Signature:	SIGNATURE CERTIFICA	ATION		Berger 💌		
		I certify that this claim	is true and correct in all respects, that	at it is			
ance		completed in accorda	nce with 7 CFR Part 210, 7 CFR Part 2	15, 7 CFR			
ed Memos	Number of Sites:	Part 220, and 7 CFR Pa	rt 245 regulations, and with the term	s and all	Monthly Or	erating Days:	22
Resources		conditions of existing	agreements, and that records are ava	ailable to			
		support this claim. I re	cognize that I am fully responsible to his claim. I am also aware that deliber	or the errors			
		misrepresentation or v	withholding of information may resul	lt in	ble Seconds	Excess Firsts	Excess Seconds
1	Breakfast	prosecution under ap	plicable state and federal statutes.		0	0	0
	Lunch				0	40	0
	Supper				0	0	0
	AM Snadk				0	0	0
	PM Snadk		ОК	Cancel	0	0	0
	Created By:					Modifi	led Date:

# **Claim Revisions**

Sponsors may revise a monthly claim that has been submitted if the claim has NOT yet been approved by the NDA Nutrition Program Professional or Program Officer and is within the program regulation time frame for submitting a revised claim. Please contact the Program Officer for assistance in revising a submitted consolidated claim.

Sponsors who have NOT submitted a Consolidated Monthly Claim may make corrections to the Monthly Site Claim before completing the Consolidated Monthly Claim. Follow the instructions below:

# **Revising a Monthly Site Claim**

- 1. Login in to the CNP system
- 2. Click > CLAIMS
- 3. Choose > CLAIMS
- 4. Choose > SELECT
- 5. Choose > **MONTHLY SITE CLAIM** for the month being revised.

Make corrections to revise the claim as necessary

6. Choose > **SUBMIT** 

If additional sites need to be revised, follow steps 1-6 for each site needing correction

- 7. When all Monthly Site Claims are correct, Choose > INPUT ANOTHER CLAIM
- 8. Choose > CONSOLIDATED MONTHLY CLAIM
- 9. Click Add Claim
- 10. Check the consolidated claim for accuracy
- 11. Insert > AUTHORIZED SIGNATURE from the drop down menu
- 12. Choose > SUBMIT. Click "OK" for Certification statement

**Please Note:** each time a revision is made to a Monthly Site Claim and a Consolidated Monthly Claim, the revision is tracked in the system. Revision numbers for both the Monthly Site Claim and the Consolidated Monthly Claim can be located in the upper right hand corner of the Monthly Site and Consolidated Monthly Claim forms.

Sponsors who have approved claims and have received their reimbursement must contact the NDA Program Officer by email to make corrections to the claim. Include the following information in the email:

- Month to be revised
- Sites to be revised
- Reason for the revision

The NDA Program Officer will review the request and make necessary adjustments to allow for the revision. The sponsor will receive an email notification by the CNP system when the revised claim has been approved.

## **Special Notes about Claims**

- When a claim status is indicated as "Ok to Pay," you have the action of being able to modify or delete the claim. You may go in and modify any of the information submitted on the claim if you find you have input errors. You can also delete the claim and start over. It is important to remember that when you delete a claim from this screen you are deleting all of your site information that you entered. If you have multiple sites, you might want to consider modifying not deleting.
- Eligible Children: enter the total number of first meals served to eligible children for breakfast, lunch, Supper or AM/PM Snack. Claim only those meal types that were approved in your application. Claims for reimbursement from residential camps must reflect only those meals served to eligible children.
- **Days meals served:** enter the number of days for this claim period that each meal service was offered at this site. The number of operating days cannot exceed the number of operating days submitted on the site application.
- The View Claim Detail shows you a summary of the claim and the payment you will receive.
- Once the status changes from "Ok to Pay" to "Paid" you can no longer modify that month's claim. You would follow the directions for submitting a Revised Claim for Reimbursement to access the claim system. Once you reach the month/year screen, you will "add" a claim for that month even though a claim is already in the system. The claim will automatically come up as a "revision".
- If you received the message "There were no errors on this claim" then your claim has passed all edits. You may now create another claim or view the summary of the claim just submitted. If completely done, you may exit the system by clicking once on "Exit" in the upper right corner of the screen.
- If an error occurred:
  - <u>All "I" errors need to be corrected before the claim can be submitted.</u>
  - All "A" errors are considered a <u>warning</u> and do not have to be corrected but should be investigated to maximize reimbursement.
    - Investigate the "A" error and decide whether or not they need correcting.
      - To correct errors, click on back and correct the appropriate data on the claim form.
      - If the error is related to the application or an application revision (such as the number of operating days, total meals served, etc.), you will need to contact your Nutrition Program Professional or Program Officer for help in correcting the error so your claim for reimbursement can be submitted.

# **Program Staff**

Your summer food staff at the Department of Agriculture, Food and Nutrition Division is the best resource for questions you may have about SFSP requirements.

Diane Hogan, Nutrition Programs Professional E-mail: <u>dhogan@agri.nv.gov</u> Phone: 702-668-4582

Tammy Kratz, Program Officer E-mail: <u>tkratz@agri.nv.gov</u> Phone: 702-668-4584