The CACFP Information
And Payment System
(CIPS)

Welcome to the CACFP Information and Payment System

User Manual for Day Care Home Sponsors
# Table of Contents

<table>
<thead>
<tr>
<th>Chapter/Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Welcome to CIPS</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>System Requirements</strong></td>
<td>5</td>
</tr>
<tr>
<td><strong>Login through the NYSDOH Health Commerce System (HCS)</strong></td>
<td>6</td>
</tr>
<tr>
<td>Locating CIPS in HCS</td>
<td>7</td>
</tr>
<tr>
<td><strong>CIPS Navigation</strong></td>
<td>9</td>
</tr>
<tr>
<td><strong>Chapter 1- CIPS Security</strong></td>
<td>12</td>
</tr>
<tr>
<td>Adding New Staff</td>
<td>12</td>
</tr>
<tr>
<td> Step 1: Requesting an HCS Account</td>
<td>12</td>
</tr>
<tr>
<td> Step 2: Adding New User in CIPS</td>
<td>14</td>
</tr>
<tr>
<td>Changing Security Permissions for Staff</td>
<td>17</td>
</tr>
<tr>
<td>Inactivating Staff</td>
<td>18</td>
</tr>
<tr>
<td><strong>Chapter 2- Provider Applications</strong></td>
<td>19</td>
</tr>
<tr>
<td>Adding a New Provider</td>
<td>19</td>
</tr>
<tr>
<td>Completing the Provider Application Checklist</td>
<td>25</td>
</tr>
<tr>
<td>Revising a Provider Application</td>
<td>27</td>
</tr>
<tr>
<td>Closing a Provider</td>
<td>29</td>
</tr>
<tr>
<td><strong>Chapter 3- Child Information</strong></td>
<td>31</td>
</tr>
<tr>
<td>Adding a New Child</td>
<td>31</td>
</tr>
<tr>
<td>Correcting Enrollment Form Errors</td>
<td>34</td>
</tr>
<tr>
<td>Enrollment Form Approval</td>
<td>35</td>
</tr>
<tr>
<td>Revising Enrollment</td>
<td>37</td>
</tr>
<tr>
<td>Bulk Upload of Participant Data</td>
<td>40</td>
</tr>
<tr>
<td><strong>Chapter 4- Claims</strong></td>
<td>42</td>
</tr>
<tr>
<td>Submitting an Original Claim</td>
<td>42</td>
</tr>
<tr>
<td>Making Changes to an Existing Claim</td>
<td>48</td>
</tr>
<tr>
<td> Modifying an Original Claim</td>
<td>48</td>
</tr>
<tr>
<td> Creating an Adjusted Claim (Add Revision)</td>
<td>54</td>
</tr>
<tr>
<td>The Payment Summary</td>
<td>59</td>
</tr>
</tbody>
</table>
## Chapter 5- Application Renewal

- Enrolling in a New Program Year .................................................. 61
- Application Packet ........................................................................ 61
  - Sponsor Application .................................................................... 62
  - Updating the Board of Directors Listing .................................. 64
  - Editing the Sponsor Budget ....................................................... 66
- Submitting the Application Packet and Budget Renewal ................ 71
- Correcting the Application Packet ............................................... 72
- Adding a Budget Amendment ....................................................... 74

## Chapter 6- Reviews

- Respond to Review Findings ......................................................... 77
- Respond to Not Approved Corrective Action Plans ....................... 79

## Chapter 7- Reports

- Accessing Reports in CIPS .......................................................... 81
- Accessing Sponsor Report Data ................................................... 82
  - Participant Report ..................................................................... 82
  - Claim Tally Sheet ...................................................................... 84
  - Monitoring Report ..................................................................... 86

## Appendix

- When to Ask for Help/Troubleshooting Guide ............................... 89
Welcome to CIPS!

Welcome to the Child and Adult Care Food Program Information and Payment System (CIPS). CIPS online access allows for online claims processing, managing provider applications and information, maintaining child participation data, and updating fiscal budgets. This system allows for decreased paperwork and reduces the amount of time for many of the daily tasks for CACFP.

This manual has been created to help Day Care Home Sponsors become familiar with the functions that can be utilized in CIPS to maintain CACFP records. These tasks have been included with pictures and step-by-step written instructions for their use.

Frist, it is suggested that you read the sections “Log In through the NYSDOH Health Commerce System” and “CIPS Navigation.” Both of these sections will help when entering in CIPS for the first time and bypass some of the common navigation errors.

One important note before entering CIPS is that CIPS stores and presents information by CACFP Program Year. The Program Year, or Fiscal Year, runs from October 1 through September 30. To be able to view your claims from a previous fiscal year, you would need to change the year that you are viewing. This will be discussed further in the “CIPS Navigation” section.
System Requirements for CIPS Access

The CACFP Information and Payment System (CIPS) is a web based application that allows users to access the application on any computer that is supported by an internet connection. For optimal functioning of the CIPS application, certain internet browsers and versions of the browsers are recommended. The list below indicates the fully and partially supported browsers for the various forms of technology (desktop and mobile devices) that are frequently used to access the internet. Please check your web browser to ensure you are using a supported browser to access all components of CIPS.

**Fully Supported:**

**Desktop:**
- Microsoft Internet Explorer
- Google Chrome
- Safari (Mac OS only)

**Mobile:**
- Safari (iOS5.1 or later)
- Google Chrome (iOS5.1/Android 4.0 or later)

**Limited Support:**
- Mozilla Firefox (Desktop and mobile)
- Most Webkit-based browsers (Android OS 2.3 or later)

**Unsupported Browsers:**
- Microsoft Internet Explorer Mobile (Windows 8 Phone)
- Safari for Windows (Desktop)

Further information can be found at the following link:
[https://commerce.health.state.ny.us/hcs/help/help.html](https://commerce.health.state.ny.us/hcs/help/help.html)
Logging in to the NYS Health Commerce System (HCS)

1. Go to Internet Explorer and type https://commerce.health.state.ny.us/public/hcs_login.htm in the web address line.
2. Enter your HCS assigned User ID and password.
3. Click “Sign In”

Note: This message will appear if you have entered the wrong user ID, password, or your HCS account has not been fully set up yet.

If your account has been set up and you are having difficulty logging in to HCS contact the Commerce Account Management Unit (CAMU) at: 1-866-529-1890
Locating CIPS in HCS

1. Click My Content, then select All Applications

2. Click C- This will open all applications that start with the letter “C”
3. Click CACFP Information and Payment System
4. Click the green **Continue** button to enter CIPS

5. You are now in the CIPS Application
CIPS Navigation Tips

Being able to “get around” in CIPS is essential to being able to use all functions that it has. It is important to know that the common internet buttons may not able to be used. Your work may not be saved in CIPS by using the common internet buttons.

CIPS Menu Bar

The menu bar is located across the top of the screen in DARK BLUE. It allows you to select areas to complete tasks in CIPS like filing claims or updating sponsor or provider information.

Program year

The program year, as mentioned before, stores your information based on the fiscal year of October 1 through September 30. The year that you are working on in CIPS is displayed in the GREEN bar below the menu bar. It is important to check to make sure you are in the right program year before making changes or submitting claims.

It is possible that you may need to make a change to an application or file a claim in the prior program year. In order to do this, you must:

1. First click on **Year**. A list of possible program years will be displayed.
2. Click the year that you need to enter information for.
Hints for Selecting the Right Program Year

- Make sure you check the Program year before entering /adjusting a claim or working with sponsor or provider applications

- Change the program year to reflect the year when the change took place. For example:
  - Effective date of a new or changed license
  - Expiration or Closed Date of a provider
  - The claim or adjusted claim month

Moving Backward or Between Tasks: “Follow the Breadcrumbs”
The “breadcrumb” trail can be seen in the green bar under the CIPS menu bar. This gives you the ability to go back to previous screens you have already been on.

Using the “Back” Button
CIPS utilizes its own back button, located at the bottom of the screen.

**DO NOT use your Internet browser back button. These buttons do not work in CIPS. Using these buttons can cause many problems and your work may not save appropriately. Sometimes an error screen will appear when the Internet back buttons are used.**

ACTION BUTTONS IN CIPS

View: No changes can be made to the information, the information can only be viewed

Modify: Information can be changed. Appears when a new version has been started

Revise: Information is changed. Creates a new version of the Sponsor or Provider Application.
**Additional Helpful Action Hints**

**Hovering**: Moving the mouse over a screen button and holding it there will let you see a description of where the button will take you.

**Light Blue** lettering indicates that item can be clicked and will move you to another screen. For example: to either **view, modify, or revise** the information on the page.

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**Logging Out of CIPS**

It is very important to log out of CIPS when you finish a session. This will ensure that you are the only individual that uses your username and password to utilize the CIPS application.

To logout click on the Log Out button on the right side of the **DARK BLUE** menu bar.
Chapter 1: CIPS Security

Security is Everyone’s Responsibility

The State of New York considers information security a top priority throughout the state. Your personal information for CIPS and HCS should remain confidential otherwise your organization could be at risk. HCS has the right to suspend or shut down an account if there is evidence of sharing of access information. This applies to CACFP Homes Sponsors as you have the ability to submit and adjust claims and update provider and sponsor information online. There are a few simple steps to ensure that all employees can have access to CIPS even when turnover occurs.

1. Establish HCS and CIPS access for multiple employees
2. Replace the HCS Director/Coordinator before employees leave the organization
3. Inactive employees when they leave the organization or job duties change
4. Add users upon employment or when moving into a new position
5. Update employee security right as needed

NEVER SHARE PERSONAL USER IDS OR PASSWORDS WITH ANYONE!

Adding a Staff Person to CIPS

HCS Directors and Coordinators have the right to add new users to HCS and CIPS while adjusting their security rights to ensure the most appropriate access.

Adding a new user is a two-step process:

**Step 1: Requesting HCS Account for New Staff Person**

1. Log in to HCS using your user name and password
2. Select My Content ➔ All Applications
3. Browse by the letter “C”
4. Scroll down to “Coord Account Tools-HCS Coordinator”
5. Scroll down to Account Requests

**HCS COORDINATOR TOOLS**

- FAQs
- ACCOUNT REQUESTS
- ACCOUNT TOOLS

**Contact Info:** CAMU
Commerce Accounts Management Unit
Revised: September 2013

**FAQs**


**ACCOUNT REQUESTS**
• **PAPERLESS OPTION FOR USERS WITH A NYS DMV LICENSE OR NON-DRIVER PHOTO ID**
  Click on the link for the appropriate type of account that you desire for the new staff person
  Follow the prompts for information and provide the User Security and User Policy to the staff person-No signatures or notary forms are required

• **PAPERLESS OPTION FOR USER WITHOUT A NYS DMV LICENSE OR ID**
  Users must have a VALID photo ID (US passport, driver’s license from another state, unexpired foreign passport etc.)
  User (new staff person) must first register for an account at: https://apps.health.ny.gov/pub/usertop.html
  The user then can be added to your account in the same way as stated above

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**HCS Account Types**

**Director:** The individual who binds the organization to NYSDOH. It is recommended that your director be your Executive Director

**Coordinator:** This individual maintains the user accounts of the organization. They are responsible for requesting new accounts and inactivating users. There may be more than one coordinator per sponsor. CACFP recommends this be your sponsor administrator.

**Users:** Do not have the ability to request new accounts. They have the ability to perform all tasks that are given to them by their Coordinator based on their security rights.
Additional Assistance Provided from HCS:

- Check the FAQs
- Call HCS: 1-866-529-1890
- E-Mail HCS: hinhpn@health.state.ny.us
- Refer to the Help Menu

Step 2: Adding a New User in CIPS after the HCS Account has been Activated

1. Click on SECURITY in the DARK BLUE menu bar
2. Click USER MANAGER

3. Click ALL to see the current users. Verify that the employee is not already listed. All users are listed including inactive users.
4. If the employee is not on the list, click ADD NEW USER

This will take you to the User Profile page to enter the new user information. You will need the HCS activation letter to complete the information.
User Profile

User Information
- First Name: 
- Middle Initial: 
- Last Name: 
- Email Address: 
- Phone Number (555-555-5555):

Login Information
- User Name: 
- Password: 
- Confirm Password: 
- Require password change next login: [ ] Yes [ ] No
- Single SignOn Name: 

Security Base
- User is an Administrator: [ ] Yes [ ] No
- Security Group(s):
  - Sponsor Admin Homes
  - Sponsor Home App L2
  - Sponsor Home Claim L1
  - Sponsor Home App L1
- Associated to Sponsor(s): 
- Associated to Provider: 

Status
- User Status: [ ] Active

All information entered here must match the HCS Account Request Information

The User and Single Sign on name will be the USER ID provided by HCS in the activation letter. Enter password1 for the password. This password will never be used.

Your Sponsor Name Will Appear Here
**Security Base**

This section assigns the different security permissions in CIPS for your new user.

**User is an Administrator:** This gives the employee the right to add additional users. Click “Yes” to grant that right and “No” if not.

**Security Groups:** Select these based on the permissions the employee will need to perform their tasks in CIPS. The permissions are as follows:

- **Sponsor Home App L1** – This security access has the ability to revise/modify the Sponsor and Provider applications and submit sponsor application changes. This security group can be combined with another group(s).

- **Sponsor Home Claim L1** – This security access has the ability to revise/modify the monthly claim and submit the claim to the State for payment. This security group can be combined with another group(s).

- **Sponsor Admin Homes** – This security access has the greatest security access available. It includes the same permissions as the two groups listed above plus the security screen permissions to add new users.

**Additional guidance for the HCS Coordinator responsible for adding new users:**

- If you want a staff person to be able to modify the applications and be able to submit the monthly claims, but **NOT** be able to have access to security, then select Sponsor Home App L1 and Sponsor Home Claim L1 and no other check boxes.

- If you want a staff person to only work on claims, then select Sponsor Home Claim L1 and no other check boxes.

- If you want a staff person to only work on application data updates, then select Sponsor Home App L1 and no other check boxes.

The last selection in the Security Base section is the **Associated to Sponsor(s):** field. CIPS will default to your sponsorship’s name.

The **Status** field at the bottom of the page should default to **Active** for a new user account. If not, select **Active** when adding a new user.

Click **SAVE** once you have completed all the information. Your new user is now added in CIPS.
Changing Security Permissions for Staff

A sponsor administrator has the right to customize the security rights of an employee based on which duties the employee needs to perform.

1. In the **DARK BLUE** menu bar, click **SECURITY**
2. Then click **USER MANAGER**
3. Click **ALL** to view the list of current users

4. Click on the employee’s name to open the User Options Menu
5. Click **USER’S SECURITY RIGHTS**, it will open the Security Rights for that user.

---

**Notice:**
Allow is on the **LEFT**
Deny is on the **RIGHT**
• To change the rights to submit a claim: Click either allow/deny next to **SUBMIT CLAIM FOR PAYMENT-DCH**

![Submit Claim for Payment - DCH]

• To change the ability to submit application changes to the State click allow/deny next to **SUBMIT APPLICATION PACKET FOR APPROVAL**

![Submit Application Packet for Approval]

• All security rights can be changed at any time  
• Make sure you click **SAVE** at the bottom of the screen. Any changes made will not be applied if this button is not clicked  
• Log Out for the changes to be activated

**Inactivating Staff**

When a staff person leaves employment, it is very important that their User Profile be switched to Inactive in CIPS and you then notify HCS.

- In the **DARK BLUE** menu bar, click **SECURITY**  
- Click **USER MANAGER**  
- Click **ALL** to see all users for your organization.  
- Select the employee  
- Click **USER PROFILE**  
- Change the User Status to **INACTIVE**  
- Click **SAVE**  
- Alert HCS-call CAMU at 1-866-529-1890 to inactivate the employee’s HCS account.
Chapter 2: Provider Applications

Adding a New Provider

Note: A sponsor adds an application for a provider. The State must approve the application.

1. Click on the desired Program Year
2. Click Application
3. Click Application-DCH Sponsor

Remember: CIPS allows changes to be made in different program years. Select the appropriate year to make changes.

Click Provider Applications

4. Click Add provider
5. Select the provider’s license type from the drop down menu
6. Enter the provider’s license number
   a. Licensed/Registered/In Process: “Facility ID #”
   b. Legally Exempt: “Enrollment #”
   c. Military or Tribal: No License #
7. Click Search

8. Verify the Provider Name and Address are correct and click Add to create the provider’s application

9. Click on License/Reg.

This is the CACFP generated provider number. This cannot be changed.
The completed fields on this page are populated from the Child Care Facility System (CCFS) except for military or tribal providers. Pre-populated data cannot be altered.

10. Complete all the fields that are editable then click **Next**.
11. Select the correct Tier
12. Complete the Red Boxed section for Tier I Providers only
13. Complete the Blue Boxed section for Tier II providers only
14. Click Next
15. Complete the **Hours/Meals** tab without errors to be eligible for participation in CACFP. Then click **Next** when finished.
The Ethnic/Racial tab will need to be completed next.

16. Select the Provider’s Ethnicity from the drop down menu.
17. Select the Race from the drop down menu.
18. Click Next.

The final tab is Sponsor Use Only.

19. This area needs to be completed without error.
20. Click Finish when completed to submit the provider application.

Note: The ethnic and racial counts will roll up from the child enrollment forms as you revise the provider application.
21. Click Finish on the next screen when you see The Provider Application has been saved. All tabs should now have a green check mark to indicate they were completed correctly.

22. Click Back to complete the Application Checklist.

Completing the Provider Application Checklist

The Application Checklist is in the Provider Application Effective Dates Screen.

1. Click Modify

2. Complete the Red Boxed areas

3. Click Save

4. Click Finish

The Checklist has been saved.
Note: The Provider Application Status is **Submitted** and there is 1 submitted checklist item.

5. **Click Back** to return to the Day Care Home (DCH) Provider List page

---

**Note:**

The following are required before the day care home provider is eligible for reimbursement:

1. The pre-approval visit must be completed and ensure that the provider is trained and maintaining records.
2. The Continuous Application and Agreement for Day Care Home Participation (CACFP-3705) must be signed by the provider and a representative of the sponsoring organization. This form must be submitted to CACFP.
3. The day care home provider must have a current family day care registration or license, if applicable.

CACFP will approve a new provider to begin claiming as of the date that all three conditions are met.
Revising a Provider Application

Note: You can revise and approve provider application revisions (with the exception of Facility ID changes)

1. Select the desired program year
2. Click Applications in the DARK BLUE menu bar
3. Click Application Packet-DCH Sponsor
4. Click Provider Applications
5. Search for the provider

6. Click on Details

7. Click Revise Application

8. Click on the tab where the change needs to be made
9. Make the change that is needed within the application
10. Click **Next** at bottom of screen until you reach the **Sponsor Use Only** tab
11. Verify the effective date is correct for the change (this is the date when the change occurred)
12. Change the Application Status to **Approved**
13. Click **Finish**

*Important: DO NOT forget to change the Application Effective Date*
Closing a Provider

Note: These are the steps to close a provider that you know will be closing and has not been automatically closed by CCFS

1. Locate the provider application for the closing provider
2. Click on Details

3. Click Close Provider
4. Enter **Closed or Terminated Date, Code and Reason**
5. Click **Save**

6. Once the closure information is saved, the closure information is displayed in **Red** on the Provider Application Effective Date page.

**Provider closure information has been saved.**
**The Provider's enrollment was closed with code: 'Provider Closed' as of: 01/21/2015.**

**Note:** A successful closure will show the date the provider has closed and an approved application status.
Chapter 3: Child Information

Adding a New Child

Children can be added immediately following saving the Provider's Application using Enrollment Forms. The enrollment forms cannot be deleted once they are approved.

**Be sure the Application Packet is in the desired program year.**

1. Locate the provider's application that you need to add children to
2. Click Details

3. Click Roster

4. Click Add Child at the bottom of the page

5. The child information page must be completed without errors to be eligible for participation
Note: Complete the Parent/Guardian 2 Information if applicable
Add the start date of care. (The end date will be the last day the child is on care and
date is neglible.)

28. **Date Care Begins:** [ ]

29. **Date Care Ends:** [ ]

30. **Time 1**

   - **Begin:** [ ]
   - **End:** [ ]

**Time 2**

   - **Begin:** [ ]
   - **End:** [ ]

31. **Does Child Attend School?**

   - **Yes**
   - **No**

   **School Name:** [ ]

6. **Click Save to finish**

**Note:** The **Sponsor's Internal Use Only** section can only be completed when the form is
“Internal Use Only” mode. You must have administrative access to enter this information.
Correcting Enrollment Form Errors

If an enrollment form has been entered with errors, this message will appear prompting you to edit the enrollment form. You MUST fix the errors.

1. Click on Edit to correct the errors
2. The error descriptions in RED indicate which areas on the form need to be addressed
3. The warning descriptions in Blue are reminders for you

Note: The Child Form needs to be completed without errors before the Child Form can be submitted and approved.
4. Once the errors have been corrected click Save
5. Click Finish to electronically submit the Child Enrollment Form

**Note:** A paper copy of this form must be maintained on file.

The Child Information form cannot be approved until the Sponsor’s Internal Use Only section is completed once the paper copy is received from the provider.

---

**Enrollment Form Approval**

**This requires Sponsor Administrator access**

1. Click on Details

   ![Details](image)

   **Note:** The child’s enrollment status is pending/submitted

2. Click Admin

   ![Admin](image)

3. Scroll to the bottom section and complete Sponsor’s Internal Use Only

   The following areas in Red must be completed

4. Click Save Internal Use Only
5. Click **Finish**.

---

**Sponsor’s Internal Use Only**

- **Eligibility**
  - Child Eligibility: [ ] Eligible [ ] InEligible

- **Tiering**
  - Provider Tier: Tier 1
  - Tier I Begin: [ ]
  - Tier I End: [ ]
  - Tier I Qualifier: [ ]
  - Child Subsidy Number: [ ]

- **Enrollment**
  - Child Enrollment: [ ] Active [ ]
  - Enrollment Begins: [ ]
  - Enrollment Ends: [ ]

- **Transfer Information**
  - Transfer To: [ ]
  - Transfer Reason: [ ]
  - Begin Date: [ ]
  - End Date: [ ]

- **Forms on File**
  - Infant Feeding Statement (CACFP-121)
  - Income Eligibility Form - Resident Child (DOH-4161)
  - Enrollment Form (DOH-4419)
  - Income Eligibility Form - Non-Resident In Tier II Home (DOH-4160)
  - Medical Document if Special Needs

- **Form Settings**
  - Form Status: [ ] Approved [ ]
  - Form Effective Date: [ ]

- **Comments**
  - Comments to Sponsor: [ ]
  - Comments to Provider: [ ]

---

**The Child Information has been saved.**

- [ ] Edit
- [ ] Finish
Revising Enrollment

1. Navigate to the provider’s Roster

2. Locate the child and click Details
3. Click Revise Enrollment Form
4. Make the change needed on the page
5. Click **Save**

![Image of Form Settings with Form Status and Form Effective Date]

This is the date the change starts

6. Click **Finish**

The revision must now be approved the same way that a new Enrollment form has to be approved. This requires Sponsor Administrative Access.

7. Click **Details** for the child in the roster
8. Click **Admin**
9. Scroll down to the **Sponsor Internal Use Only** section and verify all information
10. Change the **Form Status** to **Approved**
11. **Review the Form Effective Date:** This should be the first day of the month that the change is effective in. Change if needed. **
12. Click **Save Internal Use Only**
13. Click **Finish**

When you return to the roster page this child will have Version 2 in the approved status.

<table>
<thead>
<tr>
<th>Provider Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>View</td>
</tr>
<tr>
<td>View</td>
</tr>
</tbody>
</table>
Bulk Upload of Participant Data

Multiple Child Enrollment forms can be uploaded using an export file from a third-party point of service system (ex. MinuteMenu).

1. Navigate to Application Packet-DCH Provider List page
2. Click the Participant(s) Upload button

3. Click Choose File
4. Locate the file on your computer and select the file and click Open
5. The name of the file will display in the Select File box. Click Upload
6. CIPS will process the file. This may take a few minutes for large files.

![Processing data... Please wait.](image)

7. Any error messages will display after the upload completes. These error messages must be corrected on the **Child Information** page to save the record.

![Note: The record number on the file will identify the child with an error.](image)

8. Click **Finish**.

**Note:** All Child Enrollment forms updated from the uploaded file need to be approved in **Sponsor’s Internal Use Only**.
Chapter 4: Claims

Submitting an Original Claim

1. Click **Claims** in the **Dark Blue** menu bar
2. Click **Claim Entry - DCH** from the menu list. This brings you to the claim summary for the **Current Fiscal Year**

3. Click the month of the claim you need to enter.
4. Click **Add Original Claim**

5. The next screen is the **DCH Claim Provider List** page.

6. Click **Add** next to the provider that you need to add to the claim.

7. Enter the **Site Operations** data: Child Enrollment, Total Attendance, and Number of Days Meals Served.

8. Enter the number of Breakfasts, AM Snack, Lunch, PM Snack, Supper, and Night Snack totals for each category.

9. Click **Save** on the bottom of the page.
NOTE: If errors are found the user will need to fix the error before the claim can be submitted.

10. Once all providers are added to the claim and no errors are found, click **Continue** on the bottom of the screen.

11. Enter **Current Month’s Costs** on the **Claims Cost Details** screen.
12. Click **Save and Validate Claim**.
13. The **Claim Month Details** page this will show the summary of the claim that was submitted.
14. Read the **Certification Statement** and click the check box.
15. Click **Submit for Payment**
Note: If you forget to check the Certification box, you will receive this error message. Click the check box to remove the error.
16. The claim confirmation page shows the month of the claim and **Total Claim Earnings**. This is the amount of **only this claim, as it was entered**. No adjustments, such as, advance payments/recoveries or review recoveries are included in this dollar amount.

17. Click **Finished**

Note: CIPS sends a confirmation e-mail to the Payment Contact e-mail listed in the Sponsor Application. Be sure to update and make changes when the Payment Contact changes.

18. Click **Summary** to view the information that was just entered in the claim.
19. After the State has placed the claim into a payment schedule, your Claim Month Details screen will show the Status of the claim as Processed and the Date Processed is populated. The Modify option is gone and the Add Revision button is available to submit an adjusted claim.
Making Changes to an Existing Claim

You can make changes to a claim if any corrections are needed or if the claim is incomplete. The steps used depend on the status of the claim.

If the Claim Status is **Pending, Incomplete, Error** or **Accepted** in Claim Month Details, you can **Modify** the claim.

If the Claim Status is **Accepted** (note the asterisk) or **Processed** in Claim Month Details, you must submit an Adjusted Claim by clicking **Add Revision**

**Modifying a Claim**

A claim can be **Modified** when it is in the **Pending, Incomplete, Error** or **Accepted** Status

1. Click the Claim Month you want to Modify in the Claim Year Summary
   
   **Note:** In this image both July and August can be modified
2. Click **Modify**

![Image of Child and Adult Care Food Program](image)

3. Click **Revise** next to the provider that needs changes made to the claim in the **DCH Claim Provider List**.

![Image of 2018 - 2019 DCH Claim Provider List](image)

4. Make the changes to the meals and/or snacks. In the image below the lunch was changed from one (1) to two (2). Click **Save**.

![Image of Day Care Home Program Claim Month Details for August 2019](image)
### Child and Adult Care Food Program

#### 2019 - 2020 DCH Provider Claim Report

**Dunnock, NY 13068**

**Jasper, NY 11701**

CHAUTAUQUA

<table>
<thead>
<tr>
<th>Month/Year Claimed</th>
<th>Adjustment Number</th>
<th>Date Received</th>
<th>MIR Date</th>
<th>Date Accepted</th>
<th>Date Processed</th>
<th>Reason Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 2019</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Voucher #**

**Provider Reporting as: Tier I**

**Site Operations**

<table>
<thead>
<tr>
<th>Tier I</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child Enrollment:</td>
</tr>
<tr>
<td>2. Total Attendance:</td>
</tr>
<tr>
<td>3. Number of Days Meals Served:</td>
</tr>
<tr>
<td>4. Average Daily Attendance:</td>
</tr>
</tbody>
</table>

**Meals Served**

<table>
<thead>
<tr>
<th>Tier I</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Breakfast</td>
</tr>
<tr>
<td>2. AM Snack</td>
</tr>
<tr>
<td>3. Lunch</td>
</tr>
<tr>
<td>4. PM Snack</td>
</tr>
<tr>
<td>5. Supper</td>
</tr>
<tr>
<td>6. Night Snack</td>
</tr>
</tbody>
</table>

**Internal Use Only**

**Comment(s) to Sponsor:**


4. Lunch: Changed from 1 to 2
You will then return to the **DCH Claim Provider List**. Continue to update any providers following the same procedure.
5. When finished, click **Continue** to continue to the **Claim Costs Details**.
6. You may update Current Month’s Costs, then click **Save and Validate Claim**.
7. Read the Certification Statement and check the Certification Box, click **Submit for Payment**.

8. Click **Finished**
Creating an Adjusted Claim

An Adjusted or Revised Claim is made when the claim is in the Accepted* or Processed status.

Note: All upward adjusted claims must be submitted within 60 days of the last day of the month being claimed. Downward adjustments made be made at any time.

1. Click the month of the claim you wish to modify in the Claim Year Summary.

2. Click Add Revision to create an adjusted claim. This will display the same claim data you entered previously.
3. Click Revise next to the provider that you need to change.

4. In the image below the AM Snack was changed from 60 to 55. Click Save when all changes have been made.

**Note:**

Increase or Decrease the data as needed. The adjusted claim should be a cumulative total of all previous claims plus/minus this current claim.

DO NOT use negative numbers to reduce the claim previously submitted. Simply reduce what is there to the number it should be.
5. When finished making changes to all providers, click **Continue** at the bottom of the DCH Claim Provider List.

6. You may update the Current Month’s Costs. Click **Save and Validate Claim**.
7. Read the Certification Statement and check the Certification box. Click Submit for Payment.
8. CIPS will now calculate the difference between the last claim version and this current version. Click **Finished**.

**Hint:**
Positive: Funds Due to the Sponsor
Negative: Funds Owed to CACFP

**Note:** You have the ability to modify the claim again if needed.

9. Click on **Summary** to show:
   - Administrative Reimbursement (in this example it is a recovery of administrative reimbursement for 1 provider)
   - The reimbursement for the current claim (in this example it is the adjusted claim)
   - Payment amount on the previous claim (in this example it is the original claim)
   - Net Reimbursement (Net Earned Amount)
Payment Summary

1. Under **Claims**, click **Payment Summary**

![Payment Summary](image)

**Payment Summary Terms**

- **Schedule Number**: System generated number assigned to the payment
- **Processed Date**: Day the claim was processed by State staff
- **Warrant Issue Date**: Day the check was issued by the State
- **Earned Amount**: Amount of the claim submitted
- **Adjustments**: Change (+/-) made to the claim either by the State or the Sponsor
- **Distribution Amount**: Net amount paid to the Sponsor

2. Click on any schedule number to show the details of the payment

![Schedule Details](image)

**Payment Details:**

<table>
<thead>
<tr>
<th>Schedule Number</th>
<th>Schedule Process Date</th>
<th>Federal Year</th>
<th>Warrant Number</th>
<th>Paid Date</th>
</tr>
</thead>
</table>

*Invoice #: CACFP - H 14-10-0-H*  
*Voucher #: 377245*
Chapter 5: Application Renewal

Each year in September, sponsoring organizations are required to renew their agreement with CACFP. Renewal allows sponsors to continue to submit claims and receive reimbursement. Claims, beginning in October of the new program year, cannot be paid until CACFP receives and approves all renewal documents. Sponsors whose renewal is not approved by November 30, are not eligible for October reimbursement.

Enrolling in a New Program Year

1. Select the program year that needs to be renewed
2. Click Applications
3. Click Enroll

The Application Packet

- Application Packet Items are given a RED arrow when incomplete. Click on each item to complete the data entry.
- Click Modify/Revise to make changes to the Sponsor Application or Board of Directors Listing.
  - Note: The Board of Directors has a green check mark. This must still be revised to indicate the changes in years served of each board member if there are no other changes.
• Click Add to create a Sponsor Budget

**Sponsor Application**

The Sponsor Application contains information about your organization including:

- Staff names and contact information
- Sponsor address and payment address (if different locations)
- Referral phone number for possible new providers
- Racial and ethnic data
- Tier determination methods
- Annual Certification

---

**Contacts**

**Sponsor Administrator**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Facility Phone:</td>
<td>Ext:</td>
<td>Title: Executive Director</td>
</tr>
<tr>
<td>18. Cell Phone:</td>
<td>E-Mail:</td>
<td></td>
</tr>
<tr>
<td>19. Fax:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Payment Contact**

- Payment Contact is the same as the Sponsor Administrator

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Facility Phone:</td>
<td>Ext:</td>
<td>Title:</td>
</tr>
<tr>
<td>22. Cell Phone:</td>
<td>E-Mail:</td>
<td></td>
</tr>
<tr>
<td>23. Fax:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Program Contact**

- Program Contact is the same as the Sponsor Administrator

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>24. Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Facility Phone:</td>
<td>Ext:</td>
<td>Title: CACFP Coordinator</td>
</tr>
<tr>
<td>26. Cell Phone:</td>
<td>E-Mail:</td>
<td></td>
</tr>
<tr>
<td>27. Fax:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Authorized Individual 1**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Facility Phone:</td>
<td>Ext:</td>
<td>Title:</td>
</tr>
<tr>
<td>30. Cell Phone:</td>
<td>E-Mail:</td>
<td></td>
</tr>
<tr>
<td>31. Fax:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Authorized Individual 2**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>32. Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Facility Phone:</td>
<td>Ext:</td>
<td>Title:</td>
</tr>
<tr>
<td>34. Cell Phone:</td>
<td>E-Mail:</td>
<td></td>
</tr>
<tr>
<td>35. Fax:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The staff indicated in the application are those staff that are authorized to discuss CACFP program matters.
Each year the following steps should be taken:

- Review the information in the application
- Revise/correct any previously entered data and complete any missing information
- Review Racial/Ethnic Chart that is completed automatically by CIPS from provider applications
- Complete Tiering Data
- Check Certification Statement—must be read and reviewed to verify the organization’s agreement with the terms

Error Messages will appear if fields are not completed

Click Edit to go back into the application to make corrections
Updating the Board of Directors Listing

1. Click Revise next to Board of Directors Listing
   The Board that has been previously entered will be displayed

2. Click Modify for each member to verify the information is correct
   - Check and update the years served on the Board for each individual
   - Make any additional updates or corrections as needed

3. Click Add Member to input any new member information to the Board
4. Complete the required fields for the new board member
5. **Save** and return to the entire Board Member Listing

Remember **Do Not** delete previous Board Members

To replace board members, delete out the previous members information and write the new member in the same space.

6. When finished, click **Back** to return to the Sponsor Application Packet
**Editing the Sponsor Budget**

1. Click **Add** next to Sponsor Budget to view the summary page

2. Enter the number of day care homes you intend to claim for the new year
   
   CIPS auto calculates your projected revenue based on the number of homes entered

   These values will be entered into the **Sponsor Completes this Column**
   
   The **State Use Only** column will be completed by CACFP

   **Note:** If you expect to grow over the next year, include the number of new homes you expect over the next year. This prevents making budget amendments later.

3. **Next:** Outside of CIPS work on the **Budget Detail Spreadsheet** in Excel that is emailed to you annually
   
   This should be saved as “FFY 20_ _ Budget Detail” on your computer

4. Locate the budget spreadsheet and complete the details for each line item

5. The first page is **Budget Summary**

   The **Budget Summary** is be the same as the budget web page shown in CIPS

6. Enter your CACFP Agreement Number in the top right of the budget summary
7. Enter the number of homes you plan to sponsor for the year

**Prior Year Carry Over:** This is determined after the final claim is submitted each September. CACFP will notify you if there is an amount that you can/need to carry over into the next fiscal year. A budget amendment will be required.

More info can be found in Policy Memo 160: Carry Over of Unused CACFP Administrative Payments

- Complete each budget category or line item. They are found on the bottom of the Excel File.

- The totals from each category will automatically transfer to the Budget Summary worksheet of the workbook

- Example:
  Category: Personnel
  
  **Line A - Total Personnel Costs**
  
  $ 78,981

  **PROJECTED TOTAL ANNUAL REVENUE**

  Prior Year Carry Over Amount: This is determined after the final claim is submitted each September. CACFP will notify you if there is an amount that you can/need to carry over into the next fiscal year. A budget amendment will be required.

  More info can be found in Policy Memo 160: Carry Over of Unused CACFP Administrative Payments
• Carry Over to the Budget Summary page

2. Projected Annual Administrative Costs:
Using the pages below, list the annual projected budget amount for each cost item. All costs listed must be necessary, reasonable and in accordance to FNS Instruction 795-2, revision 3.

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Sponsor Requested</th>
<th>State Agency Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Personnel</td>
<td>$ 76,981</td>
<td>$</td>
</tr>
<tr>
<td>B. Operating Costs</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>C. Allocated Expenses</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>D. Travel</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>E. Training</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>F. Contracts for Purchased/Professional Services</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>G. Capital Outlay</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>H. Registration/ License Assistance</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>I. Indirect Costs</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>J. Grand Total (Lines A through I)</td>
<td>$ 76,981</td>
<td>$ -</td>
</tr>
</tbody>
</table>

* Refer to DOH-CACFP Number 160, Carry Over of Unused CACFP Administrative Payments, for guidance.

- As you fill out the line item details, the totals on each page will populate into the Sponsor Requested column above.
- Enter the totals on this page into the Budget Summary in CIPS.
- When finished with the details, save this document to your computer for uploading later.
- Use the Download Attachment function in CIPS to upload this spreadsheet.
- Refer to the CIPS User Manual for instructions to upload documents into CIPS.

• The spreadsheet contains formulas that will auto calculate values
• Enter the agency’s total expense for a line item and the percent attributed to CACFP, and the total CACFP portion will auto calculate

<table>
<thead>
<tr>
<th>Item</th>
<th>1 Total Annual Agency Cost</th>
<th>2 % Allocated to CACFP</th>
<th>3 Annual Cost to CACFP</th>
<th>State Use Only Modified Annual Cost to CACFP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office/Maintenance Supplies</td>
<td>$ 5,000.00</td>
<td>15.00%</td>
<td>$ 750.00</td>
<td></td>
</tr>
</tbody>
</table>

• In Admin Labor & Monitoring:
  1. Enter the typical work week hours at the top right
  2. Enter Employee’s Total Annual Salary, Total Agency hours, Total CACFP Hours (Column 3, 4, 5)
     a. The Total wage and Total CACFP Salary will be auto calculated (column 6 & 7)
  3. Enter the number of hours per week the employee conducts CACFP related monitoring (column 8), the FTEs for monitoring will be auto calculated (column 9)

<table>
<thead>
<tr>
<th>Employees</th>
<th>1 Employee Name</th>
<th>2 Position</th>
<th>3 Total Annual Salary (All Sources)</th>
<th>4 Total Hours Worked Per Week</th>
<th>5 Total Hours for Agency</th>
<th>6 Total Hours for CACFP</th>
<th>7 Hourly Wage</th>
<th>8 Total Salary Paid by CACFP</th>
<th>9 Total Hours Per Week on Monitoring Activities</th>
<th>10 Total FTE’s Spent on Monitoring Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mickey Mouse</td>
<td>CACFP Administrator</td>
<td>$ 42,000</td>
<td>37.50</td>
<td>20.00</td>
<td>5 $ 21.54</td>
<td>$ 22,400</td>
<td>10 0.27</td>
<td>3 #DIV/0!</td>
<td>#DIV/0!</td>
<td>0.00</td>
</tr>
</tbody>
</table>
The total salaries from this page are transferred to Salaries in the **Personnel Cost A** category.

<table>
<thead>
<tr>
<th>Item</th>
<th>Total</th>
<th>% Allocated to CACFP</th>
<th>Annual Cost to CACFP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salaries</strong></td>
<td>$ 22,400.00</td>
<td>7.05%</td>
<td>$ 1,713.60</td>
</tr>
</tbody>
</table>

Note the FICA/Medicare cost is auto calculated based on 7.65%.

Each category/line item must be completed as applicable to your organization. Once all line items have been completed the totals from the Budget Summary sheet must be transferred into CIPS. The Excel spreadsheet then should be uploaded into CIPS.

***The budget workbook needs to be uploaded in its Excel format for CACFP to approve***.
How to Add a Budget Attachment in CIPS

1. Click Add an Attachment located at the bottom of the Budget Summary page

2. Click Browse and select the FFY 20__ Budget Detail from your computer

3. Name the file (FFY 20__ Budget Detail)
   This same process should be used for Specific Prior Written Approval (SPWA) documents

4. Click Upload and Save

Notes for Completing your Budget Spreadsheet

Items marked with a red asterisk (*) require Specific Prior Written Approval (SPWA). Sponsors must submit documentation to support the costs of the items, as described in the Budget Guidelines, in one of the following ways:

1. Upload the documents to CIPS on the Budget Summary page. To upload, select Add an Attachment (directions on page 59)
2. Mail documents to CACFP Homes Administration Unit
5. Check the box and **Save** to complete the Budget Page

- **I certify, to the best of my knowledge, that the projected figures above, are a true and accurate reflection of the Child and Adult Care Food Program income and administrative program costs for FFY 2015 and that records will be made available to support and document the actual costs.**

---

**Submitting the Application Packet and Budget Renewal**

The Application is ready to be submitted when all red arrows have disappeared. This is the final step in submitting the Application and Budget Renewal.

1. Click the **Submit for Approval** button

The **Green Check Mark** indicates that the packet has been submitted.
Correcting the Application Packet

- CACFP may need to return the Application packet for many reasons; more information is required, update needed to the budget, or missing SPWA items.
- Application packet items that need attention are indicated by the Red Arrows when returned and the Sponsor Application states Returned for Correction.
- The Green Check next to an item indicates it has been approved and does not need attention.

1. To fix the sponsor application click Modify.
   Comments will be displayed from CACFP to indicate the required changes.
   After viewing the comments, make the required corrections.

2. When the budget has been updated/corrected click Save in the budget screen.

3. Click the Submit for Approval button when all the sections of the packet that need attention have been addressed.

CACFP will then be able to review the changes and approve the Packet if acceptable.

4. The Application is Approved when all packet items have Green Checks and the application packet status is Approved. The approval date is located on the top right corner.
Note: The application packet must be approved before the October claim for the new fiscal year can be submitted.
Adding a Budget Amendment

Budget Amendments are needed to change your budget or increase/decrease the number of providers.

1. Click **Revise** to modify the most recently approved budget
   - Note: this is labeled as a **Revision**
   - All versions are available for reference

2. Make any necessary changes to the budget
   - In this example, the number of providers increased by 10, from 203 to 213

3. Notice the Projected Annual Revenue increased, but the State Approve amounts did not change.

4. Manually calculate the additional reimbursement that will be earned for the months remaining in the Federal fiscal year (ending September 30th).
   - Remember to use the correct reimbursement rate for the total number of homes you are adding
   - Example: Adding 10 homes for next 6 months
     
     10 homes x $82 x 6 months = $4,920

     This is the additional administrative reimbursement you will earn

5. Increase the desired line items under Administrative Costs up to the calculated amount

6. Line J will show the total budget amendment requested
CACFP may require you to revise the Budget Detail spreadsheet when you request a budget amendment.

7. Click **View File** to revise your Budget Detail spreadsheet.
8. Save to your computer and reattach it after you revise it.
9. Check the **Budget Certification** Box and Save.
10. **Submit** the Application Packet to CACFP for Approval.
CACFP will review and either return or approve in the same manner as the original budget approval.

Notice: the newly submitted budget is Revision 1.
Chapter 6: Reviews

Respond to Review Findings

All Day Care Home Sponsors can view the results of their review in CIPS and respond to the findings and recommendations in CIPS.

1. To find the results of your review, click **Reviews** in the CIPS Menu Bar

2. Click **Tracking** under Item

3. Enter your Sponsor Agreement Number. Click **Search**

4. Click on the review with a review Status of **Open**.

   **Note:** Other recent reviews may be available in a read-only mode.

5. Click **View** to see the details of a finding.

6. Click **Edit** to respond to any open findings to enter the corrective action plan.

Note: The Severity of a finding/recommendation will stay as **Action Required** until a response is accepted by CACFP.

```
Note: You may Save a response but saving a response DOES NOT submit the response to CACFP. Click Back to return to the listing of findings/recommendations if no response is entered.
```
8. Click **Finish** on the Confirmation Screen.

Some Findings/Recommendations may require additional supporting documentation to be submitted to CACFP. Please follow all instructions in the finding/recommendation.

<table>
<thead>
<tr>
<th>Action</th>
<th>Findings/Recommendations</th>
<th>Severity</th>
<th>Status</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>View Edit</td>
<td></td>
<td>Action Required</td>
<td>Submitted 08/20/2015</td>
</tr>
<tr>
<td></td>
<td>Finding: 7 CFR 226.10(c)(3): Payment may be made for meals served to the provider's own children only when providers' children are income eligible.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When the CAP has been entered and submitted the status changes to submitted.

9. CACFP staff will evaluate the response and supporting documentation, if required. CACFP will either approve or not approve the response. Responses that have been approved have a status of **Closed**; those that were not approved will have a status of **Not Approved**.

**Responding to Not Approved Corrective Action Plans (CAPs)**

<table>
<thead>
<tr>
<th>Action</th>
<th>Findings/Recommendations</th>
<th>Severity</th>
<th>Status</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>View Edit</td>
<td></td>
<td>Action Required</td>
<td>Not Approved 05/01/2010</td>
</tr>
<tr>
<td></td>
<td>Finding: 7 CFR 226.18(b)(7): The day care home provider must receive in a timely manner the full food service rate for each meal served to enrolled children.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click **Edit** to respond to all Not Approved Findings.

<table>
<thead>
<tr>
<th>Action</th>
<th>Findings/Recommendations</th>
<th>Severity</th>
<th>Status</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>View Edit</td>
<td></td>
<td>No Action Required</td>
<td>Closed 02/15/2010</td>
</tr>
<tr>
<td></td>
<td>Recommended Action: In addition to the sign-in sheets and copies of training handouts, JDN must include an agenda to identify the specific CACFP related topics discussed at the provider training.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

View the information in the **CACFP Response Box**. Highlight and delete your organization’s previous **Sponsor Corrective Action Plan** response. Enter and update the **Sponsor Corrective Action Plan Response**. If a corrective action plan is not approved, a new **Due Date** will be assigned.
Review Findings (Corrective Action Plans)  
Case Number: 1214

Finding: 7 CFR 226.16(c): Each sponsoring organization shall comply with the recordkeeping requirements established by the State agency.

Finding Cited: JDN does not keep the NYS Local Homes System up-to-date as required. Accurate child enrollment and expirations were not entered in the System; children were missing from the System and/or children were not inactivated.

Required Corrective Action: JDN must develop and submit a procedure to keep the NYS Local Homes System up-to-date and maintain current provider and participant information. At a minimum, the sponsor must use the Local Homes System to inactivate all children no longer participating in CACFP and update the enrollment begin and end date for all children currently participating in the Program. JDN must also submit Homes System Report 10501 (Active Participants) so that CACFP can verify that the updates listed above were completed. Failure to update the data in your Local Homes System will adversely impact the conversion and upgrade of your agency to the new CACFP Information and Payment System (CIPS) that is scheduled for roll-out the fiscal year.

Sponsor Corrective Action Plan:

Delete all information from this box and enter a new Corrective Action Plan.

Special Instructions:

Finding Tracking

1. Current Status: Not Approved
2. Severity: Action Required
3. Due Date: 5/1/2010
4. CACFP Response: (4/26/10, 5/10/10): Not approved; not yet able to verify. A brief review of the Homes System reveals no significant updates (child enrollment begin/end dates, home monitoring visits). Be advised that

Dates

Created 01/14/2010 by JXB21
Submitted for Acceptance
Accepted

Save Submit For Acceptance Accept CAP CAP Not Approved Back
Chapter 7: Reports

Accessing Reports in CIPS

1. Click **Reports** in the **Dark Blue** menu bar
2. Select the desired report from the **Report List**

Note: All reports available to access will be displayed when you enter this screen.
Accessing Sponsor Report Data

Participant Report

Filtering to Show Duplicate Children

1. Click Participant Report (10501)

2. Enter your Sponsor Agreement #
   - **Participant Section**: This area allows for filtering of the report created so the report only shows participants that you are interested in for example all Tier 1 Area Census Children
   - **Sort By** allows you to choose how the report will display the order of the headings in the Excel file

3. Click Generate Excel
4. Open the Excel Spreadsheet (**Participants10501.xls**) at the bottom of the screen

5. Scroll across the spreadsheet to the column titled **ChildName** and highlight the column

6. Click **Sort & Filter** then click **Sort A-Z**

7. Click **Conditional Formatting**

8. Click **Highlight Cell Rules**

9. Select **Duplicate Values**

10. Click **Ok** in the message box
Children enrolled with the same name will be highlighted on the spreadsheet. You may then verify duplicate enrolled children.

**Note**: The spreadsheet will display both active and inactive children. You may filter the sheet further to only display actively enrolled children.

**Filtering for Other Information from this Report**

This report contains a large amount of information that can help you keep your records current. You can filter and sort this report to show the following information:

- Children over 13 years old
- Participant Enrollment End Date
- Provider Tier Expiration Date

**Claim Tally Sheet**

This report will display the list of providers that you have entered on a claim.

1. Click **Provider Check Report**
2. Select your organization from the drop down menu

3. Click **Generate Excel** for the claim that you desire

4. Open the Excel Spreadsheet (**Provider_Check_Report.xls**) at the bottom of the screen
5. The Excel Spreadsheet will then show the providers that were on the claim you selected with each payment amount.

Note: If there has been a provider name change, the **Provider Check Report** will display the appropriate name based on the application’s **Application Effective Date**.

**Monitoring Report**

This report is helpful to view scheduled monitoring visits that are generated by CIPS. You can use this to make sure all monitoring visits are done each year.

1. Click **Provider Visit Report**

![Monitoring Report Image]
2. Enter your Sponsor Agreement #
3. Click Generate Excel

4. Open the Excel Download (ProviderVisitReport.xls) located at the bottom of your web page
Hint: Delete the first two columns to make it easier to sort this report

5. Highlight Visit Purpose Column
6. Click Sort & Filter
7. Click Filter

Notice the box with a triangle in the corner of the visit purpose box. This allows you to show only the Anticipated visits.

8. Click the Gray Box with the Triangle
9. De-select all boxes except Anticipated
10. Click Ok
<table>
<thead>
<tr>
<th>Question from caller:</th>
<th>Possible Resolution:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having trouble activating HCS account; HCS log in not working; HCS password not correct</td>
<td>Call HCS Commerce Account Management Unit (CAMU) Help Desk at 1-866-529-1890 Option 1.</td>
</tr>
</tbody>
</table>
| Payment has not been received | It takes up to 2 weeks to receive payment once the claim is submitted. Payment is not received after 2 weeks, please contact the Financial Representative at CACFP.  
  **Check the status of the claim:**  
  - **Processed** – means payment is within 2 weeks.  
  - **Accepted** - means the claim has been submitted.  
  - **Pending** - means you have not submitted the claim.  
  - **Error** - means there is a problem with the claim data. |
<p>| How to print a claim? | After clicking <strong>Submit for Payment, Summary</strong> will appear in the Action column on the left at the Claim Month Detail screen for the claim month. Open the Summary. Use the print icon on the HCS screen. |
| Claim says: &quot;Pending&quot; | Is there a red <strong>Submit for Payment</strong> button on the screen? If so, click it when the claim is complete. Once the status has changed to <strong>PROCESSED</strong>, the claim check is usually mailed within 2 weeks. |
| One of the Providers is not eligible (and it should be). | Speak to the Nutritionist or Financial Representative. |
| Unable to enter all the meals/snacks. | Speak to the Nutritionist or Financial Representative. |
| Unable to access CIPS or the screen is frozen, or other web connectivity issues. | Please call our CACFP Help Desk for technical assistance. Call 1-800-942-3858. Please press “1” to be connected to a Help Desk agent. |</p>
<table>
<thead>
<tr>
<th><strong>On screen errors</strong></th>
<th>The system will indicate whatever is needed to complete. Follow the prompt message and supply whatever information is requested. If there are questions, contact the Nutritionist or Financial Representative.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adding a new user; Inactivating a new user; Replacing the HCS Director; Replacing the HCS Coordinator</strong></td>
<td>See Chapter 6- CIPS Security.</td>
</tr>
<tr>
<td><strong>Changing security for a user</strong></td>
<td>See Chapter 6- CIPS Security</td>
</tr>
<tr>
<td><strong>How to revise information on the Sponsor or Provider application?</strong></td>
<td>For the Sponsor Application and Provider Application click <strong>Revise</strong>. Once revisions are complete click <strong>FINISH</strong>, and then click <strong>SUBMIT FOR APPROVAL</strong>. Speak to a Nutritionist if there are questions.</td>
</tr>
<tr>
<td><strong>RENEWAL Questions</strong></td>
<td>Speak to the Financial Representative or Nutritionist.</td>
</tr>
</tbody>
</table>