

**TO:** CACFP Sponsoring Organizations of Day Care Homes

**FROM:** Sandra Rhoades, Director, Homes Administration Unit  
Child and Adult Care Food Program

**DATE:** July 18, 2011

**SUBJECT:** Update on the CACFP Information and Payment System (CIPS)

The purpose of this memorandum is to provide an update on the CACFP Information and Payment System (CIPS) and to begin having Sponsors of Day Care Homes take the steps necessary to access this web-based computer application. CIPS is designed to manage data related to the CACFP Sponsoring Organizations and, in the case of Day Care Home (DCH) Sponsors, the Providers they serve. At this time, DCH Sponsors can use CIPS to maintain information about their sponsorship with the New York State Department of Health (NYSDOH), electronically submit sponsor-level monthly claims, and submit their annual budget renewal and amendments through a link on the internet.

In the near future, CIPS will replace the current Local Homes System and will allow Providers to directly enroll participants, maintain menu and meal counts information, and submit records to their DCH Sponsors electronically. Sponsors will also be able to review and enter Provider records to create and submit provider-level claims to CACFP. More information on provider-level claiming will be issued as we near implementation.

Several CACFP Center Sponsors have successfully pilot tested CIPS. In general, Center Sponsors have found the system easy to access and use. CIPS allows the Center Sponsors to track the payment status of claims, and significantly reduce payment processing time when claims are electronically submitted to CACFP.

At this time, we are asking all CACFP DCH Sponsors to become CIPS users. Once certified as a CIPS user, your organization will be able to update Sponsor data, including your Federal Fiscal Year 2012 renewal application and budget. In addition, you will be able to submit your sponsor-level claim, to speed payment processing. By signing on as a CIPS user now, you will be positioning your organization to implement the Provider module as soon as it becomes available, which we expect will occur in the Fall of 2011.

Frequently Asked Questions from Sponsors:

- Q. How does my organization get access to CIPS?
- A. The NYSDOH Health Commerce System (HCS) acts as a gateway through which DCH Sponsors can access the CIPS link. Each DCH Sponsor must apply for a secure account with HCS.

- Q. Why can't we go directly to CIPS on the internet?
- A. NYSDOH established the HCS to house hundreds of statewide computer applications allowing for the secure and free electronic exchange of information and data between Sponsors and NYSDOH. CACFP Sponsors will access CIPS using a secure internet HCS account. Examples of other applications found using HCS are the Health Alert Network, Home Care Registry, Epidemiological Problem Alerts, Child Health Plus Enrollment Reports and many, many others.
- Q. Will we continue to use the Local Homes System if I sign up for CIPS?
- A. Yes. Until the provider-level claiming module is completed in CIPS, you will continue to use the Local Homes System, or other system (e.g., Minute Menu) to maintain Provider, visit, and child information; and to process and generate the Providers' monthly claims. The data from these systems will continue to be submitted by email to CACFP for review and processing.
- Q. Will we still have to submit a signed DOH-3709, Claim for Reimbursement form to report the total Provider claim data and administrative expense information?
- A. No. DCH Sponsors who use CIPS will not have to submit the DOH-3709 form anymore. Initially, DCH Sponsors will enter total claim data from Local Homes, or other systems, into CIPS instead of submitting a signed DOH-3709. Later, when the Provider claim module is ready, CIPS will total the Providers' claims and create the aggregate monthly claim for you. DCH Sponsors will also report their monthly administrative expenses in CIPS and will be able to compare their actual costs to the amount of administrative reimbursement received each month.
- Q. Will there be training on CIPS available for DCH Sponsors?
- A. Yes. CACFP is in the process of planning training for DCH Sponsors. You will be notified of the dates and times of training soon.

Enclosed are step by step instructions and the necessary forms. Based on your comfort level, you can begin the process on your own or request additional help from us. If you have questions, please call 1-800-942-3858 and select option 3.

Enclosures:

The Steps a CACFP Sponsor Must Take to Access CIPS (CACFP-181)  
Authorization for Online HCS Account Creation (CACFP-179)  
Account Request for HCS (DOH-5039)



**THE STEPS A CACFP SPONSOR  
Must Take to Access CIPS**

**STEP 1**

Complete the form Authorization for Online Health Commerce System (HCS) Access (CACFP-179).

**STEP 2**

Complete the form Account Request for HCS (DOH-5039).

**STEP 3**

Mail the completed forms, from Steps 1 & 2, to:  
NYSDOH DON Child & Adult Care Food Program – CIPS  
150 Broadway FL6W Room 650  
Albany, NY 12204

**STEP 4**

HCS will email the HCS application forms to the HCS Director and HCS Coordinator.

**MAIL THE COMPLETED AND SIGNED FORMS BACK TO HCS.**

**STEP 5**

HCS will send a PIN # to each account holder to activate his or her HCS account.

**STEP 6**

**Notify CACFP when your HCS accounts are activated.**

This must be done by the HCS Director or HCS Coordinator.

**Send email to:**  
**CACFPFISCAL@health.state.ny.us**

**STEP 7**

CACFP will turn-on each CIPS account.



**Step 1. Complete the form *Authorization for Online HCS Account Creation (CACFP-179)***

Complete the *Authorization for Online HCS Account Creation*, enclosed. Your Board Chair or equivalent (non-profit organization) or the Owner (for-profit organization) must sign the top part of this form. This person then designates staff who will be referred to by HCS as the *Director* and the *Coordinator* for the organization. The HCS Director does not have to be the director of your organization.

As defined by HCS, the **Director** binds your organization to NYSDOH and must agree to abide by the policies and procedures for accessing and using data and information contained in the HCS network. The **HCS Coordinator** maintains the organization user accounts and contact information. Tasks of the HCS Coordinator include requesting new user accounts, informing NYSDOH when users leave the organization, and adding new organization administrators or additional Coordinators to the system. The HCS Coordinator is the person who will be the principal point of contact concerning HCS access. The Coordinator will also have access to the HCS Coordinator page of the HCS web site to add additional users for the organization. An organization may have more than one HCS Coordinator. CACFP recommends that at least one of the organization's Coordinators be the CACFP Sponsor Administrator.

**Step 2. Complete the form *Account Request for HCS (CACFP-5039)***

**Please Note:** If the Director or Coordinator already has an existing HCS Account, please indicate the HCS User ID in the space provided on the Account Request form. This information is needed so the account is not duplicated. Steps 3-6 must still be completed, even if an HCS account already exists.

**Step 3. Mail the completed forms, from steps 1&2, to CACFP**

Mail the original signed copy of the *Authorization for Online HCS Account Creation* form (CACFP-179) and the *Account Request for HCS* form (DOH-5039) to:

NYSDOH DON Child & Adult Care Food Program – CIPS  
150 Broadway FL6W Room 650  
Albany, NY 12204

Once CACFP receives this information, we will request that HCS establish your organization's Director and Coordinator HCS accounts.

In addition, we will email a CIPS training manual to each HCS Coordinator.

**Step 4. HCS emails application forms to the HCS Director and HCS Coordinator(s)**

HCS will e-mail an application form (with the information you provided pre-filled) for each HCS account requested. Follow all instructions provided by HCS as follows:

- Print form(s)
- Have all signatures **notarized**
- The Director must sign their own form, as well as each Coordinator's form
- **Mail** the original signed copy of these forms to HCS using address provided in the email
- Keep a copy to use for account activation

**Step 5. HCS will send a PIN # to each account holder to activate his or her HCS account**

About 2 weeks later, the HCS Director and HCS Coordinator(s) will be notified that their account requests have been processed. A PIN and activation instructions will be mailed to each account holder. Follow the instructions in the letter. If you have any difficulty activating your account, call HCS Commerce Account Management Unit Help Desk at 1-866-529-1890 for assistance.

HCS account holders will receive periodic e-mail from HCS to confirm that account information is up to date. Prompts will be sent to update passwords every 60 days. It is important that HCS account holders log in occasionally, as accounts not used for a period of five months will be inactivated.

**Step 6. Notify CACFP when your HCS accounts are activated (this must be done by the HCS Director or HCS Coordinator.)**

Send email to [CACFPFISCAL@health.state.ny.us](mailto:CACFPFISCAL@health.state.ny.us) when you have activated your HCS account.

**Step 7. CACFP will turn-on each CIPS account**

You will not be able to use CIPS until this happens.



AUTHORIZATION  
for Online Health Commerce System (HCS) Account Creation

Please complete this form to begin the process of obtaining an HCS account to access CACFP Web-based claiming.

**SECTION 1** (to be signed by the Chair of the Board of Directors or the owner)

On behalf of \_\_\_\_\_  
Name of Organization

I hereby authorize the persons listed in Section 2 below to be responsible for assigning security access to other staff members, monitoring staff capability to accurately enter information, assuring that access to the HCS account is used only for authorized purposes and protecting the information from alteration or corruption.

Original Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 2**

**HCS DIRECTOR**

The HCS Director establishes a binding agreement with NYS Department of Health to access HCS and abide by the policies and procedures for using information within the HCS network. The HCS Director has the highest security level for the organization and can function as the HCS Coordinator OR can designate one or more staff members for that position.

Original Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**HCS COORDINATOR**

The HCS Coordinator is responsible for managing the organization's user accounts including requesting new accounts, informing NYSDOH when users leave the organization, and adding additional Coordinators to the system. The Coordinator is the principal point of contact concerning HCS access.

Original Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

For authorization of additional Coordinators, photocopy this page, complete Section 1 of each page and leave the HCS Director section blank on subsequent pages.



## ACCOUNT REQUEST FOR HCS

DIRECTOR (one per organization)

Full First Name:	
Full Middle Name:	
Full Last Name:	
Month of Birth:	Day of Birth:
Job Title:	
Work Address:	
Office Phone/Ext:	Office Fax:
E-Mail Address:	
NYSDOH Health Commerce System ID (if one exists):	
Date Completed:	

COORDINATOR (one or more per organization)

Full First Name:	
Full Middle Name:	
Full Last Name:	
Month of Birth:	Day of Birth:
HCS Director's Name (from above):	
Work Address:	
Office Phone/Ext:	Office Fax:
E-Mail Address:	
NYSDOH Health Commerce System ID (if one exists):	
Date Completed:	

## Mail to:

NYSDOH Child &amp; Adult Care Food Program, 150 Broadway FL6W Rm 650, Albany, NY 12204

Office Use Only: Request Sent to HCS by \_\_\_\_\_ Date \_\_\_\_\_