The CACFP Information
And Payment System
(CIPS)

Welcome to the CACFP Information and Payment System

User Manual for Day Care Home Sponsors
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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.

First, 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 (iOS 5.1 or later)
- Google Chrome (iOS 5.1/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.html in the web address line
2. Enter your HCS assigned User ID and password.
3. Click “Sign In”

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

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.
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.

![CIPS Menu Bar](image)

**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.

![Program Year](image)

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
2. A list of possible program years will be displayed.

Then, click the year needed to enter the 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.

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.

**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.***
**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.

---

**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 2 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
• **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 then take you to a page to enter the new user information. You will need the HCS activation letter to complete the information.
User Profile

User Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Initial</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Phone Number (555-555-5555):</td>
<td></td>
</tr>
</tbody>
</table>

Login Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>User Name</td>
<td></td>
</tr>
<tr>
<td>Password</td>
<td></td>
</tr>
<tr>
<td>Confirm Password</td>
<td></td>
</tr>
<tr>
<td>Require password change next login</td>
<td>✓</td>
</tr>
<tr>
<td>Single SignOn Name</td>
<td></td>
</tr>
</tbody>
</table>

Security Base

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>User is an Administrator</td>
<td></td>
</tr>
<tr>
<td>Security Group(s)</td>
<td></td>
</tr>
<tr>
<td>Sponsor Admin Homes</td>
<td></td>
</tr>
<tr>
<td>Sponsor Home App L2</td>
<td></td>
</tr>
<tr>
<td>Sponsor Home Claim L1</td>
<td></td>
</tr>
<tr>
<td>Sponsor Home App L1</td>
<td></td>
</tr>
</tbody>
</table>

Status

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>User Status</td>
<td>Active</td>
</tr>
</tbody>
</table>

Save Cancel

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 of these 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**
4. Click **Provider Applications**
5. Click **Add provider**

Remember:
CIPS allows changes to be made in different program years. Select the appropriate year to make changes.
6. Select the provider’s license type from the drop down menu
7. Enter the provider’s license number
   a. Licensed/Registered/In Process: “Facility ID #”
   b. Legally Exempt: “Enrollment #”
   c. Military or Tribal: No License #
8. Click Search

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

10. 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.

11. Complete all the fields that are editable then click **Next**.
12. Select the correct Tier
13. Complete the Red Boxed section for Tier I Providers only
14. Complete the Blue Boxed section for Tier II providers only
15. Click Next
16. 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

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

**Note:** The ethnic and racial counts will roll up from the child enrollment forms as you revise the provider application.

The final tab is **Sponsor Use Only**

20. This area needs to be completed without error
21. Click **Finish** when completed to submit the provider application.
22. 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.

| Summary | License/Reg. ✔ | Tiering ✔ | Hours/Meals ✔ | Ethnic/Racial ✔ | Sponsor Use Only ✔ |

23. Click **Back** to complete the **Application Checklist**
Completing the Application Checklist

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

1. Click **Modify**

![Provider Application Effective Dates Screen](image)

2. Complete the **Red Boxed** areas

3. Click **Save**

![Completed Red Boxed areas](image)

4. Click **Finish**

![The checklist has been saved](image)

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
How to Revise 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**
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**

---

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
The form opens in the **modify** mode.

The CACFP Participant Number is generated by CIPS.

**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

<table>
<thead>
<tr>
<th>Hours/Days/Meals</th>
<th>27. Days child is normally in care:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mon-Fri:</td>
</tr>
</tbody>
</table>

28. Date Care Begins: [ ] | Date Care Ends: [ ]

29. Usual Meals Served and Schedule Attending:

<table>
<thead>
<tr>
<th>Meals</th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>Begin</td>
<td>Begin</td>
</tr>
<tr>
<td>Lunch</td>
<td>End</td>
<td>End</td>
</tr>
<tr>
<td>Supper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AM Snack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM Snack</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30. Holiday, Weekend, or School Vacation Meals Served and Scheduled:

<table>
<thead>
<tr>
<th>Meals</th>
<th>Snacks</th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td>Begin</td>
<td>Begin</td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td>End</td>
<td>End</td>
</tr>
<tr>
<td>Supper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AM Snack</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM Snack</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

31. Does Child Attend School? [ ] Yes [ ] No

School Name: [ ]

Time 2 applies to a child who leave and returns in one day. Meaning 2 start times and two end times

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.

6. Click Save to finish
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

<table>
<thead>
<tr>
<th>Code</th>
<th>Error Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>318003</td>
<td>Gender is required.</td>
</tr>
<tr>
<td>318009</td>
<td>At least one Infant Feeding Statement must be selected if the child is less than one year old.</td>
</tr>
<tr>
<td>318050</td>
<td>Basic information for parent/guardian 1 (name, phone, address, county) is required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Warning Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>318061</td>
<td>&quot;Enrollment Form (DOH-4419)&quot; form is required but has not been received.</td>
</tr>
</tbody>
</table>

Version: Original
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 Administrative Access**

1. Click on **Details**

![Details](Exploration, Dora 11 months Pending/Submitted)

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

2. Click **Admin**

![Admin](Enrollment Forms for Explorer, Dora - Participant Nbr: 147)
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**

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

   - **Tiering**
     - Provider Tier: Tier 1
     - Child Tier: [Red] ▼
     - Tier I Begin: [Red]
     - Tier I End: [Red]

   - **Child Subsidy Number**: [Red]
     - Child Subsidy End Date: [Red]

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

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

   - **Forms on File**
     - Infant Feeding Statement (CAGFP-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: [Red] 10/01/2014 ▼

   - **Comments**
     - Comments to Sponsor:
     - Comments to Provider:

   - **Created By**: [Red], 10/29/2015 2:00:56 PM
   - **Modified By**: [Red], 10/29/2015 2:00:56 PM
   - **Save Internal Use Only**, [Red]
   - **Print Enrollment**

---

- **Complete if a child receives subsidy**
- **Make sure you enter an Enrollment Begins Date**
- **Check to indicate paper forms are on file.**
- **Important: Review and change the form effective date.**

---

**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**

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.
Chapter 4: Claims

Submitting an Original Claim

1. Click Claim 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
On the next screen enter the following figures:

5. Number of Participating Day Care Homes by Tier
6. Number of Days Meals Served by Tier
7. Average Daily Attendance by Tier

8. Next, enter the number of Breakfasts, AM Snack, Lunch, PM Snack, Supper, and Night Snack totals for each category.
   - If you do not have your snacks separated individually, put the total # of snacks in the Total Meals Column of the Night Snacks category (shown below)

9. Click Save and Continue
10. In the Claims Cost Details Section enter your Administrative Costs for THE CURRENT MONTH ONLY.
11. Click Save and Validate Claim
12. You will now see a summary of your claim information. Read the Certification Statement and check the box.

13. Click **Submit for Payment**

![Attendance Reporting Table]

<table>
<thead>
<tr>
<th>Attendance Reporting</th>
<th>Tier I</th>
<th>Tier II High</th>
<th>Tier II Low</th>
<th>Tier II Mix</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of Participating Homes:</td>
<td>71</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>71</td>
</tr>
<tr>
<td>2. Total Attendance:</td>
<td>0.079</td>
<td>0.079</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Number of Days Meals Served:</td>
<td>22</td>
<td></td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Average Daily Attendance:</td>
<td>367.23</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>367.23</td>
</tr>
</tbody>
</table>

![Meals Served Table]

<table>
<thead>
<tr>
<th>Meals Served</th>
<th>Tier I</th>
<th>Tier II High</th>
<th>Tier II Low</th>
<th>Total Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast:</td>
<td>2,692</td>
<td>0</td>
<td>0</td>
<td>2,692</td>
</tr>
<tr>
<td>AM Snack:</td>
<td>2,301</td>
<td>0</td>
<td>0</td>
<td>2,301</td>
</tr>
<tr>
<td>Lunch:</td>
<td>7,034</td>
<td>0</td>
<td>0</td>
<td>7,034</td>
</tr>
<tr>
<td>PM Snack:</td>
<td>4,256</td>
<td>0</td>
<td>0</td>
<td>4,256</td>
</tr>
<tr>
<td>Supper:</td>
<td>4,724</td>
<td>0</td>
<td>0</td>
<td>4,724</td>
</tr>
<tr>
<td>Night Snack:</td>
<td>495</td>
<td>0</td>
<td>0</td>
<td>495</td>
</tr>
</tbody>
</table>

![Cost Information Table]

<table>
<thead>
<tr>
<th>Cost Information</th>
<th>Current Month’s Costs</th>
<th>YTD Costs (excludes current)</th>
<th>Annual Budget Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>$12,751.88</td>
<td>$55,086.54</td>
<td>$98,640.00</td>
</tr>
</tbody>
</table>

**Certification**

> certify to the best of my knowledge and belief, that this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms and conditions of existing agreements; and that payment therefore has not been received. I recognize that I will be fully responsible for any excess amount that may result from erroneous or negligent reporting herein. Also, I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

![Submit For Payment Button]

**Note:** If you forget to check the Certification box, you will receive this error message. Click the check box to remove the error.

![Input Errors]

**Certification must be checked to submit the claim for payment.**
After the claim has been submitted, the screen below appears.

14. It shows the **Date Received**, **MIR Date**, and the **Date Accepted**. The **Date Processed** will populate when the NYS CACFP has placed the claim into a payment schedule.

15. It also shows the month of the claim and the **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.

16. Click **Finished**

![Image of a claim month details screen for June 2011]

**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 sponsor administrator changes.

17. Click **Summary** to view the information that was just entered in the claim.

![Image of a summary screen showing claim details]

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** 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** 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**

3. Make the necessary changes needed to the claim data that you entered
4. When finished, click **Save and Continue to Costs**
5. You may update Current Month’s Costs, then click **Save and Validate Claim**
6. Read the Certification Statement and check the Certification Box
7. Click **Submit for Payment**, click **Finished**

**Creating an Adjusted Claim**

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

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Number</th>
<th>Status</th>
<th>Date Accepted</th>
<th>Date Processed</th>
<th>Earned Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2011</td>
<td>0</td>
<td>Processed</td>
<td>06/05/2011</td>
<td>06/12/2011</td>
<td>$35,350.45</td>
</tr>
<tr>
<td>Jun 2011</td>
<td>0</td>
<td>Processed</td>
<td>07/15/2011</td>
<td>07/24/2011</td>
<td>$40,695.36</td>
</tr>
<tr>
<td>Jul 2011</td>
<td>0</td>
<td>Accepted</td>
<td>08/11/2011</td>
<td></td>
<td>$110,348.26</td>
</tr>
</tbody>
</table>

NOTE: In the above picture, the July claim has the same status as it did in the “Modify a Claim” process. However, when you click on it, notice that there is an asterisk (*) following the status of **Accepted** and a notation that the claim is currently being processed (see below). This means the State has locked the claim and begun the payment process. The claim can no longer be modified.

2. Click **Add Revision** to create an adjusted claim. This will display the same claim data you entered previously.

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.
3. The Adjustment Number is 1 indicating it is the first adjusted claim for July.

<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>Jul 2011</td>
<td>1</td>
<td></td>
<td>08/11/2011</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Attendance Reporting**

<table>
<thead>
<tr>
<th>Number of Participating Homes:</th>
<th>Tier I</th>
<th>Tier II High</th>
<th>Tier II Low</th>
<th>Tier II Mix</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the picture above, the Number of Participating Homes was reduced from 45 claimed on the original to 44.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Attendance: 25,093</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Days Meals Served: 27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Daily Attendance: 959.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Meals Served**

<table>
<thead>
<tr>
<th></th>
<th>Tier I</th>
<th>Tier II High</th>
<th>Tier II Low</th>
<th>Total Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast:</td>
<td>22,468</td>
<td></td>
<td></td>
<td>22,468</td>
</tr>
<tr>
<td>AM Snack:</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Lunch:</td>
<td>15,025</td>
<td></td>
<td></td>
<td>15,025</td>
</tr>
<tr>
<td>PM Snack:</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Supper:</td>
<td>1,259</td>
<td></td>
<td></td>
<td>1,259</td>
</tr>
<tr>
<td>Night Snack:</td>
<td>25,357</td>
<td></td>
<td></td>
<td>25,357</td>
</tr>
</tbody>
</table>

- The Average Daily Attendance was reduced from 1,056 to 959.
- The Breakfast, Lunch, and Night Snack counts were all reduced.

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

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

9. Click **Finished**
10. 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)

   ![Administrative Payment Table]

<table>
<thead>
<tr>
<th>Sponsor Claim Reimbursement Totals</th>
<th>Meal Reimbursement</th>
<th>Administrative Reimbursement</th>
<th>Reimbursement Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Claim Earnings</td>
<td>31,717.50</td>
<td>5,194.00</td>
<td>36,911.50</td>
</tr>
<tr>
<td>Previous Claim Earnings</td>
<td>32,780.00</td>
<td>5,300.00</td>
<td>38,080.00</td>
</tr>
<tr>
<td>Earned Amount</td>
<td>-1,062.50</td>
<td>-106.00</td>
<td>-1,168.50</td>
</tr>
<tr>
<td>Current Advance Recovered</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Net Claim Reimbursement Total</td>
<td>-1,062.50</td>
<td>-106.00</td>
<td>-1,168.50</td>
</tr>
</tbody>
</table>

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

![Payment Summary Table](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 - 14-10-01-H**  
**Voucher #: 377245**

<table>
<thead>
<tr>
<th>Account Description</th>
<th>Month</th>
<th>Transaction Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CACFP Meals</td>
<td>Oct 2014</td>
<td>Original Claim</td>
<td>$ 13,720.80</td>
</tr>
<tr>
<td></td>
<td>Oct 2014</td>
<td>Distribution for Claim #225468</td>
<td>$ 13,720.80</td>
</tr>
<tr>
<td>CACFP Sponsor Admin</td>
<td>Oct 2014</td>
<td>Original Claim</td>
<td>$ 3,441.00</td>
</tr>
<tr>
<td></td>
<td>Oct 2014</td>
<td>Distribution for Claim #225468</td>
<td>$ 3,441.00</td>
</tr>
</tbody>
</table>

**Payment Schedule Summary**

<table>
<thead>
<tr>
<th>Month</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 2014</td>
<td>CACFP Meals</td>
<td>$ 13,720.80</td>
</tr>
<tr>
<td>Oct 2014</td>
<td>CACFP Sponsor Admin</td>
<td>$ 3,441.00</td>
</tr>
</tbody>
</table>

**Total Payments**  
$ 17,161.80
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

---

**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

![Image of Sponsor Application](image-url)

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

---

### Budget Summary

<table>
<thead>
<tr>
<th>Admin Labor &amp; Monitoring</th>
<th>Personnel Costs A</th>
<th>Operating Costs B</th>
</tr>
</thead>
</table>

---

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

<table>
<thead>
<tr>
<th>Line A: Total Personnel Costs (Enter on Line A, Page 5)</th>
<th>$ 78,981</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line A – Total Personnel Costs</td>
<td>$ 78,981</td>
</tr>
</tbody>
</table>

• Carry Over to the Budget Summary page

• 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
• 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)

The total salaries from this page are transferred to Salaries in the Personnel Cost A
category

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 should then be uploaded into CIPS.

***The budget workbook needs to be uploaded in its Excel format for CACFP to approve***

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Sponsor Requested</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Personnel</td>
<td>$ -</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>$ -</td>
<td></td>
</tr>
</tbody>
</table>

**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
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**

5. Check the box and **Save** to complete the Budget Page
**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.

<table>
<thead>
<tr>
<th>Action</th>
<th>Form Name</th>
<th>Latest Version</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Sponsor Application</td>
<td>Rev. 2</td>
<td>Returned for Correction</td>
</tr>
<tr>
<td>Details</td>
<td>Board of Directors Listing</td>
<td>Original</td>
<td>Approved</td>
</tr>
<tr>
<td>View</td>
<td>Sponsor Budget</td>
<td>Rev. 3</td>
<td>Pending Validation</td>
</tr>
<tr>
<td>Details</td>
<td>Application Checklist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
Budget Amendments

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.
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.


Review Recommendations (Corrective Action Plans)

<table>
<thead>
<tr>
<th>Recommendation:</th>
<th>Recommended Action:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation Cited:</td>
<td>Meals and attendance observed during monitoring visits could not be matched with meals and attendance records on monthly, submitted paperwork. Four providers had home visit discrepancies that must be disallowed by Child Care Resource Network (see Attachment 1).</td>
</tr>
</tbody>
</table>

Required Corrective Action:

Sponsor Corrective Action Plan:

Special Instructions:

Recommendation Tracking

1. Current Status: Open
2. Severity: Action Required
3. Due Date: 10/1/2015
4. CACFP Response:

Dates

Created 08/01/2015 by maa14
Submitted for Acceptance
Accepted

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>View</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>Action Required</td>
<td>Submitted</td>
<td>08/20/2015</td>
</tr>
</tbody>
</table>

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

<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>View</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>Action Required</td>
<td>Not Approved</td>
<td>05/01/2010</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>View</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>No Action Required</td>
<td>Closed</td>
<td>02/15/2010</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.

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 CAPs**
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 Local 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 this 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 JKB21
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
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;</td>
<td>Call HCS Commerce Account Management Unit (CAMU) Help Desk at 1-866-529-1890 Option 1.</td>
</tr>
<tr>
<td>HCS log in not working; HCS password not correct</td>
<td></td>
</tr>
<tr>
<td>Payment has not been received</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td><strong>Check the status of the claim:</strong></td>
</tr>
<tr>
<td></td>
<td>• Processed – means payment is within 2 weeks.</td>
</tr>
<tr>
<td></td>
<td>• Accepted - means the claim has been submitted.</td>
</tr>
<tr>
<td></td>
<td>• Pending - means you have not submitted the claim.</td>
</tr>
<tr>
<td></td>
<td>• Error - means there is a problem with the claim data.</td>
</tr>
<tr>
<td>How to print a claim?</td>
<td>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.</td>
</tr>
<tr>
<td>Claim says: &quot;Pending&quot;</td>
<td>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.</td>
</tr>
<tr>
<td>One of the Providers is not eligible (and it should be).</td>
<td>Speak to the Nutritionist or Financial Representative.</td>
</tr>
<tr>
<td>Unable to enter all the meals/snacks.</td>
<td>Speak to the Nutritionist or Financial Representative.</td>
</tr>
<tr>
<td>Unable to access CIPS or the screen is frozen, or other web connectivity issues.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>On screen errors</strong></td>
<td>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.</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<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>