

Child and Adult Care Food Program (CACFP) Claim Manual for Family Day Care Home Sponsors

Wisconsin Department of Public Instruction (DPI) Community Nutrition Team

Revised February 2024

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Submitting CACFP Claims, Claim Deadlines, Late Claims

Submitting CACFP Claims

- All claims must be submitted electronically by following the steps in this Claim Manual.
- Print a hard copy of all submitted claims for your records. Retain for three years plus the current year.
- A separate claim must be submitted for every month, even if the month consists of only one day of meal service to participants.
- Processing of submitted claims occurs each Tuesday morning, unless that day is a holiday, in which case the processing is the following day. Payment processing does not occur the last two weeks of June and the last two weeks of December.
- You may only submit one claim for each Child Nutrition Program (i.e. CACFP, NSLP, SFSP, SMP) per processing period.
- All agencies will receive reimbursement payments via electronic deposit through <u>AIDS Banking</u>.
- Refer to Guidance Memorandum N: Claims Submission for additional instructions.

Claim Deadlines

Claims for reimbursement must be submitted online within 60 calendar days after the last day of the claiming month. The following chart gives the deadline date for each monthly claim period. Click on our <u>Claim Submission Deadlines</u> webpage for additional information.

Claiming Month	Last Day for Online Submission			
January	April 1 (March 31 on leap years)			
February	April 29			
March	May 30			
April	June 29			
May	July 30			
June	August 29			
July	September 29			
August	October 30			
September	November 29			
October	December 30			
November	January 29			
December	March 1 (February 29 on leap years)			

Submitting CACFP Claims, Claim Deadlines, Late Claims (continued)

If the 60th day falls on a Saturday, Sunday, or Federal holiday, the claim is due on the next business day. If you are submitting a claim under this situation, you will not be able to submit your claim online. Instead, you need to complete a paper copy of the claim. Plan ahead to avoid paper claim submissions. If you are unable to submit your claim online, make sure to scan and email it to <u>cntfiscal@dpi.wi.gov</u> to meet these deadlines.

Late Claims

A late claim is any original claim or amended claim with an upward adjustment (increase in dollar amount from the original claim) submitted after 60 calendar days from the end of the claiming month. Late claims cannot be submitted online. DPI must grant a "one-time exception" to pay a late claim. This "one-time exception" is at DPI's discretion. DPI may grant a "one-time exception" for only one claim per program (i.e. family day care home, child care, adult care, at-risk afterschool program, emergency shelter) every 36 months. To receive a one-time exception for a late claim or amended claim refer to <u>Guidance Memo N</u>.

Navigating the Claim System

Time Limitations

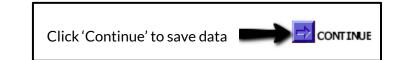
A timer starts from the moment the site is entered. If there is no activity for 30 minutes, the user will get an error message and will have to return to the main *Login* screen. Any data on the page you were working will not be saved. Any movement on a page will reset the 30-minute timer.

Saving Entered Claim Data

- Clicking 'Continue' at the bottom of each page saves information/data entered.
- If exiting the system before completing the claim, click '**Continue**' to save current data.

Returning to Previous Pages

- Click a link at the bottom of the page. The name of the link is the page you will go to.
- If you click on the 'Back' icon at the top of the screen, your data will not be saved from the screen you are currently on.



[Parent Form] [Site List]

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Exiting the Claim

Click **'Logout'** in the upper right corner of the blue boxes.

 If exiting the system before completing the claim, click
'Continue' to save current data.

WISCONSIN DEPARTMENT OF Public Instruction			Click 'Logo	Click 'Logout' to exit claim system				
Select Agency	Home-Day Care Program	School Nutrition Program	Community Nutrition Program	Summer Food Program	Special Milk Program	Review	Admin	Logout
	JE							

Logging into the Claim System

Google Chrome is highly recommended.

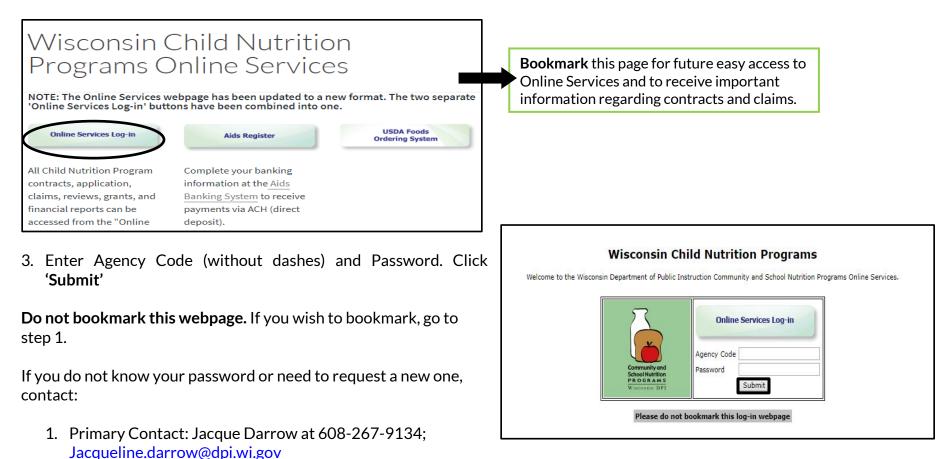
1. Go to the <u>Wisconsin Child Nutrition Programs</u> webpage. Click on the 'Online Services' link.

This will take you to the <u>Wisconsin Child Nutrition Programs</u> <u>Online Services</u> website. **Bookmark this page as a favorite**.

2. Click on the 'Online Services Log-in' button.



Logging into the Claim System (continued)



Secondary Contact: Deborah Mann at 608-266-6856;
Deborah.mann@dpi.wi.gov.

Note: Passwords should be changed when the Authorized Representative or person authorized to submit a claim has left the agency.

Home Provider Meal Details Report

All FDCH sponsors must upload the Home Provider Meal Details Report for all <u>New</u> and <u>Adjusted</u> FDCH reimbursement claims before submitting that month's claim.

This report must be generated from your agency's claim system. It must contain information on each home provider's claim in the format specified within the template provided by DPI. It may be in Excel, CSV, or Tab File.

Adjusted Claims: The Home Provider Meal Details Report for adjusted claims must be a complete adjusted data file for each provider for that month.

Uploading the Home Provider Meal Details Report

1. From the Main Menu, click on 'Home-Day Care Program'.

	LIC INSTRUCTI						
Home-Day Care Program	School Nutrition Program	Community Nutrition Program	Summer Food Program	Special Milk Program	Review	Other Services	Logout

2. From the Home-Day Care tab click on 'Claim Reimbursement'.

	PUBLIC INSTRUCTION							
	Home-Day Care Program	School Nutrition Program	Community Nutrition Program	Summer Food Program	Special Milk Program	Review	Other Services	Logout
Home-Da	y Care > Claim Reimbursement	Quarterly Financial Report	Contract Provider Application					

3. From the Claim Reimbursement menu, select 'Home Provider Meal Details'.



Uploading the Home Provider Meal Details Report (continued)

- 4. From the 'Home Provider Meals Details' menu, click on 'Upload Provider Meal Details'.
- **4a.** Using the drop down arrow select the **'Date Claim Month'** and **'Year'**.
- **4b.** Click on **'Choose File'**, then locate the Excel, CSV or Tab File from your computer to upload.
- **4c.** Click **'Upload'**. You will receive a **"Home Provider Data successfully uploaded**" message or validation error message if the file is not successfully uploaded.

	PUBI	LIC INSTRUCT	ON					
	Home-Day Care Program	School Nutrition Program	Community Nutrition Program	Summer Food Program	Special Milk Program	Review	Other Services	Logout
Home-Day	Care> Home Provider Meal I	Details> Upload Provider Mea	Details					
			Sponsoring Organizations of Fan [Upload Provide	nily Day Care Homes er Meal Details]				
			Date Claim Month	V Year V				
			[Upload Provide	er Meal Details]				
			Click Browse button to select Excel (X	LS/XLSX)or CSV or Tab File to up	load			
			Selected File : Choose File M	lo file chosen				
		2	Dup	LOAD				

5. Click on 'Claim Reimbursement' in the lower left side corner of the 'Home Provider Data successfully uploaded!' screen to return to the 'Claim Reimbursement' menu.

Sponsoring Organizations of Family Day Care Homes [Upload Provider Meal Details]
Home Provider Data successfully uploaded!
[Claim Reimbursement]

Uploading the Home Provider Meal Details Report (continued)

6. If the file upload fails, you will receive a data upload failure note and a link to the 'Error File'.

Sponsoring Organizations of Family Day Care Homes (FFY 2017) [Upload Provider Meal Details]	
Date Claim Month April Vear 2016 V	
[Upload Provider Meal Details]	
Click Browse button to select Excel (XLS/XLSX)or CSV or Tab File to upload	
Selected File : Choose File No file chosen	
Note : Data upload failed! Please click the 'Error File' link to download error logs and correct the error(s) listed in your file and re-upload it again. <u>Error File</u>	data

- **6a.** Click on '**Error File**' to download the file. This file will provide the error description by each line.
- **6b.** Correct the errors in the Home Provider Meal Details report and re-load the file again.

	Α	В	С	D	E	F	G
1	AGENCY	DATE CLA	ROW NUM	COLUMN I	ERROR D	ESCRIPTIC	0N
2	136824	04/01/2010	1	AgencyCo	File has in	valid agenc	y code
3	136824	04/01/2010	2	AgencyCo	File has in	valid agenc	y code
4	136824	04/01/2010	3	AgencyCo	File has in	valid agenc	y code
5	136824	04/01/2010	4	AgencyCo	File has in	valid agenc	y code
6	136824	04/01/2010	5	AgencyCo	File has in	valid agenc	y code
7	136824	04/01/2010	6	AgencyCo	File has in	valid agenc	y code

Viewing the Home Provider Meal Details Report

- 1. If you would like to view an uploaded Home Provider Meal Details Report file, go to the 'Home Provider Meal Details' menu and click on 'View Home Provider File(s)'.
 - 1a. Using the drop down arrow select the 'Date Claim Month' and 'Year' of the file you would like to view, then click on 'Search'.

The list of successfully uploaded file(s) (current and old) will be listed with the claim date, file name, file last uploaded date, action and file.

2a. Click on the file icon to download and view the file.

		LIC INSTRUCTI						
	Home-Day Care Program	School Nutrition Program	Community Nutrition Program	Summer Food Program	Special Milk Program	Review	Other Services	Logout
Home-Day	y Care> Home Provider Meal	Details: View Home Provider F	File(s)	÷.	÷.			

Home-Day Care> Home Provider Meal	Details> View Home Provider File(s)
	Sponsoring Organizations of Family Day Care Homes (FFY 2021) Home Provider File(s)
	Date Claim Month January Vear 2020 Vear Starch
	List of Successfully uploaded Files(s):
	Date Claim File Name File Last Uploaded Action File

Sp	onsoring Or	ganizations of Fami Home Provid		omes (FF	(2021)		
Date Claim Month January V Year 2020 V SEARCH							
י ה		ssfully uploaded Fil					
	Date Claim	File Name	File Last Uploaded	Action	File		
	01/01/2020	DPI_Edit_Check Jan 2020.xlsx	02/14/2020	Current			
_							

Entering the Claim

1. From the 'Claim Reimbursement' menu, click on 'Enter Claim'.

New and adjusted claims must be submitted within 60 days of claim month.

- **2.** Enter the claim data on the Participation Monthly Reimbursement Information screen.
 - **2a.** Using the drop down arrow select the '**Date Claim Month**' and '**Year**'.
 - **2b.** Enter Claim Status using the drop down arrow select '**New**' or '**Adjustment**' Reminder: Each adjusted claim must have an updated *Home Provider Meal Details Report* uploaded prior to entering the adjustment.
 - **2c.** Transfer numbers reported on the paper CACFP Reimbursement Claim – Sponsoring Organizations of Family Day Care Homes (PI-1452) form as required in Guidance Memorandum N.
 - Enter the Avg. Daily Attendance for each Tier level
 - Enter the Number of Homes for each Tier level
 - Enter the Number of Operating Days for each Tier level
 - Enter the Number of Breakfasts, AM Snacks, Lunches, PM Snacks, Supper, Evening Snacks for each Tier level
 - Enter your Admin Costs for the claim month
 - Enter your Admin Revenue for the claim month

Review the information that is shown for the unpaid claim, and if all is correct, enter the preparer's name and telephone number. Click on the '**Submit**' button at the bottom to submit the claim to DPI to be processed for payment.

PUBLIC INSTRUCTION										
	Home- Day Care	School Nutrition Programs	Community Nutrition Program	Summer Food Program	Special Milk Program	Other Services	Logout			
Home Home-Day Care Claim Reimbursement, Home Provider Meal Detail Enter Claim Delete Claim Browse Claim										

PUBLIC INSTRUCTION									
	Home- Day Care	School Nutrition Programs	Commu Nutritio Program	on Foo	nmer d gram	Special Milk Program	Other Services	Logout	
Home Claim Reimbursemen	Enter Cla	<mark>iim</mark>							
				re Homes (CCIH) simbursement In					
Date Claim Claim Status	Month	Ţ, un trespondo.	Year	_					
	Tier	I Tier	II Higher	Tier II Lower	Tier I	I Mixed			
Avg. Daily Attendance									
Number of Homes									
Number of Operating Days									
Number of Breakfasts									
Number of AM Snacks									
Number of Lunches									
Number of PM Snacks									
Number of Supper									
Number of Evening Snacks									
Admin Costs									
Admin Revenue									
			[CERTIF	ICATION]					
I HEREBY CERTIFY to the that records are available to ensure accuracy. I acknowl withholding of payments, so connection with the receipt and federal criminal statute	support thi edge that fa uspension, o of federal fu	is claim, and the ilure to submit a or termination of	at payment ha accurate claim f the program.	s not been receive s will result in rec I understand that	d. Meal cour overy of an (the information	its have bee over claim a ition on this	en reviewed and a and may result in t s claim is being giv	halyzed to he en in	
Prepare Name and Phone			Su	bmit					
- Home									

Entering a Claim (continued)

A confirmation screen will appear with all the submitted information. The statement will include the date the claim was successfully submitted. **DPI advises to PRINT THIS confirmation SCREEN along with a copy of this submitted claim showing the entered data and its dollar amount in reimbursement**; directions for printing a submitted claim are provided below. It is a best practice to keep copies of these two screens on file along with the completed paper claim (PI-1452) form and all of its CACFP supporting documentation.

Submission and Confirmation

A screen will appear to confirm receipt of the submitted claim. The statement will include the date the claim was successfully submitted. PRINT THIS SCREEN FOR YOUR RECORDS, AS WELL AS THE SCREEN SHOWING THE REIMBURSABLE \$ AMOUNT.

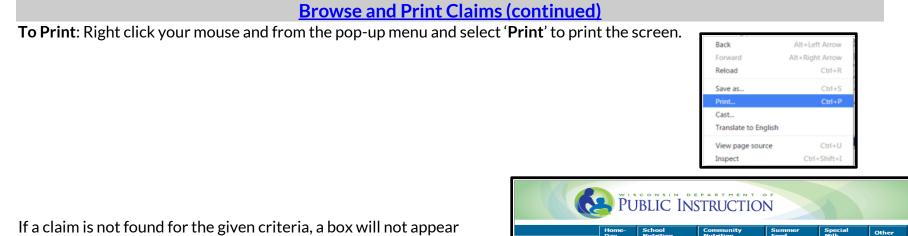
Browse and Print Claims

You can browse claim(s) after it has been submitted to DPI via the 'Browse Claim' tab.

- 1. From the 'Claim Reimbursement' menu, select 'Browse Claim'
- 2. Select 'Date Claim Month' from the drop down;
- 3. Select 'Year' for the drop down;
- 4. Click on 'Search'.

If the claim is found for the given criteria, the claim and the date the claim was submitted will appear. Click '**New (Paid)**' under the '**Claim Type**' link to view or print the detailed claim information.

PUBLIC INSTRUCTION										
	Home- Day Care	School Nutrition Programs	Community Nutrition Program	Summer Food Program	Special Milk Program	Other Services	Logout 🖙			
Home Claim Reimburgement Browse Claim										
Date Claim Month April Vear 2016 V SEARCH										
PUBLIC INSTRUCTION										
	Home- Day Care	School Nutrition Programs	Community Nutrition Program	Summer Food Program	Special Milk Program	Other Services	Logout			
Home Claim Reimburgement Browse Claim										
		e Claim Month April	Vear 2016	() or a	RCH					



If a claim is not found for the given criteria, a box will not appear under '**Claim Type**' and a message will appear that no claim is found.



ror:- You must correct the following error(s) before proceeding

Date Claim Month August

No Claim found for the given parameter

<u>The updated Home Provider Meals Detail Report must be uploaded before submitting each adjusted claim</u>, including a fourth adjusted claim submitted via the paper CACFP Reimbursement Claim – Sponsoring Organizations of Family Day Care Homes (PI-1452). The FDCH Sponsors may make up to three adjustments to an original claim for a given month during the 60-calendar day period; two adjusted claims can be submitted online. The fourth adjusted claim must be submitted via the CACFP Reimbursement Claim – Sponsoring Organizations of Family Day Care Homes (PI-1452) form.

- Adjusting an 'Unpaid' Claim Online: To adjust your unpaid claim online, select 'Browse Claim' tab and enter month and year. If claim type is 'Unpaid', select the claim and make any necessary changes and re-submit. If changes are made to the claim that are reflected in the Home Provider Meal Details Report, upload an adjusted report.
- Adjusting a 'New (Paid)' Claim Online: To adjust your paid claim online, follow the steps for uploading the <u>Home</u> <u>Provider Meal Details Report</u> and <u>Entering a Claim</u> instructions and select Claim Status as 'Adjustment'.

SEARCH

▼ Year 2016 ▼

Deleting a Claim

From the 'Claim Reimbursement' menu click on 'Delete Claim' when you want to delete a claim that has not been processed.

Contacts

If you do not know your password or wish to request a new one, or if you need assistance completing the claim online, contact:

Primary Contact: Jacque Darrow at 608-267-9134; <u>Jacqueline.darrow@dpi.wi.gov</u> Secondary Contact: Deborah Mann at 608-266-6856; <u>Deborah.mann@dpi.wi.gov</u>

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <u>https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</u>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

- 2. fax: (833) 256-1665 or (202) 690-7442; or
- 3. **email:**

program.intake@usda.gov

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