## Missouri Department of Health & Senior Services Summer Food Service Program Online Claiming Instructions

This instruction guide is intended to serve as a quick start guide and not a comprehensive explanation of the operation of CNPWeb. A copy of these instructions can be found on the SFSP website: <u>http://www.health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/index.php</u>.

# **Basic Claiming Procedures**

Go to <u>https://dhssweb04.dhss.mo.gov/cnp</u>

Login using the User ID and Password issued to you. If you do not have one, have forgotten the password, or have any claim questions, please contact our office at 888-435-1464.



## Missouri Department of Health & Senior Services

Community Food and Nutrition Assistance

Please Enter	
User ID:	]
Password:	]
Login	

### **Program Selection**

After a successful login, you will see four puzzle pieces. Select the blue Summer Food Service Program piece.

Note: If you participate in the Child and Adult Care Food Program, you will have access to both systems.



Click on a puzzle piece above for the Child Nutrition Program you wish to access!

Exit Web Site

### **Notification Page**

After selecting the appropriate puzzle piece, you will be directed to the notification page. Important SFSP information and resources will be posted on this page to include links to instructions, forms, program news, and updates. After carefully reading this page, click **Continue**.

After reading this message, click on the "Continue" button at the bottom of the page.

# Welcome to the Summer Food Service Program CNPWeb System

Continue

### **Program Year Selection**

Choose the current program year. For example, Sponsors will select Program Year 2022 for SFSP 2022 operation. The dates on the pictures are for reference only.

Program Year	Program Begin Date	Program End Date				
<u>2007</u>	October 1, 2006	September 30, 2007				
<u>2008</u>	October 1, 2007	October 1, 2007 September 30, 2008				
<u>2009</u>	October 1, 2008	October 1, 2008 September 30, 2009				
<u>2010</u>	October 1, 2009 September 30, 2010					
<u>2011</u>	October 1, 2010 September 30, 2011					
<u>2012</u>	October 1, 2011	September 30, 2012				
<u>2013</u>	October 1, 2012	September 30, 2013				
<u>2014</u>	October 1, 2013	September 30, 2014				
<u>2015</u>	October 1, 2014	September 30, 2015				
<u>2016</u>	October 1, 2015	September 30, 2016				
<u>2017</u>	October 1, 2016	September 30, 2017				
<u>2018</u>	October 1, 2017	September 30, 2018				
<u>2019</u>	October 1, 2018	September 30, 2019				
<u>2020</u>	October 1, 2019	September 30, 2020				

### **Sponsor Summary**

After selecting the year, you will see the Sponsor Summary page.

Click on the **Claims** tab to see the months available for claiming. You will be able to enter a claim beginning on the last operating day of the month for your program.

	Pack	et Applications Activity Claims		Paymen	its	Users
tem	Req	On-Line Forms Description		Count/Date	Si	tatus
1	*	Sponsor Information Sheet			Ap	proved
2	*	Sponsor Budget Form			Ар	proved
3	*	Site Information Sheet			Ap	proved
4		Forms Submitted to State for Approval		2/7/2020	Ар	proved
5		Forms Approved by the State		2/7/2020	Ap	proved
tem	Req	Off-Line Forms Description		Date Sent	Date Received	Date Complete
6	*	Documentation of 501(c)(3) Status		1/3/2020	1/3/2020	1/3/2020
7	*	Vendor Input/Direct Deposit Form		1/3/2020	1/3/2020	1/3/2020
8	*	Policy Statement		1/3/2020	1/3/2020	1/3/2020
9		Food Service Contract				
10	*	Nutritionist Pre-approval Visit		1/3/2020	1/3/2020	1/3/2020
11	*	Program Services Contract		1/3/2020	1/3/2020	1/3/2020
12	*	E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2- 3)		1/3/2020	1/3/2020	1/3/2020
13	*	Sponsor Training Attendance		1/3/2020	1/3/2020	1/3/2020
14	*	E-Verify Memorandum of Understanding	٢	1/3/2020	1/3/2020	1/3/2020
15	*	Business Management Assessment (BMA) (must be completed on the DHSS site)	٢	1/3/2020	1/3/2020	1/3/2020
lick	here t	to Update Dates on Off-Line Forms				

## **Sponsor Claim**

ponsor Sum	mary			A A A Test Spo	nsor (3416)
Packet	Applications	Activity	Claims	Payments	Users
Claim Month	Revisio	n Stat	us	Claim Amount	Action
January 2020	Claim should b	e entered betwee	n 1/31/2020 and 3	/31/2020	Add
	YTD Total			(	0.00

On the program's last operating day of the month, <u>Add</u> will show up in the Action column. Click <u>Add</u> to initiate the claim. You will then see a Sponsor Claim with no data.

Note: On this page, you may choose to check the box to combine claim months if the claim for the additional month is ten days or less.

To activate the claim, go straight to the bottom and click Save - **DO NOT** place a checkmark in the certification statement (19) at this time. If you do, you will get errors.

SFSP			Missouri Depa	artment of	Health & S	Senior Servic
Sponsor Claim						
A A A Test Sponsor (3416) 123 Test Street Test City, MO 11111						January 20 ng Submissi Original Cla
, Bottom of Form						o liginar ola
Claim Detail		(72)	(7)			
	(A) Month	(B) ADP	(C) Numberof	Sites	Opera	(D) ating Days
(1) Claim Month Selected	January	0	0		-	0
Bigible Meals Served to Children		(A)	(B)	(C)	(D)	(E)
Self-Prep or Rural-Vended Meals	Br	eakfast	AM Snack	Lunch	Supper	PM Snack
(4) First Meals		0	0	) 0		
(5) Second Meals		0	0	) 0	0	
(6) Total Meals						
Bigible Meals Served to Children		(A)	(B)	(C)	(D)	(E)
Irban - Vended M eals	Bre	akfast	AM Snack	Lunch	Supper	PM Snack
(7) First Meals		0	0	-	0	
(8) Second Meals		0	0	0	0	
19) I certify that all sites for which and that there has been no signific program applications, receipt of ad	ant change in	projected	administrative	-		
and that there has been no signific	ant change in vance paymer	projected and to r previou	administrative us claim.	costs sin	ce submiss	sion of
and that there has been no signific program applications, receipt of ad I certify that all enrolled sites had 5	ant change in vance paymer 50% ormore e vledge and be s claim, that t sponsible for ge and belief th cash receipts d. I am avvare subject me to	projected and or previous digible parti- lief, this cla his is in ac any excess nat the repu- are for the that any fa	administrative us claim. icipants for th aim is true and cordance with s amounts that ont is true, con purposes and alse, fictitious, civil or admini	costs sin e claim pe d correct i i the term it may res n plete, an objective or fraudu strative pe	ce submiss ariod repres n all respec s of existing sult from en d accurate s set forth i lent inform a enalties for i	sion of eented on thi cts, that g agreement oneous or , and the n the terms ation, or the fraud, false
and that there has been no signific program applications, receipt of ad I certify that all enrolled sites had 5 form. I certify that to the best of my know records are available to support this (s). I recognize that I will be fully re neglectful reporting herein. I certify to the best of my knowledg expenditures, disbursements and c and conditions of the Federal Awar omission of any material fact, may statements, false claims or otherwi	ant change in vance paymer 50% orm ore e vledge and be s claim, that t sponsible for pe and belief th cash receipts d. I am avvare subject me to ise. (U.S. Cod	projected and or previous digible parti- lief, this cla his is in ac any excess nat the repu- are for the that any fa	administrative us claim. icipants for th aim is true and cordance with s amounts that ort is true, con purposes and alse, fictitious civil or admini Section 1001	costs sin e claim pe d correct i i the term it may res n plete, an objective or fraudu strative pe	ce submiss ariod repres n all respec s of existing sult from en d accurate s set forth i lent inform a enalties for i	sion of eented on thi cts, that g agreement oneous or , and the n the terms ation, or the fraud, false
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program applications, receipt of ad         I certify that all enrolled sites had 5         form.         I certify that to the best of my know         records are available to support this         (s). I recognize that I will be fully re         neglectful reporting herein.         I certify to the best of my knowledge         expenditures, disbursements and co         and conditions of the Federal Awar         om ission of any material fact, may         statements, false claims or otherwi         and 3801-3812).	ant change in vance paymer i0% or more e vledge and be s claim, that t sponsible for ge and belief th cash receipts d. I am avare subject me to ise. (U.S. Cod DHSS In Reason for Exceptions as been reviev	projected a at or previou digible parti- lief, this cla his is in ac any excess hat the repu- that any fe o crim inal, le Title 18, ternal Use wed by the	administrative us claim. icipants for th aim is true an- cordance with s amounts tha out is true, cor purposes and alse, fictitious civil or admini Section 1001 Only State	costs sin e claim pe d correct i i the term tt may res n plete, an objectives or fraudu strative pe and Title	ce submiss ariod repres n all respec s of existing sult from err d accurate s set forth i lent inform a snalties for 31, Section	sion of eented on thi cts, that g agreement oneous or , and the n the terms ation, or the fraud, false
and that there has been no signific program applications, receipt of ad I certify that all enrolled sites had 5 form. I certify that to the best of my know records are available to support this (s). I recognize that I will be fully reneglectful reporting herein. I certify to the best of my knowledge expenditures, disbursements and c and conditions of the F ederal Awar omission of any material fact, may statements, false claims or otherward 3801-3812).	ant change in vance paymer i0% or more e vledge and be s claim, that t sponsible for ge and belief th cash receipts d. I am avare subject me to ise. (U.S. Cod DHSS In Reason for Exceptions as been reviev	projected a tr or previou digible parti- lief, this cla his is in ac any excess nat the repu that any fa o criminal, le Title 18, ternal Use	administrative us claim. icipants for th aim is true an- cordance with s amounts tha out is true, cor purposes and alse, fictitious civil or admini Section 1001 Only State	costs sin e claim pe d correct i i the term tt may res n plete, an objectives or fraudu strative pe and Title	ce submiss ariod repres n all respec s of existing sult from en d accurate s set forth i lent inform a enalties for i	sion of eented on thi cts, that g agreement oneous or , and the n the terms ation, or the fraud, false

After you hit save, the Sponsor Claim Summary page will appear.

SFSP Spansor Claim Summany		Missour	i Department	of Health & Se	anior Service
Sponsor Claim Summary					
A A A Test Sponsor 3416					anuary 202 g Submiss io
Submitted by on					Driginal Clair
J. Bottom of Form					
Reimbursable Meal Counts Meals Served To:	Breakfast	Lunch	Supper	AM Snack	PM Snac
Eligible Children (1st Meal - High)	0	O	O O	0	C C
Eligible Children (2nd Meal - High)	0	0	0	0	
2nd Meals Allowed (2% of 1st - High)	0	ů ů	ő	0	
Total Meals Served (High)	0	0	0	0	
Total Meals Allowed (High)	0	0	0	0	c
Meals Served To:	Breakfast	Lunch	Supper	AM Snack	PM Sna
Eligible Children (1st Meal - Low)	0	0	0	0	(
Eligible Children (2nd Meal - Low)	0	0	0	0	c
2nd Meals Allowed (2% of 1st - Low)	0	0	0	0	0
Total Meals Served (Low)	0	0	0	0	(
Total Meals Allowed (Low)	0	0	0	0	
Operations					
Operating Reimburs ement	Break fas t	Lunch	Supper	AM Snack	PM Sna
Meals Allowed	0	0	0	0	(
Operating Rates	2.1600	3.7800	3.7600	0.8700	0.8700
Reimburs ement Amount	0.00	0.00	0.00	0.00	0.0
Administration Adminis trative Reimbursement	Break fas t	Lunch	Supper	AM Snack	PM Sna
Meals Allowed (High)	0	0	0	0	(
Administrative Rates (High)	0.2450	0.3925	0.3925	0.1075	0.107
Reimburs ement Amount (High)	0.00	0.00	0.00	0.00	0.00
Total Administrative Reimbursement	for Meals (High	)			0.0
Adminis trative Reimbursement	Breakfast	Lunch	Supper	AM Snack	PM Sna
Meals Allowed (Low)	0	0	0	0	(
Administrative Rates (Low)	0.1700	0.3275	0.3275	0.0850	0.085
Reimburs ement Amount (Low)	0.00	0.00	0.00	0.00	0.0
Total Administrative Reimbursement	for Meals (Low)	)			0.0
Operating Reim bursement Summary					
Description Total Meals × Rates					Amoun 0.00
Less January Previous Revision Operatio	ons Amount Paid	1			0.0
Net Operating Earnings	a a striburit r did				0.0
	,				
Administrative Reimbursement Summary					Amoun
-					0.00
Description					
Description Total Meals x Rates	tration Amount F	2aid			0.00
Desoription Total Meals x Rates Less January Previous Revision Adminis	tration Amount F	2aid			
Administrative Reimbursement Summary Description Total Meals x Rates Less January Previous Revision Administ Net Administrative Earnings Net Earning for This Claim	tration Amount F	?aid			0.00

Click <u>here</u> and you will return to the main Sponsor Summary page. On this page you will be able to enter your site level claims.

ponsor Sum	mary				A A A Test S	Sponsor (3416)		
Packet	Applications	Activity		Claims	Payments	Users		
Claim Month		Revision		Status	Claim Amount	Action		
🕒 January 2020	Sponsor Claim	0	Pend	ing Submission	0.00	View Edit Delete		
	YTD Tot	YTD Total						

Your Sponsor Claim should now be in *Pending Submission* status

Click on the folder next to the claim month (it should have a + in it). This will open the site level claims.

ponsor S	ummary			A A A Test Sponsor (3416		
Packet	Applications	Activity	Claims	Payments	Users	
Claim Mont	h	Revision	Status	Claim Amount	Action	
🚖 January 2	2020 Sponsor Cl	aim 0	Pending Submission	0.00	View Edit Delete	
3416-1	test site			0.00	Add	
	Y	D Total		0.00		

Click on <u>Add</u> next to the first site listed. This will open your site level claim for data entry.

SFSP Site Claim			Missouri Depa	rtment of Health &	& Senior Services
test site (3416-1)				A A A Tes	t Sponsor (3416) January 2020 Complete
Submitted by Teresa Skaggs on 2/	10/2020				Original Claim
↓ Bottom of Form					
Claim Detail		(A)	(B)		(C)
		Mont	h ADA	Operat	ing Days
(1) Claim Month Selected		Janua	ry 118		20
Eligible Meals Served	(A)	(B)	(C)	(D)	(E)
	Breakfast	AM Snack	Lunch	Supper	PM Snack
Administrative Rate	(-NA-)	(-NA-)	(High)	(-NA-)	(-NA-)
(4) First Meals	0	0	2,364	0	0
(5) Second Meals	0	0	152	0	0
(6) Total Meals	0	0	2,516	0	0
(7) Total ADA	0	0	118	0	0
	Γ	HSS Internal Use	e Only		
			, only		
(12) Override Edit Check	ks (13) Reason Exception				$\bigcirc$
Created By: skaggt1 [	ate Created: 2/10/2	020 Modifie	d By: skaggt1	Date Modified	d: 2/10/2020
↑ Top of Form					
			,		
	Subm	it Calculate	Cancel		

Enter Operating Days and the number of eligible meals served. Click Submit. After the Site Claim is submitted correctly, you will see the following Post Confirmation message.



Click <u>here</u> and you should return to the Sponsor Summary page.

Repeat this process for each of the site claims until they are all in Complete status.

, Botto	m of Form						
Sponsor Summary A A A Test Sponsor (3416)							Sponsor (3416)
F	Packet	Applications	Activity		Claims	Payments	Users
С	laim Month		Revision		Status	Claim Amount	Action
Ó	January 2020	Sponsor Claim	0	Per	nding Submission	0.00	View Edit Delete
	3416-1	test site	0	(	Complete	10,011.68	View Edit Delete
		YTD Tot	al			0.00	
Тор о	f Form						

#### Errors

Post Confirmation
The Site Claim was posted to the database with a status of Errors Detected.
The form entered failed to pass the edit process because of either incomplete or incorrect information. These errors must be corrected before the form can be approved by DHSS. Please return to the entry form to review the errors and make the necessary corrections.
Click here to go to the Site Claim Listing or select another option from the menu above.

If you encounter an Error, click here to go to Sponsor Summary

oonsor Si	ummary	A A A Test S	ponsor (3416)		
Packet	Applications	Activity	Claims	Payments	Users
Claim Month	1	Revision	Status	Claim Amount	Action
🔄 January 2	020 Sponsor Claim	0	Pending Submission	0.00	View Edit Delete
3416-1	test site	0	Errors	0.00	View Edit Delete
	YTD T	otal		0.00	

Click <u>Edit</u> next to the site Claim with the Error, review the explanation of the error, and correct the error.

<u>*WARNING!*</u> You must click <u>*Edit*</u> to make changes to the claim. Clicking <u>*View*</u> will allow you to enter the changes, but not submit them.

SFSP					Missouri Depart	ment of Health 8	Senior Services
Site Clai	im				moooun bopur		
testsite	(3416-1	)				A A A Test	Sponsor (3416) January 2020 Errors
J. Bottom (	of Form						Original Claim
<b>V</b>							
				ation Erro		Dia ana ani	the fellowing
messages be correct incomplet	s for detail ted before te but the f	did not pass all of the ed information conce this form can be pro- orm can be processe r below to jump direct	rning the erre cessed. A se ed as is. You	oranditss everity of "2 Jcan scroli	severity. Messag 2" indicates som Idown to see wi	ges with a severi ne information ma	ty of "1" must ay be missing or
Go to Sect	ion: <u>1</u>						
			Section 1 -	Validation	1 Frrors		
Field No.	Severity		00000		scription		
1C	1	Operating Days clai application for the c			e maximum nun	nber of days on t	he approved site
Go to Sect	ion: 1	application for the c		Mux - 20			
Claim Deta	ail			(A)	(B)	(	C)
(1) Claim	Month Co	lastad		Month		Operati	ing Days 25
(1) Clain	n Month Se	aected		January	/ 95		20
Eligible Me	als Served	I (A) Breakfas	· · · ·	B) Snack	(C) Lunch	(D) Supper	(⊟) PM Snack
Administra	ative Rate	(-NA-)		IA-)	(High)	(-NA-)	(-NA-)
(4) First	Meals		0	0	2,364	0	0
(5) Seco	nd Meals		0	0	152	0	0
(6) Total			0	0	2,516	0	0
(7) Total	A DA		0	0	95	0	0
			DHSS Int	ternal Use	Only		
(12) 🗌 (	Override E	dit Chooke (13)	son for eptions				$\sim$
Oreated By:	skannt1	Date Greated: 2	/10/2020	Modified	By: skaggt1	Date Modified	2/10/2020
Top of Fo		Jule Greated, 2	or according	10000 HEL	-1. 2 wa93ri	USIC MUCHIEU	
		S	ubmit Ca	alculate	Cancel		

Correct the errors and once corrected, submit it and you should see the Post Confirmation message stating the claim is in Complete status.

po	nsor <mark>S</mark> urr	mary			A A A Test	Sponsor (3416)
F	Packet	Applications	Activity	Claims	Payments	Users
С	laim Month		Revision	Status	Claim Amount	Action
1	January 2020	Sponsor Claim	0	Pending Submission	0.00	View Edit Delete
	3416-1	test site	0	Complete	10,011.68	View Edit Delete
		YTD Tota	al		0.00	

After all Site Claims are in Complete status, you must submit your Sponsor Claim. Next to the Sponsor Claim, Click Edit.

**NOTE:** When your Sponsor Claim is in *Pending Submission* status you are <u>NOT</u> finished. Your Sponsor Claim is not properly submitted until it is in *Pending Approval* status.

The sponsor claim will automatically calculate based on the data entered into the individual site claims.

SFSP			Missouri Dep	artment of	Health & S	Senior Servic
Sponsor Claim						
A A Test Sponsor (3416) 23 Test Street Test City, MO 11111					Pendi	January 20 ing Submissi Original Clai
, Bottom of Form						Oliginal cia
Jaim Detail	(A)	(B)	(C)			(D)
(1) Claim Month Selected	M onth January	ADP 118	Num ber o 1	fSites	Oper	ating Days 20
	,					
ligible Meals Served to Children		(A)	(B)	(C)	(D)	(E)
elf-Prep or Rural-Vended M eals	Bi	eakfast	AM Snack	Lunch	Supper	PM Snack
(4) First Meals		0		0 2,364 0 152	0	
(5) Second Meals		0			0	
(6) Total Meals		0		0 2,516	0	
igible Meals Served to Children	5	(A)	(B)	(C)	(D)	(E)
rban - Vended Meals 7) First Meals	Bre	eakfast 0	AM Snack	Lunch	Supper 0	PM Snack
8) Second Meals		ő		, u	ő	
9) Total Meals		0	(	0 0	0	
19) I certify that all sites for which and that there has been no signific program applications, receipt of ad I certify that all enrolled sites had s form.	cant change in Ivance payme	projected nt or previo	administrative ous claim.	e costs sin	ce submis	sion of
and that there has been no signific program applications, receipt of ad I certify that all enrolled sites had s	cant change in tvance payment 50% ormore of vvledge and be is claim, that t esponsible for ge and belieft cash receipts rd. I am avvare v subject me to	projected at or previo aligible par aliet this of this is in at any excess hat the rep are for the that any to o criminal,	administrative ous claim. ticipants for th laim is true ar ccordance wit as amounts th opt is true, co purposes and false, fictitious civil or admin	e costs sin ne claim pe nd correct i h the term at may res m plete, ar d objective , or fraudu istrative pe	ce submis eriod repres n all respe s of existin sult from en d accurate s set forth i lent inform enalties for	sion of sented on thi cts, that g agreement roneous or e, and the in the terms ation, or the fraud, false
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and that there has been no signific program applications, receipt of ad l certify that all enrolled sites had 5 form. I certify that to the best of my know records are available to support thi (s). I recognize that I will be fully re neglectful reporting herein. I certify to the best of my knowledge expenditures, disbursements and and conditions of the Federal Awai om ission of any material fact, may statements, false claims or otherw and 3801-3812).	cant change in tvance payment 50% or more of weldge and be is claim, that t esponsible for ge and belief t cash receipts rd. I am avare y subject me to subject me to subject me to subject me to DHSS In Reason for	projected at or previo aligible par dist this of this is in a any exces hat the rep are for the that any to criminal, de Title 18,	administrative ous claim. ticipants for th laim is true ar ccordance wit ss amounts th port is true, co purposes and false, fictitious civil or admin , Section 100	e costs sin ne claim pe nd correct i h the term at may res m plete, ar d objective , or fraudu istrative pe	ce submis eriod repres n all respe s of existin sult from en d accurate s set forth i lent inform enalties for	sion of sented on thi cts, that g agreement roneous or e, and the in the terms ation, or the fraud, false
and that there has been no signific program applications, receipt of ad l certify that all enrolled sites had a form. I certify that to the best of my know records are available to support thi (s). I recognize that I will be fully re neglectful reporting herein. I certify to the best of my knowledge expenditures, disbursements and and conditions of the Federal Awal omission of any material fact, may statements, false claims or otherw	cant change in tvance payment 50% or more of weldge and be is claim, that t esponsible for ge and belief t cash receipts rd. I am avare y subject me to subject me to subject me to subject me to DHSS In Reason for	projected at or previo aligible par dist this of this is in a any exces hat the rep are for the that any to criminal, de Title 18,	administrative ous claim. ticipants for th laim is true ar ccordance wit ss amounts th port is true, co purposes and false, fictitious civil or admin , Section 100	e costs sin ne claim pe nd correct i h the term at may res m plete, ar d objective , or fraudu istrative pe	ce submis eriod repres n all respe s of existin sult from en d accurate s set forth i lent inform enalties for	sion of sented on thi cts, that g agreement roneous or e, and the in the terms ation, or the fraud, false
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and that there has been no signific program applications, receipt of ad l certify that all enrolled sites had a form. I certify that to the best of my know records are available to support thi (s). I recognize that I will be fully re neglectful reporting herein. I certify to the best of my knowledge expenditures, disbursements and a and conditions of the Federal Awar omission of any material fact, may statements, false claims or otherw and 3801-3812). (20) Override E dit Checks (21)	cant change in tvance payment 50% or more of weldge and be is claim, that t esponsible for ge and belief t cash receipts rd. I am avare y subject me to vise. (U.S. Coo DHSS In Reason for Exceptions as been review	projected at or previo aligible par diet this of this is in an any excess hat the rep are for the that any for that any for that any for o criminal, de Title 18, ternal Use	administrative ous claim. ticipants for th laim is true ar ccordance wit as amounts th port is true, co purposes and false, fictitious civil or admin , Section 100 Only	e costs sin ne claim pe id correct i h the term at may res m plete, ar d objective , or fraudu istrative pe 1 and Title	ce submis eriod repres n all respe s of existin sult from en d accurate s set forth i lent inform enalties for	sion of sented on thi of agreement roneous or e, and the in the terms ation, or the fraud, false ns 3729-3730
and that there has been no signific program applications, receipt of ad l certify that all enrolled sites had 5 form. I certify that to the best of my know records are available to support thi (s). I recognize that I will be fully re neglectful reporting herein. I certify to the best of my knowledge and conditions of the F ederal Awai omission of any material fact, may statements, false claims or otherwand 3801-3812). (20) Override E dit Checks (21) (22) Check here when the Claim h	cant change in tvance payment 50% or more of weldge and be is claim, that t esponsible for ge and belief t cash receipts rd. I am avare y subject me to vise. (U.S. Coo DHSS In Reason for Exceptions as been review	projected at or previo aligible par diet this of this is in an any excess hat the rep are for the that any for that any for that any for o criminal, de Title 18, ternal Use	administrative ous claim. ticipants for th laim is true ar ccordance wit as amounts th port is true, co purposes and false, fictitious civil or admin , Section 100°	e costs sin ne claim pe id correct i h the term at may res m plete, ar d objective , or fraudu istrative pe 1 and Title	ce submis eriod repres n all respe s of existin sult from en id accurate s set forth lent inform analties for 31, Section	sion of sented on thi of agreement roneous or e, and the in the terms ation, or the fraud, false ns 3729-373

To submit the claim you must certify that all information is correct to the best of your knowledge. You MUST click on the certification statement (19) to certify. Then click Save.

**NOTE:** If you do not put a checkmark in the certification statement box your claim will remain in *Pending Submission* and will not be reviewed and approved for payment.

After you hit Save, you will have a chance to review the claim summary.

SFSP Sponsor Claim Summary		Mis s ouri	Department	of Health & Se	nior Services
AAATestSponsor 3416				Pen	anuary 2020 ding Approval
Submitted by Teresa Skaggs on 2/10/2020				c	Driginal Claim
Reimbursable Meal Counts			-		
Meals Served To:	Break fas t 0	Lunch 2.384	Supper 0	AM Snack 0	PM Snad
Eligible Children (1st Meal - High)	0	2,304	0	0	0
Eligible Children (2nd Meal - High) 2nd Meals Allowed (2% of 1st - High)	0	152	0	0	0
Total Meals Served (High)	0	2,516	0	0	0
Total Meals Allowed (High)	0	2,516	0	0	0
Meels Served To:	Breakfast	Lunch	Supper	AM Snack	PM Snad
Eligible Children (1st Meal - Low)	0	0	0	0	0
Eligible Children (2nd Meal - Low)	0	0	0	0	0
2nd Meals Allowed (2% of 1st - Low)	0	0	0	0	0
Total Meals Served (Low)	0	0	0	0	0
Fotal Meals Allowed (Low)	0	0	0	0	0
Operations					
Operating Reimburs ement	Break fas t	Lunch	Supper	AM Snack	PMSnac
Meals Allowed	0	2,411	0	0	0
Operating Rates	2.1600	3.7800	3.7600	0.8700	0.8700
Reimburs ement Amount	0.00	9,065.36	0.00	0.00	0.00
Total Operating Reimbursement for N					9,065.36
Adminis trative Reimburs ement	Breakfast	Lunch	Supper	AM Snack	PM Snad
Meals Allowed (High)	0	2,411	0	0	0
Administrative Rates (High)	0.2450	0.3925	0.3925	0.1075	0.1075
Reimburs ement Amount (High) Fotal Administrative Reimbursement	0.00 for Meals (High	946.32	0.00	0.00	0.00 946.32
Adminis trative Reimbursement	Break fas t	Lunch	Supper	AM Snack	PM Snac
Meals Allowed (Low)	O	O	Supper 0	AM Shack	- M 3190
Administrative Rates (Low)	0.1700	0.3275	0.3275	0.0850	0.0850
Reimburs ement Amount (Low)	0.00	0.00	0.00	0.00	0.00
Total Administrative Reimbursement			0.00	0.00	0.00
Operating Reimbursement Summary					
Description					Amount
					9,065.38
					~ ~ ~~
Less January Previous Revision Operatio	ons Amount Paic	i			
Less January Previous Revision Operatio Net Operating Earnings		1			
Less January Previous Revision Operatio Net Operating Earnings Administrative Reimbursement Summary		1			9,065.36
Less January Previous Revision Operatio Net Operating Earnings Administrative Reimbursement Summary Description		1			9,065.36 Amount
Less January Previous Revision Operatio Net Operating Earnings Administrative Reimbursement Summary Description Total Meals x Rates					9,065.36 Amount 948.32
Total Meals x Rates Less January Previous Revision Operatio Net Operating Earnings Administrative Reimbursement Summary Description Total Meals x Rates Less January Previous Revision Adminis Net Administrative Earnings					0.00 9,065.36 Amount 948.32 0.00 946.32

Click <u>here</u> to return to the Sponsor Summary page.

ons	or Sum	nary			A A A Test	Sponsor (3416)
Pac	ket 📝 /	Applications	Activity	Claims	Payments	s Users
Clair	n Month		Revision	Status	Claim Amount	Action
🚖 Ja	nuary 2020	Sponsor Claim	0 (	Pending Approval	10,011.68	View Edit Delete
34	416-1	test site	0	Complete	10,011.68	View Edit Delete
		YTD Total			10,011.68	

When the Sponsor Claim has been successfully submitted, it will be in *Pending Approval* status. Once in Pending Approval status, you will not be able to revise the claim. You must contact the SFSP central staff for assistance.

#### **Claim Approval**

00	nsor Sum	mary					A A A Tes	st Spo	onsor (3416)
F	Packet	Applications	Ac	tivity	Claims		Payme	nts	Users
(	Claim Month			Revision	Status	Clair	n Amount		Action
Ô	January 2020	Sponsor Claim		0 🤇	Approved	>	10,011.68	<u>View</u>	Edit Delete
	3416-1	test site		0	Complete		10,011.68	<u>View</u>	
		YTD Total					10,011.68		

After the claim has been reviewed and approved, the status will indicate Approved.

#### **General Claiming Notes**

To *save your claim progress without actually submitting it to the state*, simply click on Save at the bottom of the online claim form.

When you have completed the entry of the claim and are ready to submit to the state, read the certification clause (field 19). If you agree with the statement, click the box to place a  $\sqrt{}$  in it. Then click the Submit button. If there are not errors, it will be submitted to the state. If you do have errors see the **Errors** portion of this instruction packet.

A claim **has not** been properly submitted to the state for approval until the claim has achieved the *Pending Approval* status.

#### **Claim Detail**

Operating Days - the system will refer back to Site Information Sheet for accuracy. If the number entered on the claim is greater than what is on the Site Information Sheet, you will get an error.

#### **Eligible Meals Served to Children**

Meals that are totaled in your site claims and placed in fields 4, 5, 7 and 8 on the site claim sheet will be automatically verified against the Site Information Sheet to make sure each site is approved for that particular meal. The system will not let you claim more than CAP x Operating Days for approved meals.

The claim must also be consistent with the Site Information Sheet regarding Urban/Rural and Self-Prep/Vended categories. Discrepancies with information entered in the Site Information Sheet will result in an error.

Contact the SFSP central office regarding any questions on errors received.

#### **Payment Status**

Now the payment has been Paid.

ponsor Sum	mary				A A	A Test S	pons	or (3416)
Packet	Applications	Activity		Claims		Payments		Users
Claim Month		Rei	ision/	Status	Claim	n Amount		Action
主 January 2020	Sponsor Claim		0	Paid	$\sum$	10,011.68	View	<u>Revise</u>
	YTD Total					10,011.68		

In the Sponsor Summary, view the payment status by selecting the Payments tab.

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(

Under the Payment tab of the Sponsor Summary, the batch in which the claim was processed is detailed. This date indicates when the SFSP processed the payment. Typically, the payment will be processed and paid within three weeks of submission. However, the SFSP has 45 days to process a claim.

Clicking on the box with the '+' symbol in the Batch Number column will display the details of the claim. For example, if a sponsor submits a claim for two months and a revision for a third month, all of those transactions will be itemized and displayed under this Batch Number. Please note, after clicking the '+' it will change to a '-' and display the revisions as well as the original payment.

#### **Claim Revisions**

On occasion, a sponsor may find it necessary to revise a claim. The web-based system will not allow you to revise a claim until it has been paid. You will only be given the *Revise* option after the original claim has been placed in *Paid* status.

NOTE: If a revision is needed before the claim is paid, contact SFSP central office to assist with the revision.

ponsor Su	mmary				A A A Test Sponsor (3416)		
Packet	Applications	Activity		Claims	Payments	Users	
Claim Mont	th		Revision	Status	Claim Amount	Action	
🔄 January 20	20 Sponsor	Claim	0	Paid	10,011.68	View Revise	
3416-1	test site		0	Paid	10,011.68	View	
	YTD 1	Total			10,011.68		

To revise a claim, click on <u>*Revise*</u> (Continued on next page.) Clicking *Revise* will open the claim.

SFSP			Missouri De	partment of	Health & S	Senior Services
Sponsor Claim						
A A A Test Sponsor (3416) 123 Test Street Test City, MO 11111					Pendi	January 2020 ng Submission Revision 1
↓ Bottom of Form						
Claim Detail	(A)	(B)	(C)			(D)
(1) Claim Month Selected	Month January	ADP 118	Number of 1	of Sites	Opera	ating Days 20
Eligible Meals Served to Children		(A)	(B)	(C)	(D)	(E)
Self-Prep or Rural-Vended Meals	Bre	eakfast	AM Snack	Lunch	Supper	PM Snack
(4) First Meals		0		0 2,364		0
(5) Second Meals (6) Total Meals		-			_	0
		0	(12)	0 2,516		0
Eligible Meals Served to Children Urban - Vended Meals	Bre	(A) eakfast	(B) AM Snack	(C) Lunch	(D) Supper	(E) PM Snack
(7) First Meals	Die	0		0 0	0 Oupper	0
(8) Second Meals		0		0 0	0	0
(9) Total Meals		0		0 0	0	0
<ul> <li>(19) I certify that all sites for which all and that there has been no significar program applications, receipt of adval I certify that all enrolled sites had 50 form.</li> <li>I certify that to the best of my knowled records are available to support this (s). I recognize that I will be fully respondent to the best of my knowledge expenditures, disbursements and car and conditions of the Federal Award, omission of any material fact, may s statements, false claims or otherwise and 3801-3812).</li> </ul>	t change in ince paymer % or more e edge and be claim, that t ponsible for and belief th sh receipts a l am aware ubject me to	projected at or previous ligible par lief, this cl his is in a any exces nat the rep are for the that any for criminal,	administrativ ous claim. ticipants for t laim is true a ccordance wi as amounts th port is true, co purposes an alse, fictitiou civil or admin	e costs sin he claim pe nd correct i th the term hat may res omplete, ar d objective s, or fraudu histrative pe	eriod repres in all respe s of existin sult from en d accurate s set forth ilent inform enalties for	sion of sented on this cts, that g agreement roneous or e, and the in the terms ation, or the fraud, false
Created By: skaggt1 Date Created: 2	2/10/2020	Modifie	d By: skaggt1	Da	ate Modified: 2	2/10/2020
↑Top of Form	Save	Cance	el			

Immediately click on Save (Do NOT Check box (19))

The following page will be the Sponsor Claim Summary. As with the original claim, go to the bottom and click <u>here</u>.

After you click <u>here</u>, you will return to the main Sponsor Summary page.

On this page you will be able to select which site claim to revise, and you will be able to enter your site level claim revisions.

After you select a site claim, you will see what you previously entered.

SFSP			Missouri Depar	tment of Health &	& Senior Services
Site Claim					
test site (3416-1)					t Sponsor (3416) January 2020 nding Submission Revision 1
$\downarrow$ Bottom of Form					
Claim Detail		(A)	(B)		(C)
		Month	n ADA	Operat	ing Days
(1) Claim Month Selected		Januar	y 118		20
Eligible Meals Served	(A)	(B)	(C)	(D)	(E)
	Breakfast	AM Snack	Lunch	Supper	PM Snack
Administrative Rate	(-NA-)	(-NA-)	(High)	(-NA-)	(-NA-)
(4) First Meals	0	0	2,364	0	0
(5) Second Meals	0	0	152	0	0
(6) Total Meals	0	0	2,516	0	0
(7) Total ADA	0	0	118	0	0
		HSS Internal Use	Only		
			Only		
(12) Override Edit Check	ks <sup>(13)</sup> Reason Exception				< >
Created By: skaggt1 [	Date Created: 2/10/2	020 Modified	By: skaggt1	Date Modified	1: 2/10/2020
↑ Top of Form		and mouniou	oj, okugger	Dato modified	a. Le I STLULU
	Subm	it Calculate	Cancel		

If on the original claim, the sponsor entered 2364 meals and it should have been 2360, enter 2360 on the revised claim (see original claim on previous page). You must also update the Total Meals portion of the claim.

SFSP			Missouri Depart	ment of Health &	& Senior Services
Site Claim					
test site (3416-1)					t Sponsor (3416 January 2020 Iding Submission Revision
↓ Bottom of Form					Ronolon
Claim Detail		(A)	(B)		(C)
		Mont	h ADA	Operati	ing Days
(1) Claim Month Selected		Janua	ry 118		20
Eligible Meals Served	(A)	(B)	(C)	(D)	(E)
	Breakfast	AM Snack	Lunch	Supper	PM Snack
Administrative Rate	(-NA-)	(-NA-)	(High)	(-NA-)	(-NA-)
(4) First Meals	0	0	2360	0	0
(5) Second Meals	0	0	152	0	0
(6) Total Meals	0	0	2512	0	0
(7) Total ADA	0	0	118	0	0
	D	HSS Internal Use	Only		
			omy		
(12) Override Edit Check	(13) Reason Exception				$\sim$
Created By: skaggt1 D	ate Created: 2/10/2	020 Modified	l By: skaggt1	Date Modified	1: 2/10/2020
↑ Top of Form					
	Submi	it Calculate	Cancel		

Click Submit

роі	nsor Sumi	mary	A A A Test Sponsor (3416)			
Packet A		Applications	Activity	Claims	Payments	Users
С	laim Month		Revision	Status	Claim Amount	Action
- 🔿	January 2020	Sponsor Claim	1	Pending Submission	10,011.68	View Edit Delete
	3416-1	test site	1	Complete	-16.61	View Edit Delete
YTD Total					10,011.68	

After all Site Claims are in Complete status, you must submit your Sponsor Claim. Next to the Sponsor Claim, Click Edit.

NOTE: When your Sponsor Claim is in *Pending Submission* status you are <u>NOT</u> finished. Your Sponsor Claim is not properly submitted until it is in *Pending Approval* status.

Date Modified: 2/10/2020

SFSP			Missouri Dep	artment of	fHealth & S	Senior Servi	ces
Sponsor Claim							
A A A Test Sponsor (3416) 123 Test Street Test City, MO 11111					Pendi	January 2 ng Submise Revisio	sion
↓ Bottom of Form							
Claim Detail	(A)	(B)	(C)			(D)	
	M onth	ADP	Num ber o	fSites	Opera	ating Days	
(1) Claim Month Selected	January	118	1			20	
Bigible Meals Served to Children		(A)	(B)	(C)	(D)	(E)	
Self-Prep or Rural-Vended M eals	B	reakfast	AM Snack	Lunch	Supper	PM Snac	:k
(4) First Meals		0		0 2,360	0		0
(5) Second Meals		0		0 152	0		0
(6) Total Meals		0		0 <mark>2,512</mark>	0		0
Bigible Meals Served to Children		(A)	(B)	(G)	(D)	(E)	
Urban - Vended Meals	Br	eakfast	AM Snack	Lunch	Supper	PM Snac	k.
(7) First Meals		0	(	0 0	0		0
(8) Second Meals		0	(	0 0	0		0
(9) Total Meals		0	(	0 0	0		0
and that there has been no significa program applications, receipt of adv I certify that all enrolled sites had 50 form. I certify that to the best of my knowl records are available to support this (s). I recognize that I will be fully res neglectful reporting herein. I certify to the best of my knowledge expenditures, disbursements and ca and conditions of the Federal Award omission of any material fact, may s statements, false claims or otherwis and 3801-3812).	ance payme edge and be claim, that ponsible for and belieft ash receipts . I am avare subject me t	nt or previous eligible par elief, this cl this is in a any exces hat the rep are for the a that any ' o crim inal,	bus claim. ticipants for the laim is true and coordance with so amounts the port is true, co purposes and false, fictitious civil or admin	e claim pe d correct i h the term at may res m plete, ar d objective , or fraudu istrative pe	eriod repres n all respe- s of existin sult from en nd accurate s set forth i lent inform.	sented on the g agreement roneous or e, and the stion, or the fraud, false	nt 3
(20) Override Edit Checke (21)	DHSS In Reason for Exceptions	iternal Use	Only				~
(22) Check here when the Claim has		wed by the	state				~

To submit the claim revision, you must certify that all information is correct to the best of your knowledge. You MUST click on the certification statement (19) to certify. Then click Save.

Save Cancel

Modified By: skaggt1

Date Created: 2/10/2020

Created By: skaggt1

↑ Top of Form

NOTE: If you do not put a checkmark in the certification statement box your claim will remain in *Pending Submission* and will not be reviewed and approved for payment.

Sponsor Sum	mary	A A A Test Sponsor (3416)				
Packet	Applications	Activity	Claims	Payment	Users	
Claim Month		Revision	Status	Claim Amount	Action	
🗄 🚖 January 2020	Sponsor Claim (	1	Pending Approval	9,995.07	View Edit Delete	
3416-1	test site	1	Complete	-16.61	View Edit Delete	
	YTD Total	9,995.07				

After revising the claim, the revision number is indicated under the Revision Column. View the various claims and revised claims by clicking on the '+' next to the Claim Month. After clicking the '+' it will change to a '-' and display the revisions as well as the original claim.

## Tips for Navigating the Web-Based System

- 1. Do not use your Internet Explorer's Back button. Use the menu (in the blue section) on the top left of the screen, or use the "breadcrumb trail," (under the blue bar) to navigate from screen to screen.
- 2. Each time you submit the info sheet or claim, no matter if it has errors, it is saved on the server and will be there if you need to leave or logoff and come back.
- 3. Use the Tab key to navigate from field to field or use your mouse to point and click into the field you want to complete. Try not to use your Enter key. If you do, the info sheet or claim will submit (in an error status).
- 4. If you are in View mode, changes won't be saved. If you want to make changes, make sure you are in Edit or Revise mode.
- 5. Claim revisions are filed after the original (or previous revision) is in *Paid* status.

## User Notes

- 1. Click the Users tab to view individuals who have access to submit application and claim information for your organization.
- 2. Inform the Bureau of Community Food and Nutrition Assistance <u>immediately</u> if an individual with access to the SFSP web-based system is leaving your organization so that access may be revoked.
- 3. Submit a Network User Access Request form to request online access for new employees.
- 4. User IDs and passwords are assigned to individuals only, and may not be shared.