

Missouri Department of Health and Senior Services Child and Adult Care Food Program Claim for Reimbursement

Beginning with the October 2005 claim, all claims for reimbursement must be filed via the Internet at <http://dhssweb04.dhss.mo.gov/cnp>
Each user of the CACFP web based system must have his or her own personal user ID and password. **User ID's and passwords cannot be shared.**

If you or your staff need user IDs and passwords, you must submit network user access forms. This form is available at <http://www.dhss.mo.gov/cacfp/> Click on Applications and Forms in the sidebar and scroll down to CACFP Web Access Application Form. It is recommended that more than one key person from your center have access.

 *Important Note – In this web-based system, each independent center is considered a **Sponsor** of one center!*

Please read all instructions before entering your first claim.

Basic Claiming Steps

Make sure you follow all steps of the instructions. You must complete 2 separate online forms each month. If the sponsor claim is not in “pending approval” status, you have not submitted your claim!

1. Enter the web address: <http://dhssweb04.dhss.mo.gov/cnp>
2. Enter your personal user ID and password, and click Login.
3. Click on the orange puzzle piece that says Child and Adult Care Food Program.
4. Read the notice page and click Continue.
5. Choose the correct program year (2008).
6. Click on the Claims tab.
7. Click the word Add to the right of the appropriate month.
8. This is your Sponsor level claim. To activate the claim, scroll down to the bottom and click Submit. **Do NOT checkmark the certification statement at this time.**
9. You now see the Sponsor Claim Summary with zeros.
10. Scroll down to the bottom of the page and click the word here in the lower left corner to return to the Sponsor Summary Sheet.
11. Click the yellow folder with a plus sign (to the left of the month you are claiming). The folder opens and the name of your center appears below the words Sponsor Claim.
12. Click Add by the name of the center.

13. Enter the claim information, and click Submit. (**See instructions for center claim at end of this section**)
14. Click [here](#) in lower left corner of the Post Confirmation Sheet.
15. *If* there were errors detected, click Edit by the center's name to make corrections.
 - On the claim, the errors will be highlighted in red.
 - Correct all errors.
 - Submit the claim again. (Repeat if needed, until the Post Confirmation shows the center's claim as *Complete*.) **Even though the page says the center claim is complete, you are not finished yet!**
16. When you are finished entering the center claim and it is in Complete status, click [here](#) to return to the Sponsor Summary page. (*Remember, even though the page says the center claim is complete, you are not finished yet!*)
17. This page will show the center claim is Complete, but the sponsor claim is Pending Submission. Click Edit by the Sponsor Claim for that month.
18. Scroll down to field (34). Read and checkmark the certification statement at the bottom of the sponsor-level claim, and submit the sponsor level claim. (NOTE: Do not enter a dollar figure into the FDCH Administration Costs field.)
19. Make sure the sponsor-level claim is in *Pending Approval* status.
20. Return often to the Sponsor Summary-Claims page to see when the claim has been *Approved* and *Paid*.

Instructions for Center Claim:

Fields (1-3) Enter the number of participants enrolled in the center during this claim period by income group (Free, Reduced, Paid).

Field (4) Add Free, Reduced and Paid enrollment numbers and enter total enrollment.

Field (5) Enter the number of days you served meals to participants this month.

Field (6) Figure total attendance by adding daily center attendance for all operating days.

Field (7) Do not enter anything into field (7). This information fills in automatically from the application.

Fields (8-10) Enter the total number of meals by income category (free, reduced, paid) and meal type actually served to participants in this center.

Field (11) Enter the sum of each meal type.

Field (12) Don't enter anything here. This field will calculate information automatically.

Fields (13 OR 14) Complete only if this center is for profit. Enter the number of eligible Title XX or Title XIX participants **OR** the number of free plus reduced eligible participants in this center.

Field (15) For-profit centers check appropriate certification statement.

Click Submit. **NOTE: Return to Step 12 to finish submitting your claim.**

Tips for Getting Around the Web-Based System

1. Do not use your Internet Explorer's Back button. Use the menu (in the orange section) on the top left of the screen, or use the "breadcrumb trail," (under the orange bar) to navigate from screen to screen.
2. Each time you submit the 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 cursor to click into the field you want to fill out. Try not to use your Enter key. If you do, the 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. Claims will be submitted at the site level, or center level, before submitting a sponsor level, or "umbrella," claim form.
6. Revisions are filed after the original (or previous revision) is in *Paid* status.

Payment Notes

1. Click the Payments tab to view upcoming and past payments for CACFP claims.
2. If a claim has been approved, but not yet processed for payment, the payment information will show in the Open Balance Transactions section. All other payments are shown in the next section.
3. Click the + (plus sign) by a batch number to see details for that payment.
4. When checking the payments, the processed date shown is approximately 3-4 business days prior to the actual electronic funds deposit date. (It is the date the batch was processed and information was sent to the State of Missouri payment system.)
5. Deductions—if any—made from claim reimbursements due to downward revisions are reflected in information under the Payments tab only, not in the estimates shown in the Claims tab.

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 state office immediately if an individual with access 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.

Filing a Claim for Reimbursement



- ✓ A center has 60 calendar days from the end of a claim month to file a claim for reimbursement. If a claim is filed online more than 60 days past due, the center may not be paid for that month.
- ✓ Submit the completed claim online after you have reviewed your entries and are satisfied that the claim is completed accurately. The system has built in edit checks that should decrease the chance of the claim being submitted with errors.
- ✓ You cannot submit a claim before the first day of the next month. (For example, an October claim cannot be submitted until November 1.)

MDHSS processes claims on the 10th of each month for payment by check or automatic deposit by around the 28th of the month. A second processing for claims is done on the 25th of the month for claims received the 11th through the 25th. The second payment is made around the 13th of the following month.

MDHSS Receives Claim by:

Projected Payment Date:

10th of the month



28th of the month

25th of the month



13th of the next month

Effective October 2005, all CACFP payments will be direct deposited. This will avoid payment delays and lost checks. If you have not received your payment within 15 days of the projected payment date, please contact MDHSS.