

CARES

CACFP-Application-Reimbursement-Electronic-System



Claims Submission User Manual

New Jersey Department of Agriculture
Child and Adult Care Food Program (CACFP)

Child and Adult Care Food Program
Division of Food and Nutrition
Department of Agriculture
PO Box 334
Trenton, NJ 08625-0334
(609) 984-1250 fax: (609) 984-0878

Client Claims Support:

(609) 984-1439

NJCARES@ag.nj.gov

Summary of CARES Claim Application

The Child and Adult Care Food Program (CACFP) CARES Claims User Manual is a tool for businesses associated with the CACFP program. It is to be used in conjunction with the CARES Application Manual and CARES online application. This User Manual is a reference guide for users that will assist in navigating the web application as they complete their day-to-day tasks.

The CARES Online Application has been developed in ASP.Net using a SQL database.

- Session Cookies will be used to run the program; if Cookies are disabled, the user will be notified that cookies are required to utilize the program.
- If the user receives a network error, they may have to add CARES as an allowable site to their network.

Overview

CARES Claims on-line system is designed to help you organize and submit CARES monthly claims for reimbursement. Because these objectives are so complex, CARES contains numerous features that put you in control of managing your institutions, monthly claim submissions for reimbursement.

CARES Claims Requirements

CARES Claims module works in conjunction with the CARES Application module; if applications are not setup correctly, then the user will not be able to submit a claim reimbursement.

To be able to submit a CARES Claim for reimbursement, the following CARES application requirements must be approved. **NOTE: If these requirements are not met, you will not be able to Submit a Claim in CARES.**

Current Fiscal Year Approved Application

Each year, institutions are required to submit a CACFP CARES application for approval. If an institution application is not submitted and approved by CACFP, the institution will not be able to submit a claim in the CARES Claim module for that Fiscal year.

SAMS Expiration Date Must be Current.

SAMS Expiration Date on the **Institution Business Maintenance** page will need to be current or the CARES Claims system will not allow for claim submission.

Facility License

Facility License should be up to date or CARES Claims system will not allow for claim submission for that facility until License is updated in **Facility Application**. If a Facility License is expired the System will display the following message: *“Permit is currently expired for this facility, the user will not be able to submit claim until License is updated in the Application module under Facility Maintenance.”* ***NOTE: For centers that do not required a license, this date should be the last date of the fiscal year.**

Application for Center Facility Participation

Application for Center Facility Application on the Application (Checklist Item #8) will need to be current and approved for a site to receive reimbursement for that facility. If a user needs to make a change to their Operating Data and Revision (Schedule A) the user will now make those changes in the Application Module in Application Center Facility. If a change is made a NPS specialist needs to approve the change before the site can receive reimbursement.

Submitter/Certifier Login ID

For Claims submission, each Institution will need a Submitter and a Certifier to complete a claim submission each month. **NOTE: If you do not Certify a claim you will not receive reimbursement.**

The Claims Module is where the User/Submitter will initially submit the monthly claim for reimbursement per facility. Then, the User/Certifier will certify the information is correct. Once the Certifier submits, CARES will be notified for claim reimbursement.

Submitting/Certifying a Claim

Each Facility must have each claim **both** submitted and certified to receive reimbursement. This will be done with two different logins; one with the ability to Submit – (**Submitter**), and one with the ability to Certify – (**Certifier**). **NOTE: If you do not Certify a claim you will not receive reimbursement.**

To set up a new user, access the site below and fill in the correct agreement information. Once completed, notify NJCARES@ag.nj.gov to activate the login.

[CACFP CARES New User Login Link](#)

Version: 1.1.4.4 Wednesday, April 20, 2016 12:27:48 PM

Child Nutrition - Child & Adult Care Food Program (CACFP)

Step 1 - Please provide your client's information

Client First Name: Client Last Name:

Email: Confirm Email:

Business Name:

Tax ID # New Jersey Agreement #

Phone: Ext: Fax:

Address 1

Address 2

Zip - City State

County

For Additional Information:
Child and Adult Care Food Program
Division of Food and Nutrition
Department Of Agriculture
PO Box 334
Trenton, NJ 08625-0334
(609) 984-1250 fax: (609) 984-0878

[Home](#)
[CACFP Centers](#)
[Family Day Care Homes](#)
[Rates/Eligibility Scales](#)
[USDA Web Site](#)
[USDA CACFP Site](#)
[Food Buying Guide Calculator](#)
[Resource Library](#)
[Privacy Statement](#)

CARES Claims Module Main Menu

Starting CARES

1. Login to CARES at www.nj.gov – Login information and instructions will be provided.
2. Once logged in, Select the **NJCARES (CACFP Application and Reimbursement Electronic System)** link.

Agriculture



[NICARES \(CACFP Application and Reimbursement Electronic System\)](#)

Submitter:

To submit monthly claims, the Submitter will login to CARES and select **Enter Claims** on the Menu Bar (**see image below**). This will direct the Submitter to the Claims Module.



This will bring the user to the Claims Home screen (see below).

Alerts for user: APPLE CORE

Alerts: (Default view shows New and Open Alerts)

View New/Open View New View Closed

Select	Alert Status	Alert Reason	Open Date	View Date	Closed Date
Select	In Process	App Approved	12/05/2017	02/21/2018	
Select	New	App Approved	10/25/2017		
Select	New	App Approved	02/27/2017		
1					

Institutions Associated with APPLE CORE

Select	Prefix	Number	TIN	Name	Phone
Select	21	1408	12222222	APPLE CORE	6099841250
1					

- ❖ **Alert Message Grid** - Displays any CACFP Institution system alerts.
- ❖ **Institutions Grid** – Displays the Institutions for that the User can submit claims. If more than one institution, the user will select the institution they are entering claims for; User will need to select the select button before selecting Enter Claims.
- ❖ **Enter Claims** – User will select to Enter Monthly Claims.

Claim Entry

Click **Select** on the Agreement # for claim entry (*on the Institution Associated Grid*). Then, select **Enter Claims**.

Institutions Associated with APPLE CORE

Select	Prefix	Number	TIN	Name	Phone
Select	21	1408	12222222	APPLE CORE	6099841250
1					

This will direct the user to the Claim Entry screen (see below).

CACFP Child/Adult Care Food Program - Claim Entry

21-1408 - APPLE CORE
 123 FIRST AVE
 TRENTON, NJ 08625-3802
 Federal ID:
 12222222

Claim Month

Claim Year

- ❖ **Claim Month** – Drop down list to select the month of the claim
- ❖ **Claim Year** – Enter the 4-digit year
- ❖ **Search** – Displays the Claim Listing for the Month/Year requested
- ❖ **Verify Eligibility** – Displays the Claim Listing Month/Year grid
- ❖ **View Claim Summary**- Allows the user to Submit/Certify the claim

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status	Certified Date	Processed Date
Select	Adjust		8	2018	New		
1							

- ❖ **Select** – Displays the Site Listing for Current Claim list associated with institution. All claiming facilities will need claim information.
- ❖ **Adjust** – Will allow the user to Adjust a certified claim that has been submitted and processed.

View Claim Summary

Site Listing for Current Claim

Select	Amount	Date Entered	Name	Lic #	AllowReimb	Site #	Permit Expires	Facility
Select	No Claim	No Claim	APPLECARE		True	4	7/1/2019	Childcare Center
Select	No Claim	No Claim	NJDA CARES		True	3	12/3/2020	Childcare Center
Select	No Claim	No Claim	NJDA CARES SITE AT RISK		True	2	7/1/2019	At Risk(School Age - 18)

- ❖ **Select** – Select each facility the institution will be claiming for. This will bring the user to the facility monthly claim voucher for that listing/facility (bottom of the page).

NJDA CARES

Meal Service Days

Total Monthly Attendance

Participation Data

Number of Free Enrolled

Number Reduced Enrolled

Number Paid Enrolled

Total Enrollment

Average Daily Attendance

Average Daily Participation: Child Care At Risk Adult Homeless

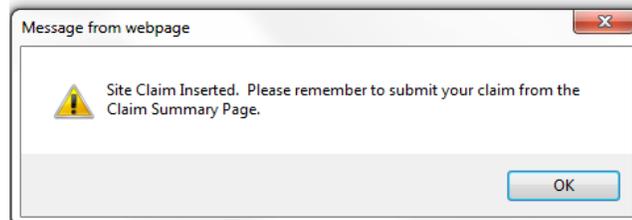
Child Care Meal Counts	Free	Reduced	Paid
Number of Breakfast	<input type="text" value="2000"/>	<input type="text" value="1000"/>	<input type="text" value="1000"/>
Number of AM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Lunches	<input type="text" value="2000"/>	<input type="text" value="1000"/>	<input type="text" value="1000"/>
Number of PM Snacks	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Suppers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Evening Snacks	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

- ❖ **Meal Service Days** – Number of days the institution is claiming for that month for the selected facility.
- ❖ **Total Monthly Attendance** – Attendance for that facility.
- ❖ **Participation Data** – Eligibility of the selected facility.
- ❖ **Number of Free/Reduce/Paid** – The monthly amount for the selected facility.
- ❖ **Total Enrollment** – For the month being claimed.
- ❖ **Average Daily Attendance/Daily Participation** – Auto-filled by the system based on the information entered.

- ❖ **Child Care Meal Counts** – Enter each provided meal count for the facility month.

Cash in Lieu Total	\$940.00
Total of Meals Claimed	\$15,220.00
Subtotal	\$16,160.00

- ❖ **Calculate** – Once all information is entered, select **Calculate** to auto-fill the Total fields listed (*Cash in Lieu Total, Total of Meals Claimed, & Subtotal*).
- ❖ **Save** – Save the information for the facility.



Once the User selects **Save**, they will be returned to the “*Site Listing for Current Claim*” grid (see below). This displays the claim amount and date-of-claim entry. Repeat the above process for remaining Facilities until all claims have been submitted for that month.

Site Listing for Current Claim

Select	Amount	Date Entered	Name	Lic #	AllowReimb	Site #	Permit Expires	Facility
Select	\$808.00	10/2/2018	APPLECARE		True	4	7/1/2019	Childcare Center
Select	\$16,160.00	10/2/2018	NJDA CARES		True	3	12/3/2020	Childcare Center
Select	No Claim	No Claim	NJDA CARES SITE AT RISK		True	2	7/1/2019	At Risk(School Age - 18)
1								

View Claim Summary to Submit

Once all Facility Claim information is completed, the user will select the **View Claim Summary** button and be directed to the Center Claim Data Page.

[View Claim Summary](#)

Site Listing for Current Claim

Select	Amount	Date Entered	Name	Lic #	AllowReimb	Site #	Permit Expires	Facility
Select	\$808.00	10/2/2018	APPLECARE		True	4	7/1/2019	Childcare Center
Select	\$16,160.00	10/2/2018	NJDA CARES		True	3	12/3/2020	Childcare Center
Select	No Claim	No Claim	NJDA CARES SITE AT RISK		True	2	7/1/2019	At Risk(School Age - 18)

1

The Center Claim Data Page Review and Submission

Once the user selects View Claim Summary CARES will display the following (see image below):

1. A review of all Facility Claim information for that month
2. Average Daily Participation
3. Comment section

CACFP Center Claim Data			
Claim Date	10/2/2018		
Claim Month	September		
Claim Year	2018		
Meal Service Days	20		
Number of Sites			
Child Care	2	At Risk	1
Adult	0	Homeless	0
Participation Data			
Number Free	170		
Number reduced-price	55		
Number not eligible	55		
Child Care Meal Counts			
	Free	Reduced	Paid
Number of Breakfast	2100	1050	1050
Number of AM Snack	0	0	0
Number of Lunches	2100	1050	1050
Number of PM Snacks	0	0	0
Number of Suppers	0	0	0
Number of Evening Snacks	0	0	0

<u>Adult Care Meal Counts</u>	<u>Free</u>	<u>Reduced</u>	<u>Paid</u>
Number of Breakfast	0	0	0
Number of AM Snacks	0	0	0
Number of Lunches	0	0	0
Number of PM Snacks	0	0	0
Number of Suppers	0	0	0
Number of Evening Snacks	0	0	0
<u>At-Risk Meal Counts</u>		<u>At Risk</u>	
Number of Breakfast		0	
Number of AM Snacks		0	
Number of Lunches		0	
Number of PM Snacks		1000	
Number of Suppers		1000	
Number of Evening Snacks		0	
<u>Homeless Shelter Meal Counts</u>		<u>Homeless Shelter</u>	
Number of Breakfast		0	
Number of AM Snacks		0	
Number of Lunches		0	
Number of PM Snacks		0	
Number of Suppers		0	
Number of Evening Snacks		0	

Average Daily Participation							
Child Care	105	At Risk	50	Adult	0	Homeless	0
Cash in Lieu Total					\$1,222.00		
Food Service Total					\$20,201.00		
Subtotal					\$21,423.00		
Balance Due					\$0.00		
Payment Plan Amount					\$0.00		
Previous Claim Amount					\$0.00		
Amount Paid					\$21,423.00	15% of Claim: \$3,213.45	
Date Signed					10/2/2018		
Comments							

Once all Claim information is reviewed, select **Submit** (at the bottom of the page). The Claim is now ready to be certified by the Certifier.



If you need assistance, please call CNP at (609) 984-1266.

❖ **Submit-** Submits Claim to be Certified

Certifying a Claim

Once a Claim has been submitted, the Certifier will login to the Claims Module to Certify the Claim. **All Claims for the Institution should be entered before the certifying process takes place.** Once the Claim month is certified, the system will not allow the User to enter additional Claims for that month. ***A claim will not receive any reimbursement unless it is certified.***

1. Follow steps 1 & 2 mentioned above.
2. Enter the **Claim Month** and **Claim Year** to be Certified and hit **Select**.
3. Select **View Claim Summary** (see image below).
4. Review data information to ensure accuracy (see image below).
5. Scroll to bottom of page and enter the Certifying date in the “**Date Signed**” field (see image below).
6. Select **Certify**.

[View Claim Summary](#)

Site Listing for Current Claim

Select	Amount	Date Entered	Name	Lic #	AllowReimb	Site #	Permit Expires	Facility
Select	\$808.00	10/2/2018	APPLECARE		True	4	7/1/2019	Childcare Center
Select	\$16,160.00	10/2/2018	NJDA CARES		True	3	12/3/2020	Childcare Center
Select	No Claim	No Claim	NJDA CARES SITE AT RISK		True	2	7/1/2019	At Risk(School Age - 18)
1								

CACFP Center Claim Data

Claim Date 10/2/2018
 Claim Month September
 Claim Year 2018
 Meal Service Days 20
 Number of Sites
 Child Care 2 At Risk 1 Adult 0 Homeless 0

Participation Data
 Number Free 170
 Number reduced-price 55
 Number not eligible 55

<u>Child Care Meal Counts</u>	<u>Free</u>	<u>Reduced</u>	<u>Paid</u>
Number of Breakfast	2100	1050	1050
Number of AM Snack	0	0	0
Number of Lunches	2100	1050	1050
Number of PM Snacks	0	0	0
Number of Suppers	0	0	0
Number of Evening Snacks	0	0	0

Date Signed 10/2/2018
 Comments

Certified by: CLIAMS CERT on 10/02/2018

Print Claim Summary

Submit
 Return to Site Claims
 Print Site Summary Print Disbursement

If you need assistance, please call CNP at (609) 984-1266.

- ❖ **Certified by** – Once a claim is certified, it will display the user name, date and time of the certification. Users can refer to this form to verify the claim has been certified.

- ❖ **Print Claim Summary** – Prints current displayed form. The user should use the IE back button to return to application.

CACFP Child/Adult Care Center Program - Claim Summary

21-1408 - APPLE CORE
 123 FIRST AVE
 TRENTON, NJ 08625-3802
 TIN: 12222222

Claim Date	<input type="text" value="10/2/2018"/>
Claim Month	<input type="text" value="September"/>
Claim Year	<input type="text" value="2018"/>
Meal Service Days	<input type="text" value="20"/>
Number of Sites	Child Care <input type="text" value="2"/> At Risk <input type="text" value="1"/> Adult <input type="text" value="0"/>

Participation Data

Number Free	<input type="text" value="170"/>
Number reduced-price	<input type="text" value="55"/>
Number not eligible	<input type="text" value="55"/>

<u>Child Care Meal Counts</u>	<u>Free</u>	<u>Reduced</u>	<u>Paid</u>
Number of Breakfast	<input type="text" value="2100"/>	<input type="text" value="1050"/>	<input type="text" value="1050"/>
Number of AM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Lunches	<input type="text" value="2100"/>	<input type="text" value="1050"/>	<input type="text" value="1050"/>
Number of PM Snacks	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Suppers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Evening Snacks	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

- ❖ **Return to Site Claims** – Brings User back to Home Page
- ❖ **Print Site Summary** – Brings up the Site Summary Report the
 - **Export** – Exports form to file (Disk)
 - **Print** – Print form to local printer (Pinter)

CNP Facility Payment Receipt Viewer

[Return to Claim Summary](#)

1 of 1 Find | Next

CACFP Center Site Claim List

21-1408 - APPLE CORE
123 FIRST AVE
TRENTON, NJ 08625
Claim Month/Year: 9/2018

<u>License Number and Name</u>	<u>Days</u>	<u>Break</u>	<u>Lunch</u>	<u>Supper</u>	<u>Snack</u>	<u>Amount</u>
- APPLCARE	20	200	200	0	0	\$808.00
	ADA: 5			Free: 20	Reduced: 5	Paid: 5
- NJDA CARES	20	4000	4000	0	0	\$16,160.00
	ADA: 100			Free: 100	Reduced: 50	Paid: 50

❖ **Print Disbursement** – Brings up the Payment Summary Report

- **Export** – Exports form to file (Disk)
- **Print** – Print form to local printer (Printer)

CNP Facility Payment Receipt Viewer

[Return to Claim](#)

1 of 1 Find | Next

21-1408 - APPLE CORE
123 FIRST AVE
TRENTON NJ 08625
TIN: 12222222

CACFP INSTITUTION PAYMENT SUMMARY

Print Date: 10/10/2018 1:47:43 PM

Claim Date: 10/2/2018

Month and Year of Claim: 9/2018

Food Service Total: \$20,201.00

Corrective Action Form

If a claim form is over 60 days old, the system will prompt the completion of a Corrective Action Form. Select the **Corrective Action Form** button located at the bottom of the page.

CACFP Center Claim Data

Claim Date	10/10/2018	More than 60 Days Old.
Claim Month	June	
Claim Year	2018	

Corrective Action Form

Late Claim Corrective Action Form

After the Corrective Action Form is completed, select **Submit Corrective Action Plan**.

EXPLANATION OF LATE VOUCHER SUBMISSION

21-1408 - APPLE CORE
123 FIRST AVE
TRENTON, NJ 08625-3802
Federal ID:
12222222

1. a. Provide the reason(s) why the late submission occurred.

b. Was the late submission a revised claim?

2. a. Describe the actions you will take to prevent future late submissions.

b. What individual within your organization is responsible for preparing and submitting the reimbursement vouchers?

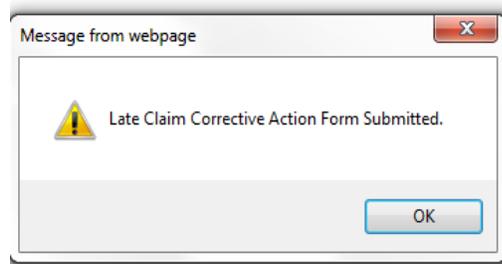
c. What instructions has this person been given with regard to sending the vouchers?

d. What provisions will be made to submit vouchers on a timely basis when the designated person is absent?

e. Has your organization been asked to submit a corrective action plan for any previous voucher(s) submitted beyond the deadline?

Submitted by: On

- ❖ Once the Corrective Action Plan is submitted, the user will receive a message confirming the form has been submitted (see image below). CACFP staff will process the Late Claim and notify user via email once completed.



- ❖ Date/Name and Time will now display of the form to verify the submission of the Action form (see image below).

Adjustment/Revision

If an Adjustment/Revision is needed for a Certified claim, the claim will need to be processed before changes can be made.

If an Adjustment/Revision is needed for a Submitted claim, the user can display the original claim on the on the Claim Listing for Month/Year Request Grid and select the **Adjust** button.

Child Nutrition - Child & Adult Care Food Program (CACFP) Release: 4.8.1

CACFP Child/Adult Care Food Program - Claim Entry

21-1408 - APPLE CORE
123 FIRST AVE
TRENTON, NJ 08625-3802
Federal ID:
12222222

Claim Month:

Claim Year:

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status	Certified Date	Processed Date
Select	Adjust	10/02/2018	7	2018	Submitted		
Select	Adjust		7	2018	New		

1

- ❖ This will then add a blank Claim listing on the Grid. Click the **Select** button and complete any necessary adjustments.

Site Listing for Current Claim

Select	Amount	Date Entered	Name	Lic #	AllowReimb	Site #	Permit Expires	Facility
Select	\$1,695.75	3/30/2016	ALS BROTHER S DAY CARE	654321	True	3	9/30/2016	Childcare Center
Select	\$1,138.25	3/30/2016	ALS DAY CARE ONE	654321	True	1	9/30/2016	Childcare Center
Select	\$486.37	5/20/2016	ALS SISTER DAY CARE	654321	True	2	9/30/2016	Childcare Center

1

ALS BROTHER S DAY CARE

Meal Service Days

Total Monthly Attendance

Participation Data

Number of Free Enrolled

Number Reduced Enrolled

Number Paid Enrolled

Total Enrollment

Average Daily Attendance

Average Daily Participation

Child Care	<input type="text" value="10"/>	At Risk	<input type="text" value="0"/>	Adult	<input type="text" value="0"/>	Homeless	<input type="text" value="0"/>
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Child Care Meal Counts

	Free	Reduced	Paid
Number of Breakfast	<input type="text" value="100"/>	<input type="text" value="200"/>	<input type="text" value="200"/>
Number of AM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Lunches	<input type="text" value="100"/>	<input type="text" value="200"/>	<input type="text" value="200"/>
Number of PM Snacks	<input type="text" value="100"/>	<input type="text" value="200"/>	<input type="text" value="200"/>
Number of Suppers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Evening Snacks	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Cash in Lieu Total	<input type="text" value="\$118.75"/>
Total of Meals Claimed	<input type="text" value="\$1,577.00"/>
Subtotal	<input type="text" value="\$1,695.75"/>

- ❖ This will display the Site Listing Current Claim Grid with all submitted claims. Select the Facility Claim(s) that require adjustment and modify as needed. Then, select **Save**.
- ❖ After changes have been saved, select the **View Claim Summary** Button to submit the adjustment.
- ❖ This will change the Claim Listing for Month/Year Requested Grid to display Submit Date. This will be how the user is notified of an adjustment.

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
Select	Adjust	5/20/2016 11:50:23 AM	3	2016	Inactive
Select	Adjust	5/24/2016 11:02:50 AM	3	2016	Active
1					

- ❖ The adjustment must be certified by the Certifier for reimbursement (like an original claim).