



## “CARES”

CACFP-Application-Reimbursement-Electronic-System



# Claims Submission User Manual **FAMILY DAY CARE FOOD PROGRAM**

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

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# CARES Claim Module Step by Step Guide

This Guide is a Step by Step guide to assist a user on how to submit/certify a CACFP CARES claims.

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## INTRODUCTION



Each Institution should have a User for ❖ Claims Submission – CACFP Staff ❖ Claims Certifier/ Approval – Owner/Director.

[https://agcacfp.mwg.state.nj.us/AG\\_CACFPAOAPP/CACFPSelfRegistration.aspx](https://agcacfp.mwg.state.nj.us/AG_CACFPAOAPP/CACFPSelfRegistration.aspx)

For your agency's protection, it is required that each Institution have at least two Users with separate Log in ID's. Each user will represent an administrative role. Even if an Institution only has one staff member, it must have separate Log in ID's for both a Submitter and Certifier. The Submitter will be responsible for inputting claims, while the Certifier will be responsible for approving the claim.

A CARES system user log in Authorization Form will also be required from the CACFP Program Unit. (see your program specialist)



For claims submission, each Institution will need a Submitter and a Certifier to complete a claim submission each month which is created through the myNewJersey portal at nj.gov.

The Claims Module is where the User/Submitter will initially submit the monthly claim for reimbursement per home/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 log ins'; one with the ability to Submit – (**Submitter**), and one with the ability to Certify – (**Certifier**). **The Executive Director is strongly recommended to be the Certifier.**



**NOTE: If you do not Certify a claim you will not receive reimbursement.**

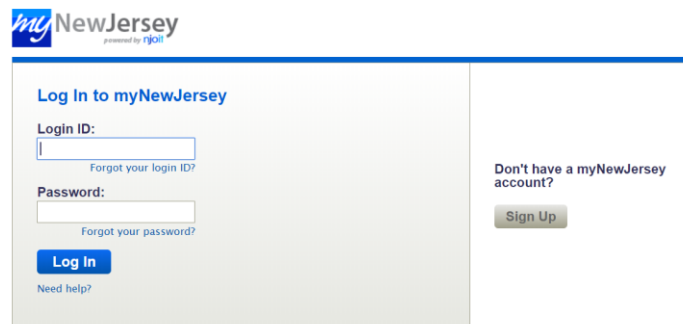
## Step 1: Log into CARES

### Submitting a Claim

1. Log into CARES at [www.nj.gov](http://www.nj.gov) – Login information and instructions will be provided.

#### SUBMITTER:

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



2. Once logged in, Select the **NJCARES (CACFP Application and Reimbursement Electronic System)** link. (see image below)



This link will direct the Submitter to the Claims Module.

### CARES Claims Module Main Menu

Agriculture



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

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

## Step 2: Select Agreement in Claims Module

Child Nutrition - Child & Adult Care Food Program (CACFP) Release: 5.0.3

Home Sponsor Message -

Alerts for user:

Alerts: (Default view shows New and Open Alerts)

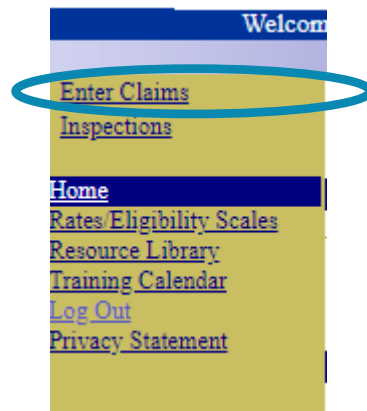
View New/Open View New View Closed

No Alerts For

Businesses Associated with

Select	Agreement #	Federal ID	Name	Phone
Select	22-1412	454440246	TEST - NJ CARES TRAINING LEARNING EXPERIENCE	609-652-1600
1				

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



1. Select the Enter Claims button to the top-left of the screen (see above).

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

Welcome TRAINING SUB 10/15/2019, 3:26:56 PM  
Child Nutrition - Child & Adult Care Food Program (CACFP) Release: 5.0.3.

Alerts for user: TRAINING SUB  
Alerts: (Default view shows New and Open Alerts)

Select	Alert Status	Alert Reason	Open Date	View Date	Closed Date
Select	In Process	App Approved	08/20/2018	09/13/2019	
1					

Institutions Associated with TRAINING SUB

Select	Prefix/Number	TIN	Name	Phone
Select	22 1412	454440246	TEST - NJ CARES TRAINING LEARNING EXPERIENCE	6096521600
1				

Enter Claims FDC Carry Over

2. Click "Select" to select the institution associated with this claim (see above).
3. Select the "Enter Claims" button to the bottom-left of the screen (see above).
  - ❖ This will direct the user to the Home/Facility Listing Screen (see below).

## Step 3: Select Claim Month / Claim Entry

FDC Provider/Facility Listing Home Sponsor Site Listing

22-1412 - TEST - NJ CARES TRAINING LEARNING EXPERIENCE  
18 BURLINGTON MT. HOLLY RD  
BRICK, NJ 08724-3781  
Federal ID:  
454440246

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** – Verify if a claim has already been created and will 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		9	2018	New		
1							

[View Claim Summary](#)

1. Click **“Select”** to choose the claim with the **“NEW”** status line. (see above) This will display's the Site Listing for Current Claim list associated with institution. (see below) *All claiming facilities will need claim information, before claim is submitted for certifying.*

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status	Certified Date	Processed Date
Select	Adjust		9	2018	New		
1							

[Upload Provider Claims](#)   [View Claim Summary](#)

## Step 4: Enter Home / Facilities Claim Participation Data/Meal Counts

Site Listing for Current Claim

Select	Amount	Date Entered	Name	Lic #	AllowReimb	Site #	Permit Expires
Select	No Claim	No Claim	DAY CARE TEST	1111111111	True	2	9/1/2018
Select	No Claim	No Claim	SMITH, JOHN	2222222222	True	3	9/30/2019
Select	No Claim	No Claim	APPLE, ANNIE	5555555555	True	4	8/26/2021
Select	No Claim	No Claim	ZUCCHINI, ZOE	7777777777	True	5	1/12/2020
Select	No Claim	No Claim	CANTALOUPE, CARA		True	6	9/30/2025
Select	No Claim	No Claim	PLUM, PETER	4444444444	True	7	9/30/2025
Select	No Claim	No Claim	GRAPEFRUIT, GARY	test	True	8	9/30/2025
Select	No Claim	No Claim	BROCCOLI, BRIAN	test	True	9	9/30/2022
1							

- ❖ **Select** – Select the home for the provider you will be entering data for. This will bring the user to the home monthly claim data form for that listing/home (see on next page).

CACFP Home Sponsor Site Claim Data			
DAY CARE TEST			
Number of Days In Operation	<input type="text" value="0"/>		
Participants Enrolled	<input type="text" value="0"/>		
Mixed Participants Enrolled:	TII Low <input type="text" value="0"/>	TII High <input type="text" value="0"/>	<input type="text" value="0"/>
Total Monthly Attendance	<input type="text" value="0"/>		
Mixed Total Monthly Attendance:	TII Low <input type="text" value="0"/>	TII High <input type="text" value="0"/>	<input type="text" value="0"/>
Type of Home	Tier I <input type="text" value="v"/>		
<b>Meal Counts</b>			
	<b>Tier I</b>	<b>Tier II - L</b>	<b>Tier II - H</b>
Number of Breakfast	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of AM Snacks	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Lunches	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
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"/>
Average Daily Attendance	Tier I <input type="text" value="0"/>	Tier II Low <input type="text" value="0"/>	Tier II High <input type="text" value="0"/>
Tier I Total	<input type="text" value="0"/>		
Tier II Low Total	<input type="text" value="0"/>		
Tier II High Total	<input type="text" value="0"/>		
Subtotal	<input type="text" value="0"/>		
<input type="button" value="Calculate"/> <input type="button" value="Add To Claim Summary"/> <input type="button" value="Save As Draft"/>			

- ❖ **Number of Days In Operation** – Number of days the home/facility is claiming for that month for the selected facility.
- ❖ **Participants Enrolled** – Eligible enrollment of the selected home/facility.
- ❖ **Mixed Participants Enrolled** – The monthly number of participants for the selected home/facility. (TII Low and TII High).  
*This area will be shaded if you are not a mixed home provider.*
- ❖ **Total Monthly Attendance** – The number of participants for the entire month.
- ❖ **Mixed Total Monthly Attendance** – Maximum number of meals claimable based On attendance. *This area will be shaded if you are not a mixed home provider.*
- ❖ **Type of Home** – *Auto-filled by the system based on the information entered in the Home Facility Application.*
- ❖ **Meal Counts** – Enter the provider meal counts for the month.



Tier I Total	0
Tier II Low Total	0
Tier II High Total	0
Subtotal	0

Calculate    Add To Claim Summary    Save As Draft

- ❖ **Calculate** – Click the “calculate” button to display total expected dollar amount or to determine if the claim has any edits. If the claim prompts edit’s they will need to be corrected before the system will except your claim data.
- ❖ **Add to Claim Summary** – Click the “Add to Claim Summary” button to save and insert data into the claim summary.

**CACFP Home Sponsor Site Claim Data**

APPLE, ANNIE

Number of Days In Operation

Participants Enrolled

Mixed Participants Enrolled: TII Low  TII High

Total Monthly Attendance

Mixed Total Monthly Attendance: TII Low  TII High

Type of Home

Meal Counts	Tier I	Tier II - L	Tier II - H
Number of Breakfast	<input type="text" value="0"/>	<input type="text" value="100"/>	<input type="text" value="0"/>
Number of AM Snacks	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Lunches	<input type="text" value="0"/>	<input type="text" value="100"/>	<input type="text" value="0"/>
Number of PM Snacks	<input type="text" value="0"/>	<input type="text" value="100"/>	<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"/>

Average Daily Attendance

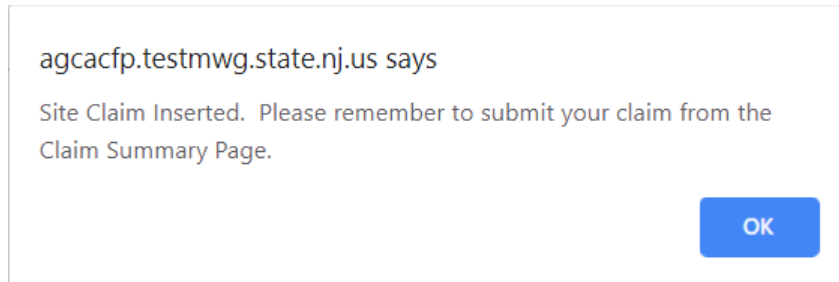
Tier I  Tier II Low  Tier II High

Tier I Total	\$0.00
Tier II Low Total	\$216.00
Tier II High Total	\$0.00
Subtotal	\$216.00

Calculate    Add To Claim Summary    Save As Draft

**WAIT!** Did you see this message (on next page)

**(if you do not press the “Add to claim summary” button, your data may not save or be entered as part of the claim payment.)**



Clicking “OK” will direct the user back to the Home/Site Listing Screen (see above).  
The \$ amount will now be displayed in the grid (see below)

Site Listing for Current Claim

Select	Amount	Date Entered	Name	Lic #	AllowReimb	Site #	Permit Expires
Select	No Claim	No Claim	DAY CARE TEST	1111111111	True	2	9/1/2018
Select	No Claim	No Claim	SMITH, JOHN	2222222222	True	3	9/30/2019
Select	\$216.00	10/9/2019	APPLE, ANNIE	5555555555	True	4	8/26/2021

If the User selects “**Save As Draft**”, you can retain data in the system to come back at a later time. (see below). You may have to click the “Save to Draft” button twice to save data.

Completed claim entries will display dollar amounts in the Site Listing grid when completed properly. (See above)



Site Listing for Current Claim

Select	Amount	Date Entered	Name	Lic #	AllowReimb	Site #	Permit Expires
Select	Draft	10/16/2019	DAY CARE TEST	1111111111	True	2	9/1/2018

1. Review all home claim information for the month
2. Review Site Listing to ensure correct dollar amounts are displayed
3. Include a comment in the “Comment section” before you submit claim; if necessary (see diagram on next page)

## Step 5: View Claim Summary / Submit

Once all Home/Facility claim information is completed

[Upload Provider Claims](#) [View Claim Summary](#)

Select	Amount	Date Entered	Name	Lic #	AllowReimb	Site #	Permit Expires
Select	\$24.00	9/13/2019	DAY CARE TEST	1111111111	True	2	9/1/2018
Select	\$412.50	9/20/2019	SMITH, JOHN	2222222222	True	3	9/30/2019
Select	\$475.20	9/20/2019	APPLE, ANNIE	5555555555	True	4	8/26/2021

1. Click "View Claim Summary" button and be directed to the home claim data page. (see above)
2. Scroll down to the bottom of the page and enter in today's date. (see below)
3. Click "Submit"

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

Balance Due	\$1,697.28
Payment Plan Amount	\$0.00
Previous Claim Amount	\$0.00
Amount Paid	(\$1,363.28)
Date Signed	<input type="text"/>
Comments	<input type="text"/>

Date must be displayed as: two-digit month, two-digit day and four-digit year.....10/01/2019

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

➤ **First Level claim submission will prompt successful message (see on next page).**

**WAIT! Did you see this message below**

agcacfp.testmwg.state.nj.us says

First Level claim certification successful. Claim must still be certified by an authorized user.

OK



4. Click "OK" this will direct the user back to the Home/Site Listing Screen.

Once the document has been submitted correctly, the system will display a receipt which looks like this

Date Signed

Comments

Submitted by: TRAINING SUB on 10/10/2019 2:09:34 PM

- ❖ **Return to Site Claim-** scroll back down to the bottom of the page and click the "Return to Site Claims" button to be directed back to your agency's monthly claims listing. (see below)

Return to Site Claims

Use the Return to Site Claim button to go back to provider listing

- ❖ **Claim Status-** Claims submitted properly will change the claim status to “Submitted”

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status	Certified Date	Processed Date
Select	Adjust	10/10/2019	10	2017	Submitted		
1							

[View Claim Summary](#)

## Step 6: Certifying Claims and Reporting Administrative Cost

### Certifying a Claim

Once a Claim has been submitted, the Certifier will login to the Claims Module to Certify the Claim. **All entries for the Institution should be entered before the certifying process begins.** Once the Claim month is certified, the system will not allow the User to enter additional information for that month until the claim has been processed.

➤ ***A claim will not receive any reimbursement unless it is certified.***

#### CERTIFIER:

To submit monthly claims, the Certifier will login to CARES

1. Login to CARES at [www.nj.gov](http://www.nj.gov) – Login information and instructions will be provided.
2. Follow steps 1 & 2 mentioned on pages 1 thru 5.
3. Enter the **Claim Month** and **Claim Year** to be Certified and click “Search” or “Verify Eligibility”.
4. Select the submitted claim and then click “**View Claim Summary**” (see image below).

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status	Certified Date	Processed Date
Select	Adjust	10/15/2019	1	2018	Submitted		
1							

[View Claim Summary](#)

❖ **Review your claim summary.** (see image below)

*(Review this data to ensure accuracy. There is still time to make changes before the claim is certified.)*

	Tier 1	Tier 2 High	Mixed	Tier 2 Low	
Number of Homes	0	0	0	1	
Participants Enrolled	0	0	0	5	
Total Monthly Attendance	0	0	0	100	
<b>Tier II Mixed</b>					
	Tier I	Tier II - H	Tier II - L	Tier II - H	Tier II - L
<b>Meal Counts</b>					
Number of Breakfast	0	0	0	0	100
Number of AM Snacks	0	0	0	0	0
Number of Lunches	0	0	0	0	100
Number of PM Snacks	0	0	0	0	100
Number of Suppers	0	0	0	0	0
Number of Evening Supplements	0	0	0	0	0
Average Daily Attendance	Tier 1 0	Tier 2 Low 5	Tier 2 High 0	Mixed 0	
Tier I Total	\$0.00				
Tier II - H Total	\$0.00				
Tier II - Mixed Total	\$0.00				
Tier II - L Total	\$216.00				
Food Service Total	\$216.00				
Calculated Admin Amount	\$118.00				
Actual Administrative Costs	Labor \$0.00		Non-Labor \$0.00		
Sponsor declines administrative payment for this month. <input type="checkbox"/>					
Admin Amount Paid	\$118.00				
Subtotal	\$334.00				
Balance Due	\$1,697.28				
Payment Plan Amount	\$0.00				
Previous Claim Amount	\$0.00				
Amount Paid	(\$1,363.28)				
Date Signed					



**PLEASE NOTE:**  
**THERE IS ONE MORE STEP BEFORE YOU**  
**CERTIFY**

## Reporting Administrative Cost

You may report administrative costs (labor and non-labor) incurred during the month for which the claim is submitted. All entries should be **rounded upward** to the nearest dollar. Do not enter the homes times' rates calculation, or the approved budget amount.

Actual Administrative Costs	Labor	<input type="text" value="\$0.00"/>	Non-Labor	<input type="text" value="\$0.00"/>
-----------------------------	-------	-------------------------------------	-----------	-------------------------------------

5. Review data information to ensure accuracy

6. Scroll to bottom of page and enter the Certifying date in the "**Date Signed**" field and certifying claim.

Balance Due	<input type="text" value="\$1,697.28"/>
Payment Plan Amount	<input type="text" value="\$0.00"/>
Previous Claim Amount	<input type="text" value="\$0.00"/>
Amount Paid	<input type="text" value="(\$1,363.28)"/>
Date Signed	<input type="text"/>
Comments	<input type="text"/>

Date must be displayed as: two-digit month, two-digit day and four-digit year.....10/01/2019

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.

➤ **Second Level claim certification will prompt successful message (see below).**

agcacfp.testmwg.state.nj.us says

Claim Certified.

## Adjustment Claims (Revisions)

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 claim listing for Month/Year Request grid and select the claim.

- ❖ **Adjust** – Will allow the user to Adjust a certified claim that has already been processed for payment.

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status	Certified Date	Processed Date
Select	Adjust	09/06/2019	10	2018	Processed	09/09/2019	09/12/2019
1							

[View Claim Summary](#)

agcacfp.testmwg.state.nj.us says

Adjusted Claim Inserted, Please Select the Adjusted Claim From the Claim List to Proceed.

[OK](#)

- ❖ This will then add a blank claim listing on the grid. Click the **“Select”** button on The **“New Status”** line and complete any adjustments for any home listed.

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status	Certified Date	Processed Date
Select	Adjust	09/06/2019	10	2018	Processed	09/09/2019	09/12/2019
Select	Adjust		10	2018	New		
1							

[View Claim Summary](#)



- ❖ Click the **“Select”** button and complete any necessary adjustments.

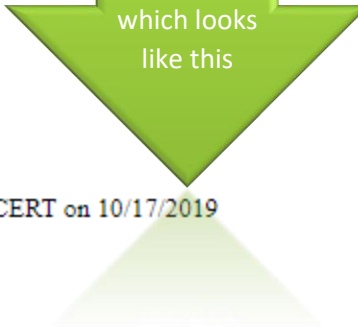
CACFP Home Sponsor Site Claim Data			
DAY CARE TEST			
Number of Days In Operation	<input type="text" value="20"/>		
Participants Enrolled	<input type="text" value="5"/>		
Mixed Participants Enrolled:	TII Low <input type="text" value="0"/>	TII High <input type="text" value="0"/>	
Total Monthly Attendance	<input type="text" value="100"/>		
Mixed Total Monthly Attendance:	TII Low <input type="text" value="0"/>	TII High <input type="text" value="0"/>	
Type of Home	<input type="text" value="Tier I"/>		
<b>Meal Counts</b>			
	<b>Tier I</b>	<b>Tier II - L</b>	<b>Tier II - H</b>
Number of Breakfast	<input type="text" value="100"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of AM Snacks	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number of Lunches	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
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"/>
Average Daily Attendance			
Tier I	<input type="text" value="5"/>	Tier II Low	<input type="text" value="0"/>
		Tier II High	<input type="text" value="0"/>
Tier I Total	<input type="text" value="\$131.00"/>		
Tier II Low Total	<input type="text" value="\$0.00"/>		
Tier II High Total	<input type="text" value="\$0.00"/>		
Subtotal	<input type="text" value="\$131.00"/>		
<input type="button" value="Calculate"/> <input type="button" value="Add To Claim Summary"/> <input type="button" value="Save As Draft"/>			

- ❖ Select the Facility Claim(s) that require adjustment and modify.
- ❖ After changes have been made, select the **“Calculate”** button and then the **“Add to Claim Summary”** button to submit the adjustment.
- ❖ This will change the Claim Listing for Month/Year Requested Grid to display the Updated Submit Date.
- ❖ The adjustment must be certified by the Certifier for reimbursement (**like an original claim**).

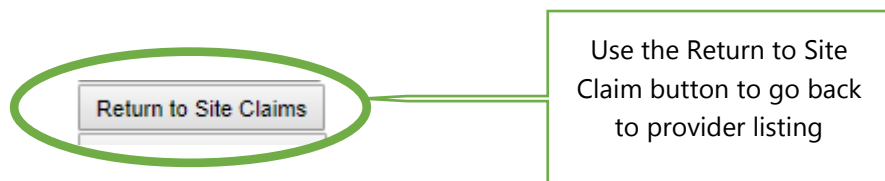
Admin Amount Paid	\$114.00
Subtotal	\$1,791.20
Balance Due	\$1,697.28
Payment Plan Amount	\$0.00
Previous Claim Amount	\$0.00
Amount Paid	\$93.92
Date Signed	10/17/2019
Comments	

Certified by: TRAINING CERT on 10/17/2019

Once the document has been certified correctly, the system will display a receipt which looks like this



❖ **Return to Site Claims** – Brings User back to Home Page



- **Print Your Agency's Claim Summary**
  - **Export** – Exports form to a file
  - **Print** – Print form to local printer

## Late Claim Corrective Action Form

Home Sponsor Claim Data	
Claim Date	10/9/2019 <b>More than 60 Days Old.</b>
Claim Month	August
Claim Year	2018
Number of Days In Operation	0

System will automatically prompt when claim entry is more than 60 days past the month of claim.

## Corrective Action Form

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

**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?

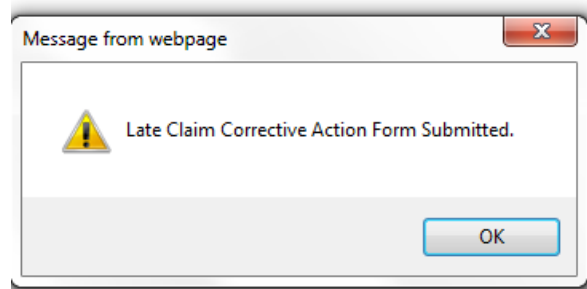
d. What provisions will be made to submit vouchers on a timely basis when the designated person is absent?

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

Submitted by: On

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

- ❖ 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).

**Late claims can not be “certified” until your agency’s corrective action has been reviewed and approved.**

**Your agency’s certifier will receive an email instructing him/her to go back and certify the claim.**

Mcj:w/<end>