



Department of

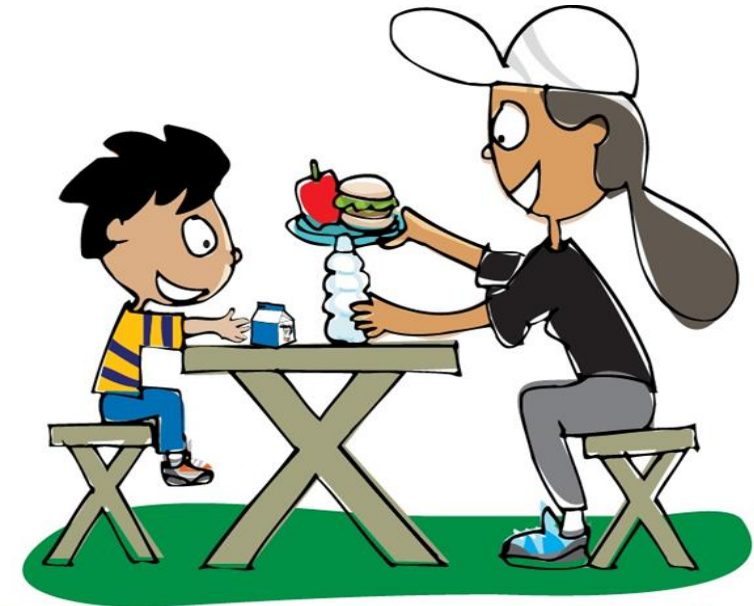
Human Services

Submitting Claims for SFSP

2023

Objectives

- Discuss how to navigate claims in the Tennessee Information Payment System (TIPS)
- Discuss important details and information regarding claims
- Briefly discuss the records needed to substantiate submitted claims



Summer Food Rocks!

Claims Overview

Summer Food Service Program

TN Department of Human Services

Applications | Claims | Compliance | Reports | My Account | Search | Programs | Year | Help | Log Out



Summer Food Service Program
<http://www.tn.gov/humanservices/topic/learn-about-the-summer-food-service-program>

DHS Food Program 615-313-4749
Fiscal Services 615-313-5567

Claims Information

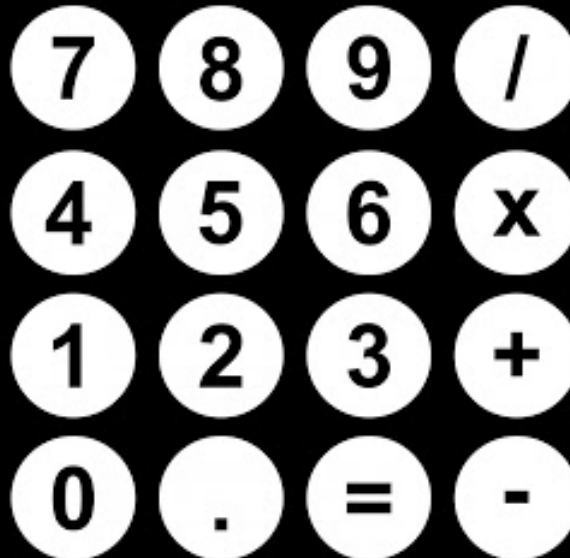
- **Payment Schedules**
 - Claims are scheduled to be paid twice monthly, on the 15th of each month and the last day of the month.
 - To be paid on the 15th, your claim must be submitted no later than the 7th.
 - To be paid at the end of the month, your claim must be submitted no later than the 21st.
- CFDA- 10.558- Child and Adult Care Food Program
- CFDA- 10.559- Summer Food Service Program
- FAIN- 175TN331N1099
- FAIN- 175TN331N2020
- FAIN- 185TN331N1099
- FAIN- 185TN331N2020
- FAIN- 195TN331N1099
- FAIN- 195TN331N2020
- FAIN- 205TN331N1099
- FAIN- 205TN331N2020

Reimbursement Rates Jan 1 – Dec 31, 2023

Meal Type	Rural Sites or Self-Prep Sponsors	All other types of sites
Breakfast	\$2.8250	\$2.7725
Lunch/Supper	\$4.9500	\$4.8700
Snack	\$1.1675	\$1.1400

Reimbursement

Number of meals served
X Combined administrative and
operating rates for reimbursement



Claims Menu

Summer Food Service Program



Applications | Claims | Compliance | Reports | My Account | Search |  Programs | Year | Help | Log Out

Claims > Program Year: 2020 - 2021

Item	Description
Claim - SFSP	Summer Food Service Program Claims
Claim Rates	View current claim rates
Payment Summary	Summary of payments made to this Sponsor

Claim Dates

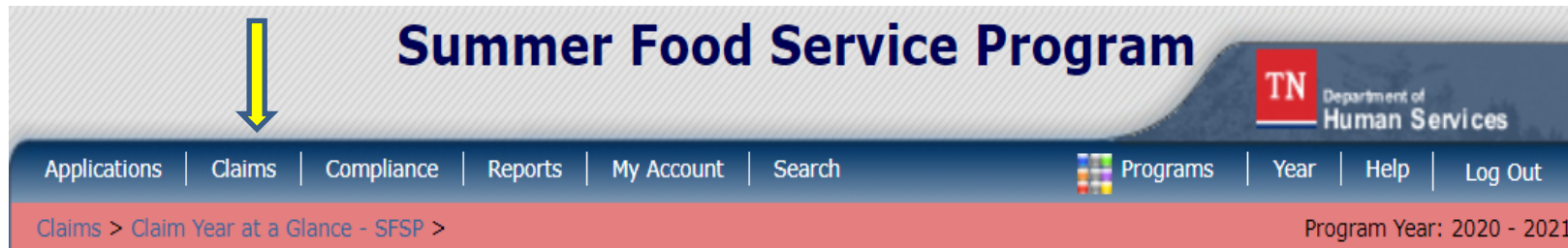
Date Created	This date is set to the current system date when the claim is initially created.
Date Modified	This date is set to the current system date when the claim is initially created and each time the claim is saved.
Date Received	This date is typically set to the date the claim was first submitted to the State. The date can be changed by an authorized State user via the Internal Use Only section of the claim form until the claim has been processed for payment. The value of this field is used to validate the 60-day submission claim rule on an original claim.

Claim Dates

Date Accepted	<p>This date is set to the current system date each time the claim is submitted for payment and contains no errors. If errors are detected during the submit process, the date is not set.</p> <p>These claims are identified with a status of “Accepted.” Accepted claims can be modified until they are included in a payment batch.</p>
Date Processed	<p>This is the date that the claim was added by the State into the batch payment process (in the Accounting module). Once the claim has been added to a batch (i.e., “batched”), it cannot be modified.</p> <p>These claims are identified with a status of “Accepted” until the batch process has completed. When the batch process is completed, the status of the claim is “Processed.”</p> <p>If a change is required to a claim that has a status of “Accepted” or “Processed,” a revised claim must be entered into the system.</p>

Claim Entry

- On the blue menu bar, select Claims.





- From the Claims menu, select the Claim - SFSP.

Item	Description
Claim - SFSP	Summer Food Service Program Claims
Claim Rates	View current claim rates
Payment Summary	Summary of payments made to this Sponsor

Claim Entry

- Select the Claim Month you would like to submit a claim.



Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Oct 2020	0	Processed	12/29/2020	01/08/2021	\$131,542.65
Nov 2020					\$0.00
Dec 2020	0	Processed	02/28/2021	03/09/2021	\$75,398.64
Jan 2021	1	Accepted	04/09/2021		\$64,729.91
Feb 2021	1	Accepted	04/28/2021		\$40,062.43
Mar 2021	0	Pending			\$0.00
Apr 2021					\$0.00
May 2021					\$0.00
Jun 2021					\$0.00
Jul 2021					\$0.00
Aug 2021					\$0.00
Sep 2021					\$0.00
Year to Date Totals					\$311,733.63

Claim Month Details

- “Processed” claims cannot be modified.
- “Accepted” claims can still be modified.

Claim Month: January 2021

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
View Summary	0	03/04/2021	03/04/2021	03/09/2021	\$59,592.99	Processed
View Modify Summary	1	04/09/2021	04/26/2021		\$5,136.92	Accepted
Total Earned					\$64,729.91	

Claim Site List

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Jan 2021	0	03/04/2021	03/04/2021	03/09/2021	Original

Actions	Site #	Site Name	Errors	Status
Add	0074	Pershing Park NCC		
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
View Modify	1041	Katie Sexton Community Center		Validated

Original Claim (Steps 1-3)

1. From the Claims menu, select Claim - SFSP.
2. Select the desired Claim Month.
3. Select Add Original Claim button.

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
There are no claims for this month.						
Total Earned					\$0.00	

< Back

Add Original Claim

Original Claim (Steps 4-5)

4. Under Actions, select Add to the left of the Site Name you wish to add an original claim.

Actions	Site #	Site Name	Errors	Status
Add	0074	Pershing Park NCC		
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
View Modify	1041	Katie Sexton Community Center		Validated

5. For each site claim, enter claim information for all enrolled programs.

Original Claim -5A (1-5): Total Number of Days Food Served

General Information

	Total Number of Days Food Served
1. Breakfast	<input type="text" value="0"/>
2. AM Snack	<input type="text" value="0"/>
3. Lunch	<input type="text" value="0"/>
4. PM Snack	<input type="text" value="0"/>
5. Supper	<input type="text" value="0"/>

Original Claim -5B (6-10): Self-Prep/Vended-Rural Meals Served

Self-Prep and/or Vended-Rural Meals Served to Children

Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, I certify that the Actual Eligible ADP for each Camp session is correct and accurate on the Site Application.

	First Meals Served	Second Meals Served	Camp First Meals Served	Camp Second Meals Served
6. Breakfast	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
7. AM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
8. Lunch	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
9. PM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
10. Supper	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Original Claim- 5C (11-15): Vended-Urban Meals Served

Vended-Urban Meals Served to Children

Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, I certify that the Actual Eligible ADP for each Camp session is correct and accurate on the Site Application.

	First Meals Served	Second Meals Served	Camp First Meals Served	Camp Second Meals Served
11. Breakfast	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
12. AM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
13. Lunch	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
14. PM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
15. Supper	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Original Claim -5D (16-20): Non-Reimbursable Meals & Step 6

Non Reimbursable Meals

	Meals Served to Ineligible Children	Meals Served to Program Adults	Meals Served to Non-Program Adults
16. Breakfast	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
17. AM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
18. Lunch	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
19. PM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
20. Supper	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

6. Select Save.

Original Claim (Steps 7-8)

7. Repeat Steps 3-6 for each desired site.
8. Once all site claims are completed, select the Continue button on the Claim Site List screen.



To submit the claim, check the Certification box and select the Submit for Payment button.

Certification

- I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.



Modify an Unprocessed Claim (Steps 1-3)

1. From the Claims menu, select Claim - SFSP.
2. Select the desired Claim Month.
3. Select Modify.

Claim Month: January 2021

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
View Summary	0	03/04/2021	03/04/2021	03/09/2021	\$59,592.99	Processed
View Modify Summary	1	04/09/2021	04/26/2021		\$5,136.92	Accepted
Total Earned					\$64,729.91	

Modify an Unprocessed Claim (Steps 4-6)

4. Under Actions, select Modify to the left of the Site you wish to view.

Actions	Site #	Site Name	Errors	Status
Add	0074	Pershing Park NCC		
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
View Modify	1041	Katie Sexton Community Center		Validated



5. Update claim information.
6. Select Save.

Modify an Unprocessed Claim (Steps 7-9)

7. Repeat Steps 4-6 for each desired site claim you would like to modify.
8. Once all site claims are completed, select the Continue button on the Claim Site List screen.



9. To submit the modified claim, check the Certification box and select the Submit for Payment button.

Revising a Processed Claim (Steps 1-4)

1. From the Claims menu, select Claim - SFSP.
2. Select the desired Claim Month.
3. Under Actions, select Revise to the left of the Site Name whose claim you wish to revise.



Actions	Site #	Site Name	Errors	Status
View Revise	0072	Robinhood Park NCC		Paid
View Modify	0074	Pershing Park NCC		Approved
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
View Modify	1041	Katie Sexton Community Center		Approved

4. Make any necessary changes to the claim.

Revising a Processed Claim (Steps 5-7)


5. Select Save
6. Repeat Steps 3-5 for each desired site.
7. Once all site claims are completed, select the Continue button on the Claim Site List screen.
 - To submit the revised claim, check the Certification box and select the Submit for Payment button.



Actions	Site #	Site Name	Errors	Status
View Revise	0072	Robinhood Park NCC		Paid
View Modify	0074	Pershing Park NCC		Approved
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
View Modify	1041	Katie Sexton Community Center		Approved

Deleting a Claim (Steps 1-4)

1. From the Claims menu, select Claim - SFSP.
2. Select the desired Claim Month.
3. Select Modify.
4. Select Modify to the left of the Site Name you wish to view.

Actions	Site #	Site Name	Errors	Status
Add	0074	Pershing Park NCC		
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
View  Modify	1041	Katie Sexton Community Center		Validated

Deleting a Claim (Steps 5-8)

5. Select DELETE in the Edit menu in the upper-right corner.



6. The system transfers you to the bottom of the screen and a warning message is displayed.
7. Select the Delete button at the bottom of the page.

Press the 'Delete' button to delete the 2020 - 2021 SFSP Site Claim Report and any related items.
(This cannot be un-done.)



8. Select Finish.

Combining Claim Months -1

- If the Sponsor has <10 days for a month of operation, the Sponsor may submit a combined claim representing the current month + previous month.

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Apr 2020	0	06/01/2020	06/01/2020	06/09/2020	Original

Internal Use Only

Combine month with*: March May

*Note: Claim months that are being combined with this claim month must have less than or equal to 10 operating days in the month being combined with this claim month.



Mar 2020		Combined with Apr 2020			\$0.00
Apr 2020	0	Processed	06/01/2020	06/09/2020	\$68,128.18

Combining Claim Months - 2

General Site Information

14. Operation Dates: Start: 03/25/2020 End: 08/21/2020

15. Enter the number of days the Site will operate each month:

OCT 2019	NOV 2019	DEC 2019	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020
0	0	0	0	0	5	21	20	22	22	15	0

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Apr 2020	0	06/01/2020	06/01/2020	06/09/2020	Original

CFDA Number 10.559

General Information

	Total Number of Days Food Served
1. Breakfast	26
2. AM Snack	0
3. Lunch	26
4. PM Snack	0
5. Supper	0

One-Time Exception

- Program:
- Claim Month:
- TIPS ID Number:
- Date of the Request:
- Organization's Name
- Reason for missing the claim deadline:
- Corrective action to ensure deadlines are met moving forward:
- Signature and title of person submitting request



WARNING: An original claim cannot be submitted by a Sponsor if the received date is more than 60 days from the last day of claim month/year. For exceptions to this rule, contact your Program Specialist.

Note: A sponsor that has been granted a one-time exception cannot request another exception for 36 months.

Recordkeeping

Documentation of the monitoring review during the first 4 weeks of operation if available at time of initial visit to sponsor. If not, then at time of claim verification sponsor visit

Menus
(for review month)

Site information sheets listing current sites, meal types and meal times/types
(TIPS)

Food service management company contract/s (if applicable) and any other documentation pertaining to the meal service

Recordkeeping

Daily and/or weekly meal count records

Delivery Tickets
(if applicable)

Documentation of any program income

Administrative and Operational cost documentation
(timesheets, mileage claim records, receipts for expenses, inventory control sheets, invoices, bank records)







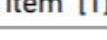





Daily Meal Count (Lines 1-2)

.....
**SUMMER FOOD
 SERVICE PROGRAM**

Sample Daily Meal Count Form

Site Name: _____										Meal Type (circle): B L SN SU										
Address: _____										Telephone: _____										
Supervisor's Name: _____										Delivery Time: _____					Date: ____/____/____					
Meals received/prepared _____										+ Meals available from previous day _____					= _____ (Total meals available)					[1]
First Meals Served to Children (cross off number as each child receives a meal):																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	
141	142	143	144	145	146	147	148	149	150											
										Total First Meals +					[2]					

Daily Meal Count (Lines 3-9)

Second meals served to children:															Total Second Meals +				[3]					
1	2	3	4	5	6	7	8	9	10										[4]					
Meals served to Program adults:															Total Program Adult Meals +				[5]					
1	2	3	4	5	6	7	8	9	10										[6]					
Meals served to non-Program adults:															Total non-Program Adult Meals +				[7]					
1	2	3	4	5	6	7	8	9	10										[8]					
															TOTAL MEALS SERVED =				[9]					
															Total damaged/incomplete/other non-reimbursable meals +				[10]					
															Total leftover meals +				[11]					
															Total of items:			[6] + [7] + [8] = [9]						
																		(Item [9] should be equal to item [1])						
Number of additional children requesting a meal after all available meals were served:																								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15										
By signing below, I certify that the above information is true and accurate:																								
Signature 										Date 														

Reminders

- Daily meal counts are records used to justify claims for reimbursement.
- Accurate point-of-service counts are critical!
- Only complete meals served to eligible children can be claimed for reimbursement.
- The site supervisor must sign and date at the bottom of each form.
- As a sponsor review meal count forms daily!
 - Look for patterns for incorrect meal counts
 - Same number of meals served each day
 - Number of meals served each day is the exact number of meals delivered

Impact of Invalid Claims Submission

- Denial of claim payments
- Sponsor may have to return the reimbursement to TDHS
- Fines
- Possible imprisonment

Claims Upload Using Meal Counter App

Summer Food Service Program

Applications | Claims | Compliance | Reports | Security | Search Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - SFSP > Program Year: 2019 - 2020

DELETE

2019 - 2020 SFSP Claim Site List

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2020	0				

Internal Use Only

Actions	Site #	Site Name	1st Meal Amount	2nd Meal Amount	Previous Amount	Errors	Status
Add			\$0.00	\$0.00	\$0.00		
			\$0.00	\$0.00	\$0.00		Not Eligible
			\$0.00	\$0.00	\$0.00		Not Eligible
			\$0.00	\$0.00	\$0.00		Not Eligible
			\$0.00	\$0.00	\$0.00		Not Eligible
			\$0.00	\$0.00	\$0.00		Not Eligible
Total			\$0.00	\$0.00	\$0.00		Net \$0.00

Upload Data from Meal Counter

DELETE

Review

- Discussed how to navigate claims in the Tennessee Information Payment System (TIPS)
- Discussed important details and information regarding claims
- Briefly discussed the records needed to substantiate submitted claims
- Brief introduction on how to submit a claim using the Meal Counters App

Question
&

Answer

USDA Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

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

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.

Resources

- Administrative Guidance for Sponsors: https://fns-prod.azureedge.net/sites/default/files/sfsp/SFSP_Admin_Guide_Sept2016.pdf
- SFSP Handbooks: <https://www.fns.usda.gov/sfsp/handbooks>
- 7 CFR 225
- FNS Instruction 796-4 Rev. 4
- Tennessee Information Payment System (TIPS) Download Forms section

Thank you!

THANK
You