

CACFP Administrative Handbook

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12. Claiming Reimbursement

To receive a CACFP reimbursement payment, a claim for reimbursement is completed and submitted to School Finance, Kansas State Department of Education (KSDE). School Finance processes the claim and issues a reimbursement payment.

Monthly reimbursement claims must be submitted to School Finance within 60 calendar days following the month to which the claim pertains. KSDE encourages sponsors to complete and submit their claim as soon as possible after the end of the month. Claims can be submitted online through KN-CLAIM. KN-CLAIM is an internet-based system which allows on-line claim submission. Sponsor employees must register to be a KN-CLAIM Designated User and request access to KN-CLAIM through KSDE's Common Authentication webpage. The Sponsor Authorized Representative must activate and assign user permissions for claims in order to access the claiming portion of KN-CLAIM. The KN-CLAIM Handbook for CACFP Center Reimbursement Claims and Quick Reference for Accessing KN-CLAIM can be found at www.kn-eat.org, *Child and Adult Care Food Program, Guidance, Claim Information*.

If a claim has errors, it must be corrected prior to processing. After all errors have been corrected, the claim must be re-submitted. The error message(s) will show on the screen and must be corrected before the claim is processed.

All claims filed through the internet must be certified before payments can be made.

A complete and approved claim will be processed in the next processing period. The reimbursement claim must be submitted and applicable corrections made within 60 calendar days following the month to which the claim pertains.

Completing the Claim Form

General Information

When claiming reimbursement online, the following information will be automatically generated and cannot be changed by the sponsor. Instructions for claiming online can be found at www.kn-eat.org, *Child & Adult Care Food Program, Guidance, Claim Information*.

- ◆ **Sponsor Name** – Name of the sponsor
- ◆ **Sponsor Number** – The number assigned to the sponsor by KSDE (for example, P0001 or X0999).
- ◆ **Claim Month and Year** – The claim period is the month to which the claim pertains. A claim for reimbursement will cover CACFP operations for only one calendar month. For example, the claim period of March is for meals served March 1-31.

- ◆ **Submission Type** – An ORIGINAL claim is the first claim submitted for this claim period. A REVISION will be indicated if a claim for this period has already been submitted and paid.
- ◆ **Site Name** – The name of the individual site. When claiming for multiple sites (paper copy), enter the first site under column 1, the second site under column 2, etc. If there are more than 3 sites, more than one form must be used.
- ◆ **Site Number** – The site number assigned by KSDE.

Meal Count and Attendance Information

- ◆ **Meals Served** – Enter the total number of CACFP meals by type served to participants. Meal counts are recorded daily on a meal count roster. Meal types are breakfast, AM snack, lunch, PM snack, supper, and evening snack.
- ◆ **Number of Days Meals Were Served** – Indicate the total number of days meals were served to participants during this claim month.
- ◆ **Average Daily Attendance** – Calculate the Average Daily Attendance using the instructions below:
 - **Step 1** – At the end of each day, count every participant who was in attendance that day. This is the total daily attendance.
 - **Step 2** – At the end of the month, add together the total daily numbers. This is the total center attendance for the month.
 - **Step 3** – Take the total center attendance and divide by the number of days meals were served.
- ◆ **At-Risk Afterschool Meals** – If claiming on-line, the At-Risk Afterschool Meals information will be entered as a separate claim.
 - **At-Risk Afterschool Meals Total Enrollment** – Enter the total number of children enrolled.
 - **At-Risk Afterschool Meals Served** – Enter the total number of At-Risk meals by type served to participants. At-Risk snacks and meals may be claimed during the school year only. This includes weekends and holidays.
 - **At-Risk Afterschool Meals Number of Days Served** – Enter the total number of days At-Risk meals were served to children during the claim month.
 - **At-Risk Afterschool Meals Average Daily Attendance** – Calculate the average daily attendance using the instructions listed previously but only for At-Risk children.

Income Eligibility Categories

The number of free, reduced price and paid participants establishes the claiming percentages for reimbursement. **This section of the claim form must be completed for the claiming month of October** or any time the enrollment changes by 15% or more. For any other month, the numbers reported for free, reduced price and paid participants may be updated at the sponsor's option.

Number of Free, Reduced Price, and Paid – Indicate the number of free, reduced price, and paid participants who received a CACFP meal service during the claim month.

- ◆ **Enrollment Forms** – Complete and current CACFP enrollment information must be on file in order to claim a participant.
- ◆ **Income Eligibility Forms** – Participants counted in the free or reduced price category must have a current. Income Eligibility Form or the Application for Free and Reduced Price School Meals on file to document the income category. Refer to *Chapter 9, Enrollment & Income Eligibility*, for information about income eligibility determinations and children participating in Head Start, At-Risk Afterschool Meals, Emergency Shelter Programs or are a foster child.
- ◆ **Counting Participants** – Count all enrolled participants who received a CACFP meal or snack at the center during the claim month. Do not count children who **only** received an At-Risk Afterschool Meals snack or meal during the month.

Infants are counted if a center is claiming meals for them during the month. For centers who do not claim meals served to infants, they are not to be included in the number of free, reduced price and paid children.

For home-based programs such as Home Based Head Start or other similar programs, count enrolled children only if a center-based experience is included during the claim month. For example, the children come together two times a month at a central location for a Head Start experience. In this case, any child who is enrolled and has been served a meal/snack at the center in the claim month may be counted. However, if the child does not attend the center-based experience during the month, the child would not be included in the Income Eligibility Categories.

- ◆ **Income Eligibility Categories Summary** – In addition to reporting the required information on the claim form, a separate summary sheet must be prepared listing each participant's first and last name and his/her income category. This list must be completed each time new free, reduced price, and paid numbers are reported on the claim. The list must be uploaded into KN-CLAIM with the claim anytime the income eligibility categories summary is changed. The [Income Eligibility Categories Summary Form \(12-C\)](#) may be used.

For-Profit Child Care Center

A for-profit center is eligible to participate in the CACFP if 25% or more of its enrolled children or 25% of the license capacity (whichever is less) are (1) free and reduced price children or (2) DCF Child Care Subsidy children. If there is a capacity overlap on the license, the overlap will be excluded when calculating the 25% of the license capacity.

- ◆ **Total Enrollment** – On the last day of the claim month, count all enrolled children. Children are enrolled when they have a current and complete CACFP enrollment form on file (See *Chapter 3, Program Participation*).

◆ **Number of Free & Reduced Price Children or Child Care Subsidy Children**

The child care center must use one method to qualify for eligibility each month. A center cannot combine methods in a single month, but can switch methods from month to month.

Method 1 – A center must have at least 25% of the enrolled participants qualify for free or reduced price meals. To qualify, each participant/family must have a **current** Enrollment & Income Eligibility Form on file and the household size and income must meet the income guidelines for the free or reduced price category. A list of children who qualify for the free and reduced price must be compiled and submitted with each month's claim. The For-Profit Free/Reduced Price Meal Summary Form (12-D) may be used. **OR**

Method 2 – A child care center must have at least 25% of the children receiving child care subsidies from the Kansas Dept. for Children and Families (DCF). Centers need to submit a list of children receiving child care subsidies for the month with their claim. The For-Profit Child Care Subsidies Summary Form (12-F) may be used. A new list must be submitted each claiming month. Documentation of subsidy payment should be on file for each child at the center for review. Contact your consultant if you have questions about the child care subsidy documentation.

For-Profit Adult Care Center

A for-profit adult center is eligible to participate in the CACFP if 25% or more of its enrolled participants receive Medicaid benefits for the month of their claim. The numbers of enrolled participants are counted on the last day of the claim month. The For-Profit Medicaid Payment Summary Form (12-E) may be used. Documentation of Medicaid payment should be on file for each participant at the center for review. Contact your consultant if you have questions about the Medicaid payment documentation.

Certification Statement

When submitting claims online in KN-CLAIM, certification will be done within the sponsor level claim.

Claim Revisions

After a claim has been **paid**, a sponsor may discover an error on the reimbursement claim. Errors can occur in any of the areas of the claim form and should be revised. Upward claim revisions must be submitted within **60** days. Revised claims can be submitted by selecting the appropriate claim month and year to revise **in KN-CLAIM**. Correct the appropriate numbers and resubmit. Certify that the claim is correct.

Late Claims

A late claim exception may be granted once every 36 months for an original sponsor claim that is not submitted before the 60-day deadline. A written request to utilize the claim exception, the Corrective Action Plan (12-H), must be submitted to the Director of Child Nutrition & Wellness.

Payments

Reimbursement Payments to Sponsors

KSDE generally processes reimbursement claims each Tuesday for payment at the end of the week. Reimbursement payments to sponsors are made by mail or direct deposit. Sponsors are encouraged to request that reimbursement be electronically deposited.

Money Due to KSDE

All amounts due to KSDE as the result of an audit or review must be paid. If money is owed to KSDE as a result of an overpayment, the amount due may be withheld monthly, or a check for the full refund from the sponsor may be required. Federal regulations require KSDE to charge interest for any amount not paid within 30 days from the date of the notice.

Reimbursement Rates

The United States Department of Agriculture (USDA) adjusts reimbursement rates annually, to be effective each July 1. The current rates of reimbursement for each meal type and for cash-in-lieu of commodities are available at www.kn-eat.org, *Child and Adult Care Food Program, Reimbursement Rates*.

Reimbursement rates are determined by (1) the meal type and (2) the income level of the families of the participants served. The meal types are breakfast, lunch and supper, and snacks. The income levels are free, reduced price, and paid. Reimbursement rates are established with “free” as the highest amount, “reduced price” as a lower amount, and “paid” as the lowest amount.

Cash-in-lieu of commodities (CIL) is an additional amount paid for all lunches and suppers served to participants. **CIL** reimbursement must be used to purchase food that contributes to required meal components.

Reimbursement Calculation

Centers are reimbursed based on (1) reimbursement rates, (2) meal counts and (3) claiming percentages. Centers may estimate their reimbursement payment by using the [Worksheet for Calculating CACFP Reimbursement \(12-G\)](#).