

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

07/01/2019

PROGRAM INSTRUCTION

SUA-20-PI-32 Rescinds: SUA-16-PI-04

TO:	Area Agency on Aging Directors
FROM:	Cynthia Brammeier Administrator, State Unit on Aging
BY:	Erik White, Nutrition Program Coordinator, State Unit on Aging Bob Halada, Fiscal Program Manager, State Unit on Aging
SUBJECT:	NSIP Billing Form
CONTENT:	The Nutrition Services Incentive Program (NSIP) form for billing has been updated to include instructions (attached) on how to complete the new billing statement.
	This form is effective beginning October 1, 2015 (FFY 2016). Please use this new Excel NSIP billing form starting with the October billing.
	To ensure you are using the most recent version, download the Excel version on the website, make the changes, and save it with your AAA name-date.
	If you have questions, please contact Erik at 402-471-4732 or Attn: Erik at <u>DHHS.aging@nebraska.gov</u>

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

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How to fill out the NSIP Report

DEPT. OF HEALTH AND HUMAN SERVICES

The NSIP form has been updated to provide easier and more consistent reporting. If you notice any typos or would like to make suggestions, please contact <u>DHHS.Aging@nebraska.gov</u>.

There are two spreadsheets in the NSIP Report workbook. The first tab is the Meal Report spreadsheet (it should look similar to what you filled out previously); the second is the Adjustments spreadsheet.

Meal Report

This form will be submitted for NSIP reimbursement. A number of fields have been automated to make data entry easier. You will only need to make changes to the grey cells on this spreadsheet.

1. Choose your AAA from the drop down menu in the C4 cell.

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4	AAA		0
	Nam	AOWN	
5		ENOA	
-	Add	MAAA NENAAA SCNAAA	

2. The Name, Address, and Address Book # will populate based off of the AAA chosen.

AAA:	BRAAA	Month Year:	
Name:	Blue Rivers Area Agency on Aging	Federal FY:	FY2016
Address:	1901 Court St. Beatrice, NE 68310	Address Book #:	539491

3. You can choose the calendar month you are reporting on in the E4 cell.

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23					
4	AAA:	BRAAA		Month Year:	
5	Name:	Blue Rivers Area Agency of Aging	Febr Man April May	cp naů.	
	Address	E 1901 Court St. Beatrice, NE 68310	Aug Sept	çmber	

4. In the F4 cell, select the current calendar year.*

IEAL R	EPORT/REQUEST FOR NSIP C	ASH-IN-LIEU OF C	OMMOD
AA:	BRAAA	Month Year:	July
lame:	Blue Rivers Area Agency on Aging	Federal FY:	2016 2017 2019
ddress	: 1901 Court St.	Address	2019

5. The top of the Meal report should look similar to the image below. *

AAA:	BRAAA	Month Year:	October 2015
Name:	Blue Rivers Area Agency on Aging	Federal FY:	FY2016
Address:	1901 Court St. Beatrice, NE 68310	Address Book #:	53 949 1

- * The calendar and fiscal year drop down lists will be updated as needed by the SUA.
 - 6. In the greyed out E13 cell, enter the AAA's NSIP eligible congregate meals for the month.

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Ū.		Number of ELIGIBLE NSIP MEALS serve	ed each MONTH. DO NOT	CUMULATE		
1		ELIGIBLE meals are meals served thro	ugh an AoA Title IIIC fund	ed program.		
2						_
3 A) COI	NGREGATE		1,0	00	
4 B) HOI	ME DELIVERED			Later 3 whole	
5	4		and the second second second second		te gester to	40

7. Type In the AAA's NSIP eligible home delivered meals for the month in the E14 cell.

1	8	0	E	F
0	Number of ELIGIBLE NSIP MEALS set	ved each MONTH DO NOT	CUMULATE.	
	ELIGIBLE meals are meals served th	rough an AoA Title IIIC fund	led program	
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				Inter a other
	Document any PREVIOUS MONTH'S discre	pancies that will impact TH	IS MONTH'S	transpar Batta
	Fill out the adjustments on the new	it tab, they will populate in	these cells.	maiped by B

Sign and Date

If you do not have any adjustments to report, you can sign and date the **Meal Report**. If you need to report payment adjustments, continue to the **Adjustments** section.

Signatures:

- You can print the report page(s), and have the Director physically sign the report
- You can copy and paste the electronic signature in the appropriate cell, however you must right click and choose Match Destination Formatting (M) under Paste. This keeps the cell unlocked for future editing.

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10	Paste Options:	
	1	-
	Past Match Dection	tion Formatting (11)
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Date:

- The Date by the Director Signature line is set to auto-populate to today's date.
- If you would like to have a different date, you can highlight the cell, and press the Delete button.

Send the Meal Report worksheet to the SUA at DHHS.Aging@nebraska.gov.

Adjustments

The Adjustment tab has been set up to easily report and track any payment corrections that take place on a month to month basis. If you switch to the Adjustments tab, you will notice that AAA and Month/Year above the table are populated from the Meal Report worksheet. Similarly, the Month Adjustment Made field will auto-populate with your current reporting month.

8. On the Adjustments tab, within the B6 cell, enter the Service Provider's name.



9. Enter the number of meals that need to be adjusted. In the example below, 60 congregate meals need to be paid to the AAA from SUA.

Service Provider	Month Adjustment Made	Congregate Meals Adjusted •	HD Migals Adjusted	Client
Fairbury Senior Center	July 2015	60		
		Entern payme Entern payme Leavel	egative number int from AAA to eastive number nt fram SUA to blank if not appl	is to return SUA, s to receive AAA icable

10. In the Month of Service Affected field, the month and year should be recorded. You can type "Jun-15" or "June 2015" or "6/1/2015" or another June 2015 date. It will format to "Jun-15".



11. Enter the reason for adjustment in the corresponding cell.

Service Provides	• •	Month djustment Made	Congregate Meais Adjusted •	HD Meals Adjusted	Client	Month of Service Attected	Reason for adjustment :
Feirbury Senior Center		July 2015	60			Jun-15	Congregate meals were not reported in June 2015.
				1			
	- 12		-				

12. Make as many adjustments as needed. You can copy and paste the July 2015 under Month Adjustment Made, or you can fill down, or type it in each time. How you fill out the adjustments worksheet depends on the information. For example, each service provider should have its own row.

Fairbu	iry Senior Center	1
АІека	ndria Sen <mark>lor C</mark> ent	er i
Wym	are Seniar center	

But if you are changing both Congregate and HD meals for the same service provider, you may want to have two separate rows – this will give you more room for explanation.

Service Provider	Month Adjustment Made	Congregate Meals Adjusted •	HD Meals Adjusted
Fairbury Senior Center	July 2015	60	
Fairbury Senior Center	July 2015		-10

You may also want to break it down by client....

Fairbury Senior Center	July 2015	13		CB	Jun-15	Congregate meals were not reported in June 2015.
Fairbury Senior Center	July 2015	-12		АН	Ju n-1 5	Received Medicare Walver for client's 12 congregate meals, originally paid with NSIP funds.
Fairbury Senior Center	July 2015		-10	EM	Jun-15	Received Medioare Waiver for client's 10 home delivered meals, originally paid with NSIP funds.

13. Once all information is entered, there will be two total fields (one under congregate, one under HD). These numbers are automatically carried over into the Meal Report tab.

Service Provider	Month Adjustment Made	Congregate Meals Adjuster	HD Meals Adjusted	Client	Month of service	Season for adjusting itt
Fairbury Senior Center	July 2013	50		and a	Jun-15	Congregate meals were not reported in June 2015.
Alexandria Senior Center	July 2015	-12		АН	Jun-15	Received Medicare Waiver for client's 12 congregate meals, originally paid with NSIP funds.
Wymore Senior Center	July 2015		-10	EH	Jun-15	Received Medicare Waiver for client's 10 home delivered meals, originally paid with NSIP funds.
						_
Total		48	-10			

Go back to the Meal Report worksheet. The total numbers are in the appropriate adjustment lines.

The E) TOTAL MEALS: row sums the current month's reported meals with the meal adjustments and reports a single total for meals. The Total meals are multiplied by the Current Reimbursement Rate and provides a Total Reimbursement amount.

Sign and Date

Go to the Meal Report tab.

Signatures:

- You can print the report page(s), and have the Director physically sign the report
- You can copy and paste the electronic signature in the appropriate cell, however you must right click and choose Match Destination Formatting (M) under Paste. This keeps the cell unlocked for future editing.

*	Cut
-	Copy
12	Paste Options:
	Past
	Match Destination Formatting (M)
	Incat

Date:

- The Date by the Director Signature line is set to auto-populate to today's date.
- If you would like to have a different date, you can highlight the cell, and press the Delete button.

Send both worksheets to the SUA at DHHS.Aging@nebraska.gov.

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MEAL REPORT: REQUEST FOR NSIP CASH-IN-LIEU OF COMMODITIES

AAA:	Month Year:	
Name:	Federal FY:	FY2019
Address:	Address Book #:	

The number of meals for cash reimbursement is based on the following:

Number of ELIGIBLE NSIP MEALS served each MONTH. DO NOT CUMULATE. ELIGIBLE meals are meals served through an AoA Title IIIC funded program.

A) CONGREGATE	
B) HOME DELIVERED	

Document any **PREVIOUS MONTH'S** discrepancies that will impact **THIS MONTH'S** billing. Fill out the adjustments on the next tab, they will populate in these cells.

C) CONGREGATE ADJUSTMENTS:	0	
D) HOME DELIVERED ADJUSTMENTS:	0	
E) TOTAL MEALS:	0	

REIMBURSEMENT RATE

Number of ELIGIBLE MEALS for which reimbursement is requested multiplied by CURRENT REIMBURSEMENT RATE equals the amount of the reimbursement.

CURRENT REIMBURSEMENT RATE:	\$0.70
TOTAL REIMBURSEMENT:	\$0.00

SIGNATURES:

AAA DIRECTOR

6/17/2019 DATE

STATE UNIT ON AGING FISCAL PROGRAM MGR

DATE

SUA USE ONLY - OnBase #: _____

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Month Congregate **HD** Meals Month of Adjustment Meals Service Provider Adjusted Client **Reason for adjustment** Service Made Adjusted Affected 0 0 Total

Enter a negative number if the AAA needs to reverse a previous payment to the AAA. (example: other form of payment received) Enter a positive number if the SUA needs to send payment to AAA. (example: service provider did not report previous numbers)

ADJUSTMENTS TO NAMIS MEAL NUMBERS