



PROGRAM INSTRUCTION

SUA-20-PI-32

07/01/2019

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 DHHS.aging@nebraska.gov



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

How to fill out the NSIP Report

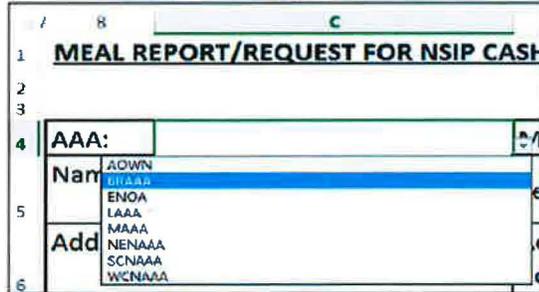
The NSIP form has been updated to provide easier and more consistent reporting. If you notice any typos or would like to make suggestions, please contact DHHS.Aging@nebraska.gov.

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.

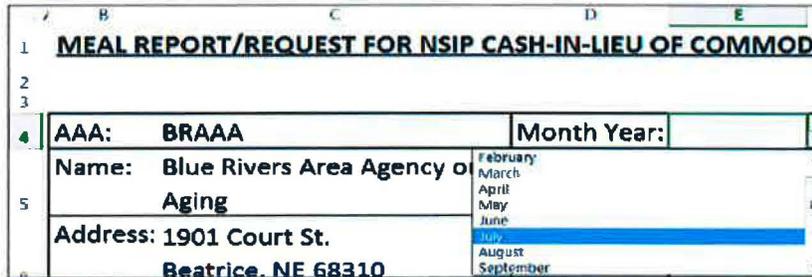
1. Choose your AAA from the drop down menu in the C4 cell.



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.



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

| MEAL REPORT/REQUEST FOR NSIP CASH-IN-LIEU OF COMMODITIES | | | |
|--|-------------|------|--|
| AAA: BRAAA | Month Year: | July | |
| Name: Blue Rivers Area Agency on Aging | Federal FY: | 2015 | |
| Address: 1901 Court St. | Address | 2016 | |

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 #: | 539491 |

* 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.

| Number of ELIGIBLE NSIP MEALS served each MONTH. DO NOT CUMULATE | |
|--|-------|
| ELIGIBLE meals are meals served through an AoA Title IIIIC funded program. | |
| A) CONGREGATE | 1,000 |
| B) HOME DELIVERED | |

Document any PREVIOUS MONTH'S discrepancies that will impact THIS MONTH'S

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

| Number of ELIGIBLE NSIP MEALS served each MONTH. DO NOT CUMULATE | |
|--|-------|
| ELIGIBLE meals are meals served through an AoA Title IIIIC funded program. | |
| A) CONGREGATE | 1,000 |
| B) HOME DELIVERED | 2,000 |

Document any PREVIOUS MONTH'S discrepancies that will impact THIS MONTH'S

Fill out the adjustments on the next tab, they will populate in these cells.

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.



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.

| | Service Provider | Month Adjustment Made |
|---|------------------------|-----------------------|
| 1 | | |
| 2 | | BRAAA A |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | Fairbury Senior Center | July 2015 |

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 Meals Adjusted | Client |
|------------------------|-----------------------|---------------------------|--|--------|
| Fairbury Senior Center | July 2015 | 60 | | |
| | | | Enter negative numbers to return payment from AAA to SUA. | |
| | | | Enter positive numbers to receive payment from SUA to AAA. | |
| | | | Leave blank if not applicable. | |

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".

| Month of Service Affected | Reason for adjustment |
|--|-----------------------|
| Jun-15 | |
| Enter date with first of month i.e.: 6/1/2015 for Jun-15 | |

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

| Service Provider | Month Adjustment Made | Congregate Meals Adjusted | HD Meals Adjusted | Client | Month of Service Affected | Reason for adjustment |
|------------------------|-----------------------|---------------------------|-------------------|--------|---------------------------|--|
| Fairbury Senior Center | July 2015 | 60 | | | Jun-15 | Congregate meals were not reported in June 2015. |
| | | | | | | |
| | | | | | | |

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.

| Service Provider |
|--------------------------|
| Fairbury Senior Center |
| Alexandria Senior Center |
| Wymore Senior center |

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.



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.



**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 #: _____

