



Minute Menu HX Sponsor Solution

User's Manual

Effective v 2.20.1
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I. Monthly Processing Tasks

You must process your Providers' claims each month. Minute Menu allows providers to record claims in 3 different formats, and those claims can be processed in 4 ways (because handwritten forms can be handled manually or as Direct Entry claims). This guide should be followed each month in order to process Provider claims most effectively:

	Providers Claiming via Scannable Forms	Providers Claiming via the KIDS	Providers Claiming via Handwritten Forms
Usually started and (sometimes finished) before the 1 st of the month			
1.	Advance your Current Claim Month (advance on the last day of the month or earlier if you begin changing provider information for the upcoming month) - see § 2		
2.	Manage Provider Information (keep provider files up to date with correct Tier and Licensing info, remove old / enroll new providers as necessary) - see § 3		
3.	Enter any State/Federal Holidays for the FOLLOWING month - see § 5		If handled manually by menu reader, this is not necessary. But it is necessary for Direct Entry claims.
4.	Enter any school district-wide or sponsor-wide school holidays or vacation days for the FOLLOWING month - see § 5		If handled manually by menu reader, this is not necessary. But it is necessary for Direct Entry claims.
Begun after the 1 st of the month			
5.	Open the mail, track received claims, and organize provider material into batches - see § 9	Open the mail (Child Enrollment Reports only)	Open the mail (as you do currently) & track received claims
6.	Manage Child Withdrawals (from submitted CIF's) - see § 4	Not necessary (Providers do it themselves)	Manage Child Withdrawals (from submitted CIF's or any manual forms you continue to use)
7.	Scan & Validate Enrollment Forms (cross referencing the child info from the CIF's) - see § 10, 4	Activate New Children (cross referencing received, signed Child Enrollment Reports)	Manually enroll new children
8.	Manage Child Tier information (supply IE info for new children in mixed Tier homes) - see § 4	Finish managing Child Tier information	Manage Child Tier information (if not supplied when enrolling the children)
9.	Manage all other CIF information a. School-out / child sick days b. Providers' days closed c. Providers' days open on holidays d. Children starting school e. Infants now requiring special diets - see § 4	Not necessary (Providers do it themselves)	For Direct Entry claims, you must manage all other CIF information. If these are handled manually, then you need only update child information, like school eligibility and special diets.
10.	Note any Doctor's statements that you've received for infants requiring a special diet		- see § 4
11.	Scan Review Forms / Manually add Review information - see § 6		
12.	Scan & Validate Menu Forms (Infant Menus on top of Regular Menus for each Provider, with each Provider's claim kept together) - see § 10	Not necessary (info transmitted automatically from provider)	If handled manually by menu reader, this is not necessary. For Direct Entry claims, manually review the foods then Record Full Month Attendance. - see § 11
13.	Process Claims (via software) - see § 12		If handled manually, Process claims by hand and enter results as Manual Claim. For Direct Entry claims, Process Claims.
14.	Review the processed Claims, and make claim changes or re-process as necessary - see § 12, 13		If handled manually by menu reader, this is not necessary.

In addition to these tasks, on a monthly basis you will also perform other tasks (although not necessarily in this specific order):

- Prepare and print state claim reports for your original claim submission to the state
 - See § 14
- Print provider checks, issue provider direct deposits, and/or generate provider payment information for your accounting system
 - See § 15
- Print provider error letters to mail to non Kids providers.
 - See § 12
- Manage claim adjustments and late provider claims
 - See § 12, 13

Monthly Operating Procedures

The preceding chart indicates the order in which you must perform your monthly processing tasks, but it doesn't provide any overall guidance as to how long or how much staff each task should take. Sponsors who are new to Minute Menu will find that adopting Minute Menu in their offices dramatically changes their operating procedures and the tasks that personnel are required to perform.

To provide a frame of reference for those Sponsors, the following is a general outline of a typical month once Minute Menu has been adopted, assuming about 750 claiming providers, 500 with forms and 250 with KIDS. In this example, we assume:

- the cut-off date to receive claims from Providers is the 5th
- the original claim is due to the state on the 12th of the month
- you receive funds from the state about 2 weeks after that submission, on the 26th.

This example also assumes you used a Scantron OpScan 6 scanner.

Monthly process timetable sample:

Month Date(s)	Task Description	Personnel Required
1-5	<ul style="list-style-type: none"> • Open the mail – Task 5 • Continue with any provider/child file updates – Task 2 	2 people to collate & correct forms, and follow-up with Providers as necessary
6	<ul style="list-style-type: none"> • Manage all Enrollment & CIF issues – Tasks 6-10 • Scan Review Forms – Task 11 	1 person to scan & validate 1-2 person(s) to do the CIF work & misc. child file work
7	<ul style="list-style-type: none"> • Scan & Validate Menu forms (for 500 claims; the 250 KIDS claims come in automatically) – Task 12 • Process Claims (process KIDS claims at the beginning of the day; start processing scannable form claims at end of day) – Task 13 	1 person to scan & validate, same person starts processing claims; 2 nd person begins reviewing processed claims
7-9	<ul style="list-style-type: none"> • Review Processed Claims, make changes & re-process as necessary – Task 14 	2 people (although only 1 person does this on the 7 th)

10	· Submit Claim to State	1 person
11-31	· Scan & Process late claims & adjustments – Tasks 5-15 · Submit late claims to state as necessary	1-2 people
15-31	· Update Provider / Child files for upcoming month – Task 2 · Update upcoming Sponsor & School District calendars – Tasks 3-4	1-2 people
23	· Print checks & stuff envelopes (performed ahead of time to ensure they get out as soon as funds are received; direct deposit ACH file created but not sent to bank until 26) · Balance state claim with this payment batch	1-2 people
30	· Advance Claim Month – Task 1	1 person

Your First Few Months With Minute Menu

As you can tell from the above outline of monthly procedures, Minute Menu HX can be tremendously helpful in decreasing the amount of time you spend managing claim information each month, depending upon how you structure your workflow. The Task List above provides a step by step approach to ensure that you handle each claim in it's entirety, and the above procedural example shows you how to deal with your claim paperwork each month. But as you get started with Minute Menu, you will not see an immediate improvement in your operating efficiency. In fact, you may find that it takes longer to deal with your Provider claims, as Sponsors new to Minute Menu are faced with learning the software themselves and with training their Providers on a new claim paperwork format.

As a result, you should start small, and gradually increase your caseload and the size of your processing batches as your office staff becomes accustomed to Minute Menu's operation. We recommend that as you get started with Minute Menu, you split your Providers up into very small batches of about 5 Providers, and proceed through each of the above steps for only those 5 Providers at a time, spending a great deal of time on Step 14.

As you and your staff become more comfortable with Minute Menu, and as your Providers show more comfort with the new Minute Menu paperwork format, you'll want to increase the size of your batches. Eventually, you will be able to go through each of these steps for all of your Providers at once, methodically finishing each step for all provider claims rather than just 5 Providers at a time. So you could scan 500+ provider claims at once, and you could process 500+ provider claims at once. Additionally, as your Providers become more comfortable with Minute Menu, and as you become certain that the information you store in Minute Menu is accurate, the amount of time you spend on Step 14 will be dramatically reduced, and can be phased out entirely for some Sponsors.

After You Install: What to do First in Minute Menu HX

One Time Maintenance / Setup Tasks

When you have just started using Minute Menu HX, there are several miscellaneous things that you should do first to make sure Minute Menu HX is ready for you to use. The following list includes all of these one-time tasks you should do, although depending upon how you use Minute Menu, some may or may not be of relevance:

1. Setup Monitors (see chapter VI)
2. Setup User Login Accounts (see chapter XXI)
3. Verify your Foods have been properly created (go to Reports>>Menu Planning>>Food List Report)
4. Setup any Food Frequency Rules (the twice weekly Cookie Check, for example; see chapter XVII)
5. Setup any Food Combination Rules (so oranges and orange juice can't be claimed together, for example; see chapter XVII)
6. Verify any Master Menus or Cycle Menus that may exist; create your Master Menus or Cycle Menus (see chapter XVII)
7. Setup Training Types (see chapter VIII)
8. Verify School Districts (use the list in the Manage School Districts Calendar, see chapter V)
 - a. Do you have any year-round tracts that must be set up that aren't in your current list of school districts? If so, contact Minute Menu support.
9. Setup Claim Hold Reasons (use the menu Claims >> Edit Hold Reasons)
10. Setup Message Categories (see chapter VII)
11. Manage Serious Deficiency Reasons and Events (see chapter XVI)
12. Advance to the correct Current Claim Month (see chapter II)

Setup Your Providers

Once you've taken care of the initial maintenance tasks, then you're ready to start using Minute Menu in its entirety. This all starts with your Providers: you must setup each Provider within Minute Menu. Even if only a small number of your Providers are claiming via Minute Menu forms or KIDS initially, you should enroll all of your Providers within the Minute Menu database. Once all of your Providers are enrolled within Minute Menu, you can manage your monthly state claim within Minute Menu, pay Providers out of Minute Menu, track & manage all home visits within Minute Menu, etc.

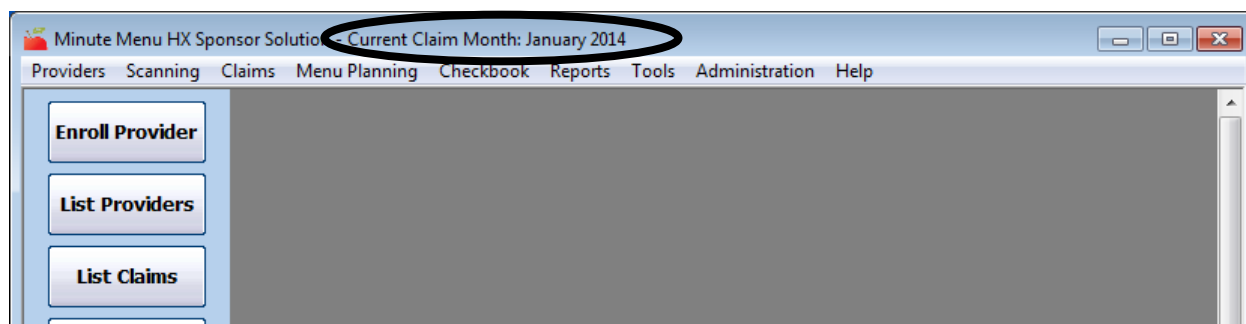
To start, go to the Enroll Provider Wizard and begin enrolling your Providers step by step. For more information, see the *Managing Provider Information* chapter in this manual.

You don't need to have all of your children in the Minute Menu database, initially. But you will want to get those children in as soon as is practicable. Try to rely on your Providers to do this work for you as much as is possible: remember, they can enter children themselves using KIDS or by filling out scannable child Enrollment Forms. To handle Direct Entry claims, though, children must be in the Minute Menu database. (For more information on Direct Entry claims, see the chapter on *Direct Entry of Manual Forms*).

II. Managing Your Current Claim Month

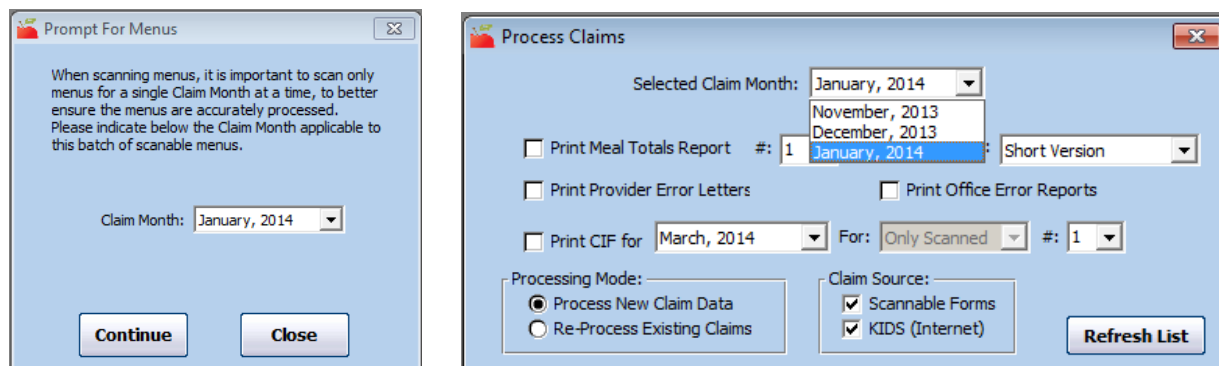
Minute Menu HX tracks a great deal of information that is claim-month specific. Provider information and child information change on a monthly basis, so each month that information is saved on a claim month specific basis for accurate, auditable records. In addition, claims that come in late from providers must be dealt with appropriately – and late claims must be limited to only the most recent 3 months. Other information is also affected by your claim month. (For agencies in California, the month in which a “Modify” provider appears on the California Change Request is also controlled by this current claim month.)

As a result, Minute Menu HX always tracks your current claim month independently of your computer’s date. But it’s always very easy to tell what your current claim month is. Once you login to Minute Menu HX, you will notice that the current claim month is always displayed on the title bar of the software:



The Current Claim Month should, in most cases, be the month immediately prior to the current calendar month. It is the claim that you’re currently working on.

The Current Claim Month will limit what months you are allowed to scan and to process. For example, when you scan menu forms, you are always prompted for the claim month of the batch you are scanning:



In this case, the Current Claim Month is June 2009. If you wanted to scan / process claims for July 2009, that means you’ll need to Advance your Claim Month to July 2009.

Advancing the Current Claim Month

To advance your current claim month, go to the menu bar **Claims >> Advance Claim Month**. This will present you with the Advance Claim Month interface, noted here to the right.

Click the [Advance] button to change your claim month. You may also want to check one or more of the following options:

1. **Re-compute & Update remaining Training Period for all Providers.** Check this box if you wish to update the remaining Training Period count for all of your Providers. Checking this box will actually change the Remaining Training Period values in your Providers' files – so, if you don't want the system to automatically change these values, do not check this box. For more information on Training Period, see the Remaining Training Period description in the *Managing Provider Information* section of this manual.

Advance Sponsor Claim Month

Please note: You should only advance the claim month after you are completely done with the claim month in question. For example, you would want to advance the claim month to February only on or after March 1st, as you begin to deal with February's incoming claim information.

Current Claim Month:	Advance to:
January 2014	February 2014

Recompute and Update remaining Training Period count for all Providers

Automatically reset Provider/Child Tiers to Tier 2 if Tiering expired in the selected month or earlier.

Withdraw all children whose Enrollment expires in the selected month or earlier:

January 2014

February 2014

Withdraw children who are 13 years old or older as of the last day of the selected month.

Advance Cancel

- a. **Specific Logic:** The system will examine all Providers whose Training Period Count is 1 or more. It will then look at the Provider's Remaining Training Period "Claims as of" Date. Then it will look at all claims received for that Provider since that Remaining "Claims as of" Date (including that date itself). The system will subtract this count of claims from the Remaining Training Period Count, and change the Remaining "Claims as of" Date to the month following the last claim received by that Provider.
 - b. **Implications:** When printing the Provider Training Period Report, the information will be accurate for all of these Providers who are still in training. But you might have inaccurate information if you generate this report for several months back, as the Provider's Training Period computation information will not be accurate for any month prior to the Remaining "Claims as of" date.
2. **Automatically reset Provider/Child Tiers to Tier 2 if Tiering expired.** All Providers and Children have effective starting and ending dates for Tiering saved in their files. So a Tier 1 Provider may have an Income Date of 10/1/2008 – 9/30/2009. Once you start processing claims for October 2009, this Provider will no longer be treated as Tier 1, and instead will be reimbursed at Tier 2 rates, since the Claims Processor looks at these effective dates. But the Provider's file will continue to have a Tier 1 designation until you manually change it to Tier 2, since the Provider's Tier 1 eligibility is expired. If you check this option, Minute Menu will automatically change all Tier 1 Providers to Tier 2 if their Tiering eligibility has expired (and all 3 tiering factors must be expired, with end dates prior to the month being advanced to). This option will do the same for your Tier 1 Children (of Mixed Tier Providers). Given the importance of Tiering data, most agencies choose to do this manually. So if you do check this option, be very certain that your eligibility dates are all completely accurate. Likewise, the first time you use this function, it is usually a very good idea to generate reports of your Provider & Child Tiering data before you advance the claim month, and generate the same reports once you have advanced the claim month, to ensure you understand exactly what this checkbox does to your Provider & Child data.

3. **Withdraw all children whose enrollments expires in the selected month or earlier.**
This option will only be visible if you have chosen to store enrollment expiration dates for all your children as part of the annual child re-enrollment process. These enrollment expiration dates are extremely useful to ensure that children who aren't re-enrolled are not reimbursed more than one year after their date of enrollment. But those children will remain active, even after their expiration, unless you manually withdraw those children (in Manage Child Information, List Children, or the Renew Child Enrollments function) or the provider withdraws the child in KIDS. In some cases, it's simply not convenient to manually withdraw these expired enrollments. So you can put a check in this box to automatically withdraw these children when you advance your claim month. When doing so, you can choose to withdraw children that have already expired, prior to the month you are advancing to. Or you can choose to withdraw children whose enrollment expiration date is in the upcoming month. Doing the former option tends to be a bit safer in case you have some enrollment renewals straggling in – but these expired children may still end up printed on CIF's that are going out that month. Choosing the latter means that no expired enrollments will be printed on CIF's for the upcoming month. The children will be assigned withdrawal dates equal to their enrollment expiration dates.
4. **Withdraw children over 13 years old.** Minute Menu will automatically disallow children who are too old to be claimed. But, those children typically remain active in the system unless you (or the provider) manually withdraws those children. If you choose this option, any child over 13 years of age as of the end of the current claim month (the month being advanced from) will be withdrawn, unless the child is special needs or a migrant worker child.

Getting Started in the Right Month

If you are just starting with Minute Menu HX, the software's current claim month may be several months behind the actual current claim month. If this is the case, you will need to run this function several times, until you bring the software's current claim month up to your actual current claim month (typically one month behind the month of the current date).

How to Set the Month Backwards

In some cases, you may find it necessary to move your current claim month backwards, rather than forwards. To do this, go to **Administration >> Manage Sponsor Information**. An option on the bottom of that screen allows you to change the claim month forward or backwards, without performing any other data-related checks. Use this if you need to set the month back for any reason, whether temporarily to edit one claim, or for an entire month (if the claim month was advanced one month too far accidentally).

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III. Managing Provider Information

Minute Menu HX will store and track every aspect of information associated with a Provider required by the CACFP. It also allows you to access that information in a variety of different ways, as your needs dictate. This section of the manual describes how to create new Providers, manage existing Provider information, and find specific Provider information for which you may be looking. In addition, it offers some detail as to what each piece of Provider information is used for, to help you understand how this information will impact Processed Claims. It's important to be dedicated to accuracy with respect to managing your Provider files in Minute Menu HX: Accurate claim reimbursements start with accurate provider information!

Enrolling New Providers

When you need to enroll a new Provider in Minute Menu HX, you will use the Enroll Provider Wizard. This wizard will walk you, step-by-step, through the process of adding a provider. The steps are outlined below. In some cases, not all steps will be necessary, but it is important that you enter the provider's information thoroughly so that claim reimbursements will be accurate.

At each step in the process, the system will check to make sure you've entered all information required. The system will double-check that some of the data you enter is logically correct (i.e. that the start date is before the end date, etc.), but keep in mind that it will not check for typos. You do not have to fill in all of the fields in order to enroll the provider (you will receive a message if you miss a required piece of data), but you should keep in mind that taking the time now to enter as much information as you have on the Provider will benefit you in many ways – including increasing the likelihood of an error-free claim and providing data for the multitude of reports available in Minute Menu HX.

Navigating the Enroll Provider Wizard

To access the Enroll Provider Wizard, go to the menu **Providers >> Enroll Provider Wizard**. This menu option has a cascading menu that appears to the right, with the option **New Provider** listed, and possibly others. To begin a brand new Provider's enrollment, click the New Provider option. The Wizard has been designed with convenience in mind, so if you previously started but did not finish a Provider's enrollment, that Provider will show up in the cascading list to the right. To continue with that Provider's enrollment, choose that Provider's name instead of the New Provider option.

Once you've begun the Enroll Provider Wizard, you'll be presented with a Wizard Start Screen which shows what has already been completed for the given Provider. Simply hit [Continue] or [Start] (if it's a brand new enrollment) to enter that Provider's information.

Use the [Back] and [Next] buttons to move through the tabs in the Enroll Provider Wizard. You must enter the required information for each tab before you will be able to advance, using the [Next] button, to the following tab, but you can return to a previous tab using the [Back] button at any time.

The [Close for Now] button will save the provider’s enrollment for completion at a later time. If you leave the Enroll Provider Wizard before completing a provider’s enrollment, you will be able to access that provider’s enrollment again from the Provider’s menu at the top of the program screen. The provider’s name will appear in the cascading menu mentioned above.

Any time after you’ve begun a Provider’s enrollment and before the enrollment is completed, a provider’s unfinished enrollment can be deleted by accessing that Provider in the Wizard and clicking the [Delete] button at the bottom of the Wizard window after it opens. This completely deletes that Provider from the system database.

You are limited to 9 unfinished Provider enrollments in progress at any one time.

Note: If you have started the Enroll Provider Wizard, but canceled the enrollment before any Provider information was supplied (like the Provider’s name or ID), then you may see a line in the cascading list of Providers pending enrollment labeled “Error: Click here and delete provider”. If this appears in your Enroll Provider Wizard list, click on the error line, click [Continue] on the Wizard start screen, then click [Delete] within the Wizard window after it opens.

Starting the Wizard

1. Open the Enroll Provider Wizard by going to the menu **Provider >> Enroll Provider Wizard >> New Provider** (or choose a specific Provider to continue a previously-started enrollment).
2. You’ll be presented with a Wizard Start Screen indicating the different categories of information that you will be asked to enter. Select the [Start] button when you are ready to begin enrolling the provider (or select the [Continue] button to continue a previously-started enrollment).

Specific Screen Details

General Tab: Use this screen to enter general information about the Provider. Any field noted with an asterisk (*) is required. **Please note:** depending upon your system setup, not all the fields you see described in the list below (for this and all tabs) will actually appear on your screen. If you don’t see it on your screen but would like to have one of the fields described below, check under **Administration >> Manage Sponsor Preferences**. **Also note:** Some fields listed below will not show up when you are in the Enroll Provider Wizard, even though they will show up when you access a Provider you’ve previously created.

1. **Name.** Enter the provider’s full name as you would like it to appear on her/his paperwork.
2. **Provider ID.** This number will be the Provider’s primary identification number for the remainder of her/his enrollment at your sponsorship. The Provider will use this number when filling out forms, or use a variation of this number when logging into KIDS. This number will appear on all Provider reports.

When you enroll a new Provider, the screen will show the lowest unassigned provider number available in your system. This feature is provided only as a helpful tool. You do not have to choose this number for the Provider ID. You may assign any ID that you wish.

Required Fields for This Screen:
 Provider First Name
 Provider Last Name
 Provider ID
 Original CACFP Start Date
 * Other fields may be required

Many Sponsors will use a state-assigned

License ID or Food Program Contract number here, assuming that ID is numeric and 6 digits or less. This Provider ID fields has a maximum of 6 digits, but may be set lower for some Sponsors. (Even if you don’t or can’t use License ID or some other state-assigned ID number as the Provider ID, you can still store those other numeric identifiers elsewhere in the Provider’s file in Minute Menu HX. See the individual fields below.)

If you enter a provider number that is already in use, you will be prompted to enter a different ID number when you attempt to move to the next screen. The Provider ID field is a numeric only field; no dashes, letters, or other punctuation can be entered.

A note on Enrolling Providers for larger agencies: if you enroll two different Providers at the same time from two computers with Minute Menu HX installed, there is a chance that the next available Provider ID will already be in use. So, be sure to verify that the Provider ID number you assign is actually unique after you enroll a Provider. If two Providers are being enrolled at close to the same time by users on two different workstations, the system may erroneously assign the same Provider ID to both Providers. If you can avoid this situation – designating only one user to enroll providers, or at least making sure only one enrollment is done at a time – then you won’t have to worry about this possibility.

As you enter a Provider ID, the Login ID will be updated automatically.

The Provider ID should not be changed once a Provider is set up, to ensure consistency of your historic reports. If for some reason a Provider’s ID must be changed, you can do so by changing this value here. However, if you change a Provider’s ID for a Provider using KIDS, please note that (A) the Provider’s Login ID will change as well and (B) you will need to contact our offices, as we will need to reset that Provider’s KIDS login account.

3. **Alternate ID.** If your Sponsorship is not a Sole Source agency, and you have a different identification number assigned to your Providers for other programs, you can record that alternate ID # here. Some agencies will also use this as a Vendor Number field if it is required by their accounting software. Any alphanumeric value (including symbols such as a dash) are acceptable.

4. **State ID.** If your State agency supplies a identification number for each of your Providers – other than the Provider’s License # – you can store that number in this field. Any alphanumeric value (including symbols such as a dash) are acceptable.
5. **DOB.** Enter the provider’s date of birth in MM/DD/YYYY format. The provider must be at least 18 years of age as of the enrollment date.
6. **SSN.** Enter the Social Security Number of the provider in the SSN field.
7. **Group.** Minute Menu can be configured so that each user who logs in can only see Providers that user is responsible for. If this is the case, the user will be associated with a particular Group in the Manage Users function. Then the user will be able to view information for all Providers associated with that Group number. You can associate Providers with a particular Group number here. See the chapter on *User Management* for more information on the subject of Provider Security.
8. **Gender (Sex).** Select the Provider’s sex.
9. **Race.** Enter the Provider’s race/ethnicity. Check all options that apply. Please note that the categories “Pacific Islander / Native Hawaiian” and “American Indian / Alaska Native” have been shortened to meet space constraints.
10. **Advertised Name.** If the Provider uses a name other than their own for her/his daycare, but is not otherwise incorporated, enter it here.
11. **Business Name.** If the Provider operates their business as a distinct corporation, you can enter the name of that distinct legal entity here.
12. **Business Tax ID.** If the Provider is incorporated and has a Tax ID, enter it here. In some states (including Illinois), the Minute Menu has been configured so that by entering a Tax ID, the Provider will not be eligible to claim her own children (even if she is Tier 1 by Income), based on an interpretation of the federal regulations in those states.
13. **Paycheck Addressee.** This field allows you to specify what field you will use for the “Pay to the Order of” values on checks to be printed. By default, you will print checks to the Provider’s Name. But you can change this to print to the Business Name or the Advertised Name for any Provider.
14. **Claim Source.** Select the primary method that the Provider will use to submit their claim information to you for processing.
 - a. Choosing *KIDS* will activate the **Password** field. This information will note the Provider as using *KIDS* to record claim information. The **Login ID** is always automatically assigned by using your 3-digit Minute Menu client number followed by the Provider’s ID (forced to 6-digits), for a total of 9 digits. The password will be randomly generated by default. Feel free to change the password if you like. (For more information on issues related to Providers using *KIDS*, see the *Supporting KIDS* section in this manual.) Sponsors rarely change the password, but can at any time (and the change takes effect after your next Transfer Data). If the situation warrants it, Sponsors can change a Provider’s password just to prevent the Provider from logging into *KIDS* any more.
 - i. **[Reset]** – the password reset button only changes the password here to a new random sequence. If you want to change it to a specific password, just type in the white box (because clicking **[Reset]** again after that just replaces what you’ve typed with a new random sequence). To commit the password changes, you must run a Transfer Data.
 - b. A *Scannable Forms* Provider will submit their claim on scannable, pre-printed Minute Menu forms. If your agency supports more than one style of scannable

Minute Menu form, you may want to choose the **Menu Type** that this provider uses.

- c. A *Manual Entry* Provider will submit their claim to you in a format that you specify. You may manually read and compute the claim totals and enter those reimbursable meal totals into the Minute Menu HX; or you may use the Record Full Month Attendance function as part of the Direct Entry process on these claims.

It's not necessary for the Provider to use this method every time they submit claim information to you. This claim source doesn't impact their ability to send in claim information in an alternate format. It is primarily used to help you keep track of incoming claim paperwork with the Track Received Claims function (see *Receiving Claim Paperwork*), and as a way to filter Minute Menu reports. Your Monitors may also use this information so they know what type of forms to bring to the Provider's home during a Review.

15. **[Generate Welcome Letter]** – click this to have an email sent to the provider with instructions on how to log into KIDS, along with their username and password.
16. **Date Welcome Letter Sent.** This will automatically display the date you sent the above Welcome Letter.
17. **Monitor.** In this field you can assign a specific monitor to this provider. Assigning a monitor to this provider will allow you to filter by monitor when generating a variety of different provider reports. You will need to have set up Monitors in the **Tools >> Manage Monitors** function before any will appear on this list. For instructions on this, see the *Managing Monitors* section in this manual.
18. **Enrolled by Initials.** You can record the initials of the person responsible for enrolling this Provider in your Sponsorship.
19. **Current Status.** This field notes the current status of the Provider. If you are enrolling a new Provider, this will indicate “Wizard Incomplete”, as you are still completing the Enroll Provider Wizard. It may indicate any one of the Provider statuses recorded by Minute Menu HX:
 - a. Wizard Incomplete – still being enrolled
 - b. Pending – you've finished the Enroll Provider Wizard for this Provider, but you did not specify any licensing information for this provider. Any claim received will be disallowed.
 - c. Active – active and ready to claim
 - d. Hold – active, but when claims are received, they will be put on hold and not submitted to the State
 - e. Removed – no longer active
20. **Current CACFP Agreement Date.** This date is used if you renew your Provider enrollments each year or periodically. This is the effective starting date of the current renewal period.
21. **Current CACFP Expiration Date.** This date is used if you renew your Provider enrollments each year or periodically. This is the effective ending date of the current renewal period.
22. **Original CACFP Start Date.** This is the effective date of the Provider's original contract with your agency. No days can be claimed before this date. This field is referenced by the Providers Added report.
23. **Pre-approval Date.** This is the date you conducted your pre-approval visit to the Providers home. This visit should not be confused with the initial Monitoring visit, conducted one month after the Provider begins claiming. This visit is done prior to

allowing any claims, and is usually done when the original contract is signed with the Provider.

24. **Pre-approval Expiration Date.** This is used if you want to help schedule when pre-approval visits should be conducted. This is the date by when you should have conducted the pre-approval visit.
25. **First Claim Month Allowed.** This is the first claim month that your provider will be allowed to submit a reimbursable claim.
26. **First Claim Received.** This will appear after a claim has been received for this Provider, and will be the first month any claim was received for this Provider.
27. **Comments.** Record any miscellaneous comments associated with this Provider's file.
28. **Date Removed.** If the Provider's status is Removed, you will see the effective date of removal here.
29. **Removal Reason.** If the Provider's status is Removed, you will see the reason for removal here. (You can add your own customized removal reasons by going to Tools > Manage Removed from System Reasons.)

If you are enrolling a new Provider, click on the [Next] button to continue to the **Contact Tab**, or select the **Close for Now** button to save the unfinished Provider enrollment.

Contact Tab: This screen contains basic Provider contact and location information. Please note: the items listed below represent a comprehensive list of fields applicable to all Sponsors, so if you don't see the item on screen, you can ignore its description here.

1. **Current Physical Address.** Fill in the physical location of the provider's day care. Fill in the **Street**, **City**, **State** (if different from the default), **Zip**, and **County**.

2. **Current Mailing Address.** Fill in this address only if the Provider’s mailing address is different than the physical address. Fill in the **Addressee** (if different from the Provider’s Name). Otherwise, supply only **Street, City, State and Zip**. You must supply a value for all 4 fields in order for the mailing address to be referenced in the software’s reports (such as the Provider List Export File or on printed checks).
3. **Previous Physical Address.** If known, enter the Provider’s previous **Address, City, State, and Zip**.
4. **Previous Sponsor.** If known, enter the name of the provider’s previous Sponsoring Agency. For agencies in California, entering a previous Sponsor will denote the Provider as an “Add Transfer” for the Change Request.
5. **Map Location Description.** Some agencies use specialized maps that may be available in their coverage area, that reference specific grids or use some other identifier to narrow in on a particular location. For example, in the Dallas-Ft Worth area you can obtain a “Mapsco” book of all streets in the greater Dallas-Ft Worth area, and you could reference a particular location by a Mapsco number such as “57E1”. In California, many agencies use the Thomas Guide. If your agency uses such a tool, you can record the map location here. This information will be printed on the Review Worksheet to help your Monitors find a Provider’s home. And most Monitoring reports can be sorted by this field
6. **Driving Directions.** Record written driving directions to a Provider’s home here. This information will appear on the Review Worksheet to help your Monitors find Providers’ homes.
7. **Contact Numbers.** Enter the provider’s **Phone** and **Fax** (if any) numbers, including area codes, in the fields provided. Record an **Alternate Phone** number as well, if you like. Enter the provider’s **Email** address if available. Note, the [Email] button requires that you have MS Outlook installed as your primary mail client software.
8. **Relocation Date of Move.** Use this field only if a Provider moves. Use this field to record the date when the Provider stops offering care in her old residence and starts the moving process.
9. **Relocation Approval Date.** Use this field only if a Provider moves. Use this field to record the date when the Provider has finished moving in and is approved to begin claiming again. Depending upon how Minute Menu HX is configured, days claimed after the Date of Move and before this Approval Date may be disallowed.
10. **School District.** Entering a school district for the Provider will associate all children enrolled in the Provider’s home with that school district (unless the child is explicitly assigned to a different school district). This can make it much easier for agencies covering a large geographic area to keep track of school out days by School District, ensuring school aged children are not paid for AM Snack or Lunch when they are supposed to be in school. (If you don’t see a School District, or a year-round tract for a School District, please contact Minute Menu support to have the District added.)
11. **Latitude and Longitude.** You can record the specific latitude and longitude of the Provider’s physical address here.

Required Fields for This Screen:
 Phone Number
 Physical Address:
 Street, City, State and Zip
 * Other fields may be required

Click on the [Next] button to continue to the **Licensing Tab**, or select the **Close for Now** button to save the unfinished Provider Enrollment.

Licensing Info: This screen displays the licensing and capacity information for this Provider. Please note: the items listed below represent a comprehensive list of fields applicable to all Sponsors, so if you don't see the item on screen, you can ignore its description here.

1. **License Issued by State.** Make sure this box is checked if your state has approved the Provider's license application. If the box is checked, you will be required to provide

appropriate licensing information. However, if you haven't yet received the license paperwork from the state, you can un-check this box to skip this tab. Un-checking this box will disable most of the licensing fields, and you can hit [Next] to move on to the next tab. When you're finished with this Provider's enrollment, the Provider will be noted as "Pending", and you will not be able to enter or process claims for this Provider until the Provider's status changes. To change a Provider from "Pending" to "Active", you will need to check this field and provide appropriate license information.

2. **License #.** Enter the license number that the state has assigned to the provider. This is an alpha-numeric field; numbers, letters, and special characters may be used.
3. **Start Date and End Date.** Enter the dates for which the state has issued the provider's license. If the license is a perpetual license (meaning that the state does not issue an End Date), you will need to select some date in the distant future as the license End Date – perhaps 12/31/2050. You may type the date directly into the field using MM/DD/YYYY format or you may select the arrow button to the right of each field to open a calendar screen. From this calendar screen you can use the mouse to select the desired date.

Required Fields for This Screen:
 License Start Date
 License End Date
 License Type
 Youngest & Oldest Ages Allowed
 * Other fields may be required

4. **License Notes.** Enter any special notes or observations that you would like to record regarding the Provider's license. This information is strictly for your own use and will

have no effect on the provider's claim processing. This information does appear on the Office Error Report to assist as you review claims.

5. **State Licensor Name.** Enter the name of the official or agency who authorized the provider's license.
6. **Ages Allowed.** Enter the Youngest and Oldest ages allowed by the provider's license. Using the options to the right of the Youngest and Oldest fields, indicate whether the numbers entered in these fields represent Weeks (Wks), Months (Mons), or Years (Yrs) in age. The oldest allowed category is exclusive: if you enter 13, then the system will allow a maximum age of 12 years, 11 months, 31 days.
7. **Remaining Training Period.** Training Period refers to the period after a Provider is initially enrolled in the CACFP, during which she will be allowed to make food mistakes without having meals disallowed. A value of zero in the Remaining Training Period field indicates that the Provider is no longer in training. A value greater than zero indicates that the Provider may or may not be in training – depending upon the date in the “Claims as of” box immediately to the right of Remaining Training Period. When a claim is processed, the Minute Menu HX will examine the Remaining Training Period as of the date specified, and if the Provider is still in training as of the claim being processed, the Provider will be allowed to make mistakes on foods – and on the processor error reports, you will see an indication that the error was not disallowed because the Provider was in training. If the Provider is no longer in training as of the claim being processed, any food-related mistakes will be disallowed as appropriate.

When you are accessing the Enroll Provider Wizard, this should have an appropriate default value based on the Training Period specified in your management plan. This default value can be changed by going to **Administration >> Manage Sponsor Preferences >> Provider Info – Licensing Tab >> New Provider Training Period Count**, if need be. Please note: if you are enrolling a Provider that has been with your program for some time, you will need to change this default value to zero to indicate the Provider is no longer in training. You typically do not need to change the date in the “as of” box, as that is done automatically.

The Remaining Training Period value can be recomputed automatically each time you advance your claim month. See the *Current Claim Month* section of this manual for more information.

8. **Max # of Child Groups.** In order to fit the maximum number of days onto a single Minute Menu scannable form – and thereby make them more cost-effective – we have limited each column's attendance area to 32 children. For most Providers, this limitation is not a problem. But for some Providers, particularly those who provide 24-hour care or who have a Helper, the limitation of 32 children may not be realistic. These providers will need more than one Child Group (of 32 children). (Keep in mind that Scannable Forms providers will have to fill out a separate menu column for each Child Group in attendance at a particular meal. For more information on Child Groups and Scannable Forms, see your Scannable Forms Provider Training Workbook.)

Choose the number of 32-child groups this Provider will be allowed to enroll. When scanning an enrollment form for this Provider, if the Provider marks a child group higher than this number, an error will be generated during the validation of that enrollment form.

Please note that this setting also impacts Providers who don't use Scannable Forms (i.e. Manual or KIDS). Those Providers will only be allowed to have as many children enrolled as specified here. So, if you set it to "1", they will only be allowed to enroll 32. If you set it to "2", they can enroll 64.

9. **Non-Participating Own & Helper Children.** We recommend that you actively enroll all children, even non-participating children, as it will improve your ability to accurately compute capacity. However, some Sponsors prefer not to enroll non-participating children. In those cases, those Sponsors can record non-participating child counts in the Provider's file to compute capacity with greater accuracy. If your agency is configured to record non-participating capacity in this manner, then you can record helper- and own-child-specific non-participating counts here, recording counts for each age group of the two types of children as appropriate given your state's capacity regulations. See *Provider Capacity Recording and Processing* at the end of this section for more information.
10. **License Type & Capacity.** Supply this Provider's type of License. Selecting a License Type will display the Capacity appropriate to that License. In some cases, you will be able to vary this capacity information for specific Providers – if that is allowed by your License type. In other cases, you may be able to supply a school-aged plus (or meal-specific school-aged plus), which applies only to school aged children. If you can vary capacity here, the "school aged" category typically means Overall max capacity. And regardless how capacity is set up in your state and within Minute Menu, the overall max capacity for that license is displayed on screen (although it's not updated until after you save any licensing changes).
11. **Waiver.** Indicate whether the Provider is currently under a waiver. Waivers are allowed in certain states, and when they are in effect for a given Provider, that Provider is exempt from over capacity errors.

You may be required to supply a start & end date for the waiver. And if the waiver only applies when a particular child is in attendance, you can indicate that the waiver is child specific, specifying the appropriate child. Feel free to put any appropriate description.

12. **Variance.** Indicate whether a capacity variance is currently in effect. Variances are allowed in certain states, and when they are in effect for a given Provider, that Provider's capacity will be increased or decreased by the amount supplied.

When supplying the variance information, if the capacity is decreasing, supply a negative number in the relevant age category. Otherwise supply a positive number in the appropriate age category. You may be required to supply a start & end date for the variance. If the variance only applies when a particular child is in attendance, you can indicate that the variance is child specific, specifying the appropriate child.

Click on the [Next] button to continue to the **Tiering Tab**, or select the **Close for Now** button to save the unfinished Provider Enrollment.

Tiering Tab: This screen displays Tier and Tier qualifying information for the provider. This essential information determines the reimbursement rates for the provider. Please note: the items listed below represent a comprehensive list of fields applicable to all Sponsors, so if you don't see the item on screen, you can ignore its description here.

1. **Tier.** Specify the Provider's Tier. The provider's tier will default to Tier 2 unless otherwise specified. Choose "M" if the Provider is not Tier 1 but has any enrolled children who are Tier 1 Income Eligible. Choosing "1" means that the Provider should be reimbursed at Tier 1, so all children that are to be reimbursed will be paid at Tier 1 rates (even if children aren't set up as Tier 1 by Income – see *Managing Child Information*). Please note, though, that Minute Menu HX examines Tiering eligibility dates as well as this Tier value when calculating a claim's tier, so specifying Tier 1 here doesn't guarantee Tier 1 reimbursements; the dates on this screen must also be valid.

- If you choose Tier 2, you will see **Tier 2 Effective Date**. This is useful in some states to record when you attempted to verify the provider's tier, even though they didn't qualify.
2. **Income Eligibility.** If the provider is Tier 1 eligible due to income, enter the **Start Date** and **End Date** for this status. Once these dates expire, the provider will be automatically reimbursed at Tier 2 rates unless the dates have been updated prior to the reimbursement being issued; however, the Provider will keep her/his Tier 1 indication on this screen until you actively change the Provider's Tier here, even if the eligibility end date has been passed. End dates are inclusive – meaning that if you supply June 30th as the end date, then the provider will be treated as Tier 1 on June 30th. If you indicate the Provider is Tier 1 by Income, then the processor will allow a Provider's own children to be claimed.
 - a. If the Provider is categorically eligible for Tier 1 because they are Food Stamp participants, you must supply Income Eligibility dates, and you must also indicate that the Provider is **Food Stamp Eligible** with the Provider's Food Stamp **Case Number**. The eligibility dates are required by some state agencies. This information can then be printed using the Provider List Export File when you report this to the state agency.
3. **School.** If the provider is Tier 1 eligible due to the poverty percentage at the nearest School(s), click the [Add School] button to enter school eligibility information. Provide

Required Fields for This Screen:
Tier

the start and end tiering dates as described below. (Note: By default Minute Menu HX examines only start and end dates when determining tier eligibility. HX can be configured to examine the poverty percentages, but that feature is not normally enabled; check Manage Sponsor Preferences.) End dates are inclusive – meaning that if you supply June 30th as the end date, then the provider will be treated as Tier 1 on June 30th. You should enter provider Tier 1 School Eligibility even if the Provider qualifies for Tier 1 by another means.

- a. In states where Minute Menu has the state’s school tiering list in electronic format, when you click the [Add School], you will get a list of schools. Select the school area that applies to this provider. The relevant information (poverty percentage, etc.) will automatically populate. Enter the tiering start date. The end date will automatically default to 5 years after start date. Click [Save]. Repeat these steps to add additional schools for the area in which the provider resides.
 - b. Note: In these states, you should assign every Provider to the closest school(s), even if that school area doesn’t qualify. Be sure that in the areas where the school doesn’t qualify the provider, you leave the dates blank. But if you do have every provider assigned to a specific school, then you can run the **Reports >> Providers >> School Tier Comparison** each year when new rates are released by your state (and loaded into Minute Menu’s database). This report will list any providers who used to be Tier 2, but whose school area is now greater than the required poverty threshold, so you can quickly identify any Tier 2 providers who should now be Tier 1.
 - c. If your state does not have school data in the Minute Menu database, you will need to enter this information manually for each school area that applies to the provider. Click the [Add School] button and enter the information needed. You can add additional schools for which the provider qualifies.
4. **Census District.** If the Provider is Tier 1 eligible due to Census District, fill in the **Start Date** and **End Date** for the Census determination. If you like, you can also enter the **Census District** and the **Census Poverty %** in the provided fields, but these are optional – Minute Menu HX examines only the eligibility dates. So, if you provide starting & ending eligibility dates, the system will assume that the poverty percentage is appropriate for the qualifying period. (Note: Minute Menu HX can be configured to examine these poverty percentages, but that feature is not normally enabled.) End dates are inclusive – meaning that if you supply June 30th as the end date, then the provider will be treated as Tier 1 on June 30th. You should enter provider Tier 1 Census Eligibility even if the Provider qualifies for Tier 1 by another means.
- a. Your agency can be configured to pull the Census Block from a list, as all census blocks are coded into Minute Menu by default (based on the most recent census data available). If you’ve chosen to have this enabled, you will see the [**Change Census Area**] button. Click this button to choose the Provider’s census block from a list, and the eligibility percentage will automatically filled in for you.
 - b. The [**Lookup**] button will take you to a website created by FRAC that will identify the census block of a provider and indicate whether that census block is Tier 1 or not.
5. **Tier Comments.** Enter any special notes or observations that you would like to record regarding the Provider’s Tier status. This information is strictly for your own use and will have no effect on the provider’s claim processing. You are limited to 255 characters.

Click on the [Next] button to continue to the **Tiering Tab**, or select the **Close for Now** button to save the unfinished Provider Enrollment.

Meals Tab: This screen displays which meals and times the Provider is eligible to claim. Please note: the items listed below represent a comprehensive list of fields applicable to all Sponsors, so if you don't see the item on screen, you can ignore its description here.

1. **Days Allowed.** Check the days for which the provider is allowed to claim for reimbursement. This may or may not impact your processed claims, depending upon your system setup.
2. **Menu Plans Allowed.** If your sponsorship allows Master Menus, EZ Menus, Sponsor or Provider Cycle Menus, indicate whether this Provider is eligible to use these pre-planned options by checking the box beside each allowed option. This may or may not impact the processing of claim information – in most Sponsorships, this serves merely as a way to track which meal plans a Provider has been trained to use.
3. **Provider Cycle Menu Dates.** This field is used by some Sponsors to ensure that Providers who plan their own Provider Cycle Menus periodically review and modify their menu plans. Enter the dates for the **Starting Date** and **Ending Date** for which the Provider's current batch of Provider Cycle Menus are approved. If a claim is processed outside of these dates, any Provider Cycle Menus used may be disallowed.
4. **Highest Meal Shift Tracked.** Indicate how many servings (also referred to as shifts or split-shifts) of each meal a Provider is allowed to claim. Ex: Are they allowed to serve

Required Fields for This Screen:
 At least one Days Allowed checked.
 At least one Meals Allowed checked.

Breakfast twice during a day? If so, choose “2”. If not, choose “1”. This option will only appear if you have informed us that you allow providers to claim multiple servings of a single meal. If a Provider is setup to use multiple servings, and you record typical meal serving times, you will be able to supply both a first and second meal shift time.

5. **Menu Comments.** Enter any special notes or observations that you would like to record regarding the Provider’s Menu options. This information is strictly for your own use and will have no effect on the provider’s claim processing.
6. **Meals Allowed.** Check each meal for which the provider may claim for reimbursement. Un-checking a meal will remove any time fields that appear below it. This may or may not impact the processing of claims, depending upon your system setup.
7. **Typical Meal Times.** You can enter a typical meal time for each meal that a Provider is approved to serve. In cases where a Provider is approved to serve more than one shift of a meal, you’ll be able to enter a typical time for each meal serving or shift. Some Sponsors will also be able to enter ending times for each meal. In some cases, defaults for each meal will automatically appear. The up and down arrows to the right of each field will adjust the hour or minute, depending upon where your cursor is. You can also type in the meal time directly, including AM or PM designation. Meal times can affect a variety of claims processing checks, or can be completely ignored.

Click on the [Next] button to continue to the **Other Tab**, or select the **Close for Now** button to save the unfinished Provider Enrollment.

Other Tab: This screen displays miscellaneous information that was not included on previous screens. Please note: the items listed below represent a comprehensive list of fields applicable to all Sponsors, so if you don’t see the item on screen, you can ignore its description here.

1. **Time Opens and Time Closes.** Indicate the time that the provider opens and closes their daycare. If the provider is licensed for 24-hour care, input the Time Open as 12:00 AM and the Time Closes as 11:59 PM.
2. **Night Time Opens and Time Closes.** If your state records hours of operation for night time as well as day time, record that information here.
3. **Next Review Required Date.** This field is used by the Providers Due Reviews report. This determines when this particular Provider’s next review is required. (The system will automatically schedule this Next Review Required Date after each Review you conduct, based on the date of the given Review being entered.) When enrolling a new Provider, you should be sure to set this to an appropriate date. The default date when enrolling a provider is one month after the Original CACFP Start date. For existing Providers, you can change this as well if you like, if you need to adjust the date that was automatically scheduled by Minute Menu HX. For example, if your agency wants to utilize review averaging, you would choose certain providers periodically throughout the year that were “good” providers, and simply extend their Next Review Required date by 2 months.
 - a. **Start Month.** This specifies the beginning of a Provider’s review year. By default this is October. But you can modify it so that a Provider’s cycle of reviews is seen to start on a different month. This specifically impacts how providers are determined as validated for the purposes of block claiming – ie, whether the year of validation is October – September for all providers, or whether some providers have a different review year. Changing this can be useful to balance the annual burden of performing 60-day followup visits for block claiming, so that you aren’t

forced to do the bulk of these visits between November and December. If you don't track Block Claiming, you can ignore the start month.

4. **Monthly Check Deduction.** Some Sponsors automatically deduct (or add) a certain amount from all Providers' monthly claim checks. For example, some Sponsors deduct a standard amount from a Provider's check to deposit that amount in a separate credit union account. Others put in a negative amount here, to add an amount to each Provider's claim check – like -.60 to give providers money each month for postage. If your agency uses this, then you can record that information here. This will be applied automatically every time you pay the Provider using the Issue Payments function. However, these monthly check deductions will only be applied to payments issued that are for a Provider's original claim check. If the payment is being cut for a Provider who is only receiving an Adjustment claim check, the monthly check deduction won't be applied. For more information on original claims vs. adjustment claims, see the *Managing Claims* chapter in this manual.
5. **Language.** Select the Provider's language. If left un-selected, the system will assume English. When Provider Error Letters or CIF's are generated for Providers, they will be generated in the language you select here.

Required Fields for This Screen:
 Next Review Required Date
 * Other fields may be required

6. **Documentation on File.** If you have indicated to us that you require documentation on file to reimburse a provider for Dinner, Saturday care, or Sunday care, you will need to indicate that you have received documentation by checking the applicable box for each option. If the appropriate box is not checked and you require documentation to reimburse

the Provider, any claims for reimbursement made by this provider will be disallowed for Dinner, Saturday care, or Sunday care.

7. **Provider in Serious Deficiency.** For providers currently in the Serious Deficiency process, check this box. This will also be set automatically in the Manage Serious Deficiency function. This then allows you to easily generate reports to find out who is currently in the Serious Deficiency process.
8. **Allow Single-Form Overlap.** Minute Menu handles Providers who do a split-shift/split-serving for a particular meal in two distinct ways. One way requires that the Provider mark a separate meal attendance for the first serving and for the second serving (by using two columns on the scannable forms, or by marking 2 servings in KIDS). The other way allows Providers to record all children for both servings/shifts in the single meal. This would normally result in an over capacity message. If you put a check in Allow Single-Form Overlap, then you can specify meal-specific overlap capacities for these Providers. For example, if a Provider split-shift's Breakfast, and their normal capacity is 6, you might put 10 or 12 in this field for Breakfast which will allow up to 10 or 12 children at one serving of Breakfast instead of the normal 6. If overlap capacity is used, and the Provider is over their normal capacity but within the overlap capacity maximum, Minute Menu can be configured so that you will still see a warning message when the claim is processed.
9. **Require Same Day KIDS Entry.** This field is visible only for those Sponsors who have enabled the preference. To enable the preference, go to Administration >> Manage Sponsor Preferences to the section on KIDS (Internet) Settings. If this box is checked, this provider will only be able to record attendance information on-line for the current date, every day. This is particularly useful as a corrective action tool. See our Late Records Corrective Action policy recommendation, and our Policy on On-Line Provider Record Keeping.
10. **Prevent New Enrollments in KIDS.** This field is visible only for those Sponsors who have enabled the preference. To enable the preference, go to Administration >> Manage Sponsor Preferences to the section on KIDS (Internet) Settings. If this box is checked, this provider will not be able to enroll children themselves on-line.
11. **Require In/Out Times.** This field is visible only for those Sponsors that have enabled the system to store daily in/out time information. If this is checked, this provider will be required to supply daily in/out time information when submitting their claim attendance (either via KIDS or via scannable in/out forms). This is useful for those providers who you are monitoring split shift capacity situations, or for providers in corrective action.
12. **Child Can Stay Overnight.** This field is used for informational purposes only, and indicates whether this Provider allows children to stay during non-traditional overnight hours.
13. **Uses Direct Deposit.** Check this box if the provider receives reimbursement payments via direct deposit instead of checks. When you choose to Issue Payments, you will issue payments in batches – to either Providers accepting checks or Providers accepting Direct Deposits (see *Managing Provider Payments* for more information). If you check this box, this Provider will receive a payment only when you Issue Payments with the Direct Deposit filter selected.
 - a. **Bank Account Type.** In some cases, the type of bank account is required for direct deposit file formats. If you see this field, choose the appropriate type of bank account.
 - b. **Bank Account #.** Enter the Bank Account Number given to you by the Provider. Enter it exactly as your Bank requires it to transmit payment.

- c. **Bank Routing #.** Enter the Bank Routing Number given to you by the Provider. Enter it exactly as your Bank requires it to transmit payment.
- 14. **Fire and Health Inspection Expiration.** Record the expiration date of any fire or health inspection on file for this Provider. This may or may not be cross-checked when your claims are processed, depending upon your system setup.
- 15. **Medical Certification Expiration.** Record the expiration date of any medical certification required by child care licensing for the Provider. This may or may not be cross-checked when your claims are processed, depending upon your system setup.
- 16. **License Standards Expiration.** If your state’s licensing agency requires you to track this information, you can record it here. Effectively, this amounts to an alternate License End Date, which can be cross-checked when your claims are processed.
- 17. **CPR Certification Expiration.** Record the expiration date of any CPR Certification on file for this Provider. This may or may not be cross-checked when your claims are processed, depending upon your system setup.
- 18. **Fingerprint Expiration.** Record the expiration date of any Fingerprint paperwork on file for this Provider. This may or may not be cross-checked when your claims are processed, depending upon your system setup.
- 19. **Recent In-services.** You can record the two most recent dates when the Providers attended an in-service, if you like. This is recorded for informational purposes only.
- 20. **Paperwork Needed.** Enter any special notes or observations that you would like to record regarding the paperwork needed for this provider. This information is strictly for your own use and will have no effect on the provider’s claim processing.
- 21. **Enrollment Renewal Worksheet Received.** This date is used to help you track annual child re-enrollments. If a Provider has sent in her child re-enrollment forms this year, then the date that paperwork has been received can be noted here (and can also be assigned automatically in the Renew Child Enrollments function – see that section of the manual). You can then generate a Provider List Export File to see who has sent in their enrollments, and who hasn’t.
- 22. **Block Claim Dates.** If you check for block claims, Minute Menu allows you to track three dates in a Provider’s file:
 - a. **Last Block Claim Identified.** This is the claim month that was last identified as a block claim for this Provider. It should always be the 1st of the relevant claim month. This will be automatically filled in if you use the Analyze Block Claims function on Minute Menu automated claims (see that section of the *Managing Claim Information* chapter of this manual).
 - b. **First Block Claim Identified This Fiscal Year.** Since a block claimer can be ignored after the first block claim in a fiscal year is validated during a follow-up Review, this date is used to track the first claim month identified as blocking. This date will also be automatically filled when you use the Analyze Block Claims function. This field is used in conjunction with the Last Block Claim Validated date to determine whether a Provider has been validated (at a home visit) during the current fiscal year.
 - c. **Last Block Claim Validated.** This is the date of a Review when a Monitor validates the block claim. This date will be filled in automatically if you enter Review information into Minute Menu (see the section on *Managing Reviews* in this manual). When printing a Block Claimers report, you can exclude Providers who have already been validated, which will exclude Providers who have a Last

Block Claim Validated date within 3 months of the First Block Claim Identified this Fiscal Year.

23. **Custom Fields.** Minute Menu can store custom fields if your agency needs to have certain custom fields enabled. The fields can be named anything your agency likes, and can then have reports generated (using the Provider List Export File). Minute Menu can store:
- Up to 4 custom checkbox fields
 - Up to 2 custom date fields
 - Up to 2 custom (open) text fields
 - Up to 2 custom amount fields
 - Up to 2 custom numeric fields

If you would like any custom fields enabled, see preferences F.16 – F.27 in Administration >> Manage Sponsor Preferences.

Click on the [Next] button to continue to the wizard summary screen or select the **Close for Now** button to save the unfinished Provider Enrollment. If you have indicated that the Provider has a Helper, selecting the **Next** button will open the **Manage Helpers** screen. If not, then this will be the last screen in the Enroll Provider Wizard.

Manage Helpers Screen: Use this screen to input required information for a Provider’s helper. This screen may not appear for agencies in certain states where Helpers don’t impact a Provider’s capacity.

- First Name, M.I., and Last Name.** Enter the full name of the Provider’s Helper.
- Address.** Enter the Helper’s Address, City, State, and Zip Code.
- SSN.** Enter the Helper’s full 9-digit Social Security Number.
- Email.** Enter the Helper’s Email address if available.
- Gender (Sex).** Using the mouse, select the Helper’s sex from the list provided. Select the arrow button to the right of the field to pop down the list of choices.
- Date of Birth.** Using MM/DD/YYYY format, enter the date of birth for the Helper.
- Phone.** Helper’s phone number, to assist in contacting.
- Race.** Using the mouse, select the racial/ethnic category for the Provider’s Helper. Select the down arrow to the right of the field to pop down the list of possible choices.
- Last Date Employed.** This indicates whether the Helper is no longer in the provider’s home.
- Expiration Date.** If you require some form of documentation to ensure the helper has been trained, this date can be used to indicate when the training or other recertification must occur.
- Training Date Complete.** If you require training for helpers, record the date complete here.
- Provider’s Helpers Children.** All children documented as Helpers children will be listed here.

<p>Required Fields for This Screen: None</p>

Click on the [Next] button to continue to the wizard summary screen, where you will complete the enrollment, or select the **Close for Now** button to save the unfinished Provider Enrollment.

Managing Existing Provider Information

You will use the Enroll Provider Wizard to create new Providers in Minute Menu HX. You will use a very similar interface to manage provider information once it has been entered.

You can access any Provider that is not in midst of being entered via the Enroll Provider Wizard in one of two ways:

- By directly accessing the Manage Provider Information function
- By first using the List Providers function, which then takes you to that Manage Provider Information function

List Providers

You can access the List Providers function from the menu **Providers >> List Providers**. This function will list every Provider in the system that meets the filtering criteria you specify. However, any Provider currently being enrolled via the Enroll Provider Wizard will NOT appear on this list, regardless of the filtering options you choose. To access those Providers, go to the menu **Providers >> Enroll Provider Wizard >> find Provider Name**.

The List Providers screen displays Providers by Name and ID Number and provides links to view more information on each provider.

Filtering the List

When you access the List Providers function, you'll notice that it has a selection mechanism and a [Refresh List] button. The selection mechanism contains filtering options, designed to allow you to get a list of Providers based on the **Provider Status Filter**:

- **Active:** Lists Providers who are currently enrolled and claiming with your Sponsorship. This option is the default setting. Providers who have a status of Active or Hold will appear in the list when this filter is applied.
- **Active and Withdrawn After:** Lists Active Providers (see above) and those who have been dropped after the date that you enter. Choosing this option will activate the date field to the right. Enter a date by typing it in MM/DD/YYYY format or use the mouse to select the arrow button to the right of the field to open a calendar window. This option will also add a Removal Date column to the Provider List. For dropped (Removed) providers, this field will be filled in with the date that they were dropped from your Sponsorship.
- **All:** Lists all Providers – regardless of status – that have ever been fully enrolled in your Sponsorship. You will see a Removal Date column here to indicate the effective date of removal for Removed providers.
- **Hold:** Lists only those Providers whose current status is Hold. For more information on placing Providers on Hold, see the *Put On Hold Button* section below.
- **Withdrawn Before:** Lists only Providers who have been withdrawn prior to the date that you enter. Choosing this option will activate the date field to the right. Enter a date by typing it in MM/DD/YYYY format or use the mouse to select the arrow button to the right of the field to open a calendar window. This option will also add a Removal Date column

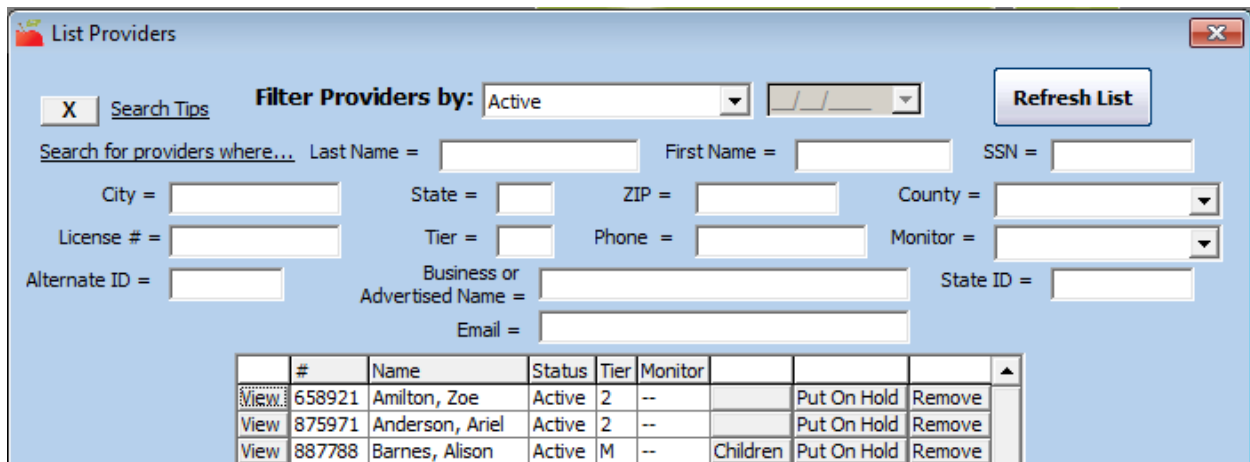
to the Provider List, and the field will be filled in with the date that each Provider was dropped from your Sponsorship.

This Provider Status Filter is used throughout the software, on virtually every screen that allows you to select a Provider. So, once you've familiarized yourself with the filtering behavior here, you'll be able to use those filters on any interface in the software.

Once you've chosen the appropriate filtering criteria, click [Refresh List] to get the list of Providers that match that criteria. Bear in mind that if any other user changes a Provider's information while this screen is loaded, or you change a Provider's file while this screen is loaded, you must click [Refresh List] again to see that change reflected on screen. The list doesn't refresh automatically.

Searching for Providers

You can also use this function to search for specific providers. Click on the underlined "Search for providers where..." to expose a series of search options:



The screenshot shows the 'List Providers' window with various search filters and a table of providers. The filters include: Filter Providers by (Active), Search Tips (X), Last Name, First Name, SSN, City, State, ZIP, County, License #, Tier, Phone, Monitor, Alternate ID, Business or Advertised Name, State ID, and Email. The table below shows the results of the search:

	#	Name	Status	Tier	Monitor			
View	658921	Amilton, Zoe	Active	2	--		Put On Hold	Remove
View	875971	Anderson, Ariel	Active	2	--		Put On Hold	Remove
View	887788	Barnes, Alison	Active	M	--	Children	Put On Hold	Remove

- For tips on how to search, click on the underlined "Search Tips."
- You can search by any individual criteria, or by a combination of a criteria. For example, to find all of the Providers ending in name "Smith" in Sonoma county, type "Smith" in the Last Name and choose Sonoma county from the drop down box. Then hit [Refresh List].
- Remember that the status filter will still apply, so if you want to include withdrawn providers in your search, change the "Filter Providers by" choice to "All".
- You can also use the percent sign (%) as a wildcard in your search. For example, searching for the last name "smi%" will return all providers whose last name begins with "smi".
- The [X] button next to Search Tips clears all these fields, if you've typed search criteria in them already.

You may need to search for a provider using a criteria that is not included in the search options in this function. If this need arises, try using the Provider List Export File. Minute Menu HX allows you to generate a highly configurable list of Providers, printed directly to an export file that is loaded automatically into the spreadsheet program Microsoft Excel. This method takes advantage

of pre-existing tools found in Microsoft Excel, allowing you to do special queries, sorts, or other manipulations to find just what you're looking for.

For more information on the Provider List Export File, please consult the chapter on *Reports* in this manual.

Sorting the List: Using Column Headers

As with all lists in the Minute Menu HX, using the mouse to select the button column headers will sort the Provider list according to the information in that column. The following are sort options for the Provider List:

- **#.** Selecting the **Number** header will sort the Provider List in numerical order according to Provider ID number. This option is the default setting for the Provider List.
- **Name.** Selecting the Name header will sort the Provider List in alphabetical order by the Provider's last name. Providers with the same last name will be further sorted in order by Provider ID number.
- **Status.** Selecting the Status header will move Active Providers to the top of the list. Providers on Hold will be listed next, followed by Pending Providers and, finally, Removed Providers. This header will not be visible if the Hold or Withdrawn Before filters are used to sort the Provider List, since the list will already be limited to only those Providers with a Hold or Removed status.
- **Tier.** Allows you to sort by tier status.
- **Monitor.** Allows you to sort by the initials of the Monitor associated with the Providers in the list. Providers who aren't associated with Monitors will show up with a double dash ("--") here.

List Providers Functions

With each Provider listed in this List Providers screen, you can access several different functions by clicking an appropriately labeled button on the relevant Provider's row.

- **View.** To the left of each Provider's ID Number is a View button. Pressing this button opens the Manage Provider Information screen with this particular Provider's information already in view. See the *Manage Provider Information* section below.
- **Children.** To the right of each Provider's Name is the Children button. (If the Children button is not labeled, then there are no children on file for this Provider.) Pressing this button opens the List Children interface, which will display all enrolled children for that particular Provider. For more on this screen, see *List Children* in the *Managing Child Information* section in this manual.
- **Put On Hold.** This button is visible for all Providers not currently on hold. Selecting this button opens the Place Provider On Hold screen. From this screen you will be able to assign an effective date when the Hold starts, and provide a reason if desired. Placing a provider on hold prevents any future claims processed for that provider from being reported to the state or from being paid. You can also place a Provider on Hold from the Manage Provider Information screen (see below). See *Managing Claim Holds* in the *Managing Claim Information* section of this manual for more information.
- **Take Off Hold.** This will be visible for any Provider currently on hold. Selecting this will open a screen that will allow you to specify the effective date the Hold ends, confirming that the Provider's hold should be removed.

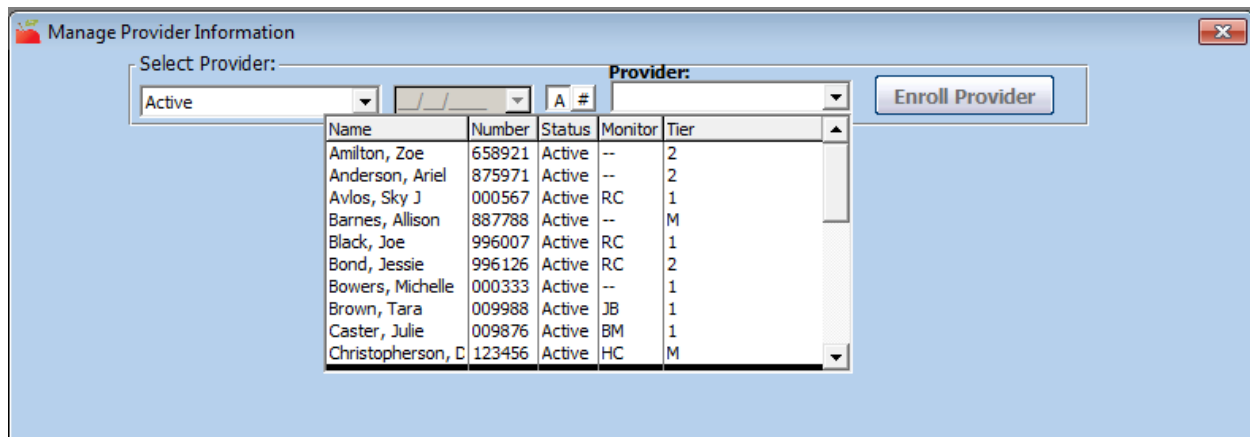
- **Remove.** Selecting this button opens the Remove Provider screen. You can also remove Providers from the Manage Provider Information screen. See below for more information on removing Providers.
- **Reactivate.** This option will appear for any Provider whose status is Removed, as long as the Provider wasn't removed For Cause. You can also reactivate Providers from the Manage Provider Information screen. See below for more information on reactivating Providers.

Manage Provider Information

To modify or review any piece of information on file for any of your Providers, you can use the Manage Provider Information interface. The interface appears just like the Enroll Provider Wizard, but you can switch between the various tabs – and you have access to extra options.

To View Provider Information:

1. Open the Manage Provider Information screen from the menu **Providers >> Manage Provider Information**
2. **Select a Provider.** To select a Provider, choose from the drop-down list of Providers on the right. This will be sorted in the order as specified in the [#]/[A] button immediately to its left. The drop down list will only include Providers if they match the status filter that appears to the left (which usually defaults to all “Active” Providers). This status filter works exactly like the filter described in the List Providers interface above.



Note on Selecting a Provider Quickly: If sorting the **Provider** list [A]lphabetically, you can type in the Provider's last name, first name as long as the drop down box is exposed. (Be sure the list is down while you type the name, as pictured above). You should notice that while you are typing the Provider's name, you will be taken directly to the first provider that matches the name you are typing. So, if you are searching for a provider with a last name of Smith, when you type “S” you'll be taken to the first provider that begins with “S”. Then you type “M” and you're taken to the first provider that begins with “Sm”. Then you type “I” and you are taken to the first “Smi...” provider, and so on. Click [Enter] when you finally have the correct provider selected, and that Provider's information will be loaded.

If sorting the **Provider** list [#] numerically, the drop down list will be sorted by Provider # and you can type in the Provider's number to be taken to that Provider.

Most screens in the Minute Menu software use this same Select Provider drop down box, filterable by Provider's status and sort-able by name or number. Minute Menu can be configured so that all these screens are sorted numerically (by Provider ID#) or alphabetically (by Provider's last name) by default. If you are currently configured to sort one way by default, and would like the other sort applied by default, go to Administration >> Manage Sponsor Preferences >> U. General Behavior >> 4. Sort by Provider # to change the setting.

When you are finished viewing the Provider's information, select the Close button to close the window, or select another provider from the Select Provider fields. You can switch between Providers while remaining focused on one Tab. So if, for example, you want to review Tier information for several different Providers, click the Tiering tab for the first Provider, and just select other Providers as appropriate – you'll stay on the Tiering tab as you switch from Provider to Provider.

Other Provider Information and Functions

The Manage Provider Interface is designed so that you can quickly access any piece of information you have on file for that Provider. The buttons that appear to the right allow you to review certain historic information on file for the Provider. The buttons that appear towards the bottom allow you to manipulate certain aspects of the Provider's status.

Sidebar buttons:

- **[Activate Children]**. This button opens the Activate Children interface for this Provider, displaying all children enrolled by Providers using KIDS for whom you need signed enrollment forms. This screen is also available from the menu **Providers >> Activate New Children**. See *Activate New Children* in the *Managing Children Information* section of this manual.
- **[Children]**. Use this button to view the Child List for this Provider. You can view all enrolled or withdrawn children – any child who has ever completed the enrollment process – from this screen. This screen is also accessible from the menu **Providers >> List Children**. See *List Children* in the *Managing Child Information* section of this manual.
- **[Claims]**. Use this button to bring up the List Claims screen with all of this Provider's historic claims. This screen is also available from the menu **Claims >> List Claims**. See *List Claims* in the *Managing Claims* section of this manual.
- **[Payments]**. Use this button to bring up the List Payment History screen with all of this Provider's payments. This screen is also available from the menu **Checkbook >> List Payment History**. See the *Managing Payments* section of this manual.
- **[Helpers]**. Use this screen to manage Provider's Helper information. This button will only be active for Providers for whom you have checked Has Helper on the Licensing tab. This screen is also accessible from the menu **Tools >> Manage Provider Helpers**.
- **[Training]**. This button opens the List Training window. From here you can view and enter Training records for the Provider. This screen is also accessible from the menu **Tools >> Manage Provider Training**. For more information on this, see the *Manage Provider Training* chapter in this manual. (Note: If a provider has not completed any

annual training in the current fiscal year, the [Training] button in Manage Provider Information will be red. Once the provider completes the annual training, the button will change back to its normal color. Whenever you are working in Manage Provider Information, you will be able to tell at a glance if a provider has not yet completed their annual training.)

- **[Reviews]**. This button accesses the List Reviews function for this Provider. From here you can view and add Review information for this Provider. This screen is also accessible from the menu **Providers >> Manage Provider Reviews**. For more information, see the *Managing Reviews* section of this manual.
- **[Calendar]**. This button opens the Manage Provider Calendar interface, focused on this Provider in the current claim month. This screen is also accessible from the menu **Tools >> Manage Provider Calendar**. For more information, see the *Managing Calendar Information* section of this manual.
- **[Supervisors]**. This button opens the Supervisors list, which show all users who can see this Provider's information, based on the Provider's Group number. This is only visible if your agency uses the Minute Menu Provider Security features. See the chapter on *User Permissions* for more information.
- **[Messages]**. This button opens the Manage Provider Messages function, focused on the selected Provider. This screen is also accessible from the menu **Tools >> Manage Provider Messages**. For more information, see the *Managing Provider Messages* section of this manual.
- **[Serious Deficiency]**. This button opens the Manage Serious Deficiency function, focused on the selected provider. This screen is also accessible **from Tools >> Manage Provider Serious Deficiency**. For more information see the *Managing Serious Deficiencies* section of this manual.

Footer buttons:

- **[Put On Hold] / [Take Off Hold]**. For Providers with an Active status, the button will be labeled "Put On Hold." Use this button to prevent the Provider's claims from being processed and/or paid. For Providers who are currently On Hold, this button will be labeled "Take Off Hold." Use this function to clear the provider's claims for processing and/or reimbursement. See *Managing Claim Holds* in the *Managing Claims* section of this manual for more information.
- **[Remove]**. Use this button if you will no longer be accepting claims for this Provider. When you do Remove a provider, you will be prompted to supply an effective removal date, and a removal reason. Indicate the reason as Terminated For Cause or Close by State if the Provider should not be reactivated. When you remove a Provider, all currently enrolled children will be set as Withdrawn effective the same date as the Provider's removal date. You can create additional removal reasons by going to **Tools >> Manage Provider Removed from System Reasons**.
- **[Reactivate]**. This button will only appear if the Provider has already been removed. You can Reactivate the Provider if they previously dropped your program but subsequently decide to begin claiming with your agency again. When you reactivate a Provider, all of the Provider's enrolled children that were withdrawn when the Provider was removed will be activated again. If these children shouldn't be active again, you will need to manually withdraw them as necessary. Also, when you choose to reactivate a Provider, you will be asked whether you want to reset the Provider's Original CACFP Start Date. This will

determine whether the Provider shows up as a newly added Provider on the Providers Added Report (and the California Change Request report).

Removing vs. Deleting Providers

When a provider is no longer serviced by your agency (ie, it's being terminated or voluntarily discontinuing the food program), you should remove the provider with one of the methods noted above. However, periodically you may enroll a provider temporarily which then doesn't actually start with your sponsorship. You may also enroll a provider in error. In this case, you may find it best to completely erase that provider from your database. To do this, go to Administration >> Delete Provider. DO NOT use this function unless you want to completely erase all information associated with that provider forever – so typically only for mistakes or providers never starting. Note: If there are meals recorded for this provider, you will not be able to delete the provider.

Bulk Provider Update

Use this function to update provider information for multiple providers at a time. For example, you can update tier eligibility or CACFP agreement dates.. This function is located under the Administration menu, and is available to users who have Manage Provider Information permission. To use this function:

1. Go to Administration >> Bulk Provider Update
2. You will first be presented with the Provider Filter. Use this to help determine which providers you wish to update. (See the chapter on *Reports* for more information on this filter.)
3. Next you will see the actual Bulk Provider Update screen. Select the item you wish to update, and enter the new information. For example, if you are updating provider income eligibility dates, select "Income Eligibility" and enter the new starting and ending dates. (Use the scroll bar at the bottom to move to see all provider information.)
4. Now select the providers you wish to update. You can either select providers one by one by clicking the check boxes, or use the [Select All] button (if you are updating all providers in your list).
5. Once you have selected the providers to update, you can print a report that will give you a list of the providers you are updating, and their current information (that you are about to change). **WE HIGHLY RECOMMEND THAT YOU PRINT THIS REPORT.** Once you have updated the provider information, there is no way to reverse the process. If you have unintentionally changed some information, the only way you will know for certain what you have changed is to keep a copy of this report.
6. If you have printed the report, and are certain you want to update the selected providers, click the [SAVE] button.

Provider Capacity Recording and Processing

The Licensing tab in Manage Provider Information allows you to record virtually all aspects of information related to a providers capacity. This information is used by Minute Menu's automated claims processor when you choose to Process a KIDS, a scannable-form claim or a Direct Entry claim.. If you manually review a claim, this information is available on certain reports for you to use as a benchmark, but Minute Menu will not check capacity on manually entered claims.

Each state handles capacity in different ways, and in some cases, handles capacity checking in very different ways for different types of family child care home licenses or registrations.

For some licenses/registrations, the allowed capacity at any given meal is fixed and cannot be varied for individual providers. If this is the case, then you will not be able to change the capacity for individual providers, and will just be given a "Maximum Capacity" value when you select the type of license.

Other license/registration types will give you the flexibility of changing the maximum allowed capacity for individual providers. If this is the case, you will be able to modify the maximum allowed capacity for each provider, and frequently will be able to do so for just a specific age-group of children. For example, you may be able to set a maximum capacity for infants, and a maximum overall capacity. If this is the case, you will see two boxes on the Licensing tab, one allowing you to enter an Infant capacity maximum, and one for a School Aged capacity maximum (the term School Aged capacity is synonymous with Overall capacity). You can therefore vary the maximum capacity for an individual provider by changing the numbers given in this area.

Still other states/licenses vary the allowed capacity based on the specific meal served. If this is the case for you, then you will see each of the 6 meals listed allowing you to supply a maximum capacity for just that meal.

Handling Own Children

Because the Food Program only reimburses own children for Providers who are Tier 1 Income Eligible, performing capacity checking can become complicated. Own children who do not participate in the Food Program will frequently be ignored by Sponsors as they don't impact Food Program reimbursements. But in states where licensing regulations stipulate that own children are to be counted when determining allowed capacity, these children must be taken into consideration when a Sponsor examines capacity at each meal serving.

In all cases, own children who are eligible for reimbursement must be actively enrolled in Minute Menu HX, and must be actively recorded in KIDS or on scannable forms. But for own children who do not participate in the food program, there are several different approaches. In each case, Minute Menu HX handles all aspects of capacity-related checking when a claim is processed, but for manually entered claims you will need to tabulate capacity manually. There are four distinct approaches to managing these capacity checks:

- 1. Adjust Allowed Capacity:** In some states, and for some licenses, the state will explicitly provide a lowered capacity limit for a given Provider based upon the number of own children in the Provider's home. To explain by example, rather than having a maximum capacity of 6, the maximum capacity for the given Provider would be 4 if she had two children of her own. In this case, Minute Menu HX is configured so that own children are not counted in the capacity (if the Provider happens to claim her own children), and all you must do is supply the appropriate max capacity numbers for each Provider. Effectively, this means that State always assumes these own children are present and you don't have to worry about non-participating children at all. The down side to this approach is that it forces the state (and possibly you) to keep track of the number of own children in each licensed home and update licensing information accordingly (which can prove especially difficult if the state adjusts capacity based on non-school-aged own children – forcing the state (and possibly you) to update records as own children start school). Regardless, if this approach is used, it will be mandated by licensing (and preclude any of the other three approaches).
- 2. Providers Always Record Own Children:** You can elect to force your Providers to actively mark each own child in attendance at every meal. In this case, each own child must be enrolled in Minute Menu HX (via KIDS or a scannable enrollment form, or directly entered in your offices). When a Provider records a meal (via KIDS or a scannable form), the Provider will note each own child in attendance. When Minute Menu HX processes these claims, the capacity information will be computed accurately. These children can be enrolled as either participating or non-participating. If enrolled as participating, the error reports generated during processing will indicate that the children were not reimbursed because the Provider was not Tier 1 Income Eligible. If enrolled as non-participating, the system can be configured not to generate any messages at all, or to tell you the child was counted from a capacity perspective but not reimbursed. The capacity will be accurately analyzed and the Provider will be actively reimbursed in either situation. The down side to this approach is that your Providers can simply not mark their own children in attendance at any meal (since they aren't getting paid for those children anyway) and the processor will thus not detect an over capacity problem.
- 3. Assume Own Children Attend Meals Based on Enrollment:** Minute Menu HX can be configured to assume that own children are present at every meal when performing capacity checks. When this is done, school aged-own children are assumed to NOT be in the home if it is a school day and an AM Snack or a Lunch is being served. When processing a claim, the system will examine all of the children on file in the Minute Menu HX database for the provider being processed, and make the assumption that all of the Provider's own children are present when computing capacity at each meal serving. (If a Provider is Tier 1 Income Eligible, she will still need to actively claim her own children for reimbursement; this assumption applies only to capacity checking). If this approach is taken, you must have your Providers enroll each of their own children (via scannable enrollment forms or KIDS; or you must use the Enroll Child Wizard to enroll those children yourself). With this approach, you even have the ability to note a specific own child as not present in the home if the Provider notifies you of that fact, so that you will always have 100% accuracy when determining capacity. (See *Noting an Own Child as Out of the Home* in Section V of this manual). The only down side of this approach is that it forces your Providers to fill out enrollments for their own children, which could increase costs by a marginal amount (for scannable enrollment forms) and which would take up available child numbers. To address the latter issue, you may consider having own

children enrolled in the 2nd or 3rd child group for providers who care for a large number of children. (See *Managing Child Numbers* in Section IV of this manual for a discussion of related issues).

4. **Assume Own Children Attend Meals Based on Provider File:** Just as the preceding option, with this approach Minute Menu HX will assume that own children are present at every meal served when performing capacity checks. But rather than examining the children currently enrolled in the Minute Menu HX database, the system will instead examine counts of non-participating own children that are recorded in the Provider's file on the Licensing tab of Manage Provider Information. The system will assume that the number of own children recorded in the Provider's file are present at every meal served and compute capacity accordingly. When recording own child counts, you must break the counts down by the child's age grouping (ex: own non-participating Infants, and own non-participating School Aged children), so that the processor will know how to allocate the extra capacity. The own school aged children will not be included in capacity checks on school days for AM Snack and Lunch. This approach does not allow you to note an own child as NOT present in the home (which is available with the previous option). The downside to this approach is that you must maintain the counts of own children in each Provider's file, and likewise update the age-groupings of those counts as children become school aged.

Unless approach #1 is mandated by your state agency, we recommend using approach #3. Please contact customer support for assistance configuring Minute Menu HX to handle the approach you wish to take.

Managing Historic Provider Data

Provider files and child files change over time. Provider's meal schedules change, Providers move, their licensed capacity changes, their tiering changes, etc.

When you use Manage Provider Information to access a Provider's file, you are looking at the information currently on file in the Minute Menu DB for the Provider. But Minute Menu does store all the previous values for your Providers, keeping a complete audit trail of each Provider change made as long as that Provider is active with your agency.

As you save changes to a Provider's file, the old data is saved away. The data is saved specific to the Current Claim Month. So if your current claim month is April 2009, and you change a Provider's License #, you could see the previous value for the License # that was effective in March 2009.

To examine historic data, use the **Providers >> Manage Provider History** function. This works just like the Manage Provider Information function, except that you must also choose an effective month. Once you choose an effective month, the file information displayed on screen is the information that was on file for that Provider during that claim month.

Since the historic data information is saved effective to a claim month, only one change per month can be saved. To explain by example, consider these series of data changes:

1. During the entire month of April 2009, a Provider's License # was 1200. The software's Current Claim Month read March 2009, since you typically process March's claim in April.
2. You advance your claim month on April 30th so that the Current Claim Month is now April 2009.
3. On May 10th, you change the License # to 2900.
4. On May 20th, you change the License # to 3500.
5. On May 31st, you advance your claim month to May 2009.

If you access Manage Provider History at this point, you will see the following:

- Looking at data for this Provider effective the March 2009 claim month, you'll see License # 1200.
- Looking at data for the April 2009 claim month, you'll see the License # 3500. The last value that was in effect when the Current Claim Month was April 2009 remains saved.
- Looking at data for May 2009, you also see License # 3500.

Accessing Historic Data

Usually, the only time you need to review historic Provider or Child data is during a review or audit. As a result, the Manage Provider History (and Manage Child History) function may be disabled. If you would like to enable the function to review this information, please contact Minute Menu support for specific instructions.

Processing Late Claims

Some agencies handle large amounts of late claims. For example, during April 2009, they will still get a number of claims from Providers for February 2009 and even for January 2009. When you process claims, Minute Menu examines the information in a Provider's file to determine how that claim should be paid. But if the information on file for a Provider effective the February 2009 claim is different than that on file effective for the March 2009 claim, it can be difficult to guarantee accurate claim processing.

Minute Menu stores accurate child files based on the date of enrollment and date of withdrawal, which allows the Claims Processor to accurately examine late claim months in most circumstances. Tier information and license information are stored with effective start & end dates, which covers most late claim circumstances with perfect accuracy. But occasionally data changes in the Providers file will materially impact a claim. For example, if a Provider's maximum license capacity one month is 7, and the next month it is 6, if you re-process that Provider's late claim, the Provider may get disallowed for one child throughout the month if Minute Menu were only to look at the information in the Provider's file for the current month.

Minute Menu can be configured to look at historic data when processing claims. So in the above licensing example, when you process the current claim Minute Menu would check against a max capacity of 6, and when you re-process the previous month's claim it would check against a max of 7. If you would like Minute Menu to examine this historic data when processing claims, please contact Minute Menu support. When this historic data processing functionality is enabled, the Manage Provider History (and Manage Child History) function is always enabled (subject to

functional security permissions for the user who is logged in – see the chapter on *User Management* for more information).

Provider File Changes Report

To assist in identifying data that has changed for a Provider from one month to the next, try **Reports >> Providers >> Provider File Changes Report**. This report will list all data that has been changed for any Provider from one month to the next.

When you run the report, the Provider Filter will appear. You can filter this report to include only the Provider you choose, or leave the options unchanged to get all Providers.

You will be prompted for a specific month. The report will then show all Providers whose data changed between the month before this month, and this month.

The report output will only show the data that has actually changed. The data will be listed based upon it's field name in the database, which may be a bit confusing at first glance as these database field names don't directly correspond (in some cases) to the names you may be more familiar with. For example, a Provider's # (or ID) is usually referred to as it's scan_code in the database. If you have any questions about the field names, send an email to hx-support@minutemenu.com with the specific field name and a Minute Menu support specialist will explain what the field refers to.

Likewise, the data that appears for the field value may not be formatted precisely as you would like. Most dates, for example, will display with both a date and a time component. The time component should be ignored. Likewise, most times will display with both a date and time component. The date component should be ignored.

Providers who are newly added in the month being examined (or who have been added after the month that is being examined) will be ignored in this report.

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IV. Managing Child Information

This section of the manual describes how to record, review, and otherwise manage information on all of your providers' children. Keeping 100% accurate child information in Minute Menu HX is absolutely critical to ensuring you maintain the highest levels of CACFP integrity with Minute Menu.

Enrolling New Children

There are three ways to get a child's enrollment into your Minute Menu HX database:

- Scan a Child Enrollment Form
- Retrieve a Child Enrollment through the Internet (via Transfer Data) when a Provider enrolls a child using KIDS
- Directly enroll the Child using the Enroll Child Wizard

Child Enrollment Forms

For those Sponsors who use Minute Menu HX scannable forms, you can use the scannable Child Enrollment Form to add any child's enrollment to your HX database. Detailed instructions on scanning are included in the *Scanning Forms* section of this manual. For a detailed, field-by-field guide on using the Child Enrollment form, please review the Child Enrollment form section of the *Provider Training Workbook*.

Non-Scannable Enrollment Information

Once you've scanned a Child Enrollment form, you may need to supply other information on the child.

For example, parent & child address information is hand-written on the Child Enrollment form, and would need to be hand entered into Minute Menu HX for the given child. If you plan to use the Enrollment Renewal Worksheet next year, you should take the time to enter the child's address and parent's information, as it is printed on that report. If you don't want to use that report, there is no need to enter this information into the Minute Menu database manually unless you want to use Minute Menu to help generate mailing lists for conducting household contacts. In that case, you should supply this information only once a Provider has been selected to have her parents contacted..

If the child is a Tier 1 child in a Mixed Tier home, you must supply the child's income eligibility information manually.

For information on updating the child's file manually, see below.

Children Enrolled via KIDS

When Providers enroll children via KIDS, those children will have a Pending status, rather than Active. This is done because you are required in the Sponsor's office to have a parent's signature

on a child enrollment form of some kind for each child. So, the Provider will print out a Child Enrollment Form with all of the information they've entered into KIDS, have the parent sign it, and send it into your offices. When the Provider finalizes the child's enrollment, that new child enrollment will be saved in the HX Internet servers. And the next time you run Transfer Data in your office, you will retrieve that child enrollment via the Internet. (See the section on *Transfer Data* in this manual for more information.)

In this manner, you will automatically retrieve all child enrollment information for children enrolled by Providers using KIDS. These children can be marked as attending any meal as soon as the Provider enrolls them. But until you Activate these children – while they remain noted as Pending – the Child will be disallowed from the entire claim when the claim is processed in your Sponsor system.

When you change a Child's status from Pending to Active, you are telling Minute Menu HX that you've received a signed enrollment form for that child. The Activate New Children function is designed to allow you to do this quickly.

Activating New Children

To mark children as Active, so that they won't be disallowed from processed claims, use the Activate New Children function.

1. Go to the menu **Providers >> Activate New Children**.
2. If you want to examine only one Provider's Pending children, select that Provider.
3. Put a checkmark next to each child for whom you've received a signed enrollment form.
4. Click [Activate].
5. If any child being activated is in a Mixed Tier home, the system will prompt you for the child's Tier. You can supply this information here if you like, or you can skip it and supply it later via the Manage Child Information function.
6. If any child being activated requires a special diet, the system will ask you whether you've received the Doctor's Statement. If you have, you can indicate as such.

Once children have been Activated here, there is no need to enter any further information on them, and you can put the signed enrollment forms in appropriate files.

Notes on Pending Children

While a child remains Pending, the Provider will not be able to Withdraw that child. So, until you Activate a child in your offices, the Child will remain Pending and remain in the list of children that a Provider can choose to serve. If you never receive a signed enrollment form for that child, then the child would effectively remain in the system forever. So, you may periodically need to withdraw some children that were enrolled via KIDS but for whom you never received a signed enrollment.

You can withdraw pending children from the Activate Children screen. Go to Providers >> Activate New Children. Select a provider. Put a checkmark next to each child you wish to withdraw. Click the [Withdraw] button. The children will be automatically assigned a withdrawn date that is one day prior to their date of enrollment.

This will ensure that the child information is kept accurately in the system. After you make this data change, when you run Transfer Data then the Provider's KIDS information will be updated as well.

Non-Participating Pending Children

Providers who use Minute Menu KIDS to record claim information on-line may also from time to time enroll children in the KIDS software before the child is actually supposed to be in care – as they use the software to document children on a waiting list. In other cases, providers may have some children that for whatever reason they don't wish to claim on the food program, but wish to track in their KIDS software (perhaps to generate invoices).

In this case, the Providers may enroll those children in the KIDS software, but will de-select "Participates in CACFP" to indicate these are non-participating children.

These non-participating children may show up in your Minute Menu database, as we attempt to keep the child files in the KIDS software synchronized with the child information in your sponsor database. But these children are, by default, filtered out of the Activate New Children list. So when you go into the Activate New Children function, you can choose to include these Non-participating children if you like, or leave them excluded.

Enroll Child Wizard

The Enroll Child Wizard will walk you, step-by-step, through the process of adding a child when you have not received a scannable enrollment form or an electronic enrollment from the Provider. The information you enter will be used to check the provider's claim and calculate the monthly reimbursement for meals served to this child. In some cases, not all steps will be necessary, but it is important that you enter the child's information thoroughly so that claim reimbursements will be accurate.

Accurate claim reimbursements start with accurate child information!

The software will double-check that some of the data you enter is logically correct (i.e. that the start date is before the end date), but keep in mind that it will not check for typos. Also, each screen will require that certain fields be filled in before you can move on to the next screen. You do not have to fill in all of the fields in order to enroll the child (you will receive a message if you miss a required piece of data), but you should keep in mind that taking the time now to enter as much information as you have on the child will benefit you in many ways—including increasing the likelihood of an error-free claim and providing data for the multitude of reports available in Minute Menu HX!

Navigating the Enroll Child Wizard

The Enroll Child Wizard is accessible from the menu **Providers >> Enroll Child Wizard**. This menu option will have a cascading menu appear off to the right, with the option **New Child** listed, and possibly others. To begin a brand new Child's enrollment, click the New Child option. You can also access the Enroll Child Wizard from the Enroll Child button on the Manage Child Information screen.

The Wizard has been designed with convenience in mind, so if you previously started but did not finish a Child's enrollment, that Child will show up (with its Provider) in the cascading list to the right. To continue that Child's enrollment, choose that Child's name instead of the New Child option.

Once in the Wizard, use the [Back] and [Next] buttons to move through the tabs. You must enter the required information for each tab before you will be able to advance, using the [Next] button, to the following tab, but you can return to a previous tab using the [Back] button at any time.

The [Close for Now] button will save the child's enrollment for completion at a later time. If you leave the Enroll Child Wizard before completing a child's enrollment, you must return to the Enroll Child Wizard and select the Provider from the drop-down list in order to access the unfinished child enrollment.

Once it has been saved and before it has been completed, a child's unfinished enrollment can be deleted by opening it from the menu **Provider >> Enroll Child Wizard**, bringing up the child's enrollment, and selecting the [Delete] button at the bottom of the Wizard window after it opens.

Starting the Wizard

1. Open the Enroll Child Wizard from the menu **Provider >> Enroll Child Wizard >> New Child** (or choose a specific Child to continue a previously-started enrollment).
2. The Wizard Status screen lists the different categories of information that you will be asked to enter.
 - a. For brand new enrollments, select the Provider for whom you would like to enroll a child. Then, select the Start button when you are ready to begin enrolling the child.
 - b. If a child's enrollment has been started already for the Provider you select, you will be able to choose that child's name from the second drop-down box shown on the screen. If no children are pending enrollment, the only option visible will be New Child.

Specific Screen Details

Child Tab: This screen contains basic information about the child.

1. **First Name, Middle Initial, Last Name.** Enter the name of the child as you would like to have it displayed on reports.
2. **Date of Birth.** Enter the date of birth for the child. This date will determine how the child is credited. You may type the date directly into the field or select the date from the calendar screen. To open the calendar screen, click on the arrow button to the right of this field.

3. **Age.** Child's age will be calculated automatically when you enter a birth date.
4. **Address, City, State, Zip Code.** Make sure to enter this information accurately to aid in printing reports.

- a. Click the **[Use Sibling's Address]** button if you've already enrolled a brother or sister of this child in this Provider's home. The function will bring up a list of children to copy from. Once you click a sibling to copy from, that sibling's address will be supplied on this screen. In addition, any of that sibling's parent's information will be automatically supplied for this child, which you will see once you advance to the Parent tab.

5. **SSN.** Enter the child's Social Security Number, if desired. (Sometimes not visible based on preference).
6. **Child's Relation to Provider.** Select the child's relation to the provider from the pop-down list.

Required Fields for This Screen:
 Child's First Name
 Child's Last Name
 Date of Birth
 Child's Relation to Provider

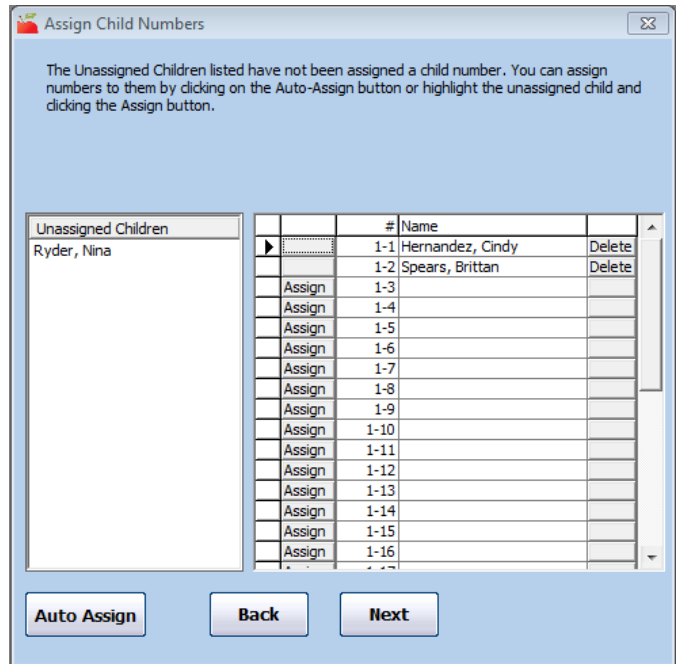
Most children will be Non-Related/Day Care Child. Keep in mind that the Foster Child option applies only to the Provider's own foster child. If a child is a Foster child, you must supply an effective Foster Tier 1 date range when you advance to the Rules tab. If the child is an own child, the system will only pay for the child if the Provider is Tier 1 by Income.

7. **Gender.** Select the child's sex. (Sometimes not visible based on preference).
8. **Race.** Select all race or ethnicity categories that apply.
9. **Enrollment Date.** Enter the Date of Enrollment for the Child. This will be the first date that the provider will be credited for claiming this child. If the provider marks the child in attendance before this date, the child will be disallowed and an error message will be generated when the claim is processed.
10. **Enrollment Expiration Date.** This is the date the child's enrollment expires. It is typically a year after the date of enrollment, although some Sponsors will set this so that it's the same date for all children. This field can be updated using the Re-enroll Children function (described below). Depending upon your agency configuration, if a child is claimed after this date has been passed, the child may be disallowed from the claim.
11. **Participating in CACFP.** By default, this field will be checked. You can uncheck this field if the child should never be issued reimbursements, but you still want to track these children for capacity checking or to assist the Providers in computing the IRS standard meal deduction.

- Missing child info, enrolling for direct entry.** In some cases, it will be necessary to add a child to the Minute Menu database for whom you do not have any info other than a name. In that case, you can check this box when enrolling the child, and hit [Close for Now] when done with the child's basic information. You can then record Direct Entry attendance info for these children if necessary (see the chapter on Direct Entry later in this manual). But if you have more than just a child's name (even if you lack a signed enrollment), you should proceed to enter all known information and just do not fully Activate the child at the conclusion of the enrollment process (see below for more information).

Assign Child Numbers Screen: For Sponsors who use scannable forms, or who have otherwise chosen to use child numbers, each enrolled child must be assigned a child number. As a result, when enrolling a new child, this screen will be the second step in the child enrollment process. You will use it to assign a child number to the child, along with a child group. The Provider will use this number to record the child's attendance on scannable forms. This number should not be changed once it has been assigned, so please note any requests from the Provider for a specific number.

- Child Group In View.** If you allow more than one child list and would like to enroll a child in the Second or Third Child Group, select the desired child group in this field. This option may or may not be visible on screen, depending upon whether this Provider is approved to use the 2nd and 3rd Child Groups. (See the Provider's file on the Licensing tab). If it is not visible, then all children will be enrolled in Group 1 by default.



- Unassigned Children.** This field lists all children for the Provider who have not yet been assigned numbers.
- Child Number List and Auto Assign.** To assign a child to a specific child number, select the [Assign] button next to the desired number. Selecting the [Auto Assign] button will assign all Unassigned Children to the first open number(s). To enroll a child in the Second or Third Child Group, select the desired child group in the Child Group In View field, and choose the relevant [Assign] button.

Required Fields for This Screen:
Assigned Child Number

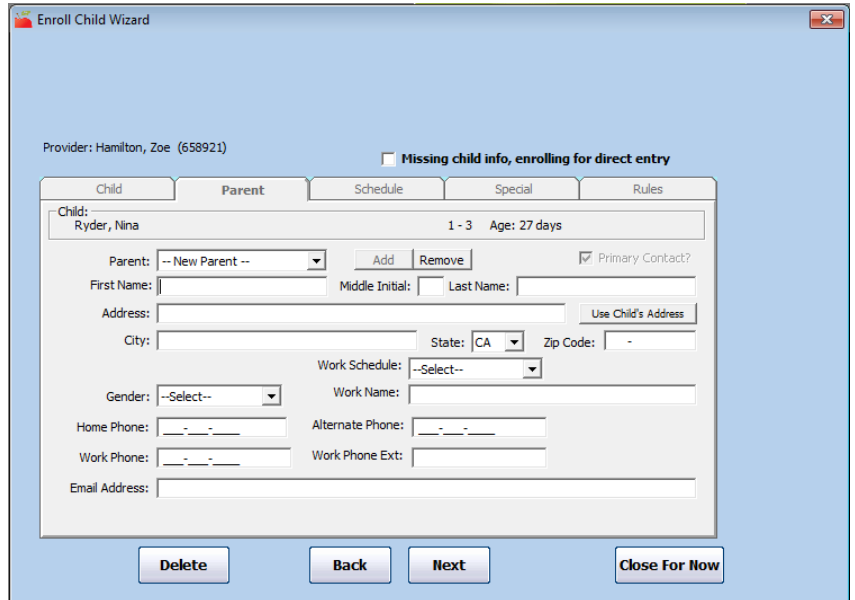
If you access this function for an existing child, you do have the option of changing a child's number, by first pressing the child's [Delete] button, then an [Assign] button for a new number. However, we highly recommend that you never change child numbers once a child is enrolled, as it can dramatically confuse your Providers and cause improper processing results.

For more information on child numbers, see *Managing Child Numbers* later in this section.

Required Fields for This Screen:
At least one Day and Meal

Parent Tab: This screen contains contact information for the child’s parent(s). You will be able to enter information for each parent you wish to set up.

1. **[Add].** When you initially view this screen, it will be disabled. You must click the [Add] button to begin entering a new parent’s information. To set up additional parent(s), simply hit [Add] again. The drop down box will contain all parents set up for this child. If you enter a parent erroneously, choose the **[Delete]** button.
2. **Primary Contact?** Check this box if the parent being entered is the primary contact for this child. All Parent reports generated in Minute Menu will be addressed by default to the primary contact.
3. **First Name, Middle Initial, Last Name.** Supply as appropriate.
4. **[Use Child’s Address].** Selecting this button will automatically input the child’s address into the Parent Address fields.
5. **Address, City, State, Zip Code.** Enter this information if it is different from the child’s information.
6. **Work Schedule.** Select the parent’s work schedule, if known. (Visible based on preference)
7. **Gender.** Select the gender of the parent being entered.
8. **Home Phone.** Enter the home phone number, including area code, of the parent.
9. **Work Phone.** Enter the work phone number, including area code, of the parent.
10. **Alternate Phone.** Enter an alternate phone number, if any.
11. **Email Address.** Enter the email address of the parent, if known.



Schedule Tab: This screen allows you to enter the child’s standard meal and attendance schedule, as well as school information.

Required Fields for This Screen:
None

1. **Drop Off and Pick Up.** Enter the typical times that the child arrives and leaves care. This should be earliest the child arrives in care, and the latest the child leaves care, on weekdays. If the child usually goes to school, but when school is out arrives at care at 7am, then this drop off time should be 7am, since this is the earliest the child would normally show up. If there are not set times, check the **Times Vary** box. Supply **Weekend Drop Off** and **Weekend Pick Up** times if the child also attends care on the weekend, and the arrival and departure times for the child on the weekend are different than they are on a weekday.
2. **Days.** Enter the typical days in care for the child. If the child has no set schedule, check the **Days Vary** box.
3. **Meals.** Check the meals for which the child will be claimed.

4. **Overnight Stay.** Note whether the child stays overnight. (Optional field, visible based on preference).
5. **School District.** Select the school or district where this child attends. If the Provider has a school district setup in her file (on the “Contact” tab in Manage Provider Information), then this child will be assumed to be in that school district if no school district is assigned here.

6. **Grade Level/School Type.** Select the child’s school type or grade level from the list provided. This can impact the computation of capacity in some states. Speak to your Minute Menu representative if you have questions concerning exactly what constitutes a school aged child from a capacity-checking standpoint. This designation can also impact whether the child is allowed at AM Snack or Lunch. For more information on how these designations impact disallowances for AM Snack or Lunch, see the Error #91 in the *Error List* in this manual.
7. **School Name.** Type the name of the school where the child attends. This is completely optional.
8. **School Number.** Enter the number of the school that the child attends. This is completely optional.
9. **School Attend Days.** If you designate this child as a school aged child, you will be able to supply a specific school schedule. If the child attends school on a normal M-F schedule, then you can leave these unchecked. Checking all these boxes has the same effect as checking none of them. But if the child has a swing school schedule, then you can check those days of the week that the child attends school.
10. **School Depart Time and Return Time.** Supply the times the child leaves for and returns from school. If the child normally goes to school from his/her parent’s house, then this school depart time would be the same as the normal **Drop Off Time** you noted above. Then you would supply a return time here that would be when the child normally comes to care on school days.

Special Tab: This tab provides fields to enter formula information, Special Needs, Special Diet, and other unique information for this child.

1. **Parent’s Infant Formula Choice.** This field will be required when you are enrolling an infant. You will need to select the appropriate infant formula preference chosen by the Parent. The choices include:
 - Parent Supplies Breast Milk or Formula
 - Parent Accepts Provider-Supplied Formula

2. **Formula Offered by Provider.**
Type the name brand of the formula offered by the Provider.
3. **Parent's Formula Name.** If the Parent is supplying formula, supply the name of that formula here.
4. **Parent's Infant Food Choice.** This field is required if the child is an infant. Choose:

- Provider Supplies Food
- Parent Supplies Food, and Refuses the Provider's Food.

Because infant formula is always reimbursable, the infant formula preference doesn't matter.

However, the infant food preference can impact a child's eligibility for reimbursement.

The processor can be configured as follows:

- For 0-3 month olds, regardless of the choice, infants are always allowed as long as some food is served.
- For 4-7 month olds, if provider supplies food, the system will always allow the child. If parent supplies food, the system can either ignore this setting as irrelevant (since the foods are not always required), or can disallow the child unless the child is on a special diet.
- For 8-11 month olds, if Provider supplies food, the child will always be allowed subject to the meal pattern or special diet requirements. If parent supplies food, the system can ignore this setting as irrelevant, or it can disallow the child at Breakfasts, Lunches, and Dinner, and in the case that no formula is served (and only Juice is served), then disallow the child at Snacks as well; or it can always disallow the child (even at snacks).

5. **Infant Formula Form Received.** If your state requires a distinct infant formula form (as opposed to just the Minute Menu Enrollment Form which has the necessary infant documentation on it), you can indicate that you've received that for the child here.

Required Fields for This Screen:
 Parent's Infant Formula Choice (if Infant)
 Formula Offered by Provider
 (if Provider Supplies Formula)
 Parent's Infant Food Choice (if Infant)

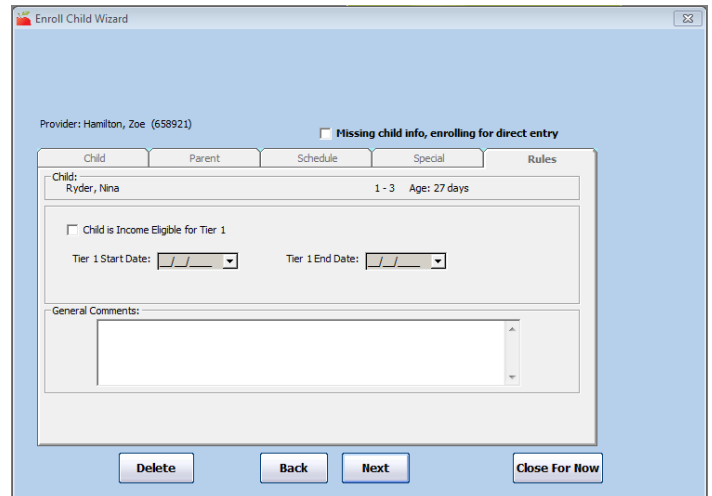
6. **Special Needs.** Check this box if the child is a Special Needs child. If this box is checked, the child will be allowed past the age of 12.
 - a. **Medical Statement on File.** If you've received some kind of verification that the child is special needs, note it here.
7. **Special Needs Expiration.** Enter the expiration date for the special needs documentation. (Visible based on preference).
8. **Special Diet.** Check this field if the child has a Special Diet statement on file.
 - a. **Special Diet Statement on File.** If you've received some kind of verification that the child has a special diet, note it here.
9. **Special Diet Expiration.** Enter the expiration date for the special diet documentation. (Visible based on preference).
10. **Special Diet Description.** Enter the details of the child's special dietary needs.

11. **Migrant Worker's Child.** Check this field if the child will be claimed up to 16.
12. **Pay Source.** Choose the pay source (either Public or Private) of the child. This affects reimbursement in some states (and in others is not visible). In some cases, you may need to supply effective **Start Date** and **End Date** for the Public paid child.

Rules Tab: This screen allows you to enter the child's tier and any comments.

Required Fields for This Screen:
 Tier 1 Start and End Dates
 (If Tier 1 Eligible is checked)

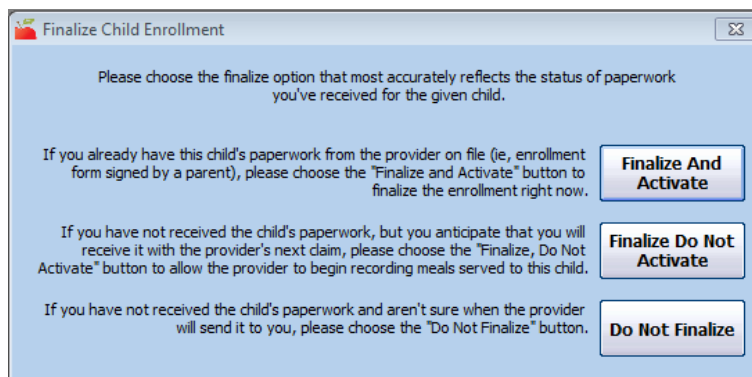
1. **Child is Income Eligible for Tier 1.** Check this box if you have documentation of the child's income eligibility. Minute Menu treats all children as Tier 2 unless you actually have income eligibility statements on file for the child – although these children will be paid at Tier 1 rates if the Provider is Tier 1. If you enter a Tier 1 child for a Tier 2 Provider, you will be reminded to change the Provider to Mixed Tier. It is not necessary to indicate Tier 1 eligibility for children when the Provider is Tier 1, and you should only do so if you have an income eligibility statement on file for that child. Note on Foster Children: You must supply the Foster child's foster contract dates here, to confirm that the Foster child will always be paid at Tier 1 rates (even if the Provider is not Tier 1).
2. **Tier 1 Start Date and Tier 1 End Date.** Enter the start and end dates for the child's eligibility.
3. **General Comments.** Enter any comments on this child in the space provided. This field is for your information only and will not be used in processing or appear on reports.
4. **Custom Other fields.** You can set up certain custom fields to be stored for your children. To do so, go to Administration >> Manage Sponsor Preferences to the section on the Child Info – Rules tab, and set up any as you see fit. If you have set any up, they will be visible here.



Finalize Child Enrollment Screen: This screen allows to finalize and activate the child so it is ready to be claimed.

- **Finalize And Activate:** If you already have the child's paperwork on file with a parent signature and are ready to immediately activate the child, select this button.
- **Finalize Do Not Activate:** Choosing this feature allows KIDS Providers to begin marking the child in attendance, but the child will not be credited when the claim is processed unless you activate the child at a later time, before you receive and process the next claim. You will need to fully activate this child with the Activate New Child interface if you choose this option.
- **Do Not Finalize:** Choosing this option will save the child's info, but the child will not be active and will not appear in KIDS until you finalize the enrollment at a later time. If you choose this option, you will have to return to the Enroll Child Wizard and select the

Provider and this child in order to view the child's information. The child will not be accessible from any other part of the software and will not show up on the Provider's Child List.



Managing Existing Child Information

You will use the Enroll Child Wizard to create new Children in Minute Menu HX. You will use a very similar interface to manage child information once it has been entered.

You can access any Child that is not in midst of being entered via the Enroll Child Wizard in one of two ways:

- By directly accessing the Manage Child Information function
- By first using the List Children function, which then takes you to that Manage Child Information function. (The List Children function, in turn, can be accessed directly, or via the Manage Provider Information function – which itself can be accessed via the List Providers function).

List Children

You can access the List Children function from the menu **Providers >> List Children**. This function will list every Child in the system that meets the filtering criteria you specify. However, any Child currently being enrolled via the Enroll Provider Wizard will NOT appear on this list, regardless of the filtering options you choose. To access those Children, go to the menu **Providers >> Enroll Child Wizard >> find Child Name**.

The List Child screen displays Children by Name (and if your agency uses child numbers, by child number as well), and provides links to view more information on each child.

Filtering the List

When you access the List Children function, you'll notice that it has a few selection mechanisms and a [Refresh List] button. The selection mechanisms are filtering options, designed to allow you to get a list of Children based on a series of different filtering criteria:

1. **All Providers vs. Selected Provider.** You can choose to list children for only a specific Provider, or for all Providers. If you choose to filter by a specific Provider, then you will need to choose that Provider.

- a. **Select a Provider.** To select a Provider, choose from the drop-down list of Providers on the right. This will be sorted in the order as specified in the [#]/[A] button immediately to its left. The drop down list will only include Providers if they match the status filter that appears to the left. This status filter works exactly like the filter described in the List Providers interface.
2. **Filter Children By Status.** Select the child enrollment status for the children you would like to view. Your status choices include:
 - a. **Enrolled.** Only show those children who are Enrolled and Active, and ready to be claimed.
 - b. **Enrolled & Pending.** Show children who are Enrolled or Pending. This will include children who have not yet been activated.
 - c. **Pending.** This will show only children who have not yet been activated.
 - d. **All.** Show all children, regardless of status.
 - e. **Withdrawn Before.** Show only dropped children as of the date you specify in the box to the right.

This Child Status Filter is used throughout the software, on virtually every screen that allows you to select a Child. So, once you've familiarized yourself with the filtering behavior here, you'll be able to use those filters on any interface in the software.

Once you've chosen the appropriate filtering criteria, click [Refresh List] to get the list of Children that match that criteria. Bear in mind that you will need to click [Refresh List] if a Child's status changes while this list is loaded on screen if you want to see that change reflected on screen. The list doesn't refresh automatically.

Searching for Children

You can also use this function to search for specific children. Click on the underlined "Search for children where..." to expose a series of search options:

- For tips on how to search, click on the underlined "Search Tips."
- You can search for children of all providers by choosing the "All Providers" option instead of the "Selected Providers" option, which will then search only for children with that Provider.
- You can search by any individual criteria, or by a combination of a criteria. For example, to find any child whose last name is "Smith" in the city "Dallas", supply both of those criteria and hit [Refresh List].
- Remember that the status filter will still apply, so if you want to include withdrawn children in your search, change the "Filter Children by" choice to "All".
- You can also use the percent sign (%) as a wildcard in your search. For example, searching for the last name "smi%" will return all providers whose last name begins with "smi".
- The [X] button next to Search Tips clears all these fields, if you've typed search criteria in them already.

You may need to search for a child using a criteria that is not included in the search options in this function. If this need arises, try using the Child List Export File. Minute Menu HX allows you to generate a highly configurable list of Children, printed directly to an export file that is loaded automatically into the spreadsheet program Microsoft Excel. This method takes advantage of pre-existing tools found in Microsoft Excel, allowing you to do special queries, sorts, or other manipulations to find just what you're looking for.

For more information on the Child List Export File, please consult the chapter on *Reports* in this manual.

Sorting the List: Using Column Headers

As with all lists in the Minute Menu HX, using the mouse to select the button column headers will sort the Child List according to the information in that column. The following are sort options for the Child List:

- **#.** Selecting the Number header will sort the Child List in numerical order according to the child number. Selecting this button a second time will sort the list in reverse order. The child's number is hyphenated with the group number followed by the child number.
- **Name.** Selecting the Name field sorts the list in alphabetical order according to the child's last name. Selecting the button a second time reverses the order.
- **Birth Date.** Select the Birth Date field will sort the Child List in chronological order by birth date. Selecting this button a second time will reverse the order.
- **Status.** Selecting this option sorts the list by child status. This button will only be effective if you have chosen to view more than one status type in the Filter Children By field.

List Children Functions

With each Child listed in this List Children screen, you can access several different functions by clicking an appropriately labeled button on the relevant Child's row.

- **[View].** This button will open the Manage Child Information screen, from which you can edit, delete, or add child information. For more information on this, see the Manage Child Information section below.
- **[Withdraw].** Selecting this button will open the Change Child Status window. You will be prompted to enter and save a drop date for this child. When specifying an effective date of withdrawal, you should always choose the last day of the current claim month, rather than the 1st of the next claim month. Otherwise, the child will still be recognized as enrolled during that month, and will show up in the next month's CIF.
- **[Reactivate].** If the child has been withdrawn, you may be able to Reactivate the child, if the date of enrollment was within the last year, or the enrollment expiration date has not passed.

The **[Print CIF]** button will print a CIF for this Provider for your current claim month. Note that the CIF prints all children enrolled effectively during the month, which may include Withdrawn children not immediately displayed on the List Children interface if you're filtering to include only Enrolled children. The **[Print]** button will print a List Children Report.

List Wizard Incomplete Children

When children are in the process of being enrolled, they are classified as “Wizard Incomplete” children. In addition, when children are enrolled specifically for Direct Entry as a placeholder, even though the enrollment is not on file, they are documented as Wizard Incomplete children. These children are only accessible in the **Providers >> List Wizard Incomplete Children** function, so as not to be confused with Pending and or Enrolled children elsewhere.

Manage Child Information

To modify or review any piece of information on file for any of your Children, you can use the Manage Child Information interface. The interface appears just like the Enroll Child Wizard, but you can switch between the various tabs – and you have access to extra options.

To View Child Information:

1. Open the Manage Child Information screen from the menu **Providers >> Manage Child Information**
2. **Select a Provider.** To select a Provider, choose from the drop-down list of Providers on the right. This will be sorted in the order as specified in the [#]/[A] button immediately to its left. The drop down list will only include Providers if they match the status filter that appears to the left. This status filter works exactly like the filter described in the List Providers interface.
3. **Select a Child.** To select a Child, choose from the drop-down list of Children on the right. This will be sorted in the order as specified in the [#]/[A] button immediately to its left. The drop down list will only include Children of the selected Provider, and only if they match the status filter that appears to the left. The status filter works exactly like the filter described in the List Children interface above.
4. **Navigate Information.** Select the Tabs to view any piece of information for the child, or click one of the buttons to the right.

When you are finished viewing the Child’s information, select the Close button to close the window, or select another provider from the Select Child fields. You can switch between Children while remaining focused on one Tab; so if, for example, you want to review meal schedule information for several different Children, click the Schedule tab, and just select Children as appropriate.

Remember to hit the **[Save]** button if you make any changes.

Other Child Information and Functions

Several other options can be chosen to change information for this child:

- **[Print].** Select this button to print a Child Enrollment Report for this child. The report will print to the screen first, and you can choose to print a paper copy from the screen.
- **[Withdraw].** Select this button to open the Change Child Status screen. You will be prompted to enter a drop date for the child and to save the information. When specifying an effective date of withdrawal, you should always choose the last day of the current claim

month, rather than the 1st of the next claim month. Otherwise, the child will still be recognized as enrolled during that month, and will show up in the next month's CIF.

- **[Child Number]**. Select this button to open the Child Numbering screen, which will allow you to review or change the child's number (although that is not recommended).
- **[Calendar]**. Select this button to access this child's calendar. For more information on entering calendar information for this child, see the *Managing Calendar Information* section of this manual.

Withdrawing vs. Deleting Children

The system is designed so that when you withdraw a child, you must specify an effective date of withdrawal of that child. The system will then allow the child up to the date of withdrawal. If the child is claimed after the date of withdrawal, the system will disallow that specific child (if processed using the Process Claims function). You can withdraw a child before the actual withdrawal date is reached.

When you withdraw a child, the child stays in your Minute Menu database for auditing purposes. Occasionally, it may be necessary to fully delete a child from your database. This may be necessary, for example, if a child was added in error, a child was enrolled twice (with marginally different spellings), and for other data-entry related reasons. In this case, you should go to **Administration >> Delete Child** to fully delete the child from your database.

Note: if the child has ever been claimed by a Provider, the system will not let you delete that child (as it must maintain the child's record as part of an audit trail). In some cases, you may still want to delete this child. For example, if a Provider mistakenly enrolls the same child twice, and is then claiming both versions of that child, then you may still want to delete one of the duplicated children. In this case, you must specifically edit the provider's claim to de-select that child as in attendance first, and then once you've finished that, you can delete the child from the database.

Bulk Child Update

You can update child information for multiple children at a time with the Bulk Update Child Function, located under the Administration menu. You can use this function to update enrollment dates, enrollment expiration dates, tiering dates and school type information. It is available to users who have Manage Children permission. To use this function:

1. Go to Administration >> Bulk Child Update
2. You will first be presented with the Provider Filter. Use this to help determine which children you wish to update. For example, if you are doing income eligibility applications for Mixed Tier providers, select "Tier" and "Tier M". (See the chapter on *Reports* for more information on this filter.)
3. Next you will see the Child Filter. Here you can choose to filter your list further with children of a certain age, tier, enrollment date, etc.; depending on what information you wish to update. (See the chapter on *Reports* for more information on this filter.)
4. Next you will see the actual Bulk Child Update screen. Select the item you wish to update, and enter the new information. For example, if you are

- updating child income eligibility dates, select “Tier”, “Tier 1” and enter the new starting and ending dates.
5. Now select the child you wish to update. You can either select children one by one by clicking the check boxes, or use the [Select All] button (if you are updating all children in your list).
 6. Once you have selected the children to update, you can print a report that will give you a list of the children you are updating, and their current information (that you are about to change). We highly recommend that you print this report. Once you have updated the child information, there is no way to reverse the process. If you have unintentionally changed some information, the only way you will know for certain what you have changed is to keep a copy of this report.
 7. If you have printed the report, and are certain you want to update the selected children, click the [SAVE] button.

Managing Child Numbers

If you currently use or plan to use scannable forms, then each enrolled child must have a number assigned. A child can be assigned a number from 1 through 32, corresponding to the bubbles available for use on the scannable menu forms.

In some cases, Providers will have to keep track of more than 32 actively enrolled children. In this case, you will take advantage of the Child Group, and assign some children numbers within the 1st child group, and some more within the 2nd or 3rd child group. When a child number is printed in Minute Menu, it will almost always be noted with the group and the number, so “1-15” is child #15 in the 1st child group, and “2-3” is child #3 in the 2nd child group.

Child numbers must be unique for each given Provider. To explain by example, Provider Jane Doe may have two children: Lisa and Sam. Minute Menu will only recognize children by their child number, so Lisa must be assigned a unique number from 1 through 32, and Sam likewise must be given a unique number.

Providers will enroll and withdraw children periodically. To ensure no problems arise, though, child numbers must be unique during any given claim month. Assume: in January, child numbers 2 and 3 are Lisa and Sam respectively. In February, Lisa is withdrawn. And in May, a new child is enrolled: Brett. That child is also given child #2. Minute Menu is able to track and differentiate child #2 as Lisa in January, and Child #2 as Brett in May. This is done by examining the *date of enrollment* and the *date of withdrawal* of each child.

When a child is enrolled, the number assigned to that child will be locked down effective the 1st of the month of that child’s enrollment. That number will remain locked and unavailable for any other child until the original child is withdrawn. Then the number will continue to be locked and unavailable through the last date of the month of withdrawal.

But children can be enrolled and withdrawn retroactively. So it is inappropriate to consider a child number available just because the child has been withdrawn. Consider this example: Lisa is

enrolled as Child #2 on January 15th. On February 15th, Lisa is withdrawn. When you are preparing to process May claims, you get a new enrollment for Brett, and you want to assign Brett as child #2. But Brett's actual date of enrollment on his enrollment form is February 28th. Minute Menu will not allow this situation – because Brett would be enrolled as Child #2 during the month of February, and during that same month the system thinks Lisa is Child #2. So this situation is prevented. If the date of enrollment for Brett is on or after March 1st, then Brett can be enrolled as child #2 without a problem.

Some children may be listed with a “WD” in front of their name. This indicates that the child occupying that number was withdrawn, but that old child's withdrawal date is later than the current child's DOE, so that withdrawn child was active at some point with the currently examined (or enrolled) child.

Claim Information Form (CIF)

When printing CIF's or any other report that contains a list of a Provider's children (like the Sponsor Review Worksheet or Manual Claim Processing Worksheet), you will always be prompted for an effective claim month for that report. This effective claim month is used to determine which children are included in the report. The system will examine the enrollment date and (if present) withdrawal dates for each child for the given provider, and the system will include on the report all the children that were enrolled for at least one day within that month. So, when you print these reports, you may see children whose status is currently Withdrawn, because even though they are withdrawn as of the current date, they were still active at least at some point in time during the month chosen when generating the report.

You can print a CIF in a variety of ways:

- From List Children
 1. Use the menu **Providers >> List Children**
 2. Choose a Provider
 3. Click the [Print CIF] button in the bottom left hand corner of that window.
 - This will print the CIF for that Provider for your Current Claim Month.
- From the Reports Menu
 1. Use the menu **Reports >> Claim Forms >> Claim Information Form (CIF)**
 2. Specify the appropriate provider filtering options, i.e., for which provider(s) do you want to have CIF's printed
 3. Specify the effective month of the CIF's to be printed
- While Processing Claims
 1. When processing a claim, be sure the Print CIF checkbox is marked.
 2. Specify the effective month of the CIF's to be printed
 3. For each claim processed, a CIF will be printed.
 - See *Creating Processed Claims* for more information
- After Processing Claims
 1. Use the menu **Claims >> Reprint Provider Claim Reports**
 2. Specify appropriate filtering options, based on the claims for which you wish to have CIF's printed
 3. Be sure the Print CIF checkbox is marked

4. Specify the effective month of the CIF to be printed
5. For each claim that meets the filtering criteria, a CIF will be printed.
 - See *Printing Claim Reports In Batches* for more information

Note: when printing CIF's, you will receive one page for each Child Group (1, 2, and/or 3) in which a Provider has a child enrolled. So, even if the provider only cares for 3 children, if those three children are enrolled in group 1, 2, and 3 respectively, then the CIF for that Provider will print as three separate pages. So, be careful when training your Providers to enroll children. Distributing the ***Provider Training Workbook*** while training your Providers can help cut down on problems related to child numbers.

Changing Child Numbers

It is generally an extremely bad idea to change a child's number once the child is enrolled. To explain by example, Lisa should remain #2 as long as Lisa remains actively enrolled in a Provider's care. Lisa should not be child #2 one month, child #6 another month, etc. You do have the capability of changing a child's number – which is sometimes necessary when a child is initially enrolled, if the number was assigned erroneously by a provider. But it is best to prevent that number from changing at any time after a child has been enrolled, as it will tend to minimize confusion for your Provider and for any follow-up audits that must be done.

To change a child's number:

1. Access the menu **Providers >> Manage Child Information**
2. Choose the Provider and then the Child whose number you wish to change
3. Click the [Child Numbers] button. This will bring up the Manage Child Numbers interface for this Provider. Each currently active child will be listed. The list is filtered by Child Group, so if children are enrolled in Group 2 or 3, you must select the appropriate option at the top of the screen. Next to each currently enrolled child's name, you will see a [Delete] button. Next to each available number, you will see an [Assign] button.
4. Hit [Delete] next to the child's name whose number you wish to change. This will disassociate that child with that child number, allowing the child to be re-assigned to a different number.
5. Hit the [Assign] button next to the open number to which you wish to assign the given child.

Note: the system will cross check the child's date of enrollment here and all existing child enrollments on file. If the child number to which you are assigning the given child was in use at some point in the past, and the given child's date of enrollment indicates that there would be an overlap, the system will prevent you from using that child's number. In this case, you have two options: (A) leave the child assigned to it's old number and withdraw it effective the last day of the previous claim month, then enroll that same child with a new number, or (B) set the child's date of enrollment to the first of the current claim month, so it no longer overlaps with the pre-existing historical enrollment, and then you can assign the child to the proper number.

Yearly Child Re-Enrollment

Sponsors are required to actively re-enroll all Children every year. Minute Menu HX has been designed to help make this process as easy as possible. You can re-enroll all children in two ways:

1. Scan enrollment forms (that are filled out again for all children)
2. Use the Enrollment Renewal Worksheet / Renew Child Enrollment function

Re-enrolling With Scannable Enrollment Forms

If you are using Minute Menu's scannable enrollment forms to automate your annual child enrollment process, you should keep the following key facts in mind:

- Providers must be certain to assign children the same numbers on these enrollment forms as they had previously. Child numbers should never be changed.
- Providers should supply a "First Day in Care" that is appropriate for the new enrollment. So if the child started attending care 3 years ago, in February of 2006, but your agency is renewing enrollments for this year effective in October, then your Provider should supply a first day in care of October 1, 2009.

When you scan these enrollments, you'll be prompted as to whether you want to update the existing child, among other options. You would choose to update the existing child, which will automatically update the child's schedule, enrollment date, enrollment expiration date, etc. But if you'd manually supplied any Tiering information for the child, parent contact information, or anything else, that information will remain in the computer.

If you don't use scannable Enrollment Forms to renew children, you may want to use the combination of the Enrollment Renewal Worksheet and the Renew Child Enrollment functions, as described below. However, there is no reason to use one method exclusively. You may use the scannable forms for your Providers claiming via scannable forms, and use the Enrollment Renewal Worksheet for your KIDS Providers.

Enrollment Renewal Worksheet

Minute Menu HX will generate a single report for each of your Providers that (pending State Agency authorization) can be used to help you re-enroll children. The Enrollment Renewal Worksheet is printed for each Provider. It lists each of the Provider's currently active children, with a place for the parent to sign & date to indicate that the child is still enrolled, and also space for the parent to note any changes to the child's enrollment information.

When it is time to re-enroll a Provider's Children:

1. Print this report for the relevant Provider(s) from the menu **Reports >> Children >> Enrollment Renewal Worksheet**

If you choose to Print for "All Providers" when prompted, you will need to supply filtering characteristics. By default, the report will print for all Active & Hold Providers, but you can further refine the list so that it will only print for Providers that meet filtering criteria including Monitor, Provider's Claim Source, etc.

2. Deliver this printed report to your Provider(s)
3. The Provider(s) should have Parents sign & date the report on the row with their child information. Also, if the parent notices that any of their child's information is incorrect, they should correct it in the space provided.
4. The Provider should return the reports to you by a set date.

When you receive these Enrollment Renewal Worksheets with parent signatures, you can then execute the Renew Child Enrollment function to quickly update all the Provider's children.

KIDS Providers can print the Enrollment Renewal Worksheet themselves. So if you email them instructions to do so, then you can skip the above steps 1 and 2, and save your agency some postage and clerical time.

Renew Child Enrollment Function

This function is used both (A) to reset all Child Enrollment Expiration Dates for a selected Provider, and if desired (B) to withdraw any children not being re-enrolled.

To run the function, go to **Providers >> Renew Child Enrollments**. When it loads, select the first Provider for whom you have received an Enrollment Renewal Worksheet.

There are several options that you must select in the header of this function:

- **Automatically Withdraw Children not re-enrolled.** Put a check in this box if you want to withdraw all the children in the list who you don't check off under the "Renew Enrollment" column. Some agencies will use this function even when they don't use the Enrollment Renewal Worksheet, when they've sent out individual (non-scannable) child enrollment forms. If this is the case, you might NOT want this option checked, as you might not be sure that you've accounted for all children enrolled. Additionally, you may want to renew the children you have signatures for, but you don't necessarily want to withdraw children you don't have signatures for. (You can always withdraw these children later – even automatically, as part of the Advance Claim Month function). However, if you're confident that you've accounted for all enrollments, then you probably do want to withdraw children who aren't being re-enrolled at this time.
 - **Withdrawal Date.** The date you choose here will be automatically assigned as the

Renew	Child #	Name	Enroll Date	Expire Date	Status
<input type="checkbox"/>	1-4	Card, Chloe	10/31/2010	09/30/2011	A
<input type="checkbox"/>	1-14	Fabyan, Becky	04/18/2011	03/31/2012	A
<input type="checkbox"/>	1-11	Hamilton, Ariel	06/01/2010	05/31/2011	A
<input type="checkbox"/>	1-8	Hamilton, Zoe M	05/03/2010	04/30/2011	A
<input type="checkbox"/>	1-13	Jolly, Angela	06/01/2010	05/31/2011	A
<input type="checkbox"/>	1-3	Perez, CJ	03/13/2009		A
<input type="checkbox"/>	1-10	Perez, Coq	06/01/2010	05/31/2011	A
<input type="checkbox"/>	1-6	Perez, Dawn	06/01/2010	05/31/2011	A
<input type="checkbox"/>	1-1	Perez, Isabella	09/10/2008		A
<input type="checkbox"/>	1-2	Perez, Pricilla	09/01/2008		A
<input type="checkbox"/>	1-7	Perez, Tango	04/07/2010	03/31/2011	A
<input type="checkbox"/>	1-12	Richards, Nina	06/01/2010	05/31/2011	A
<input type="checkbox"/>	1-5	Rodgers, Jazzie	08/22/2011	08/31/2012	A

withdrawal date for all children not being re-enrolled.

- **Enrollment Expiration Date.** This option will only be visible if Minute Menu is configured to track annual enrollment expiration dates for all your children. (Likewise, the column in the chart displaying Expiration Date will only be visible if this preference is in effect for your agency). The date you supply here will be assigned to all children who you check to Renew Enrollments.
- **Assign Re-enrolled Children New Enrollment Date.** If your state agency requires that all children have an Enrollment Date within the last 12 months, then you may want to set this checkbox to assign the re-enrolled children a new enrollment date. Unless this is required, though, this is not necessary.
- **Date Worksheet Received.** If checked, then when you click [Renew Enrollments], the date in this field will be put into the Provider's file in the field Enrollment Renewal Worksheet Last Received Date on the "Other" tab of Manage Provider Information. This can then be used to track which Providers have sent in new Enrollment Renewal Worksheets, and who hasn't. You can print the Provider List Export File, noting this field as an output choice, to get a list of Providers who still need to send in this renewal paperwork.
 - Any pre-existing value in the Provider's file will be displayed directly underneath this checkbox / datebox.
- **Exclude Children Enrolled After.** This checkbox is designed to help with timing problems related to sending & receiving the Enrollment Renewal Worksheet. Consider this example:
 - On October 25th, you print Enrollment Renewal Worksheets and send them to Providers.
 - In early November, you process October claims. With that claim paperwork, the Provider has sent in a new enrollment, which you enter/scan into the system.
 - In mid November, you receive the Enrollment Renewal Worksheet filled out. This function lists all currently enrolled children. In this case, you will have at least one child listed on screen that wasn't on the Enrollment Renewal Worksheet when it was printed. If you only check to Renew Enrollments for those children who you have signatures for on the Enrollment Renewal Worksheet, you would leave this newly enrolled child unchecked – and could then potentially withdraw this child erroneously when you click [Renew Enrollments]. So you can put a check in this Exclude Children Enrolled After box and specify an Enrollment Date of, say, 10/1/2009, and that newly enrolled child would be taken off this list and effectively ignored for the purposes of this re-enrollment function.

Once you choose the appropriate heading options, then just put a check mark in each box for whom you have a signature on the Enrollment Renewal Worksheet. Then click [Renew Enrollments].

Because setting up the heading options can take a few moments, it may be best to do a relatively large batch of these enrollment renewals all at once. As you change from one Provider to another, your heading options will remain as you chose them previously. But each time you close and reopen the function, you must setup the heading options again.

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V. Managing Calendar Information

The Minute Menu Processor performs several checks that are date-specific. These cross-checks include:

- Determining whether a Provider should be disallowed meals claimed on a Holiday
- Determining whether a Child should be disallowed meals claimed on a Holiday
- Determining whether school aged children should be disallowed during AM Snack & Lunch, when they should be in school
- Determining whether a Provider should be disallowed meals served on a day she wasn't open
- Determining how to calculate capacity on days when a Provider's own children aren't in the home

Because of varying state rules, different Sponsors may or may not do any of these checks. However, for those that do have these checks performed, the system allows certain calendar information to be recorded to allow for these checks.

To record this information, the system has four different calendar functions, each of which allows different pieces of information to be recorded. All are accessible in the Tools menu.

- Manage Sponsor Calendar – A Sponsor-wide calendar
- Manage Provider Calendars – Calendar that contains Provider-specific date information
- Manage Child Calendars – Calendar that contains Child-specific date information
- Manage School District Out Days – Used to record days a school district is closed (or on vacation)

Using these four calendars, you can do the following:

- Set up Holidays
- Set up School Holidays & Vacations
- Note a Provider as Closed on a particular day
- Note a Provider as Approved to Serve on a Holiday
- Note a Child as Approved to Attend on a Holiday or Weekend
- Note a School Aged Child as Out of School Sick
- Note an Own Child as out of the Home


The following sections indicate how to record each of these types of calendar entries in Minute Menu, using one of the above four calendar functions. Depending upon your system preferences, some of these options may not be available (nor relevant) to you.

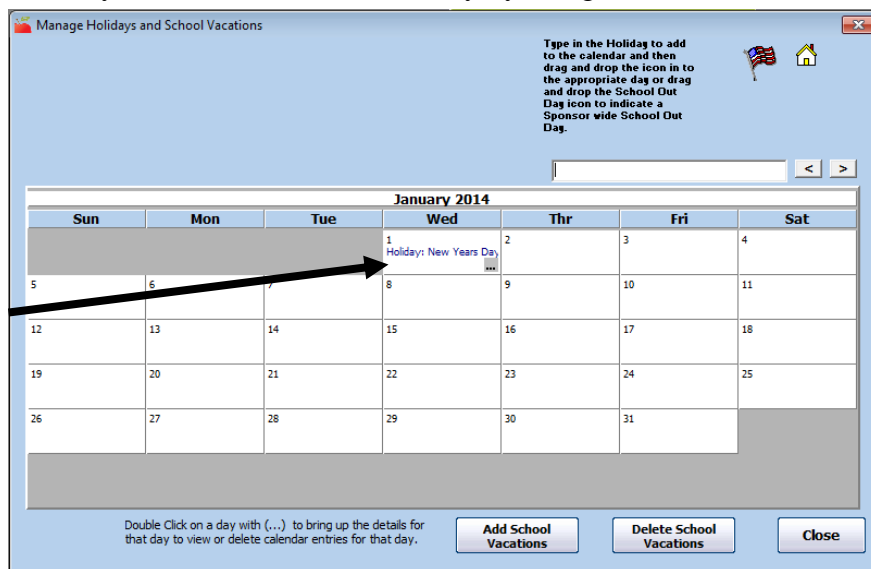
Setting Up Holidays

You will need to specify each State and Federal Holiday that your agency recognizes in order to ensure the system properly applies the holiday-based processing rules you've chosen to those days.

Typically, you'll want to setup these holidays a month or two ahead of time. By doing this, your Providers using KIDS will be certain to have these Holiday dates in their calendars as they edit information for that month, and so they will be able to update their information accordingly.

To setup a **Holiday**:

1. Go to the menu **Tools >> Manage Sponsor Calendar**
2. Select the appropriate month for which you wish to enter the Holiday by using the [- 3. Type the name of the Holiday in the white input box.
- 4. Drag the flag icon  to the holiday's date on the calendar. You will see the Holiday appear within the space for that day on the calendar.
- 5. Click [Close] when you are done with the calendar.



If you wish to remove a date that may have been mis-entered:

1. Double-click that day in the calendar
2. This will bring up the day's detail view, listing all calendar entries that exist on that day. Highlight the appropriate calendar entry you wish to delete.
3. Click the [Delete] button.
4. Close the details screen when you are done.

Setting Up School Vacations or School Holidays

To properly handle school aged children during meals when they should be in school, Minute Menu HX assumes that every weekday is a school day, unless you note otherwise using the calendar functions. You can indicate that school is out in one of three ways:

1. Mark a child as out of school on a particular day
2. Mark a school district as closed on a particular day; all children associated with that school district will be assumed to be out of school on that day
3. Setup a Sponsor-wide School Out Day to indicate no child attends school that day

Child School Out & Vacation Days

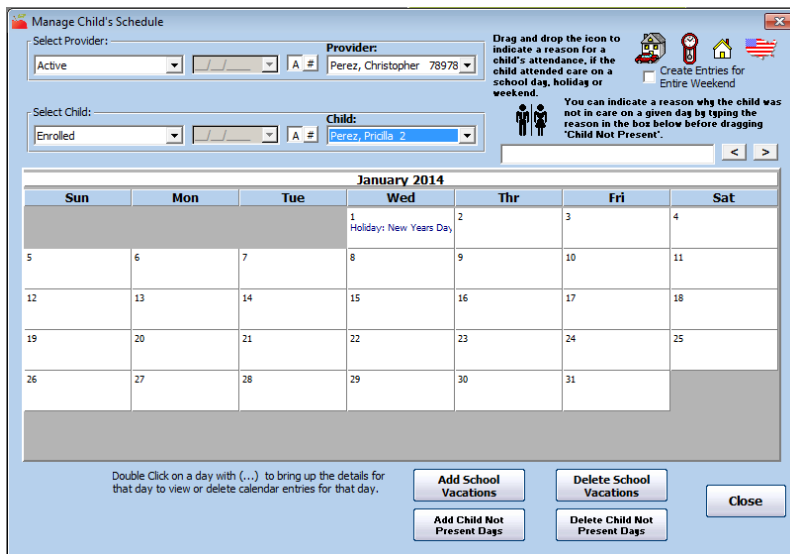
Each month, when processing claims for your scannable form Providers, you will receive CIF's from those Providers that may contain information for school aged children who did not attend school because school was out. When you get this information, you can use the Child Calendar to note this. When that Provider's claim is processed, the system will NOT generate any warning or disallowance for that child on that day related to the child's attendance at an AM Snack or Lunch.

Providers using KIDS will be able to record this information directly, so there is no need to worry about child-specific school out days for these Providers.


To mark a **Child** as out of school on a particular day:

1. Access the child's calendar. This can be done in one of two ways:

- a. From the menu **Tools >> Manage Child Calendar**, select the specific Provider then Child.
- b. Pull up the child's information in the Manage Child Information function, and click Calendar. (See the section on Managing Child Information in this manual for details).



2. Use the [**<**] and [**>**] buttons to scroll to the correct month.

3. Drag the house icon  onto the appropriate day.

4. When you drag the icon onto the calendar, you will be prompted to choose the meals for which school is out. If school is out all day, just leave all meals selected. But if you have an early release or a late start date, then check & uncheck the appropriate meals (as the templates on screen show).

On this same screen, you can setup a longer-term school vacation like summer or winter break.

To do this:

1. Click on the [Add School Vacations] button
2. Supply a starting date & an ending date,
3. Click Update. All the weekdays will be updated appropriately.

If you notice other calendar entries on certain days, you can double-click on the appropriate day to get a detailed list of all the calendar entries applicable to the given Child on the given day.


School District Out & Vacation Days

In many cases, you can ease the process of dealing with school closures by marking a School District Out Day. When you specify a School District Out Day, every child that is associated with that school district will be automatically noted as out of school on that day. (To learn how to associate a Child with a School District, see Managing Child Information in this manual).

It is usually a good idea to note these school closures (or vacations) a month or two ahead of time if you have access to the school district calendar. This way, Providers using KIDS will have this information already loaded in their system when they begin entering meal information for that month, and so they will better able to enter information for their school aged children that month –

not to mention they'll have advance warning on these school closures (if they didn't know already).

To mark a **School District** as closed on a specific day:

1. Click on the menu **Tools >> Manage School District Out Days**
2. Select a School District from the blank drop-down box.
3. Choose the correct month with the [<] and [>] buttons
4. Drag the house icon  to the appropriate day.
5. When you drag the icon onto the calendar, you will be prompted to choose the meals for which school is out. If school is out all day, just leave all meals selected. But if you have an early release or a late start date, then check & uncheck the appropriate meals (as the templates on screen show).


You can enter School District Vacations here, just as you did when entering a Child-specific school vacation, by clicking the [Add School Vacations] button and following the directions on screen.

If you notice other calendar entries on certain days, you can double-click on the appropriate day to get a detailed list of all the calendar entries applicable to the given School District on the given day.

Sponsor-wide School Out Days

If you have not taken the time to associate Providers or children with School Districts, then setting up School District Out Days will not be of much use. As a result, Minute Menu also has the capability for you to store Sponsor-wide School Out Days. These are applied to all school aged children, and can save a tremendous amount of data entry time.

To mark a **Sponsor**-wide School Out Day:

1. Click on the menu **Tools >> Manage Sponsor Calendar**
2. Choose the correct month with the [<] and [>] buttons
3. Drag the house icon  to the appropriate day.
4. When you drag the icon onto the calendar, you will be prompted to choose the meals for which school is out. If school is out all day, just leave all meals selected. But if you have an early release or a late start date, then check & uncheck the appropriate meals (as the templates on screen show).

You can also enter longer-term school vacations, using the [Add School Vacations] button.

Setting Up Days a Provider is Closed for Business


New Food Program regulations require all Sponsors to conduct two unannounced field visits per year per Provider. If the Provider is not home when any of these Reviews are conducted, corrective action proceedings begin. As a result, most Sponsors now require their Providers to give advanced notice if they will be closed for a day or away from the home for any length of time.

Minute Menu HX allows you to record these Provider Closed Days. This information can be used when scheduling Reviews. It can also be cross-checked when processing a claim, to deny or generate a warning for meals claimed on a day when the Provider indicated she would be closed.

To enter a Provider Closed Day:

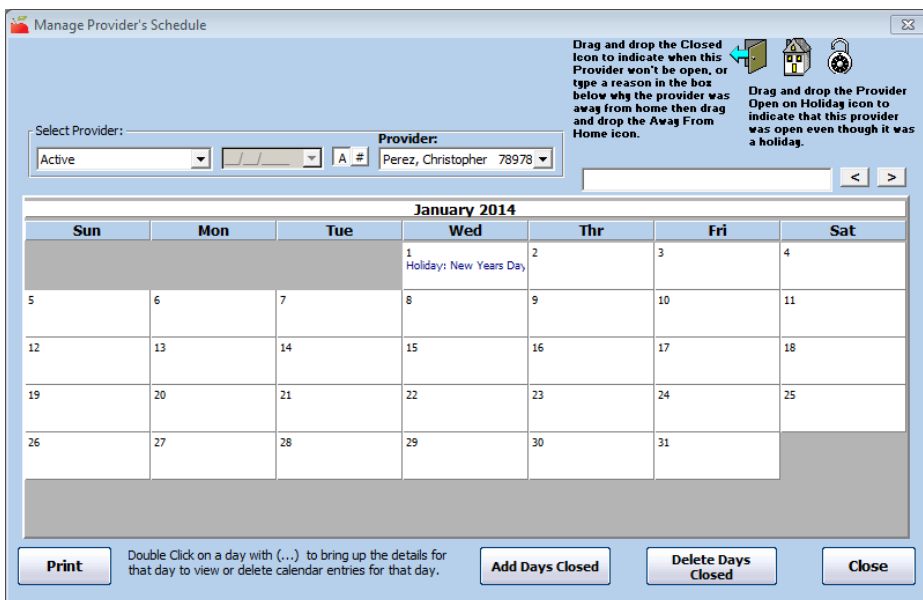
1. Access the Provider’s Calendar by either:
 - a. Clicking on the menu **Tools >> Manage Provider Calendars**, and choosing the appropriate Provider in the drop-down box
 Note the Provider drop-down box is filtered by the Provider’s status. So selecting a status other than “Active” will allow you to see Providers who have been removed, or who meet one of the other status criteria. You can sort this drop-down box by Provider Number if you hit the [#] button, or keep it sorted alphabetically with the [A] button. As with all other Provider selection boxes, typing the first few letters (or first few numbers if sorting by Provider Number) within the list will jump you directly to that Provider.
 - b. Accessing the appropriate Provider via the Manage Provider Information interface, and click the Calendar button (for more information, see *Managing Provider Information*).

2. Select the appropriate month with the [<] or [>] month scroll buttons.

3. Grab the icon that appears like an arrow pointing away from a door  and drag it onto the day the Provider was closed.

4. When you drag the icon onto the calendar, you will be prompted to choose the meals during which the Provider is closed that day. By default, all meals are chosen, meaning the Provider is closed all day. But if the Provider is only closed for, say, Lunch, then de-select all but Lunch.

5. Choose [Close] when you are done.



Noting a Provider as Away From Home

There can be time when a provider is not at home, but is still open for business. For example, a field trip, or a trip to the part, You can make an "Away from Home" calendar entry to note these situations. Away from Home entries are a way to help plan your home visits and are always informational only. No meals will be disallowed as a result of an Away from Home entry.


To note a **Provider as Away From Home**:

1. Access the Provider's Calendar by either:
 - a. Clicking on the menu **Tools >> Manage Provider Calendars**, and choosing the appropriate Provider in the drop-down box
 - b. Accessing the appropriate Provider via the Manage Provider Information interface, and click the Calendar button (for more information, see Managing Provider Information).
2. Select the appropriate month with the [<] or [>] month scroll buttons.
3. Enter the reason the provider is away from home in the empty white box.
4. Grab the icon that is a house and drag it onto the day when the Provider is going to be away from home..
5. Choose [Close] when you are done.

Noting a Provider as Open on a Holiday

Many Sponsors have Minute Menu configured to disallow or generate warnings for meals that are served by Providers on Holidays. For systems configured in this fashion, the system will allow you to specify – before processing a claim – that a particular Provider was legitimately open on a holiday. When this Provider's claim is processed, the system will allow all of the Provider's meals on that holiday, and won't generate any warnings. This information is recorded using the Provider's Calendar. If you do not supply this affirmative indication in the Provider's Calendar, then the meals served on a holiday will be either disallowed or given a warning (depending upon how you've configured Minute Menu HX with your customer support specialist).

To note a **Provider as Open on a Holiday**:

6. Access the Provider's Calendar by either:
 - c. Clicking on the menu **Tools >> Manage Provider Calendars**, and choosing the appropriate Provider in the drop-down box
 - d. Accessing the appropriate Provider via the Manage Provider Information interface, and click the Calendar button (for more information, see Managing Provider Information).
7. Select the appropriate month with the [<] or [>] month scroll buttons.
8. Grab the icon that is an open lock  and drag it onto the holiday when the Provider was open.
9. Choose [Close] when you are done.

Noting a Child as Present on a Holiday

Some Sponsors have Minute Menu configured to disallow or generate warnings if a child is served a meal on a holiday, unless that Child has been given permission to attend care on that holiday. For systems configured in this fashion, the system will allow you to specify – before processing a claim – that a particular Child has been given permission to attend care on a holiday. When processing a claim, unless this indication has been specified, then all children claimed on holidays

will be disallowed or will have warnings generated (depending on how you have set your Sponsor Preferences). For children approved to attend care on a holiday, though, the system won't generate any warning messages and will allow those meals to be reimbursed.

To note a **Child as Approved to Attend on a Holiday:**

1. Access the child's calendar. This can be done in one of two ways:
 - a. From the menu **Tools >> Manage Child Calendar**, select the specific Provider, then Child.
 - b. Pull up the child's information in the Manage Child Information function, and click Calendar. (See the section on Managing Child Information in this manual for details).
2. Use the [<] and [>] buttons to scroll to the correct month.
3. Drag the icon of the US onto the appropriate holiday.
4. Click [Close] when done.


If you happen to drag this icon onto a day that isn't set up as a holiday, don't worry. Having this indication on a non-holiday won't do anything to impact the claim. And you can always delete any calendar entry you've made by:

1. Double-click the day with the entry you wish to delete to bring up the Detailed View of that day
2. Click the entry you wish to delete
3. Click the [Delete] button

Noting a Child as Present on a Weekend

Some Sponsors have Minute Menu configured to disallow or generate warnings if a child is served a meal on a weekend, unless that Child has been given permission to attend care on that particular weekend (typically with a sign in/out sheet). For sponsors configured in this fashion, the system will allow you to specify – before processing a claim – that you have documentation for a particular Child for a particular weekend. When processing a claim, unless this indication has been specified, then all children claimed on weekends will be disallowed or will have warnings generated (depending upon how you've configured Minute Menu HX). For children noted as approved, the system won't generate any warning messages and will allow those meals to be reimbursed.

To note a **Child as Approved to Attend on a Weekend:**

1. Access the child's calendar. This can be done in one of two ways:
 - c. From the menu **Tools >> Manage Child Calendar**, select the specific Provider, then Child.
 - d. Pull up the child's information in the Manage Child Information function, and click Calendar. (See the section on Managing Child Information in this manual for details).
2. Use the [<] and [>] buttons to scroll to the correct month.
3. Drag the icon with of the car in front of the house  onto the appropriate weekend date.
 - a. Put a check in the Create Entries for Weekend box to apply to the entire weekend even though you'll drag to only a Saturday or a Sunday.

- b. As you drag down, you'll be prompted with a list of all other children in that home, so you can easily note all other children as approved, too, based on any sign in/out sheet you may have.
4. Click [Close] when done.

If you happen to drag this icon onto a day that isn't set up as a weekend, don't worry. Having this indication on a non-weekend won't do anything to impact the claim. And you can always delete any calendar entry you've made by:


1. Double-click the day with the entry you wish to delete to bring up the Detailed View of that day
2. Click the entry you wish to delete
3. Click the [Delete] button

Noting a Child as Out of School Sick

Each month, when processing claims for your scannable form Providers, you will receive CIF's from those Providers that may contain information for school aged children who did not attend school because they were sick. When you get this information, you can use the Child Calendar to note this. When that Provider's claim is processed, the system will NOT generate any warning or disallowance for that child on that day related to the child's attendance at an AM Snack or Lunch.

Providers using KIDS will be able to record this information directly, so there is no need to worry about marking children as Ill for these Providers.

To mark a **Child as Sick** on a particular day:

1. Access the child's calendar. This can be done in one of two ways:
 - a. From the menu **Tools >> Manage Child Calendar**, select the specific Provider, then Child.
 - b. Pull up the child's information in the Manage Child Information function, and click Calendar. (See the section on Managing Child Information in this manual for details).
2. Use the [<] and [>] buttons to scroll to the correct month.
3. Drag the clock icon  onto the appropriate day.
4. Press [Close] when you are done.

If a school aged child is claimed on a weekday for AM Snack or Lunch, the child has not been marked out as out school sick, and there has been no indication that school was out, the school aged child will be given a warning or be disallowed, depending upon how you have configured you Sponsor Preferences.


Noting a Child as Out of the Home

Noting Own Child as Out of the Home

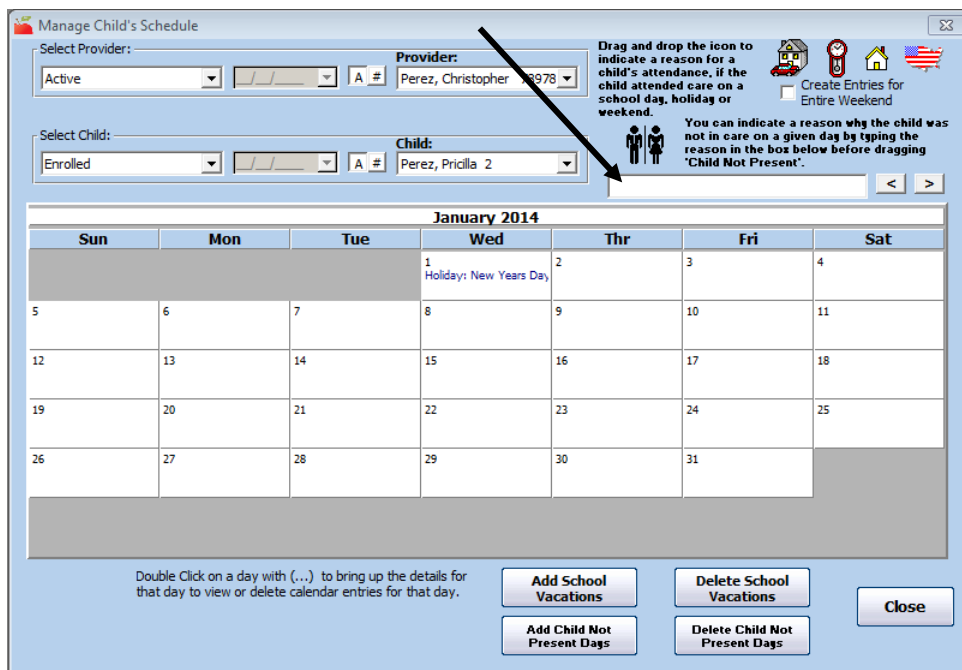
In a couple of States, State Licensing rules require that a Provider's own children (and sometimes Foster and Related Non Resident children) always be included when determining capacity for a

given meal serving. In these states, Minute Menu assumes own children are always present when determining capacity. However, Sponsors will sometimes receive notification from Providers that their own children will be out of the home on certain days. As a result, Minute Menu HX allows you to make a special note in the event any of these own children is not actually in the home on a given day – so the Provider will effectively have an extra space made available when computing capacity.

To mark an Own Child as Out of the Home:

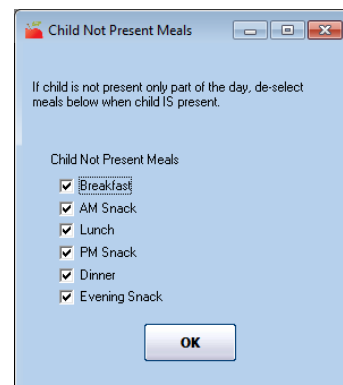
1. Access the child’s calendar. This can be done in one of two ways:
 - a. From the menu **Tools >> Manage Child Calendar**, select the specific Provider, then Child.
 - b. Pull up the child’s information in the Manage Child Information function, and click Calendar. (See the section on Managing Child Information in this manual for details).
2. Use the [<] and [>] buttons to scroll to the correct month.
3. Supply a written reason that the own child was not in the home on that day.
4. Drag the man/woman icon  onto the appropriate day.
5. Press [Close] when you are done.

When you note an Own (and possibly Helper, Foster or Related Non Resident, depending on your state) Child as not home on a given day, the Child will not be included in capacity unless the Child was actively claimed, and the Provider is Tier 1 by Income.



Noting Day Care Children as not Present

You can also enter “Days Not Present” for a day care child. Use this feature to follow up on Parent Audits, or when a provider has let you know that a child will be out of care for a while (on vacation, etc.). To turn on this feature, go to Administration >> Manage Sponsor Preferences >> P. Calendar Options >> 006. Once this is turned on, you will see a “Child Not Present” icon in the Child Calendar for every child.. You also have an option to type the reason the child is not in care. If a provider claims a child for a day that you have marked the child out, the child’s meals will be disallowed/warned per your Sponsor Preference setting. (Note: When this



preference is enabled, the “Child Not Present” icon will function as above for children in categories other than Non-related Daycare Children.)

Managing Existing Calendar Entries

Once you drag and drop a particular calendar entry onto a particular date, you’ll notice that calendar entry description appear on that date in the calendar. You can put as many calendar entries on a particular date as you like. Unfortunately, there is not enough room to display more than one entry within the calendar interface. So, you can double-click on any date within the calendar to bring up a detailed view of the calendar entries that exist on that date. Within this pop-up you can also delete any calendar entry you like by highlighting it and clicking the [Delete] button that appears.

Please note: certain calendar entries may appear that have been entered as a broader scope than you are currently examining. For example, you may have set up a sponsor-wide School Out Day, and this will appear even when you’re examining a specific child’s calendar. You cannot delete or review this sponsor-wide calendar entry from the child’s calendar – you can only do so from the sponsor-wide calendar.

Printing Calendar Entries

All calendar entries that effect claim processing are printing automatically at the end of the OER, so you know exactly what was in Minute Menu that might affect the claim.

You can also print some of these calendar entries independently if you like via **Reports >> Providers >> Provider Calendar Report**. (Or by clicking the [Print] button on the Provider Calendar.

When printing, you will be prompted for a date range for which calendar entries to examine. You will also be prompted for the date those entries were entered into the computer (which was not necessarily the date of the event itself). This way, you could look at all the Provider Days Closed documented in the system for a month, but you could find out if any of those were documented after the fact.

The report doesn’t print out child level calendar information, or sponsor-wide holidays or school out days. Its designed to just show information relevant for providers, excluding child information.

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VI. Managing Review Information

Minute Menu HX has been designed to track, plan, record, and process the results of all field visits you conduct. These field visits are referred to as “Reviews” in Minute Menu. Monitors conduct those Reviews.

To use Minute Menu HX to manage Review information, you will need to first setup each of your Monitors. Once your Monitors are set up, you can record individual Reviews as frequently or infrequently as you like – and you can do so by entering them in the software, or by using Minute Menu’s scannable Review forms.

Managing Monitors

Adding, editing, and deleting Monitors are each done via the Manage Monitors interface in Minute Menu HX. You can use this interface to keep track of your Monitor/Reviewer staff. When you first begin using Minute Menu HX, you will need to take a few moments to enter each of your Monitors. You will find that doing so makes several advanced Review tracking functions available to you, including printing provider lists sorted by assigned monitor. Only those Monitors that you have input will be available to select in other areas of the software.

To Add a New Monitor:

1. Open the Manage Monitor screen from the menu **Providers >> Manage Monitors**. (Depending on your permission settings, you may see both monitors and users here.)
2. This will bring up the Manage Monitors interface (shown on the right).
3. Select the **Add New MONITOR** button. This will clear the available fields.
4. **Name**. Use these fields to enter the Monitor’s full name as you would like it to appear on her/his paperwork.
5. **Address, City, State, Zip Code**. Enter the full address of the Monitor in the spaces provided. All of this information is optional.
6. **SSN**. If desired, enter the Monitor’s Social Security Number.
7. **Office Phone and Home Phone**. Enter the Office Phone and/or Home Phone,

Required fields on this screen:
First Name, Last Name
Email Address
Monitor Number, Login, Password

- including area code. This information is optional.
8. **Email Address.** Enter the email address of the Monitor.
 9. **Monitor Number.** Select and enter a Monitor Number. This number should be a unique number. For those Sponsors scanning Review Forms, this number will coincide with the two or three-digit number marked on scannable Review Forms. Any two- or three- digit number will be allowed, so you may choose any numbering scheme that you prefer. (You will be warned if you select a number already in use.)
 10. **Login.** The first 3 numbers of the login will be your sponsor number. The remainder of the login will default to the monitor number already entered.
 11. **Password.** Enter a password of your choice. If you click the [Reset] button, a random password will be automatically generated. (**Note:** The login and password for a monitor will only allow the monitor to login into Hx2go ONLY. The monitor will NOT be able to log into the HX software. To log into the software, the user needs to be set up as a General HX User, or Monitor + General HX User.)
 12. **Hx2go.** Use this button to give the monitor hx2go permissions.
 13. **Save.** Select the Save button to save the entered information.
 14. **Close.** Select the Close button to exit the window. You will be prompted to Save or Cancel any information entered.
 15. **Delete.** Use this button to delete a Monitor you've setup previously. See below for details.

Editing or Deleting a Monitor

1. Open the Manage Monitor screen from the menu **Providers >> Manage Monitors**. This will bring up the Manage Monitors interface.
2. **Select MONITOR.** Select the desired Monitor from the Select MONITOR list. The list will display all monitors that you have previously created.

If editing a Monitor, change the desired information and then select the **Save** button to save the changes.

If Deleting a Monitor, select the **Delete** button. You will be asked if you are certain that you want to delete the Monitor. Choose Yes to permanently delete the Monitor. Doing so will dis-associate all Providers with that Monitor (see the section below on Associating a Provider with a Monitor). This will not impact any previously created Reviews for that Monitor, though.

Usually, when you delete a Monitor, you will be either adding a new Monitor or associating that now-deleted Monitor's providers to another Monitor. To preserve data integrity, you should NOT simply rename an existing Monitor. You should delete the existing Monitor. This will dis-associate all existing Providers with that Monitor. You can then re-associate the relevant providers to other Monitors as appropriate.

Associating a Provider with a Monitor

Each provider can be associated with a Monitor. Associating providers with Monitors will enable you to filter and/or sort a large number of reports by Monitor.

To quickly determine which providers are associated with monitors, you can access the List Providers interface from the menu **Providers >> List Providers**. Choose to Refresh List for just “Active” providers for a quick view.

Each provider is listed with the initials of the Monitor associated with that provider. Any providers that aren’t associated with a monitor will be listed with a double dash.

	#	Name	Status	Tier	Monitor			
View	875971	Anderson, Ariel	Active	2	HC		Put On Hold	Remove
View	000567	Avlos, Sky J	Active	1	RC	Children	Put On Hold	Remove
View	887788	Barnes, Allison	Active	M	DE	Children	Put On Hold	Remove
View	996007	Black, Joe	Active	1	RC	Children	Put On Hold	Remove
View	996126	Bond, Jessie	Active	2	RC	Children	Put On Hold	Remove
View	000333	Bowers, Michelle	Active	1	DE		Put On Hold	Remove
View	009988	Brown, Tara	Active	1	JB		Put On Hold	Remove
View	009876	Caster, Julie	Active	1	BM	Children	Put On Hold	Remove
View	123456	Christopherson, Denver	Active	M	HC	Children	Put On Hold	Remove
View	996124	Clarkson, Natalia	Active	1	BM	Children	Put On Hold	Remove
View	952371	Davis, Diane	Active	2	BM	Children	Put On Hold	Remove
View	012345	Doe, Jane Q	Active	1	HC	Children	Put On Hold	Remove
View	952370	Franklin, John F	Active	1	TW	Children	Put On Hold	Remove
View	234234	Gardens, Sally	Active	1	RC	Children	Put On Hold	Remove

If you wish to associate a provider with a Monitor, click the [view] button here to access that provider’s information, and on the General tab, choose the appropriate Monitor from the list. For more information, see the Managing Provider Information section.

Bulk Reassigning Monitors

When one monitor quits or changes areas, it is necessary to reassign all of the providers assigned to that monitor to another monitor. In this case, you can edit the Providers one by one as noted above, but that is tedious.

Instead, go to **Tools >> Bulk Assign Monitors**.

This will bring up the Provider Filter (see the chapter on Reports for details on using this filter). Choose any appropriate filter criteria to select a group of Providers who will have their monitor reassigned, and then hit [Continue].

On the next screen, click each provider that will be reassigned (feel free to use [Select All]), and then use the “Select Monitor to Assign” option to select which monitor each of these selected providers will be assigned to. When ready, hit [Save] and each selected provider will be reassigned to the new monitor.

Managing Reviews

Once Monitors have been created, you can use Minute Menu HX to store the results of all of the on-site providers Reviews that you conduct. Specific review results can be input into the systems via hx2go (Minute Menu’s mobile app for recording home visits), by scanning Review Forms, or by entering the Review’s information manually via the Manage Reviews interface.

Once Review information has been put into Minute Menu, you can generate a variety of Review-related reports. Additionally, when processing claims, Review information is automatically cross checked, which can save a great deal of time.

hx2go

Monitors enter hx2go reviews (on an iPad, other mobile device, or laptop computer) while conducting the review at the provider’s. These reviews are then uploaded to the HX servers, and will be downloaded to the sponsor’s local Minute Menu database with the Transfer Data process. When the reviews are received, they are all in a “pending” status. In order for Minute Menu to consider an hx2go review as a valid review for the provider, the review must be validated.

1. Go to **Tools >> Validate hx2go reviews**
2. Filter by All Providers or a Select Provider.
3. If you choose All Providers, you can also filter by monitor if you wish.
4. If you would like to look at a review, click the [View] button.
5. Checkmark all the reviews that you want to validate.
6. Click the [**Validate**] button.

Select	#	Provider Name	Monitor	Date	Review	ReviewType	Meal	ReviewStatus
<input type="checkbox"/>	000567	Avlos, Sky	RC	04/29/2013	2nd	Standard		Pending
<input type="checkbox"/>	000567	Avlos, Sky	RC	04/24/2013	1st	Weekend		Pending
<input type="checkbox"/>	000567	Avlos, Sky	RC	04/23/2013	1st	Weekend		Pending
<input type="checkbox"/>	000567	Avlos, Sky	RC	04/12/2013	2nd	Dinner		Pending
<input type="checkbox"/>	000567	Avlos, Sky	RC	04/09/2013	2nd	Standard		Pending
<input type="checkbox"/>	887788	Barnes, Allison	IW	04/30/2013	1st	Holiday		Pending
<input type="checkbox"/>	887788	Barnes, Allison	IW	04/26/2013	1st	Weekend		Pending
<input type="checkbox"/>	887788	Barnes, Allison	IW	04/25/2013	1st	Standard		Pending
<input type="checkbox"/>	887788	Barnes, Allison	IW	04/25/2013	28 Day	Split Serving		Pending
<input type="checkbox"/>	887788	Barnes, Allison	IW	04/25/2013	28 Day	Weekend		Pending
<input type="checkbox"/>	887788	Barnes, Allison	IW	04/19/2013	3rd	Holiday		Pending
<input type="checkbox"/>	887788	Barnes, Allison	IW	04/19/2013	2nd	Weekend		Pending
<input type="checkbox"/>	887788	Barnes, Allison	IW	04/19/2013	3rd	Holiday		Pending
<input type="checkbox"/>	887788	Barnes, Allison	IW	04/19/2013	2nd	Weekend		Pending

If there are reviews that have been entered in error, or are not valid for some reason, you can reject them by selecting the review, and clicking the [**Reject**] button. Only reviews that have been validated will be classified as a provider’s review. Validated reviews will be in List Reviews, and on the Review Reports. If a review has not yet been validated (is still pending status) or if a review has been rejected, it will not be seen in List Reviews, or on any of the review reports.

Scanning Review Forms

Adding Reviews via scannable Review Forms is no different than scanning any form in Minute Menu:

7. Access the menu **Scanning >> Scan Forms**
8. Choose the Review Form that you are scanning, from the list of available form types.
9. Click Scan
10. If you use an Scantron scanner, choose a Threshold and Discrimination. We recommend a Threshold of 6 (which is between Normal and Dark), and a Discrimination of Low.
11. The forms can be scanned in any order. If you scan the same form more than once, that Review will show up in the system more than once, but that won't impact processing negatively – it will only show as an extra Review for this Provider. When finished scanning, choose to Validate and fix any validation errors presented on screen. (See the section below on Review Forms, or the section in the manual on Scanning Forms for more information about Validation errors).

When you have finished scanning reviews, feel free to check out your Review list (as described below) to see the full Reviews in the system.

For information on how to fill out a scannable Review Form, see that section below.

List Reviews to Add, Edit, or Delete

To access Reviews:

1. Open the List Reviews screen from the menu **Providers >> Manage Provider Reviews**. This interface enables you to review any previously created Review for any or all providers, and to create new reviews for a particular provider.

2. **Filter By.** To choose a particular Provider, choose “Selected Provider”. Or, if you want to see Reviews for all Providers, choose “All Providers”. If you are adding a Review manually, you must choose Selected Provider and select that specific provider.
3. **Select Provider Box.** The Select Provider section allows you to select a specific provider for whom to list reviews. The Select Provider box here works just as it does on every other

interface in Minute Menu HX. It consists of a Status filter (which may activate a date filter), and a drop-down list of Providers sorted either alphabetically or by Provider Number.

- a. **Status Filter.** The default status of “Active” will show by default. This means that the drop-down list of Providers located to the right includes only those Providers whose status is currently Active or Hold.
 - b. **Date Field.** If you have selected a Status that requires a date—Active and Withdrawn After or Withdrawn Before—you will need to enter the desired date in this field.
 - c. **Provider drop-down.** Choose the desired Provider from the list. The list is automatically sorted alphabetically. To sort the list by Provider ID number, select the [#] button to the left of the Provider field. The provider’s review information will appear in the fields below. Once you’ve clicked on the drop-down list box, you can type the first few letters (or first few numbers) of the Provider’s Name (or Number) to be taken to that Provider automatically. You’ll notice that once you select a specific provider in this box, the [Add Review] button becomes enabled.
4. **Filter Reviews By.** This area gives you the option of selecting to view 1) only reviews from the Current Year (where the Review Date was in the last 12 calendar months); 2) all the reviews in the Current Fiscal Year; or 3) all reviews entered into the system, for either the selected provider or all providers (depending upon what filter you chose to apply).
 5. **Search for Reviews Where...** Click this option to be presented with a series of options that will allow you to search for specific Reviews. Use this while you’ve chosen to “Filter By: All Providers” to search for Reviews done for any Provider that match the search criteria.
 6. **Refresh List.** Click this button once you’ve chosen the filtering options you want, to get the list of Reviews.
 7. **Sorting the List: Using Column Headers.** As with all lists in the Minute Menu HX, using the mouse to select the button column headers will sort the Review List according to the information in that column. The following are sort options for the Review List:
 - a. **Review:** Selecting this option will sort the list in alphabetical order by Review title. This setting is the default sorting order for the Review List. Selecting this button a second time will sort the list in reverse alphabetical order.
 - b. **Date:** Selecting this option sorts the list according to the date of the review. Dates are sorted in calendar order, from the earliest to the most recent. Selecting the Date button a second time reverses the sort order, listing reviews from the most recent to the earliest.
 - c. **Type:** Selecting this option sorts the list according to the Type of review. Selecting the button a second time will sort the list in reverse order.
 - d. **Monitor:** Selecting this option sorts the list in alphabetical order by the Monitor’s first and last initials. Selecting the button a second time reverses the sort order, listing reviews in reverse alphabetical order.
 - e. **#:** This column only appears when you select to view Reviews for All Providers. Selecting this option will sort the list in order by Provider ID number. Selecting this button a second time will reverse the order.
 - f. **Provider Name:** This column only appears when you select to view Reviews for All Providers. Selecting this option will sort the list in alphabetical order by Provider last name. Selecting the button a second time will reverse the order.

8. **Review List Options.** Once you have Reviews listed in the grid, you'll notice certain options appear on each row:
 - a. **Monitor Buttons.** The Monitor column contains buttons that show the initials of the Monitor who conducted a particular review. Clicking the Monitor button will open the Manage Monitor Information window and will display the information you have entered for that Monitor.
 - b. **View Button.** Selecting this button will open the Edit Review Information screen, where you can view the details of the listed Review and remove or add additional information about the Review you have selected. (See below.)
 - c. **Delete Button.** Selecting this option will remove the Review from the Provider's record. You will be prompted to confirm that this is what you want to do when you select the Delete button.
 - d. **Add Button.** This option only appears when you view Reviews for All Providers. Selecting this button next to a Provider's information will allow you to enter an additional review for that Provider. (See below.)
 - e. **DIS CAL.** This button will open the Disallowance Calendar for that review. Note: If it's in all caps, then disallowance calendar info has been entered for that review. If it's in lower case, then no meals have been disallowed with the review disallowance calendar for that review.
9. **Add Review Button.** This button will be active only when you are viewing Review information for an individual Provider. Selecting this button will open the Add New Review window. (See below.)

Add / Edit Existing Reviews

Once you have chosen to Add or Edit an existing Review from the List Reviews screen, you'll pull up the detailed Review information screen.

General Tab: Use this screen to record the basic elements of the Review.

1. **Date.** Enter the date of the review.
2. **Review.** Indicate the classification of this review. This will impact the date of the Next Review. Choose one of the following:
 - a. 1st Review (the 1st review conducted in the fiscal year)
 - b. 2nd Review
 - c. 3rd Review
 - d. 4th Review (if you conduct 4 Reviews per year)
 - e. Follow-up Review (if this Review was a follow-up to a previously attempted 1st, 2nd, 3rd, or 4th Review in which a follow-up was required for some reason)

Required Fields for a Review:

Review Date
 Review Class
 Monitor
 Next Review Required Date
 Meal
 Serving (if visible)
 Infant or Non-infant

- f. Pre-approval Review (if this is being done before the Provider starts to claim)
 - g. 28 Day / 30 Day / 4 Week Review (if this is the first Review ever done for the Provider)
 - h. Special/Eval (if this is a special visit--doesn't count as a regular visit). If you choose "Special / Evaluation Visit" for the Visit type, the Next Review Due date will NOT be set – so this allows you to add a Review that doesn't affect the Provider's Review schedule.
3. **Type.** Indicate the type of review performed. Some review types can be automatically determined by other fields in the software (i.e., a Weekend Review is determined by the Review Date; a Dinner Review is determined by the Review Meal. .
 4. **Follow-up Required, Not Home, Helper Present, Technical Assistance Offered, Special / Evaluation, and Unannounced.** Check any of these options that apply to the review. If you indicate that the Provider is Not Home, or indicate Follow-up Required, the Next Review date will automatically be scheduled 15 days from the date of this Review. If necessary, you can manually adjust the Next Review date. Choosing Special / Evaluation visit here, as opposed to the Review Type, will not impact the Next Review Due date, but will show up on reports.
 5. **Next Review.** Indicate the deadline for the next required Provider review. A default value will be supplied based on the date and type of Review you are entering (as described below in the section Scheduling Provider Reviews). Note that this Next Review date is saved with the Review itself – so each Review that you record will have its own Next Review date. When you save the Review, though, if the given Review is the most current Review on file for the Provider, then this value will be written to the Provider's file, which will then be maintained as the Provider's Next Review Required Date for scheduling purposes.
 6. **Notes for Next Review.** Use this space to type any notes on the review. Information entered in this field is displayed on the Sponsor Review Worksheet under the Review History section, which will help subsequent home visits.
 7. **Monitor.** Select which monitor conducted the review.
 8. **Arrival Time.** Record the monitor's arrival time.
 9. **Departure Time.** Record the monitor's departure time.
 10. **Meal.** Indicate the meal that was observed. This will impact the food components available on the Meal tab. If you indicate "No Meal", then the Meal tab will not be accessible.
 11. **Serving.** If the provider serves multiple servings of this meal, indicate which serving was observed. (This option may or may not be visible, depending upon whether the Provider is approved for a second serving).
 12. **Infant or Non-Infant.** Indicate which age groups were present at the meal. This information will determine which fields are available on the Meal screen. You must check at least one of these two options to record information on the Meal tab. In addition, if these fields are not properly checked, this Review may not have its attendance properly cross-referenced when the claim is processed.
 13. **Annual Training Complete.** If the Monitor conducted an Annual Training with the Provider during this Review, then check this box. When this box is checked, the system will assume that a training occurred and you will be able to supply any other relevant training information.
 14. **Training.** If training was offered to the Provider, check this box. Once you do, all of the other Training fields will be enabled. When the Review is saved, a Provider Training record will also be saved, so that you can track this training with all other trainings this

Provider has received. See *Manage Training Information* for more information on training.

- Start Time.** Enter the start time for the training.
- End Time.** Enter the end time for the training.
- Total Hours.** Enter the total hours of training time.
- Type.** Select the training type from the pop-down list. Only Training Types that you have previously entered on the Manage Training Types screen will be available to select. See *Manage Training Information* for more information.
- Session Name.** If your agency has a particular name for the type of training session given, enter it here. A name will be supplied by default.

Meal Tab: Use this screen to enter the details for the meal and attendance observed.

- Attendance.** Mark the enrolled children that were present at the observed meal by placing a check in the Served column.
- Non-Infant Foods.** Enter the foods served at the observed meal in their labeled fields. To record a food, select the [...] button to load the food list and then use the mouse to select the food served from the list.
- Infant Foods.** Click the [Enter Infant Foods] button to enter foods for any infants marked in attendance.

You can leave all of the Meal information blank if you like. If you do supply any foods or attendance, then this observed meal will be cross-checked when the claim is processed, and any discrepancy between what you've noted here and what the provider has recorded will cause a warning to be issued with the claim.

Note: Meal information on the Meal tab is only accessible if you've indicated that you observed a meal during this review. If you haven't observed a meal, then you cannot record food information in Minute Menu. You can still use the Meal tab to record children seen in attendance, but since there is no meal to cross-reference any attendance observed by a Monitor during a non-meal visit, this attendance cannot be checked against the claim during claim processing. You can also record attendance counts for the Review within the Other tab.

Number of Children Observed/Claimed: The Number of Children Observed is a total of the children recorded on the review, and will display as soon as the review is saved. The Number of Children Claimed is calculated during claim processing, and will display here in the review after the claim is processed.

Disallow Tab: Use the fields on this tab to disallow meals based on information observed on the review. This is only used if the Monitor noticed a situation during the Review that required a certain meal or set of meals to be disallowed, so they would not be reimbursed when the claim is processed. When the claim is processed, this information is automatically accounted for, and any meal the Provider attempts to claim will not be paid and the Provider will get a message accordingly.

1. **Disallow Meals: Starting Date.**

Enter the date of the first meal to be disallowed. If you are only disallowing meals on one day, then enter that date here.

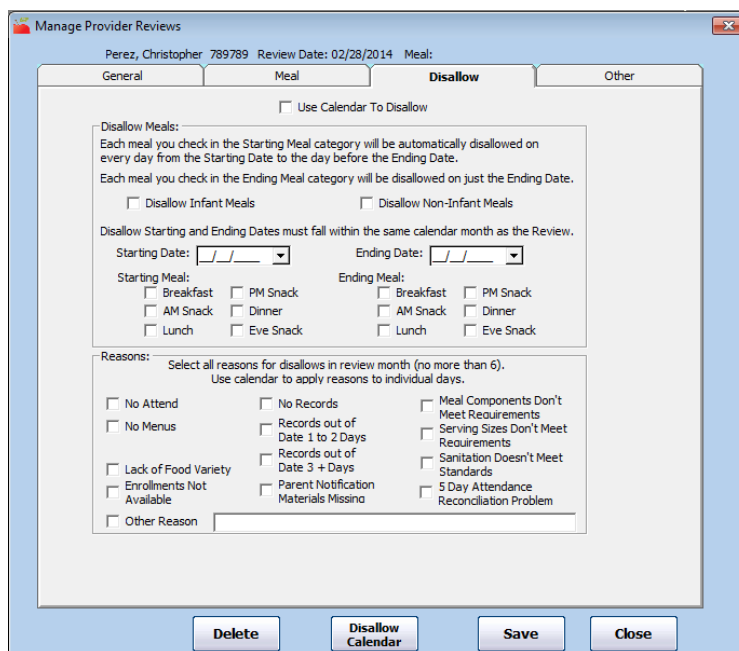
2. **Disallow Meals: Ending Date.**

Enter the last date when meals were served that you want to disallow. If you are disallowing meals on only one day, then you'll re-enter that date here. So, if you do disallow meals from this Review, you must supply both a Starting Date and an Ending Date.

3. **Disallow Meals: Starting Meals.**

Check off all of the meals that you want to disallow from the Starting Meal Date through (but not including) the Ending Meal Date. For example, if you do a Review on the 15th of the Month, and you notice there is no paperwork for PM Snacks, Dinner, nor Evening Snack, then you can check off PM Snack, Dinner, and Evening Snack, indicate a Starting Date of the 1st, and every PM Snack, Dinner, or Evening Snack that is claimed will be disallowed.

4. **Disallow Meals: Ending Meals.** Check off all of the meals that should be disallowed on the Ending Date. To continue with the previous example, if you come for Lunch on the 15th, and there were no problems. then you would put the 15th and leave this blank. If however, the Lunch needed to be disallowed, as well as every meal prior to it, you'd mark the Breakfast, AM Snack, and Lunch, and the system would disallow each of those 3 meals on the disallow end date only.



5. **Disallow Infant / Non-Infant Meals.** When specifying that you will disallow meals, if you want to apply the disallowances only to Non-infants, or only to Infants, check one of the boxes. Checking neither has the same effect as checking both, when a disallow date & meal range has been specified. If the date & meal range has not been specified, these checks are ignored.
6. **Reasons.** Select one or more appropriate disallowance or corrective action reasons. Note: if you indicate that the Provider is Over Capacity, an error will be generated on the Provider's claim when processed.
7. **Use Calendar to Disallow.** You can disallow meals in a range, using the Disallow Starting/Ending Date and Meals options. Or you can pick and choose specific meals on specific dates. If you wish to do that, put a check in this box, and check each disallow reason that is applicable at all within the month. Then click the [Disallow Calendar] button to pull up a calendar that will allow you to choose which meals and days to disallow.

Disallow Calendar: Please note, this calendar will only impact claim processing if you put a check in "Use Calendar to Disallow".

To use the disallowance calendar, you must do the following:

1. Choose whether you will be applying a particular disallowance to Non-Infants or Infants. (If you wish to apply the disallowance to both, you will have to first record the disallowance for Non-Infants, and then record for Infants).
2. Click on a date within the calendar that you wish to disallow any meal.
3. Click each [B] thru [E] for that date, for each meal you wish to disallow. If you want to disallow the whole day, click [Disallow All Meals on Day].

Review Disallow Calendar - Perez, Christopher 789789 On Review Dated: 2/28/2014

[Click for Help](#) Disallows cannot be added or edited if Use Calendar to Disallow is unchecked. **Use Calendar To Disallow**

Disallow Is For:
 Non-Infants **All Infants**
 0-3 Months **4-7 Months** **8-11 Months**

Meals for Selected Day: B A L P D E

Disallow Reasons for Selected Day: a b

< > [Click for Reasons](#)

February 2014						
Sun	Mon	Tue	Wed	Thr	Fri	Sat
						1
2	3	4	5 BAL	6 BAL	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

NOTE: Upper case letters are meals. Lower case are disallow reasons.
 A meal abbreviation in the calendar indicates that meal has been disallowed for that date. 3 dots indicate day is disallowed.

4. Click on any lower case abbreviation disallow button (ex: [d]) to apply a reason for the disallowance to a particular day. The reasons are optional, and won't affect claim processing. The reasons button choices that appear in the "Disallow Reasons for Selected Day" are determined solely by the reasons that have been selected before opening the Disallow Calendar on the Disallow Tab of Manage Provider Reviews. Note: This means you must Save / Close this window, return to the Disallow tab of Manage Provider Reviews, and check all reason choices you wish to have available on the calendar. You must re-select the date each time to apply disallow reasons.
 - a. To discover what disallowance reason applies to each abbreviation, click on the "Click for Reasons" link.

When saving disallowances within the calendar, you'll see each meal disallowed for a given day for a given age range, depending on how you filter "Disallow is For" box. So disallowances only for infants won't be visible when filtering for Non Infants. Each meal being disallowed is listed in capital letters in the calendar. Any disallowance reasons that you've chosen for that meal on that day are noted below, in lower case letters.

Any date where any disallowance reasons have already been recorded will show up with [...] in the lower right hand corner (and typically with other meal abbreviations list as well). If you want to clear out any day's disallowance reasons, dbl-click on that [...].

5. When done for the entire month, click [Save].

Note: You can use the Disallow Calendar to disallow meals in the month of the review, or one month prior to the review (since you may be reviewing previous month's meal records, when conducting a review near the beginning of a new month). To record disallowances for the previous month, use the < > arrow at the top left of the calendar.

Other Tab: Use the fields on this screen to record additional information about the review. None of this information is required, nor is it checked when your claim is processed. However, you can reference this information in certain reports. Note: depending upon the choices you made when setting up Minute Menu HX, some of these options may not be visible. If you wish to have any turned on or off, go to Administration >> Manage Sponsor Preferences >> R. Review Settings.

1. **Nutrition Info Left.** Check this box if the Monitor left nutrition info with the Provider.
2. **Eligibility Changed.** If your Monitor noted that the Provider's eligibility changed, check this box.
3. **Can Claim Own Children.** This can be checked if the Monitor notes that the Provider can claim her own children.

4. **Special Diet Statement.** Click this if you observe the necessary special diet statements, if relevant.
5. **New Address.** Mark this if the Provider has recently moved.
6. **Helper Present.** Check this if a Helper is present.
7. **Over Capacity.** Check this if you note the Provider is over capacity. Doing so will cause an error to be generated on the Provider's claim when processed.
8. **Civil Rights Review Complete, Building for the Future.** Check either if relevant.
9. **Voucher/Subsidy Children Present.** If it's necessary for you to track whether any subsidy or voucher-pay children are present, you can check here.
10. **Corrective Action.** If corrective action is necessary because of this review, or this review is done as part of a corrective action plan, put a check in this box.
11. **Left Supply of Forms.** Check this box (or these boxes) if the Monitor left a supply of forms with the Provider.
12. **Day Care Child Count.** Enter the count of observed children in care at the review, not related to the Provider.
13. **Own Child Count.** Enter the total number of own children present.
14. **Own Child Ineligible Count.** Enter the number of own children present but not eligible for the food program. This could be all children (if the Provider is not Tier 1 by Income), or could be older children.
15. **Comments.** Enter any additional comments about the review. Information entered in this space is for your office use only. It will not be used in menu validation or available for reports.
16. **Date of Last Training on File.** If you verify the provider has received a training recently, you can note the date of that training here.
17. **Block Claim Visit.** Mark this checkbox if you track block claims and during the Review you asked the Provider for reasons to substantiate an actual or potential block claim.
18. **Block Claim Validated.** Mark this checkbox if you were supplied with a valid reason as to why a block claim was occurring. When the Review is saved, this will cause the Review Date to be saved into the Provider's file in the field Last Block Claim Validated Date on the "Other" tab of Manage Provider Information.
19. **Block Claim Reason.** If you've validated the block claim, note the validating reason here. The reason choices are managed via Tool >> Manage Validated Block Claim Reasons.
20. **Custom Fields.** You can set up certain custom fields to store additional Review Information. . To do so, go to Administration >> Manage Sponsor Preferences >> R. Review Settings >> 28 through 31b and set up any as you see fit. If you have set any up, they will be visible here.

Main functions: Regardless of the specific tab you are on, you will also see these buttons on the bottom of the screen:

1. **Save.** Select the Save button to save the entered information.
2. **Close.** Select the Close button to close this window.
3. **Delete.** Select the Delete button to delete a Review.
4. **Disallow Calendar.** Opens the disallow calendar to apply specific disallowances necessary as a result of this Review.
5. **Add Another.** Visible when you've chosen to Add a review, select this button to add an additional review for this Provider.

Planning & Conducting Provider Reviews

As long as you enter your Review data into Minute Menu, the software will provide tremendously helpful information so that you can plan and perform Provider home visits.

Scheduling Provider Reviews

For each Provider saved in the system, Minute Menu HX stores a Next Review Required Date. This is the date by which the next regularly scheduled review should occur for the Provider. Each time you add a Review, whether by scanning a Review Form or by adding the Review into the software manually, the system will re-determine the relevant Provider's Next Review Required Date. This determination is made based upon what kind of Review was conducted, and the number of times Reviews are required in your state. If you conduct four Reviews per year, then the Next Review Required Date will be set 3 months after the date of your current Review. If you conduct three Reviews per year, then the Next Review Required Date will be set 4 months after the date of your current Review. There are a few exceptions to this schedule:

If a pre-approval Review is recorded, the next review date is scheduled 30 days from the date of that Review. If you conduct a Review and no one is home, or no meal was observed, then the system will automatically schedule a follow-up 15 days after the first review's date. If you indicate that a follow-up is required for the Review, the next review will be scheduled 15 days later.

If your agency performs visits to Providers each year as part of an annual Provider renewal process, you may have the Current CACFP Expiration Date turned on in the Provider's file. Minute Menu can be configured so that this date will take precedence when scheduling upcoming Reviews – so the next Review Due Date would be the earlier of this CACFP Expiration date or the next Review Due Date that would have been otherwise scheduled. If you would like this to be the case, you will find this preference setting at Administration >> Manage Sponsor Preferences >> R. Review Settings.

Note: if you add a Review in Minute Menu and note the Review's type is a "Special / Evaluation" visit, as opposed to one of your normal 1st / 2nd / 3rd / Follow-up Reviews, that Review will NOT effect that Provider's Next Review Due Date. This allows you to add a record for a home visit, even though you may not wish to change the currently scheduled visit date for that Provider.

Review Averaging

A Next Review Required date is stored for every Provider in Minute Menu, and updated automatically as noted above. However, you can manually override this setting any time by accessing the Manage Provider Information function for a given Provider, choosing the "Other" tab, and resetting the Next Review Required Date.

Many Sponsors have updated their management plans to handle averaging of Reviews. Sponsoring agencies can Review some Providers only twice a year (with a maximum of 9 months between visits) as long as the agency, on an overall basis, visits Providers an average of 3 visits per year.

In order to effectively implement Review averaging, we recommend the following approach:

- Identify no more than 1/3rd of your Providers as “Good” Providers. These are the Providers that you are confident offer a high quality of care to the children in their home, always comply with Food Program regulations, and have never been put on corrective action. This is a judgment call, but usually an easy one to make. See below for an example of how to do this.
- For each of these Providers, go into Manage Provider Information and update their Next Review Required Date, adding 2 months to that date.

If you do this once or twice a year, you will end up visiting these good providers less often. Because many visits result in a required follow-up, especially for Providers placed on corrective action in any way, you should easily stay above the 3 Reviews per year average. And you can check to ensure that you do stay above this average by running the Home Visit Status Report (see below).

Some agencies are required to specifically assign Providers to a particular Review cycle – 2 reviews, 3 reviews, or 4 reviews – as part of state agency requirements related to Review Averaging. If this is necessary, contact Minute Menu support to enable a custom field to track the type of schedule a Provider has.

Identifying Good Providers for Review Averaging

One possible way to identify “Good” providers for review averaging is as follows:

1. Print out a Review List Export File, including in your filtering options Meal Disallowed: Yes. Sort by provider name, then go thru the first file and remove every provider that has a result in this second list. Basically, you won’t consider any provider as a “Good” provider if she has ever had a meal disallowed during a site visit.
2. Print out the Serious Deficiency List, filtering to include dates up to 3 years in the past and specifically NOT looking for providers currently in Serious Deficiency. Anyone who has ever been in the SD process should be removed from your list.

The list you have left is a good start. Generally, you want no more than 1/3rd of your providers to be treated as “Good” providers, so if you have a 1/3rd of your active caseload or less left in the “Good Provider” list you saved above, then you’re already done. If you have more than that, then step 3 would be to manually review that list and take off any provider you don’t feel should qualify as a Good provider, until you get down to about 1/3rd of your caseload. Then you’ve got your list, and can update review schedules as described in the preceding section.

Identifying Who Must Be Visited and When

Three reports are useful when planning upcoming visits.

1. Each month, you (and your Monitors) must identify the Providers that must be visited. To do this, you will run the **Reports >> Reviews >> Providers Due Reviews Report**. This report will list all Providers who must be visited, and it will identify which days and meals you should visit as well.

Filter Report: When you run this report, you will be given the standard Provider Filter (see the chapter on *Reports* below for more information on this filter).

- Typically, you will want to filter by “Review Due By”, so that the list of Providers you get will include only those Providers who are due a visit by the end of the month selected. (You can change the Review Due By Date to a date that better suits your needs).
 - This Review Due By date will include all Providers who were scheduled to a visit prior to this review date – including visits that are over a month before this date. Some agencies will want to periodically change their visit schedule for an entire month – for example, swapping visit schedules to see all the Providers scheduled for April in May, and see all the Providers scheduled for May visits in April. To do this, you would also select the “After” date, so that the Providers listed in the report output would be due a visit between the selected dates.
- If your agency is larger, with several Monitors managing their own caseload, then this report may also need to be filtered by Monitor. That way, the Providers shown in the report will only be those Providers assigned to the Monitor you select in this filter.

Report Sort Options: You will be given the provider sort once you choose your filtering options (see the chapter on *Reports* below for more information about sorting).

- If you are printing for just one Monitor, then you may want to sort primarily by Zip Code or Map Location Identifier, and secondarily by Provider Name. This way, the Providers listed will be grouped together geographically, so you can more easily figure out who needs to be visited on the same day to save gas.
- If listed for many Monitors, you may want to make your primary sort Monitor, then sort secondarily by Zip Code or perhaps Provider Name. That way, a single Monitor’s caseload will be listed together.

Report Output: This report shows exactly who needs to be visited. Several elements to the Report are worth explaining:

- **Last Claim Received.** This shows the claim month of the last claim you have on file for the given Provider, based on the claim data in the Minute Menu database. If the month listed here is several months old, then the Provider is not actively claiming with your agency, so there’s no need to visit that Provider.
- **Last Review Date.** This lists the date you conducted the last home visit to the Provider, based on the data in the Minute Menu database. If this date is very recent, this may be a sign that this Provider required a follow-up visit for some reason (and the Sponsor Review Worksheet will provide more information on this subject).
- **Review Due Date.** This is the Next Review Required Date found on the “Other” tab in Manage Provider Information. Please note, the important thing about this date generally is the month of the visit, not the particular visit due date. You should plan your visits in such a way to make them convenient based on the geographic distribution of your Providers, and in some cases on whether Saturday/Sunday/Holiday visits are in order, not based solely upon this date.
- **Review Type Needed.** This information is computed based upon the information available in the Minute Menu database:
 - This report begins by looking at the last 4 months worth of claims in your Minute Menu database. Each meal that is claimed by the Provider is then added to this

report. As long as you have attendance data in the database (which is not available for manual claims), this report will also check to see if Saturday or Sunday has been claimed. If so, then that is noted on this report.

- If no claims exist for the Provider in the Minute Menu database yet, then this report will look at the Provider's meal approval schedule, on the "Meals" tab in Manage Provider Information, adding those meals to this report.
- This report then looks at the last 12 months worth of Reviews that are in the Minute Menu database for this Provider. Any meals that have been visited are effectively crossed off the list, and taken off the report output. Additionally, if a Saturday or Sunday was claimed, and a visit in the last 12 months was done on a Saturday or Sunday, then that will be taken off the report as well. (Alternatively, if you would like Minute Menu to look only at the meals visited in the current fiscal year, there is a system preference you can set. Go to Administration >> Manage Sponsor Preferences >> R. Review Settings >> 032. Use Current Fiscal Year When Determining Review Type Needed.)
- The result of this analysis is displayed in the Review Type Needed column, so you know exactly what meals **should** be seen, and whether a Saturday or Sunday visit is in order. You would then determine other Providers that are in the same geographic area, that have other meals that need to be seen, and you can plan your days accordingly so as to maximize the effectiveness of your time – seeing a Provider for Breakfast that needs a Breakfast visits, another Provider for Lunch that needs a Lunch visit, etc, all on one day since they're all located relatively close together geographically. You can plan your Saturday or Sunday visits similarly

2. In some cases, special visits are in order. Visits on weekends, holidays, dinners, evening snacks, or even visits specifically designed to see when a Provider says she is split-shifting (ex: serving Breakfast at 7am to one group of children and 8am to another group of children). To help determine whether these special visits are needed, run the **Reports >> Reviews >> Providers Claiming Special Days Report**. This report will identify all Providers who are claiming any of these special situations in a given month. Note: this report runs based on the meal & attendance data in your computer, and as a result, manual claims cannot be analyzed here.

You can filter this report to look only at one Monitor's caseload, or even to solely look at those Providers who must be visited next month. The report's output shows each day that a Provider claimed the given special situation. A Provider who consistently claims on Saturday, for example, will have each Saturday date within the month listed. Any time the special situation is being claimed and 3 or more day care children are present, the date is noted with an exclamation point ("!"). You can use this report to further refine the visits that you plan on conducting over the coming month, based upon what the Provider claimed in the most recent prior month.

Information Needed When Conducting a Visit

When you conduct a home visit, you typically need to take a large amount of information about the Provider with you so you know how to conduct the visit. In Minute Menu, this is accomplished with the **Report >> Reviews >> Sponsor Review Worksheet**. This report is used to give your Monitors a quick reference sheet of all of a Provider's relevant information, that they can take with them on their Reviews.

Filter Report: When you run this report, you will be given the choice to select a specific Provider, or generate the report for a group of Providers using the standard Provider Filter (see the chapter on *Reports* below for more information on this filter).

- You may want to select just one Provider. Or you may select to print the report for All Providers to bring up the Provider Filter. Once on the Provider Filter, you could choose the same filtering options as you chose previously when generating the Providers Due Reviews Report. This would give you a Sponsor Review Worksheet for every Provider that needs to be visited, based upon the visit due date criteria you already used on the Providers Due Reviews Report.
- Once past this option, you will be prompted for a month. This is the month within which you will be conducting the Review.

Report Sort Options: If printing for more than one Provider, you'll be asked for a sort order preference for the entire batch of Sponsor Review Worksheets to be printed. Regardless, you'll also be asked for the order you want the children listed – by child # or by child name. If you are using scannable Review forms, you may find it easier to list the children by child # so it's easier to fill out those scannable Review forms.

Report Output: This report shows all aspects of a Provider's file related to the home visit. A few elements are worth explaining:

- The Claim History notes the last 3 months worth of claims received. The claim Source will be "SF" for Scannable Form, "WEB" for KIDS, and "MAN" for manual form providers, so you know what kind of form supplies to bring with you (and what to expect in the way of paperwork). If the Provider has started claiming on KIDS, you may want to follow the pre-visit procedures for KIDS providers as outlined in the chapter on *Supporting KIDS Providers* in this manual. If these claims have meal & attendance data (so they aren't manual claims), the Claim History will also note what days of the week the Provider actually claimed.
- The Review History notes the last 12 months' worth of home visits conducted as recorded in the Minute Menu database.
- The Training History notes the last 12 months' worth of training as recorded in the Manage Provider Training section of the Minute Menu software.
- If you have been using the Provider Calendar to record days/meals that the Provider has told you she will be closed, then these Days Closed will appear on this report so you know not to visit the Provider on those days & meals.
- If the Provider has ever submitted a block claim, that information will be printed on this report.
- If you have recorded driving directions to the Provider's home (on the "Contact" tab in Manage Provider Information), that information will be printed on this report.
- Any Comments recorded on the Provider's "General" tab in Manage Provider Information will appear on this report.

5 Day Attendance Reconciliation

During home visits, you must satisfy the requirements of the 5 day attendance reconciliation regulations. To assist in that task, Minute Menu comes with two different reports:

- 5 Day Attendance Report
- Child Attendance Reconciliation Report

You may access the former via **Reports >> Claim Data >> 5 Day Attendance Report**. This will allow you to get a chart of each child claimed over any 5 day period. You will be prompted to supply a date, and the date you choose will be the last day in the 5 day reconciliation.

The above report will suffice completely in many states, who interpret the work related to the 5 day attendance reconciliation solely as the examination of children in the home at the current meal being observed as compared with children being claimed at that meal each of the last 5 days. However, other states go further, requiring you to reconcile the schedules of the children from the child enrollment forms with the children that were actually claimed. To assist you in this effort, you should try the Child Attendance Reconciliation Report.

To print this report, go to **Reports >> Reviews >> Child Attendance Reconciliation Report**.

- This report provides an analysis of a given provider over one week, comparing (A) what was supplied by the provider for the attendance that occurred that week with the children that should have been the attendance, against (B) the enrollment forms or daily in/out times supplied for the children. In many ways, the report is simply the visual representation of what was claimed vs. what should have been claimed, given child enrollment schedules.

There are a few key details to help interpret this report:

- The report highlights in red all children that should NOT have been claimed but who were claimed for a given meal. If your Minute Menu Claims Processor is configured to cross reference the days of a child's enrollment, the meals of a child's enrollment, or the times of a child's enrollment with what was actually claimed, then these red highlights should correspond precisely with errors #109, #110, and/or #120 you see on the OER for the given provider. Red over claims could indicate:
 - the child's schedule has changed since the enrollment form information was supplied, so the enrollment information needs to be updated;
 - the child's schedule varied this one day;
 - in combination with very consistent attendance patterns, could indicate an invalid block claim. Even in the absence of consistent attendance patterns, this may also indicate the provider is claiming children who aren't actually in the home.

Note: If a child's enrollment indicates his/her times of attendance or days of attendance vary, the report will note that. This may help explain any discrepancies.

- The report highlights in yellow all children that weren't claimed, but that should have been claimed for a given meal. Basically, this check works as follows: If a child was claimed at all on a given day, then the system will look at the meals of the day the child is enrolled for. If the child was NOT claimed for one of those meals, then that meal is highlighted in yellow. Yellow under-claims could indicate:
 - the child's schedule varied on this day from what was specified on the enrollment form;
 - it could indicate the need to update the information on the child's enrollment form;

- or it could indicate the provider is attempting to avoid the appearance of being over-capacity.
 - This report does suffer a few limitations:
 - For simplicity's sake, this report rounds to the nearest 15 minute interval when computing meal times or child attendance times (be it from the enrollment form or from daily in/out records). As a result, it can sometimes show over-claiming (in red) or under-claiming (in yellow), when that didn't actually happen. For example, if a child leaves at 4:50 PM, and the next meal starts at 5:00 PM, this report would round the child's departure time to 5PM and (if the child wasn't otherwise claimed at that 5PM meal) would show an under-claim. But this child wasn't actually under-claimed.
 - This report does not take into account any buffer time that a child must be in care for, or is allowed to be in care for, before or after a meal. So this report assumes a child who departs at 5pm should be fed the meal that was served starting at 5pm, since the times overlap, even though in reality the child didn't have any time to eat that meal.
- The report output includes two rows per child: the first row indicates what meals the child should have claimed (based on the child's enrollment form; or possibly based on daily in/out times if they're available). The second indicates what meals the child did claim. Brackets on these rows relate to drop-off & pick-up times. (There are also brackets in the header row to indicate meal times.) Each meal a child is enrolled for is abbreviated, just like each meal for which a child is claimed.
- In the event the provider claimed two shifts of any meal, you'll notice two different columns for each meal – one for the first shift of that meal, and one for the second. The report will make an attempt to compare the specific shift times with the child's enrollment, and indicate over or under claiming at a particular shift as well.
- The report can be printed for a week that the provider has claimed, or a week the provider hasn't. If it's printed for a week the provider hasn't claimed:
 - the report will print a page for each day of the week that the provider is approved.
 - on each day/page printed, the report will list all children enrolled for that day
 - no claiming information will be printed, but the child enrollment schedules will be listed
- If it's printed for a week the provider has claimed:
 - each day that any meals are claimed will be printed
 - each child will be listed with two rows, one with the child's enrollment (or in/out) schedule, indicating what should have been claimed; and one row indicating what actually was claimed.
- Some states allow you to print this report out for a prior month, and base your 5 day reconciliation analysis solely on it's contents – so you don't have to perform the 5 day attendance reconciliation by hand. This can be extremely handy, but you can't simply print the report and attach it the provider's file. If there are discrepancies on the report, you must follow-up with an appropriate action (which might include starting the household contact process for this provider, to resolve the discrepancies).
 - In other states, they require the 5 day attendance reconciliation be done on the 5 most recent days claimed. In this case, if the Provider is claiming via KIDS, you can still print the report to save you the effort of performing the reconciliation manually. If the provider doesn't claim via KIDS, you still may wish to print this

report for the yet unclaimed week (since the data for the current month wouldn't be in Minute Menu at the time of the Review) and use it to quickly reference child enrollment schedules with what was recorded by the provider in attendance.

- **Warning:** This report is quite complicated, and as such it takes a LONG time to generate. It can take upwards of 20 seconds to print for just one provider. So please be patient when printing.

Keeping Track of Your Caseload

Four reports are particularly useful in helping keep track of your entire home visit caseload.

1. The first is the **Reports >> Reviews >> Home Visit Status Report**. This report provides you a managerial perspective to determine quickly the important facts of all your visits. It gives a list of Providers and a 12-month picture of visits.

Filtering Notes: When generating this report, choose the last month of a 12 month window to examine. That could be the current calendar month. Or it could be the last month in the current fiscal year. Or it could be the last month in the current calendar year. Or it could be any month you choose. The Provider Filter will also appear, so you can limit the output of the Report to focus on one subset of your Providers (for example, on Monitor's caseload) if you like.

Report Output: The report output lists 12 columns, one for each month, plus a few summary columns. The columns are listed with offsetting backgrounds of yellow and white to make it easier to distinguish between columns. (The yellow prints as a light gray on most printers). Each Review is noted within the calendar, and a key at the bottom of the report should help interpret the Review results. If two or more visits were done in the same month for a Provider, the last Review is displayed.

Gray sections within the report body indicate that no claim exists for the Provider in that month. For agencies new to Minute Menu, you will see most of the previous 12 months listed in gray as you don't have any historic claim information in the system. Once you do get historic claim information in the database, though, these gray areas will provide clear visual clues as to Providers who have gone inactive. In addition, gray sections with dash marks ("-----") indicate that the Provider's Original CACFP Start Date has not been reached in that month – meaning the Provider hadn't yet started with your agency yet.

The "MEALS" column provides a quick snapshot of the meals that have been seen. If you see most of the visits for a particular Monitor concentrated around just "AL" for Am Snack and Lunch, that means that Monitor should try to spread her visits around a bit better, to include Breakfasts and Dinners.

The "#U" is the number of unannounced visits that were done within the 12 month window examined, where the Provider was actually home (i.e., the visit was successful).

The "#S" is the number of successful visits, meaning that the provider was home.

The "#T" is the total number of visits attempted.

The last page of this report provides summary counts of each of these three columns, which should assist you in determining whether you are meeting the minimum review requirements – especially in light of the review averaging regulations.

2. The second key report is the **Reports >> Reviews >> Providers Not Reviewed Report**. This is designed to list all Providers not visited within a specific time frame. Federal regulations require that all Providers are visited no less than once every 6 months, or once every 9 months if your agency is averaging reviews. You can use this report to ensure that Providers are being visited often enough.

Filtering Options: The Provider Filter will appear for this Report, so you can focus on a specific subset of Providers if you like – or leave it unfiltered to look at all Providers. You must also choose the date range within which no Reviews were conducted – so typically, you would choose a start date about 6 months prior to the current date, and an end date in the current month.

Report Output: A few fields in the Report deserve explanation:

- **CACFP Start Date.** A Provider whose CACFP Start Date was in the last 30 days might not have been visited yet. So if a Provider appears on the report but this date is very recent, that is probably not an issue.
- **Last Review Date.** This will show when the Provider was last reviewed, prior to the start date specified when generating the report. If this is blank, the Provider has never been visited (according to the data in the Minute Menu database).
- **Next Review Date.** This notes when the Provider was supposed to have been next visited.
- **Last Claimed Date.** This notes the month of the last claim. If this is several months in the past, then the Provider has gone inactive and it's probably not a problem that the Provider hasn't been visited. If this is blank, then the Provider has never claimed (based on the data in the Minute Menu database).

3. A third report is also handy to ensure you remain in compliance with your requirement to monitor meals (and weekends) in the same proportion that they are claimed. Run the **Reports >> Reviews >> Claim and Review Comparison Report**. This report is designed to compare the percentage of meals your providers have claimed with the percentage those meals are seen at home visits. Likewise, the report will showcase the percentage of meals claimed at a weekend or holiday with the percentage of visits done on a weekend or holiday. Skip to the end of this report to ensure you are generally consistent in total. (Note: you may wish to filter this report to look at it for only one monitor – your own caseload – or for the entire agency.) Remember, you don't need to be exact, but the percentages should be relatively close.

4. In most cases, planning an entire year's worth of visits is a useless exercise, as visit schedules must be changed due to various discoveries you make during a home visit. However, it is still useful to help plan upcoming visits, especially when trying to ensure that visits to a specific geographic area are all done at roughly the same time. To this end, try the **Reports >> Reviews >> Projected Visit Dates Report**. This report will list all the reviews coming in the next 12 months, so you can make any broad adjustments to Providers' scheduled next visit due dates that might be necessary.

5. Many Sponsors want to know about children that are enrolled in a providers home that are consistently missed during a home visit. The **Reports >> Reviews >> Children Not Seen at Reviews Report** gives you the ability to list all children not seen at a certain number visits over a certain date range. When generating the report, choose the starting date for analysis – the ending date will be the current date. Every review between the date selected and the current date is then analyzed. You then set the review count threshold (which defaults to 2). If less than 2 reviews are conducted for a provider during this period, the provider is ignored. For any provider that has at least 2 reviews, any child that is not seen at 2 or more reviews is then listed in the report. The report will also show an asterisk (*) for any child actually claimed during that month (but this is only known on automated claims – from KIDS, scannable forms, or direct entry).

Filling Out Review Forms

The Review Form is used by Monitors/Consultants during on-site visits to Provider homes. They are used to record everything that is observed during a review, and consist of two sections:

- the **top section** is scannable, and records basic information observed during a review that is directly related to meal servings, and that can be cross-checked against the records reported by the Provider during that month. Some of the info in the top section is required (see below).
- the **bottom section** is more open ended, and can be used by your Monitors/Consultants to record any other information relevant to the Review.

Review Forms are scanned before processing a Provider’s claim. Minute Menu HX will automatically save all information recorded in the top section of the form in the Minute Menu HX database. Then during processing, this review information will be cross-checked when the Provider’s meals are analyzed, and any action required will be automatically taken by the Minute Menu HX Processor.

Form Basics

- Always remember to use a **# 2 Pencil**.
- If you need to erase a mark, the pink erasers that the kids use in school are best.
- **Never fold or staple** your forms.
- Be sure the Monitor/Consultant signs and dates the form, and have the Provider sign and date the form as well.

Filling out the Top Section of the Review Form

1. The **Provider Number** is filled out by writing the 6-digit number in the boxes and marking the bubble for the corresponding number beside each box. It is required.
2. The **Class** and **Type** are specified in the two rows of bubbles in the middle on the top of the Review Form. Your Class and Type header section will look something like this:

- | | |
|-------------------------------------|--|
| <input type="radio"/> 30 Day Review | <input type="radio"/> Follow up Review |
| <input type="radio"/> 1st Review | <input type="radio"/> Weekend Review |
| <input type="radio"/> 2nd Review | <input type="radio"/> Dinner Review |
| <input type="radio"/> 3rd Review | <input type="radio"/> Not Home |

For most Review Forms, you can mark one and only one bubble in the left hand column, and as many bubbles as you like in the right hand column. However, more specifically, you must mark only one **Class**, but you can mark as many other choices that appear in the header as you like. The Review **Class** consists of the following possible choices (depending upon the Review Form you use):

- **30 Day Review / 28 Day Review / 4 Week Review** (if this is the first Review ever done for the Provider)
 - **Pre-Approval Review** (if this is being done before the Provider starts to claim)
 - **1st Review** (the 1st review conducted in the fiscal year)
 - **2nd Review**
 - **3rd Review**
 - **4th Review** (if you conduct 4 Reviews per year)
 - **Follow-up Review** (if this Review was a follow-up to a previously attempted 1st, 2nd, 3rd, or 4th Review in which a follow-up was required for some reason)
3. The **Monitor/Consultant Number** is assigned by the Sponsor office, and must be marked on every Review Form to keep track of who performs each review.
 4. Indicate the **Meal Observed** by filling in the circle by that meal. You must indicate at least one meal, or that No Meal was observed.
 5. The **Month, Day** and **Year** of the review must be supplied. Year is the last 2 digits.
 6. The **Group** choice (if visible) is only marked if shift/group 2 or 3 children are observed. Otherwise it is understood that all children marked are in the 1st child group/shift.
 7. The **Split Serving** option (if visible) is only marked if you are observing the 2nd serving of a particular meal that was served twice (i.e., a Split Shift meal).
 8. There is a **Menu** for Infant and Regular children. You should fill out the menus according to the foods you observe served. Use the Sponsor's accurate Food Chart when marking foods served; use the Provider's CIF or the Review Worksheet to mark the relevant child numbers in the Attendance section. The resulting recorded Menus should match the Provider's Regular and/or Infant Menu that have already been filled out. If you wish to write on a Provider's Regular or Infant Menu form, you may use a HIGHLIGHTER ONLY to mark the meal observed. Any other mark will cause an error when scanning the Provider's forms. This information is optional.
 9. **Disallowing Meals.** On certain Review forms, you can indicate that meals should be disallowed if your Monitor determines that to be the case. Mark disallowances on the Review Form just as you mark disallowances when entering a Review into the system manually. So, if you are indicating that a disallowance should occur, you must supply a starting and ending disallowance date. You will mark all disallow starting meals that should be disallowed throughout the range, excluding the ending date. You will mark all disallow ending meals that should be disallowed on the ending date. Leaving all Disallow Meal information blank will mean that the Monitor does not think any meals in the month should be disallowed.
 10. **Training Offered / Annual Training Complete.** Many Review Forms have a bubble to indicate that Annual Training was completed, or Training Offered, or some slight variation indicating something about training. Minute Menu can be configured to interpret any of these training bubbles as one of two things:

- Training was actually offered during the Review
- The Monitor checked the Provider's records to confirm that the Provider had completed the required training classes

Contact Minute Menu support to configure Minute Menu for one of these two options. If you choose the first option, when this Review Form is scanned a Provider Training record will be created with the Review. If you choose the latter, no Provider Training record is recorded, but the fact that training is complete is documented with the Review. When a Provider Training record is created automatically, it will be created as an Annual Training type. If the scannable Review Form has the ability to record and scan arrival and departure times for the Monitor, these times will be applied automatically to the Provider Training record as well.

11. **Other Information** can be marked on certain Review Forms in the top section. This information includes indications of whether forms were left, manual child head counts, and more. All of these fields are optional.

Filling Out the Bottom Section of the Review Form

The bottom section of the Review form allows your field staff to record a variety of miscellaneous information about their visit. This information is not scanned into the computer, and so your field staff can make as many notes on that section of the form as they like – answering the questions as listed or writing additional notes if they deem it appropriate. Just make sure that no stray marks or lines go into the top section of the Review form, since these marks may cause scanning errors.

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VII. Managing Provider Messages

Minute Menu has been designed for agencies that are both large and small, and for agencies where all employees work in a centralized location or where the employees are spread out through multiple locations. In most agencies with more than one employee, different Sponsor personnel will communicate with the same Provider from time to time. To handle this, Minute Menu has been designed to allow all personnel to record any communication they have with any Provider, allowing other agency personnel to review that information. This is especially useful when central office staff process claims, and Monitors stay out in the field performing home visits and trainings – as personnel in both places may talk to Providers from time to time.

The Provider Messages functions in Minute Menu are designed to function much like a call log, so that you can track all incoming Provider messages.

In addition, the Messaging functions and KIDS allow you to send Messages to your Providers within Minute Menu, on an individual or broadcast basis.

Message Categories

Messages can be assigned to specific categories if you like. By setting up and assigning categories to your messages, you can review messages by specific category. Using message categories isn't necessary, but if you record a large volume of messages, the use of categories may assist in managing this data. When using the Message List Export File, for example, you can filter to print only those messages that were recorded in the last week related to a category like "Paperwork Requests", so you could get a quick list of the Providers who have requested forms.

Some category examples could be:

- Paperwork Requests
- Claim Questions
- Payment Questions
- Nutrition Questions
- Complaints

Setting Up Categories

To set up Message Categories:

1. Go to **Tools >> Manage Message Categories**
2. Click [Add] to add any category
3. In the screen that appears, type the Message Category name and hit [Save]

You can delete categories as well, but if you've assigned any messages to that category, it's usually a good idea NOT to delete them.

Recording Messages

You can record a message in two ways:

1. Go to **Tools >> Manage Messages >> Manage Provider Messages**
 - a. Select the Provider you want to add a message for.
 - b. Hit the **[Add Message]** button
2. From **Providers >> Manage Provider Information**
 - a. Once you've selected the Provider you want, Click the **[Messages]** button to open the Manage Provider Messages function, focused on this particular Provider.
 - b. Click **[Add Message]** to add a message for that Provider.

Using the Message Provider Messages List

Message Date	Category	Outgoing	KIDS Visible	Subject	Recorded By	
02/28/2014 11:54 AM	Training	N	N	Training Opportunity for I	996	View...
04/25/2013 04:00 AM		Y:Unread	Y	Your 04/24 Review Repoi	996888123	View
04/23/2013 02:51 AM		Y:Unread	Y	Your 04/22 Review Repoi	996888123	View
06/14/2012 10:44 AM	Payments	Y:Unread	Y	Checks Mailed	996	View

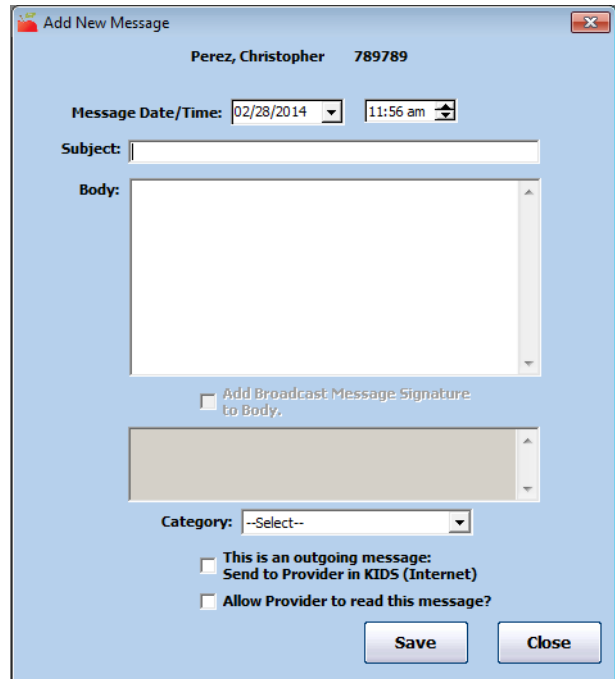
1. **Filter By.** To choose a particular Provider, choose “Selected Provider”. Or, if you want to see Messages for all Providers, choose “All Providers”. If you are adding a Message, you must choose Selected Provider and select that specific provider.
2. **Select Provider Box.** The Select Provider section allows you to select a specific provider for whom to list Messages. The Select Provider box here works just as it does on every other interface in Minute Menu HX. It consists of a Status filter (which may activate a date filter), and a drop-down list box of Providers sorted either alphabetically or by Provider Number.
 - a. **Status Filter.** The default status of “Active” will show by default. This means that the drop-down list of Providers located to the right includes only those Providers whose status is currently Active or Hold.
 - b. **Date Field.** If you have selected a Status that requires a date—Active and Withdrawn After or Withdrawn Before—you will need to enter the desired date in this field.
 - c. **Provider drop-down.** Choose the desired Provider from the list. The list is automatically sorted alphabetically. To sort the list by Provider ID number, select the [#] button to the left of the Provider field. The provider’s message information will appear in the fields below. Once you’ve clicked on the drop-down list box,

- you can type the first few letters (or first few numbers) of the Provider's Name (or Number) to be taken to that Provider automatically. You'll notice that once you select a specific provider in this box, the [Add Messages] button becomes enabled.
3. **Filter Messages By Date Range.** This option gives you the ability to look only at Messages received/saved/logged within a particular date range. If you select this option, you must supply a starting & ending date to search.
 4. **Refresh List.** Click this button to list the Messages, once you've chosen your filtering options.
 5. **Sorting the List: Using Column Headers.** As with all lists in the Minute Menu HX, using the mouse to click the gray column headers will sort the Message List according to the information in that column. The following are sort options for the Message List:
 - a. **Date:** Selecting this option sorts the list according to the date of the Messages. Dates are sorted in calendar order, from the most recent to earliest. Clicking on the Date button a second time reverses the sort order, listing Messages from the most recent to the earliest.
 - b. **#:** This column only appears when you select to view Messages for All Providers. Selecting this option will sort the list in order by Provider ID number. Selecting this button a second time will reverse the order.
 - c. **Provider Name:** This column only appears when you select to view Messages for All Providers. Selecting this option will sort the list in alphabetical order by Provider last name. Selecting the button a second time will reverse the order.
 6. **Message List Options.** Once you have Messages listed in the grid, you'll notice the following columns:
 - a. **Category.** This is the category assigned to the Message. If there is no category assigned to the Message, this will be blank.
 - b. **Outgoing.** This column indicates whether the message was Outgoing or not. If you record an outgoing message that you want Provider to see when they log into KIDS, then this will be "Y". Otherwise it will be "N".
 - c. **KIDS Visible.** This column indicates whether the Message is visible in KIDS. Outgoing messages are always visible. But even internal messages that you log for your purposes can be set as visible to providers in an Call Log area that they can review in KIDS.
 - d. **Subject.** This is the message subject.
 - e. **Recorded By.** This is the Login id of the user who recorded the message in the Sponsor software.
 - f. **View Button.** Selecting this button will open the Edit Message screen, where you can view the details of the listed Message and remove or add additional information about the Message you have selected. (See below.)
 - g. **Add Button.** This option only appears when you view Messages for All Providers. Selecting this button next to a Provider's information will allow you to enter an additional Message for that Provider. (See below.)
 7. **Add Message Button.** This button will be active only when you have chosen a Selected Provider. Click this button to open the Add New Message window. (See below.)
 8. **Print.** This button will call the Message List Export File. (See below.)

Adding Messages

Once you have chosen to Add or Edit an existing Message from the List Messages screen, you'll pull up the Add Message screen.

1. **Date/Time Sent.** This is the date & time of the message/call being recorded. The computer's current time is put in by default, but it can be changed if desired.
2. **Subject.** This is the subject of the message.
3. **Body.** This is the message body.
4. **Category.** You can choose a category if you like. The choices will include all Message Categories that you've already set up.
5. **This is an outgoing message: Send to Provider in KIDS.** Putting a check in this checkbox means that the message you are recording should be sent to Providers so that they read it when they login to KIDS.
6. **Allow Provider to read this message?** Outgoing messages will always have this checked. However, you can keep records of conversations you've had with providers, as a kind of call log, and check this box if you want providers to be able to read it. This is a great way to ensure you and the Provider understand the same things if you are discussing particularly complicated issues. Providers can see these message in the KIDS message center's Call Log area.



Click [Save] to save this message. If you want to add another message for this same Provider, you can do so immediately after the message is saved. If you want to switch to a different Provider to add a Message, you must first close, then switch on the List Messages screen.

Sending Broadcast Messages

All individual messages that you record in Minute Menu can be made outgoing messages, so that providers see those messages when they log into KIDS. However, in some cases you may want to send the same message so that it's visible to all your providers when they log into KIDS. To do that, go to **Tools >> Send Broadcast Message**.

Once in the function, type the **Subject** and **Body** of your message. If you should so desire, you may also change the **Date/Time** that you want the message noted as sent. If relevant, choose a **Category** for your message.

When ready, click [**Select Providers**] to choose which providers to send the message to. This will bring up the Provider filter. You will probably want to filter by Claim Source, choosing only KIDS (Internet) providers. You may also want to apply other filtering criteria. Once done, you'll see all providers listed that will receive the message in the box on this Send Broadcast Message page. Hit [**Send Now**], and the messages will be saved and ready to send.

Providers will see the messages when they next log into KIDS, but only after you next run Transfer Data.

Sending Messages with a Link

Many sponsors periodically send out a newsletter to their providers. While Minute Menu's messaging feature does not allow you to send attachments, you can still use it to send out a link to your newsletter assuming you post it on your own web site.

To do this, just embed a link in the body of the message. Here is an example of how to do this:

Dear Providers,

Our latest newsletter is available for your review. It has lots of information that will help your child care business. To see it, `click here`.

Thanks,
Your Sponsor

So, to embed a link to another web page you use this command format:

`linked text`

Experiment with this by sending a message to your test provider with a link, then log into WebKids to check it out and make sure it works properly. You can actually link to any web page on the Internet using this tool.

If you're familiar with other HTML formatting, you can embed any HTML tags you like in messages you sent to your providers to view in WebKids.

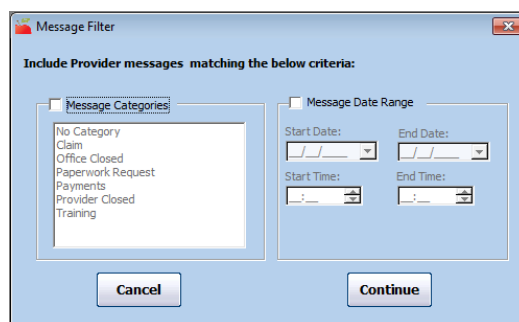
Reviewing Messages

You can use the **Reports >> Providers >> Message List Export File** to print messages that have been recorded.

When you call the Message List Export File, the Provider Filter will appear. For more information on the Provider Filter, see the chapter on *Reports* in this manual.

Once you [**Continue**] through the Provider Filter, you'll be presented with the Message Filter. You can filter by any, all, or none of the following:

- **Category.** Choose this to include only Messages that have a category equal to the category(ies)



selected here. For example, if one of your categories is “Paperwork Requests”, you can filter to include only Paperwork Requests received so that you know what to send out in the mail.

- **Message Date Range.** Choose this to include only Messages sent/logged within the date range selected.

Once you [**Continue**] past the Message Filter, you’ll be prompted to choose the Message List Export File’s output options. The fields chosen here will be put in the Excel file generated by this report.

Display Field Group	Field Description
<input type="checkbox"/> Date Deleted	
<input type="checkbox"/> Date Read	
<input type="checkbox"/> Message Body	
<input type="checkbox"/> Message Category	
<input type="checkbox"/> Message Date	
<input type="checkbox"/> Message Subject	
<input type="checkbox"/> Monitor	
<input type="checkbox"/> Outgoing	
<input type="checkbox"/> Provider Mailing Address	Mailing Address, Mailing City, Mailing State, Mailing Zipcode
<input type="checkbox"/> Provider Phone	
<input type="checkbox"/> Recorded By	
<input type="checkbox"/> Visible in KIDS	

VIII. Managing Training Information

Most Sponsoring agencies are required to keep track of a Provider's training history, and some agencies actually offer Providers much of that training. You can use Minute Menu to track this information.

Training Structure Overview

Minute Menu stores three different levels of training information:

- **Training Types:** These are broad categories into which all trainings fall. Examples could include:
 - Annual Training
 - Paperwork Training
 - Regulatory Training
 - Nutrition Education
 - Health & Safety

All trainings that are stored are assigned to a particular training type, and you can generate reports based around these training types.

- **Training Sessions:** Generally, there are two ways that training is offered:
 - Group trainings, offered as a training session to multiple providers
 - One on one trainings, usually offered during a home visit

If you are tracking group trainings, you can set up a single training session, and then note several providers as attending that session. If you are recording training at home visit, the training session will be the Review itself. Regardless, every training that is recorded will be associated with a training session.

- **Provider Trainings:** At the most basic level, you will note which Providers are given training with any given Review or training session. These constitute the individual Provider's Training history.

Setting Up Training Types

Before you record any training information in Minute Menu, you must set up your Training Types. Go to **Tools >> Manage Training Types**.

Click **[Add]** to add any generic training type.

Click **[Edit]** to edit the name of the training type

Click **[Delete]** next to a training type that has been added erroneously.

The "Annual Training" type is created by the system, and must remain in your list of Training Types at all times. However, you can designate other training types as Annual Training. Click the **[Edit]** button, check the "Annual Training Type" box and **[Save]**.

Recording Provider Training

When recording training that is not offered during a Review, you must typically first set up the training session. Training sessions can be created independently, or you can create a training session on-the-fly as you record an individual Provider's training.

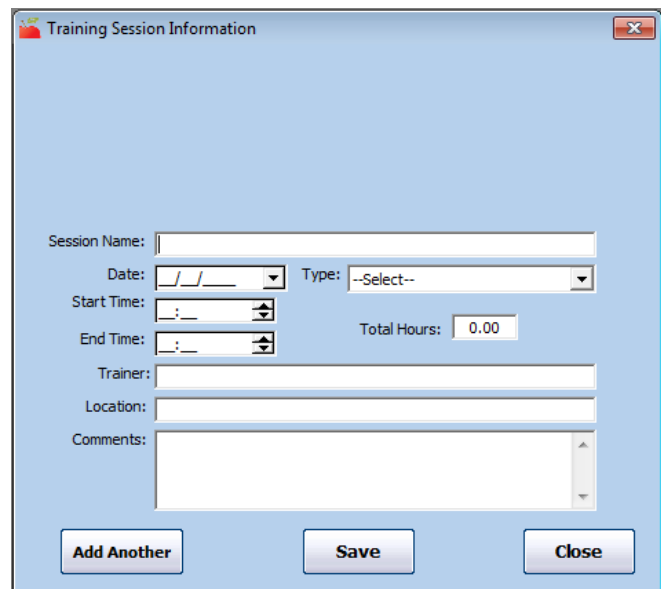
Adding a New Training Session

To create a training session independently, go to **Tools >> Manage Training Sessions**.

This will bring up a list of all existing Training Sessions, sorted by session date with the most recent on top.

Click [**Add New Session**] to create a new session. Or click [**View**] to examine or update a previously saved Training Session.

1. **Session Name.** Each training session should be given a name. This should be a way to identify the particular training, perhaps indicating a general topic and location.
2. **Date.** Note the date of the session.
3. **Type.** Record the Training Type
4. **Start Time / End Time / Total Hours.** Record the time of the training session. If the training session was held for several hours and Providers could come and go at different times, you will be able to change an individual Provider's training times if necessary.
5. **Location.** Note the location where the session was held.
6. **Comments.** Record any general comments.



When finished, hit [**Save**], and then [**Close**].

Feel free to hit [**Add Another**] if you're adding more than one session at a time.

Assigning Multiple Providers to a Training

Frequently, several providers will attend one training. When you collect the sign-in sheet from this training, you can easily assign multiple providers to a single training. First, set up the training session (see above).

Once this is done, go to **Tools >> Group Providers at Training**.

On this screen, select the training session you just created. The list of Providers will then appear, with all Active providers listed on the right. Select each provider that attended the training (either by clicking each provider one at a time, or by selecting each provider one at a time in the drop down box which automatically clicks that provider).

Once the providers have been selected, hit the [>>] button to associate these providers with this training. When done, hit **[Save]**.

If a provider is associated with this training erroneously, you can click on the **[delete]** button next to the providers name on the right to remove the provider from the training. You can also add more providers to this training any time, again by selecting them on the left and using [>>].

Always be sure to [Save] when done.

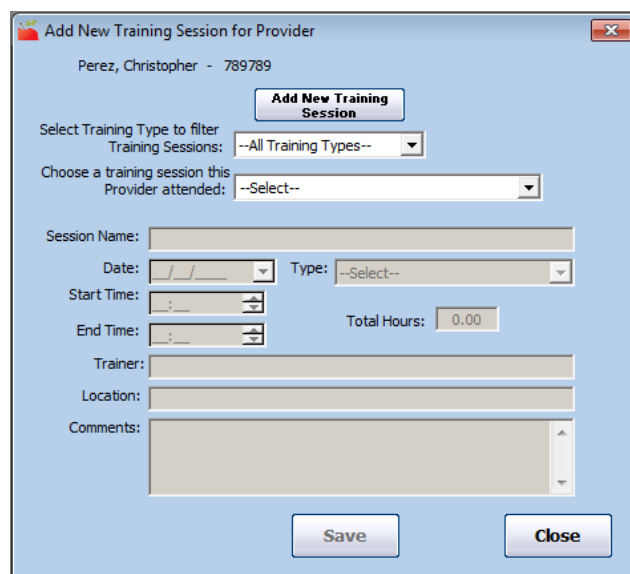
Adding an Individual Provider Training

If a training was given one-on-one, you can skip the step of creating a training session independently, and create the training session as you record the first Provider Training. Go to **Tools >> Manage Provider Training**.

You must then select the Provider who is being trained, using the Select Provider drop down mechanism at the top of this List Training screen. Once a provider is selected, you can hit **[Add Training]** to add the Provider's training.

If you have not already added the training session, click the **[Add New Training Session]** button. Then supply all the appropriate information for this training session. When you hit [Save], the training session will be created, and this Provider will be noted as in attendance at that training session.

If you have already set up the training session (either using the Manage Training Sessions function, or having added the training session when setting up a different Provider's training), then just select that training session from the "Choose a training session this Provider attended" drop down box.



Adding Training at a Review

If the Provider was given one-on-one training during a Review, you should record the training as part of the Review. For specific instructions on adding training information during a Review, see the chapter on *Managing Reviews*. Note: this training information can be added either from a scannable Review Form, or using the Manage Provider Reviews function.

Provider Training records that are added as part of a Review will also be shown when listing Provider Training. The training session will be assumed to be the Review.

Reviewing Provider Training

You can review all Provider training information from Tools >> Manage Provider Training.

On this interface, you can choose a variety of filtering options:

- Choose **Selected Provider**, and select a Provider to review Training information for just one Provider. Or choose **All Providers** to review Training information for all your Providers.
- Choose to look a Provider trainings for **All Years**, or choose to list the **Current Year Only** (which is the last 12 calendar months).
- If you like, filter by a specific **Training Type** to look at just one particular type of training that was offered to Providers. Or leave --All Training Types-- selected to review Provider trainings regardless of type.

You can also access this List Training screen from the Manage Provider Information interface. When doing so, that single Provider will be selected automatically when the screen is loaded.

Providers Not Trained

You may need to generate a list of all Providers who did not receive a particular type of training – or any training – in the last year (or during some other time period). If that’s the case, try the **Reports >> Training >> Providers Not Trained Report**.

When you generate this report, you’ll be presented with the standard Provider Filter (see the chapter on *Reports* for more information on this filter).

You’ll also be prompted to choose a particular Training Type. If you want to know Providers who did not get any training in the last few months, then choose “Any Training”. Or, if you want to focus on Providers who didn’t get a particular type of training (like Providers missing Regulatory Training), choose the particular Training Type you want to focus on. You can choose more than one Training Type if you like – but if you do choose something other than “Any Training”, be sure to de-select “Any Training”.

Then choose a starting & ending date to examine. Any Provider who wasn’t trained within that date range (or who didn’t get the particular type of training you specified in the previous filter) will be displayed on the report.

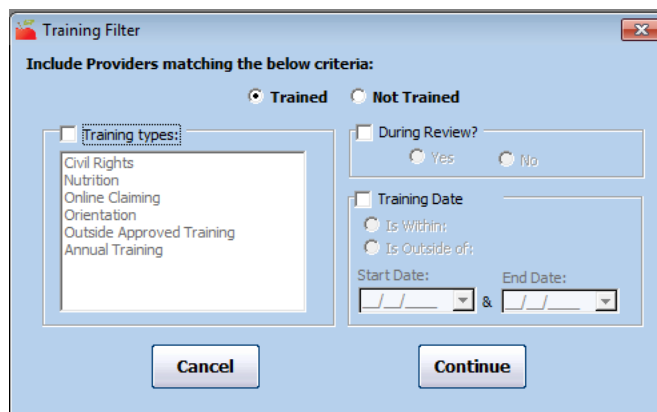
Training List Export File

The Training List Export File is useful to give you a list of all Provider Trainings, filtered any way you like.

Like all of the Export File reports, this report will generate to Excel. Likewise, it will start by displaying the Provider Filter. See the chapter on *Reports* in this manual for more information on Export File reports and the Provider Filter.

Once you [**Continue**] from the Provider Filter, the Training Filter will appear:

1. **Training Types.** Choose to include only Provider trainings of a Type that match the selected type(s). Use CTRL to select more than one. Leave unchecked to get all Provider Trainings, regardless of type.
2. **During Review.** If you want only Provider trainings that were offered during a Review (or that weren't), select one of these options.
3. **Training Date.** Choose this if you want only Provider trainings that were offered within/outside of the date range selected.



Once you [Continue], you will be presented with the output choices for this report.

One particular output field is worth noting: Training Session Total Duration. This output option will add up the total hours for all Provider trainings that were offered to each Provider as listed in the output of this Export File. Specifically, if you have 5 Providers listed in the output, and each has 3 different trainings listed in the report (based on all the other filtering options chosen), this output column will add the training type for each of the 3 trainings together, so you can get a picture of the total hours during the period for each Provider. That way, if you filter to include all Training Dates within the last 12 months, this Training Session Total Duration column will indicate the total hours of training that each Provider received in the last 12 months.

Training Information on Other Reports

Training information can be displayed on a few other reports:

- **Provider Training Hours Summary:** This report shows the total number of training hours received by provider.
- **Sponsor Review Worksheet:** This report will show the last 12 months worth of training offered to the given Provider.
- **CIF:** The CIF can be configured so that instead of displaying a Legend in the bottom right hand corner, it will display the Provider's standard meal times and the last year's worth of training.

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IX. Receiving Claim Paperwork

Each month, your Providers send you their claim information. For Providers using KIDS, this information will come in via the Internet when running Transfer Data. For Providers using scannable forms or those Providers using your pre-existing forms, this information will come in the mail and in some cases will be dropped off at your offices directly. This section of the manual is intended to explain an effective mechanism to manage your claim paperwork.

Claim Paperwork Packets

Minute Menu HX handles three different types of claim paperwork:

1. Providers using KIDS
2. Providers using Minute Menu's scannable forms
3. Providers using your traditional hand-written forms

These three *Claim Sources* mean that claim information may come to your offices each in month in three different formats.

KIDS Providers

For your Providers who use KIDS, very little paperwork is usually sent to you by the Providers. You will receive at least one printed form from the provider though, the signed Child Enrollment Reports. KIDS will generate the report with each new child enrollment.

Child Enrollment Reports

Providers can send these Child Enrollment Reports at any time during the month – they don't need to wait to the end of the month to send them. So you could receive these signed forms throughout the month. When you receive a signed Child Enrollment Report, that means the Provider has enrolled a new child in their software, which means you will need to Activate that Child before the Child will be creditable in Minute Menu. So you will need to use the Activate New Children function for each of these received Child Enrollment Reports.

However, to maximize your efficiency and to deal with the possibility that the Provider has not sent the Child's information electronically yet, we recommend that you stack all received Child Enrollment Reports in a single in-box in Provider order, and do not deal with these new enrollments till the 2nd or 3rd day of the month. At that time, you can run the **Providers >> Activate New Children** function to Activate these children. See the section in this manual on *Activating Children Enrolled via KIDS* for more information.

Tracking Received Claims

You will automatically receive these Providers' child and claim information when you execute the Transfer Data function. These claims will be noted as received automatically, and you can check the status of these claims in the Track Received Claims function (see below). Once you execute

the Transfer Data function, any Provider who has submitted a claim will automatically be ready for processing (see the section in this manual on Processing Claims).

Other Paperwork for KIDS Providers

Some States require that printed versions of the Provider's claimed meals and attendance be on file at a Sponsor's office. Sponsors in these States should require their Providers to print that Claimed Meals and Attendance Report when they submit their claims via KIDS. Sponsors in these States will need to file these Claimed Meal and Attendance Reports when received.

Scannable Form Providers

Your Providers who use scannable forms will submit all of their forms bundled together at the end of every month. These packets will be mailed in 9"x12" envelopes so that the forms are not folded. These packets will include:

- Signed Scannable Menu Forms (Regular Menus and possibly Infant Menus)
- A signed Claim Information Form (CIF)
- Signed Child Enrollment Forms (if any new children were enrolled)

Tracking Received Claims

When opening these packets, you may want to stamp the date received on the envelopes (if you keep them) or stamp the CIF and perhaps the top/back of any scannable Menu Forms. However, you can also use the software's Track Received Claims function to note the Provider's claim paperwork as received (see below).

When you open an envelope from a Provider, be careful not to bend, fold or tear any of the menus inside. Be quick, but be careful.

Scannable Form Spot Checks

You should do a quick spot check on each Provider's packet of forms. This spot check involves the following:

- **Menu Forms:**
 - **Provider ID.** Check each page to make sure the Provider has bubbled in all of the digits of her Provider ID in the bottom right hand corner
 - If more than one page is missing all or some of the Provider ID bubbles, mark them with a #2 pencil, and highlight over the marks you make so that during an audit those marks are understood to be changes made by you, not the Provider. Use correction tape (white out strips) to remove any marks that the Provider made in error. If this is not resolved here, it will be resolved when scanning.
 - You don't need to verify that every one of these pages is correctly bubbled. Make sure at least one of them has been correctly bubbled, with the right Provider ID. Consult the Provider's CIF to find out the Provider's ID. The reason you don't need to fix these consistently is that during the Validation process the system will note the previous and next page's provider # to help

you more easily identify how any Provider # that has a problem must be fixed.

- **Day Headers.** Check each page's three day column headers to make sure that both digits of the day was bubbled for each column
 - If any page is missing ALL these bubbles, it is probably good to take the time to fix them during the spot check. But you don't need to fix day columns that might be missing on just one column. The reason is that each missing column will be caught during the Validation process, and the system will tell you the previous page's 3 columns' dates, the current page's 3 columns' dates, and the next page's 3 columns' dates. With this information, you can fix most of these problems on screen while Validating.
 - If the Provider didn't indicate what the day was supposed to be, you must either call the Provider to correct the problem or throw out that column during the Validation process.
- **Claim Month.** Verify that the claim month marked is the month it should be (so that the Provider hasn't submitted a late claim). Although this is easy to fix during the scanning validation process, so correcting it while performing spot checks isn't critical.
- **Other Form Problems.** Check for any problems that would prevent a good scan. This includes:
 - Form tears or rips
 - Black marks along the form's Timing Marks
 - Food stains
 - Dirty eraser marks
 - If you find any problem that would prevent a good scan of the form, you should set that Provider's entire claim paperwork to the side so that it will get special attention when claims are scanned & processed.
- **Attendance Form Menu Checks.**
 - If you use Attendance Menus, you must verify that the food components have been supplied and are creditable. If any aren't creditable, you must mark the appropriate shaded column next to the invalid food. For snacks, you must mark both missing and invalid foods (to indicate 3 of the 4 foods are invalid so the system will disallow the snacks).
 - You may also want to verify that the Provider did in fact mark the meal bubble in the upper left hand corner for each meal served, although the system can be configured so that this isn't required.
- **Chk By.** You may want to have the person who spot checked the menu to initial in the Chk By section on the bottom of these forms.
- **Enrollment Forms:**
 - **Provider ID.** Verify all digits of the Provider's ID are marked.
 - If not marked properly, correct the marks and highlight as appropriate.
 - **Child Number.** Verify the Child's Name and Number are both bubbled, and match what was supplied on the Enrollment Form with what was written by hand on the CIF
 - If the numbers don't match between the Enrollment Form & the CIF, you may be able to determine the right number by looking at the Provider's Menu Forms; you may also need to call the Provider. This should be

- resolved before scanning and forms for this Provider this month.
- If the Child Number is missing, mark it based on what was noted on the CIF, and highlight the marks you make for auditing purposes.
- If the CIF is missing, the Provider should be contacted to ensure the CIF is included with all future claim paperwork.
- **Signed.** Verify the Form is signed by the Parent
 - If not, set aside as you will need to receive a signed Child Enrollment Form before the child can be paid.
- **Other Form Problems.** Check for any problems that would prevent a good scan. This includes:
 - Form tears or rips
 - Black marks along the form's Timing Marks
 - Food stains
 - Dirty eraser marks
- If you find any problem that would prevent a good scan of the form, you may need to enroll that particular child manually.

If you do this quick spot check on every form you receive before you scan, it will minimize the amount of scanning problems you have, and maximize the speed at which you can finish your claim. If Providers filled out their forms properly, this will only take about 30 seconds per packet. If not, then the extra time you take when opening the mail will save a great deal of time later.

Sorting Scannable Forms

As you perform spot checks of each Provider's claim, you will determine whether a Provider is ready to be scanned, or whether the Provider's claim requires special attention. All Provider packets that require special attention should be set aside in their entirety, and dealt with on a case by case basis (sometimes requiring a phone call to the Provider); and once the issue(s) are corrected, those Provider packets should be inserted back in the batches for scanning & validating as described below. However, the majority of your Provider claim paperwork will be ready to scan immediately.

After you spot check a Provider's packet of forms, you should put that Provider's forms into stacks consistent with the form type:

1. Full Bubble Menu Forms
2. Attendance Menu forms
3. Enrollment Forms (which may need to be separated if you have any very old version still in use)
4. CIF's

As you spot check more and more Provider packets, these stacks will get bigger. But as you are adding to these stacks, bear in mind that a Provider's claim paperwork should be kept together, and the paperwork should be in roughly the same order in each of the three piles so that it will be easier for you to find paperwork if the need arises while scanning. You may find it appropriate to insert incoming claim paperwork into these stacks in alphabetical order by Provider Name.

For Menu Forms, an individual Provider's forms do not need to be in any particular order, but it is sometimes advantageous during the validation process that they be in chronological order, with Infant Menus on top (or ahead of) Regular Menus. For example: if there are any missing days in the column headers, the Validation process will note the previous and next pages' 3 days on screen, so if these were in date order, you would easily be able to supply the missing day value for the missing column header.

You may want to further separate these three stacks into multiple batches to make it easier to handle the large amount of paperwork involved. A good rule of thumb is to limit your batch size to roughly 20 Provider claim packets, or about 200 scannable menu forms in total. There is a trade off: the smaller these batches, the easier each batch is to deal with; the larger the batches, the more efficient Minute Menu HX will operate.

Please note: If you use both Attendance Menus and Bubble Menus, these two different types of Menu Forms should be kept in separate batches as they cannot be scanned together. In addition, if you receive different version of the Child Enrollment Form (for example: some Providers have sent in 3006E and some have sent in 3007 forms), these different Enrollment Forms should be kept in different batches as they cannot be scanned together.

When stacking the forms in these piles, make sure they all face the same direction so they can be easily scanned.

Manual Forms

You undoubtedly already have a good method of dealing with the hand-written forms you receive from your Providers. Once you begin using Minute Menu, your hand-written forms may continue to be dealt with in much the same way they are now even as they are being phased out. If you don't scan, or if you continue to have a small number of hand-written forms on an ongoing basis, you may choose to process these claims as Direct Entry claims, so that you can perform all of Minute Menu's detailed analysis on these claims.

When manual forms are received, you can use the Track Received Claims function to note this paperwork is received (see below).

New child enrollments will need to be manually added to the Minute Menu database (see the section on Enrolling New Children in this manual).

If you want to process this claim as a Direct Entry claim, then you must:

1. Review the submitted menus, and note any meals that must be disallowed
2. Use the Record Full Month Attendance function to enter the attendance information (see the section in this manual on *Direct Entry Claims*).

If you are handling this claim completely manually, then after the meals & attendance are manually counted, the claim totals will be added to Minute Menu (see the section in this manual on *Entering Manual Claims* for more information).

Track Received Claims

The Track Received Claims function has been designed to help you keep better track of your incoming paperwork. To use it:

1. Access the menu **Claims >> Track Received Claims**
2. **Claim Month.** Select the Claim Month of the paperwork you wish to track.
3. **Refresh List.** Click to populate the list of Providers.

#	Name	Status	Received	Date	Received Via	Received By	Time Recvd	Processed	Date	Monitor	Paid	Note
875971	Anderson, Ariel	Active	<input checked="" type="checkbox"/>	2/28/2014	KIDS (Internet)	996		<input type="checkbox"/>		HC	--	
000567	Avlos, Sky J	Active	<input checked="" type="checkbox"/>	2/28/2014	KIDS (Internet)	996		<input type="checkbox"/>		RC	--	
887788	Barnes, Allison	Active	<input checked="" type="checkbox"/>	2/28/2014	KIDS (Internet)	996		<input type="checkbox"/>		DE	--	
996007	Black, Joe	Active	<input checked="" type="checkbox"/>	2/28/2014	KIDS (Internet)	996		<input type="checkbox"/>		RC	--	
996126	Bond, Jessie	Active	<input checked="" type="checkbox"/>	2/28/2014	KIDS (Internet)	996		<input type="checkbox"/>		RC	--	
000333	Bowers, Michelle	Active	<input checked="" type="checkbox"/>	2/28/2014	KIDS (Internet)	996		<input type="checkbox"/>		DE	--	
009988	Brown, Tara	Active	<input checked="" type="checkbox"/>	2/28/2014	KIDS (Internet)	996		<input type="checkbox"/>		JB	--	
009876	Caster, Julie	Active	<input checked="" type="checkbox"/>	2/28/2014	Scannable Forms -	996		<input type="checkbox"/>		BM	--	
123456	Christopherson, Denver	Active	<input checked="" type="checkbox"/>	2/28/2014	Scannable Forms -	996		<input type="checkbox"/>		HC	--	
996124	Clarkson, Natalia	Active	<input type="checkbox"/>					<input type="checkbox"/>		BM	--	
952371	Davis, Diane	Active	<input type="checkbox"/>					<input type="checkbox"/>		BM	--	
012345	Doe, Jane Q	Active	<input type="checkbox"/>					<input type="checkbox"/>		HC	--	
952370	Franklin, John F	Active	<input type="checkbox"/>					<input type="checkbox"/>		IW	--	

This list will show every Provider who is Active or Hold or Pending in your database. This will include some Providers who will not send in a claim in the given month.

Receiving Paperwork

When a Provider’s claim paperwork is received, you will usually know either the Provider’s ID or the Provider’s Name by looking at that paperwork.

1. By default, all Providers are listed. If you want to focus on just one Provider, choose that Provider with the Select Provider drop down at the top of this screen.
2. You can click on either the “#” or the “Name” column headers to sort by Provider Number or Provider Name.
3. Using the scroll bar on the right hand side, you can scroll within the list to that Provider’s row. Try holding down the <SHIFT> key while you click within the scroll bar to jump down in the list.
4. Click the “Received” checkbox to indicate that paperwork is received. When you click this checkbox, two fields will automatically populate:
 - a. **Date Received.** This will automatically populate with the system’s current date. If you wish to note a different date received, you can click on this field to change the date received.
 - b. **Received Via.** This indicates the Provider’s Claim Source. The choices include:
 1. KIDS
 2. Scannable Forms

3. Manual Forms

This will be populated by default with the Claim Source specified in the Provider's file (see Setting a Provider's Claim Source below). If this isn't correct, you can change it here, and if you do so, you will be prompted if you wish to change the Claim Source specified in the Provider's file as well.

- c. **Received By.** This indicates the login id of the Sponsor User who noted the claim paperwork as received. If the claim was submitted via KIDS, this will be the Provider's login (since it's received automatically).

In some cases, claim paperwork will be noted as received automatically:

- For claims coming from KIDS Providers, the claim will be noted as received as soon as you receive it via the Internet with the Transfer Data function. As a result, you should not need to note these claims as received. The "Received By" field will have the Provider's Login ID for these claims.
- For claims in the format of scannable forms, if you have not noted the claim as having been received by the time you scan forms, the claim paperwork will be automatically noted as received when you scan forms. If this happens, the "Received By" field will have the Login ID of the Sponsor User who scanned the forms.
- For claims from Providers using your older hand-written forms that are being handled as Direct Entry claims, if you have not noted the claim as having been received by the time you use the Record Full Month Attendance function, the claim paperwork will be automatically noted as received when you record the attendance. If this happens, the "Received By" field will have the Login ID of the Sponsor User who Recorded the Full Month Attendance.
- For claims from Providers using your older hand-written forms that are being handled manually, if you have not noted the claim as having been received by the time you Enter the New Claim Manually, the claim paperwork will be automatically noted as received when you create the manual claim. If this happens, the "Received By" field will have the Login ID of the Sponsor User who Entered the New Claim Manually.

Tracking Claims Reports

On the Track Received Claims function, you can print two reports:

- **[Providers Not Claiming]** – This will list those providers who do not have a claim in the system yet. Note: a provider could be documented as having her paperwork received, but you have not yet processed the claim. So this report is best to run after you've processed (or manually entered) claims.
- **[Claims Not Received]** – This will list all providers who have not yet been checked as "Received" in this Track Received Claims function.

In addition, you can print the entire Track Received Claims screen list by going to **Reports >> Claim Management >> Track Received Claims Info.**

Checking a Claim's Status

The Track Received Claims function can be used to determine whether a particular Provider's paperwork has been received. But it can also be used to make sure you haven't let any paperwork slip through without being processed.

Within the list, the “Processed” checkbox is marked automatically once a claim has been created either manually or by Minute Menu when processed. The date the claim is processed / created manually will be noted in the “Date Processed” column.

You can sort the list by the date a claim was received or the date a claim was processed, or by any of the column headers (including Monitor).

You can also filter the list so that it includes only those claims that were Received but not yet Processed. Click the checkbox labeled “Show only Received but not Processed” and hit the [**Refresh List**] button.

You can get a printed list of all Providers who have not claimed by clicking the [Providers Not Claiming] button.

You can also get a printed worksheet of this Track Received Claims function by clicking the [**Print**] button.

Setting a Provider’s Claim Source

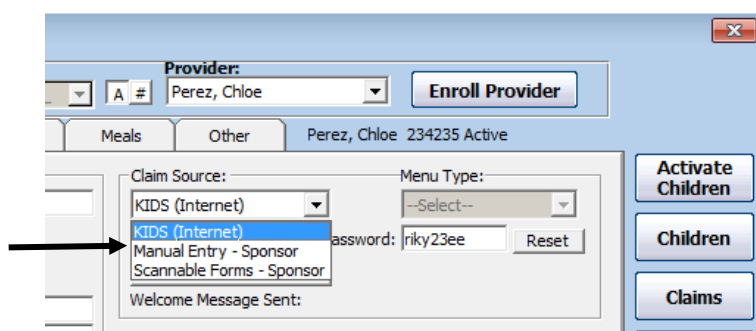
A Provider’s Claim Source is the method a Provider uses to record claim information. The choices include:

1. KIDS
2. Manual Claim
3. Scannable Forms

You can specify the Claim Source for each Provider in Minute Menu. This information is only used to help you track incoming claim paperwork. However, it will also impact your ability to edit a Provider’s password (for Providers using KIDS).

To specify a Provider’s Claim Source:

1. Access the menu **Providers >> Manage Provider Information**
2. Choose the correct Provider in the Select Provider drop-down list
3. On the “General” tab, you’ll see the Claim Source drop-down list box, with the Provider’s current Claim Source chosen. Choose the appropriate Claim Source.
4. If you choose KIDS, you’ll also be able to change the Provider’s password.
5. Click [**Save**] when you are done, and [**Close**] to exit.



If the provider’s Claim Source is Scannable Forms, you can also select the Menu Type: Attendance Menus, Bubble Menus or Full Month Attendance (Direct Entry).

The Claim Source set here will appear by default in the Track Received Claims interface. If you change a Provider's Claim Source in the Track Received Claims interface, you will be asked whether you want to change the Claim Source that is stored here in the Provider's file.

X. Scanning Forms

Scanning forms in Minute Menu HX involves two major steps:

1. Scanning the form batch

This gets the raw scanned data into the computer from the scannable forms.

2. Validating the form batch

This translates the raw data into valid database values – children, foods, meals, reviews, etc. This information may need to be manipulated after it is validated.

For example, you may need to supply Child Tier information. And after validating Menu Forms, you will need to Process Claims.

This section of the manual will describe how you can successfully and quickly scan and validate any batch of forms.

Before You Begin

Form Stacks

If you are about to scan Enrollment Forms or Menu Forms, you should have neat stacks of forms accumulated during the first several days of the month while the claim paperwork has come in from Providers (see the section in the manual on Receiving Claim Paperwork). Any Review Forms you are going to scan should be stacked neatly.

Forms should be stacked so that like forms are together. Infant & Regular Menu forms of the same type can be scanned together. But Full Bubble Menus and Attendance Menus cannot. Likewise, different versions of Enrollment Forms should be separated.

Once you have sorted and stacked the forms, you will need to scan and validate them. Keep in mind that, in order to process a claim accurately, all of a Provider's information must be up to date prior to scanning and processing the menu forms. Consequently, the supplemental forms — Enrollment Forms and Review Forms — must be scanned and validated before the Menus are scanned and validated processed.

Loading the Scanner

When you are ready to scan, first make sure you are scanning the same type of form (Bubble Menus vs. Attendance Menus vs. Enrollment Forms vs. Review Forms).

Load the scanner hopper with the forms to be scanned. Forms should be loaded **face up** with the **bottom in** toward the scanner, ready to be the first part of the form scanned.

If scanning a large batch of Menu Forms, be sure not to split up a Provider's menus – all of a Provider's Menu Forms (Infant & Regular) should be scanned together.

Forms should be stacked neatly in the hopper with the edges together, all facing the same direction. The loose paper guide should be placed so as to help the form pages fit tightly together, but not so tight they are bent or cramped.

Make sure not to put more forms in the hopper than the hopper will hold – you can split any stack of forms into several different stacks to be placed in the hopper separately.

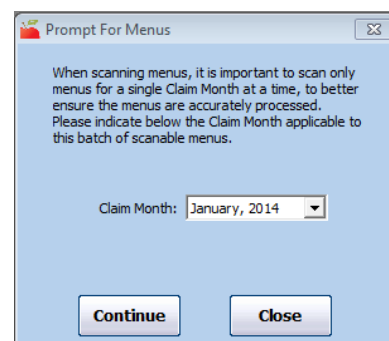
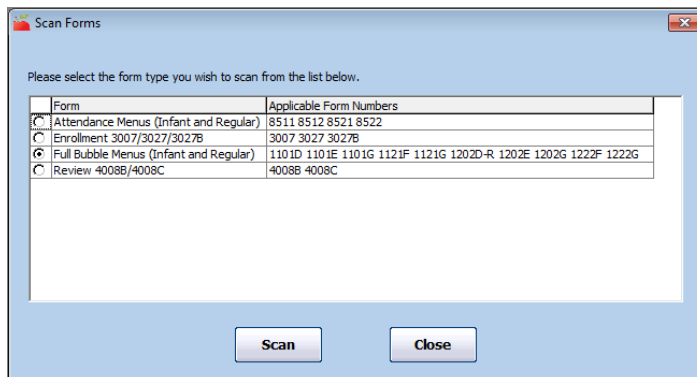
Finally, make sure your scanner is turned on!

Scanning Forms

To Scan Forms:

1. Open the Scan Forms window from the menu **Scanning >> Scan Forms**.
2. **Choose Form Type.** Select the type of form that you will be scanning from the list that appears. It is important that you select the correct form category, as this will affect how the information is read and compiled. For example, when scanning Menus, be sure to make the correct choice of “Full Bubble Menus” or “Attendance Menus”, depending upon the type of Menu you are scanning. If you’re unclear, you can look at the Form Number on the bottom right hand corner of the scannable form and match it with the Applicable Form Number in the list on this screen.
3. **Prompt for Menus.** Confirm the claim month that you are scanning.
4. **Click Scan.** Select the [Scan] button to start the scanning process. Depending upon the type of scanner you have and the type of form you are scanning, you may be asked some other questions before scanning begins.

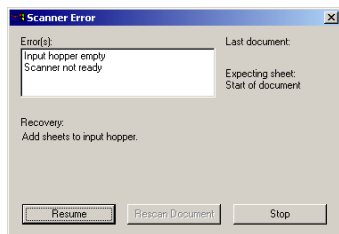
Scanning with Scantron Scanners. If you are scanning with a Scantron Scanner, you will be prompted for the Threshold & Discrimination that you wish to apply to the batch being scanned. See that section below for more information.
5. **Scanning.** Immediately before scanning, Minute Menu HX will attempt to connect to your scanner. You’ll see a screen like the one to the right. If you have scanned before, then this should proceed very quickly.



If this is your first time scanning, or your first time scanning a particular form, you may get an error here if your system hasn’t been properly configured. If you do, please note any and all of the error’s details and contact customer support. However, if all goes well, you should see a scanning status message that looks something like the image to the right.

Batch Numbers: The system automatically assigns batch numbers to each batch of scannable forms you’re scanning. The batch numbers are incremented automatically,

based on the highest batch number already in the system for unvalidated forms, or the highest batch number for processed claims, for the selected month. These batch numbers are useful when scanning & validating large numbers of forms in a quick & organized fashion. (You can also change the starting batch number manually by going to Administration >> Manage Sponsor Information >> Batch Number. The number assigned to the next batch to be scanned will always be 1 number greater than the number you see here. See *Validation Time Required* below.)



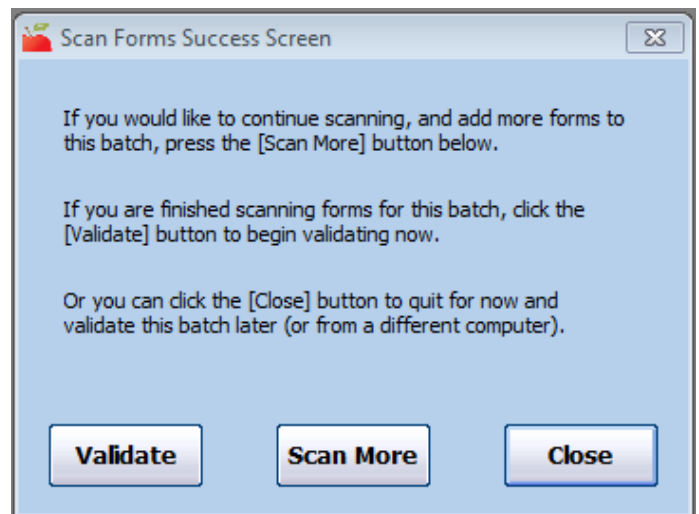
Status Messages: If you use a Scanning Systems scanner, the above lavender window will provide some indication of scanning status – for example, if there is a paper jam in the scanner. If you use an Scantron Scanner, an additional gray status window will appear providing status messages. If you encounter any errors, simply deal with the error appropriately and click [Resume] to continue scanning. Note: This gray status window will always appear when there are no forms in the hopper; so when you are finished scanning, just hit the [Stop] button.

When you are done scanning, hit Cancel and/or Close to close the lavender status window.

As you scan, you will want to maintain the order of your form stacks until validation (and processing for menus) is complete. When problems are found during validation, they are referenced by the particular form’s position in the stack of forms scanned, so keeping them in order even after they come out of the scanner will be very helpful.

Each group of forms you scan you scan will be assigned a batch number for validation. Batch numbers are incremented automatically. You can scan as many batches as you like, but you should never split a particular Provider’s claim over multiple batches (because one of the checks run during validation is to see if any forms have been scanned before for each Provider in that batch). Each batch is validated independently (see below), so you can scan from one computer and validate from another. If you scan a large number of batches, keep track of these batch numbers as you will need to be sure you validate the correct batch of forms.

- Validate.** When you are finished scanning, you will be asked whether you want to validate the forms or not. You should always Validate the forms immediately after scanning in order for your scanned information to go into the database. If you have more of the same type of forms to scan, you can choose Scan More Forms before you Validate if you like (this will put the subsequent forms in the same scanning batch; once you stop scanning this batch, though, if you scan more forms of the same type, those forms will become part of a new



batch). See *Validating Forms* below for more information on what to do after you click **[Validate]**.

Scanning Time Required

It's important to remember that the scanning process involves both Scanning & Validating. The length of time you will spend scanning, by itself, depends almost entirely on your scanner. The Scantron OpScan iNSIGHT 4 scanner has a maximum speed of 36 pages per minute, but you'll typically get performance in the neighborhood of 30 pages per minute (or about 3 claims per minute). The OpScan 6 scanner has a maximum speed of 83 pages per minute, but you'll typically get performance in the neighborhood of 75 pages per minute (or about 7½ claims per minute).

Minute Menu also supports the use of the Scanning Systems Sekonic models SR-360 and SR-601. These scanners tend to scan slower than the two Scantron models. The SR-601 has a maximum speed of 36 pages per minute, but you'll typically get performance in the neighborhood of 15 pages per minute (or about 1½ claims per minute) plus the 30 second scanner initialization time. The SR-360 has a maximum speed of 83 pages per minute, but you'll typically get performance in the neighborhood of 35 pages per minute (or about 3½ claims per minute) plus the 30 second scanner initialization time.

When evaluating the time you must devote to scanning, be sure to add scanning time required to validating time required.

Scanning with Scantron Scanners

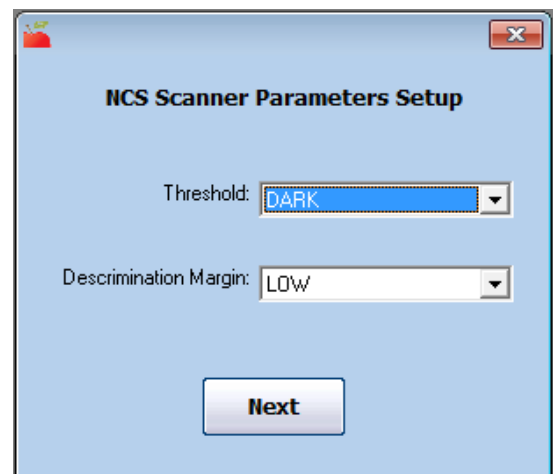
When you scan with Scantron scanners, you will be prompted each time you scan for a Threshold and Discrimination Margin to apply to batch of forms you are scanning.

The **Discrimination Margin** should always be set to "Low".

The **Threshold**, however, can be varied based upon the batch of forms you are scanning. As your forms are read by the scanner, each bubble's mark density is evaluated. The darker a bubble, the denser it is. The lighter the bubble, the less dense it is. The Threshold setting controls the minimum density that will be read by the scanner. So, setting it to Dark means that relatively light bubbles will be ignored.

The Threshold can be changed at any time, and you may want to set it lighter or darker as you scan a few batches of forms if you notice valid marks being missed or erased marks being picked up.

We recommend that you start scanning by using "Dark" with all forms except Review Forms. On Review Forms, use "Normal".



You can set the Threshold to Dark, Normal, or Light, or numeric values. As a frame of reference, Dark, Normal, and Light correspond to specific numeric values:

Light	-	3
Normal	-	5
Dark	-	7

So, if you notice at the “Dark” setting that erased marks are still being picked up, you may want to change the setting to “8”.

See the section below on *Maintaining the Scanner* for more information.

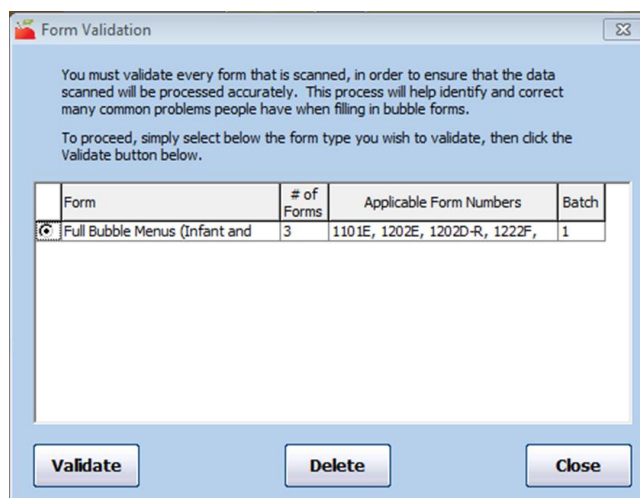
Validating Forms

Validation is the process that converts raw scannable form data into legitimate database values – children, foods, meals, reviews, etc. When forms are validated, everything on the form is examined to ensure that it was marked and read by the scanner properly. If the system finds any problems in the way a form was filled out, the problems will be presented on screen for you to correct.

The checks that are performed during validation are extensive, and so there are a large number of different validation messages that you may get. Some are related to bad data (like a Provider marking two child numbers on an Enrollment Form). Some appear when required information is missing, or doesn't correspond to a legitimate value (like a Provider filling out the wrong ID number). One check is also done to determine if pre-existing claim information is in the system when scanning menus, and if so, you are prompted to choose between what you are scanning and what is already in the system. In all cases, a great deal of information is presented on screen with these validation messages to help you solve the problem.

Begin Validation. Validation can be called manually from the menu **Scanning >> Validate Forms**. Or it can be called automatically immediately after you've finished scanning. In both cases, validation begins with a screen prompting you which batch of forms you wish to validate, and there is usually only one type of form listed.

If you scan from one computer and validate from another computer (which will be the case for larger agencies), you'll want to pay attention to the last column in this chart, labeled “Batch”. The Batch number is automatically assigned by the system when scanning occurs, and each new batch of forms scanned will be assigned the next number available. Be careful that you choose to Validate a batch of forms that has been completely scanned, not a batch that you're currently scanning on another computer. The Number of Forms column should be useful to help you identify which batch is appropriate.



Choose the appropriate batch of forms to validate, and click the [Validate] button to begin validation.

Progress Meter. The progress meter will keep you updated on the progress of the validation process. Depending upon the type of form you are scanning, several different validation passes may be made. The last validation pass is always labeled something similar to “Saving Records”.

Error Messages. The Scan Validation Error screen will pop up when an error is found. The error will be described in detail and you will be prompted to correct the information or throw out the form in question. (When you see these messages, don’t forget to scroll if a scroll bar is visible). You will not be able to continue until you correct the problem or throw out the form. As much detail as possible is presented with the error, so in many cases you won’t need to reference the original form itself. For your reference, the page number within the batch where the error occurred is listed on screen with the error. Note: Page numbers are in scanned order, and the scanner scans from the bottom of the stack.

Typically, you will be given instructions indicating what you can do to correct the problem. Along with these instructions, you’ll see a white box in which you can type the corrected information, and then hit the [OK] button. This will allow you to correct scanning mistakes on-screen, rather than fixing the bubbles on the form and re-scanning the form.

Complete. You will receive a message when the validation process is complete. Select the OK button to close the window.

Please note: If you scan your Menu forms, completing the validation process ONLY puts the menu information into Minute Menu HX. You will still need to Process Claims in order to get your claim counts. See *Processing Claims* in the *Managing Claim Information* section of this manual for more information.

Validation Time Required

The validation function is a processor-intensive function, so you will want to be sure to do it on a computer with ample RAM and a fast processor. It is preferable to validate directly on the computer with the Minute Menu HX database, as you will tend to get faster performance out of the validation function on that machine than any other.

Depending upon the number of errors encountered during the validation process – which will interrupt the validation process and throw-up on-screen errors – the speed of your hardware, and the number of forms involved in the particular claim, the validation process can take anywhere from 30 seconds to 2 minutes per claim being validated, or about 10-30 forms per minute.

Validation must be performed on each batch scanned, so this time will also be performed in addition to scanning. But, you can scan and validate on different computers simultaneously. As a result, you can modify your operating procedures so that you spend far less time on the scanning and validating processes as a whole. Consider the following scenario, which uses the example described in Section I *Monthly Operating Procedures* of this manual:

Assumptions:

- Scantron OpScan 6 scanner
- Using one machine to scan (the “Scanning” computer), and also using the machine with the Minute Menu HX database to validate (the “DB” computer).
- Scanning about 500 claims (or about 5000 menu forms – enrollment forms are ignored here)
- Scan in batches of 500 forms at a time (so 10 total batches)
- The Scanning & DB computers are located close to each other in your office

With the OpScan 6, each batch will take 6-7 minutes to scan. So you’d begin the scanning & validation process by scanning the first batch of 500 forms on the Scanning computer. After that batch was scanned, you’d start a 2nd batch. While the scanner was scanning, you’d move to the DB computer to start the validation process on the first batch of forms. Then you’d address the errors on the screen of the DB computer generated during the validation process while the Scanning computer continued to scan. When the Scanning computer finishes the 2nd batch, you set that batch aside, and begin scanning a 3rd batch. You’ll return to the DB computer and continue to address any on-screen errors. When the DB computer finishes validating the first batch, you start validating the 2nd batch. This process continues until you’re done scanning on the Scanning computer, and then you begin to validate batches on the Scanning computer and on the DB computer simultaneously, until you finish the validation process in its entirety. This chart describes the time involved and the process.

Scanning computer task	DB computer task	Time per task
Scan Batch 1	nothing	7 minutes
Scan Batch 2	Start Validating Batch 1	7 minutes
Scan Batch 3	Continue to Validate Batch 1	7 minutes
Scan Batch 4	Continue to Validate Batch 1	7 minutes
Scan Batch 5	Continue to Validate Batch 1	7 minutes
Scan Batch 6	Finish Validating Batch 1	7 minutes
Scan Batch 7	Start Validating Batch 2	7 minutes
Scan Batch 8	Continue to Validate Batch 2	7 minutes
Scan Batch 9	Continue to Validate Batch 2	7 minutes
Scan Batch 10	Finish Validating Batch 2	7-10 minutes
Validate Batch 4	Validate Batch 3	35 minutes
Validate Batch 6	Validate Batch 5	35 minutes
Validate Batch 8	Validate Batch 7	35 minutes
Validate Batch 10	Validate Batch 9	35 minutes
Total Time Required:	3½ - 4 hours	~ 210 minutes

Your time may vary substantially – decreasing if Providers commit few errors on their scannable forms, increasing if Providers commit large numbers of errors on their scannable forms, likewise varying depending upon specific hardware conditions. But if you utilize this kind of parallel validating/scanning process in your office, you will be able to maximize the efficiency of the scanning & validation processes, and minimize the amount of time you spend on this task. In this example, one person scanned & validated 500 claims in about half a workday.

Once you finish validating Regular & Infant Menu forms, you will have meal & attendance information in your Minute Menu database. At this point, you would be ready to Process this

information, to create the actual claims and the provider error letters. See *Creating Processed Claims* for more information.

Specific Form Instructions

Child Enrollment Forms

For details on how to fill out the child enrollment form as a Provider, see the ***Provider Training Workbook***. For details on the Office Use Only section of the Child Enrollment Forms, see **Managing Child Information: *Child Enrollment Forms***.

When scanning Child Enrollment Forms, be sure that you have separated out different versions of the enrollment forms into separate stacks for scanning. If you scan a 3002E enrollment form when the scanner is expecting a 3002G, most of the information will come in properly, but school information and other special information will be corrupted, so be careful.

There are a multitude of validation checks performed when an Enrollment Form is scanned. These include (but are not limited to):

- Valid DOB and Enrollment Date
- The Enrollment Date cannot be a date in the future, and if it's before the current claim month, you'll be prompted to confirm that it's the correct date.
- If the Enrollment Date is before the current claim month, you'll be prompted to confirm that it's accurate. An enrollment date way in the past may cause the system to detect that the child number has been duplicated (see the section on *Managing Child Numbers* in the chapter on *Managing Child Information* in this manual).
- If the Child is under 1 year of age, the Infant bubble will have to be marked. If not, you will be prompted to confirm the child is actually an infant. (Many providers mistakenly use the current year instead of the child's actual date of birth, causing a child to be erroneously entered as an infant. This check helps prevent that from happening.)
- If the child's number (and group) is not unique, you will be prompted to choose from one of the following options:
 - Change the number (or group) of the child being enrolled.
 - Withdraw the previously enrolled child who uses that same number. The withdrawal date will automatically be set to the last day of the month prior to the new child's date of enrollment (so no child numbers are duplicated during a given month).
 - Update the existing child. This should be done if you are scanning an enrollment renewal, or re-scanning an enrollment form for some reason. All of the child's existing, non-scannable information will remain as it was.
 - Throw out the form being scanned.
- If the child matches the same name and DOB of another child, you will be asked to confirm that you're not enrolling a duplicate.

When the validation process is finished, the enrollments will be in the Minute Menu database. Feel free to use List Children to examine the details of any newly-scanned child on screen.

Menu Forms

For details on how to fill out Full Bubble Menus, see the *Provider Training Workbook (Full Bubble Menus)*. For details on how to fill out Attendance Menus, see the *Provider Training Workbook (Attendance Menus)*. For Attendance Menus, remember that you will need to manually review the foods on these menus, and if any foods are invalid or missing, you will need to bubble in the appropriate shaded column next to the food that is invalid or missing.

When scanning menus, be sure to separate Bubble Menus from Attendance Menus. It is good practice to sort a Provider's menus in chronological order, Infant Menus then Regular Menus, but this is not required. If done prior to scanning, however, it will make it much easier to resolve any validation errors on screen, without scouring through a batch of scanned forms.

There are a multitude of validation checks performed when menus are scanned. These include (but are not limited to):

- Valid Provider ID #
- If a menu is scanned for a provider and you already have a claim or already have menu data in the computer for that provider for that claim month, you will be prompted to determine whether you wish to overwrite the information in the computer (replacing it with what you are now scanning), or whether you want to throw out what you are scanning. This is important, as this validation message will help you identify cases when a Provider fills out the wrong Provider ID number on one or more of her forms, and as a result would be overwriting a previously scanned Provider's claim. So if you get this error, and aren't deliberately re-scanning a Provider's claim, you should do some research to find out what is going on.
- Likewise, if there are two or less of a particular Provider ID in a given batch of forms, you'll be prompted to confirm that those Provider IDs are actually correct. Most of the time, this error indicates that a Provider has filled out the wrong ID on one or two of her forms.
- If any form is missing a month or has an invalid month, you'll be prompted to confirm that the form being scanned is for the right month (so a late claim isn't slipped in by mistake).
- If any form column is missing a day number or has an invalid day, and at least one meal in the column has had something marked, then you'll be prompted to supply a valid date. When this happens, you are given the previous page, current page, and following page's day column info – so if the forms are in chronological order, you can easily determine what piece of information is missing. Feel free to supply the full date, or supply only the day value itself. If there is no meal claimed in that column, then you can choose [Throw Out Column] to ignore the entire column.
- Sometimes, Providers fill out menu forms improperly by recording two different day columns with the same date accidentally. Minute Menu can handle this in one of two ways:
 - During this validation process you will be forced to correct the problem on screen
 - The system will automatically throw out any column that has a duplicate day marked, and an error will be generated on the Provider Error Letter informing them of the problem.

If you don't get this duplicate day error on screen during the validation process but would like to, please contact Minute Menu support.

When validation is complete, the meal & attendance information will be in the computer. To get claim totals, this meal & attendance information still must be processed – see section IX.

Managing Claims: Creating Processed Claims. You can use Examine Meal History, however, both prior to and after processing claims to examine this newly-scanned meal & attendance information on screen.

Review Forms

For specific instructions on filling out Review forms, see the **Managing Reviews** chapter in this manual.

When scanning Reviews, make sure you have the right review form type selected. When the validation process is complete, the Reviews will be in the system. Feel free to use Manage Reviews to examine any of the newly-scanned Reviews on screen.

If you have marked a child number on the scannable Review form that is not in the database, that child number is effectively ignored. If you scan a Review form that has a new child number on it, and after you scan the Review form you scan an enrollment form for that child number, you will need to manually edit that Review using the Manage Provider Reviews function and add that child to the attendance for that meal.

Maintaining the Scanner

Cleaning

The scanner should be cleaned regularly to ensure its proper operation. The following cleaning schedule is recommended:

Prior to and immediately following each claim:

- Clean the pick roller
- Clean the inside track rollers
- Clean the optical mark read head

At the start of each scanning day, or each major scanning batch:

- Clean the optical mark read head
- Clean the pick roller

When cleaning the rollers, we recommend using cotton swabs and a small amount of water. (The use of alcohol can erode the rollers). When cleaning the optical mark reader, use a small amount of alcohol and cotton swabs.

For Scantron Scanners in particular, you don't need to re-calibrate if you are just cleaning the rollers and wiping the outside of the read head. Generally, re-calibrate perhaps once every 6

months, or only if you notice problems while scanning.

Calibrating

If you notice that the scanner seems to be picking up many erased bubbles, or skipping many legitimate bubbles, your scanner may need to be recalibrated. It is frequently good to calibrate a newly purchased scanner, so that you are certain it scans properly from the outset. You will also want to calibrate the scanner after extensive usage, perhaps once every six months.

Calibrating the scanner can have a dramatic impact on scanner performance, in terms of what it reads and does not read. To perform a calibration, follow the instructions in your scanner manual. The calibration process is different depending upon the model of scanner you have. For Scantron scanners, it's recommended that you not calibrate unless you notice a problem (where the scanner consistently misses marked bubbles or consistently picks up eraser marks). However, cleaning the inside of the read-head can also have a dramatic impact on scanner performance, and each time that is done, the Scantron scanner should be recalibrated.

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XI. Direct Entry of Manual Claim Forms

With Minute Menu, Providers can submit their meal & attendance information to you in three primary formats:

- Scannable forms
- KIDS
- Manual, hand-written forms

For agencies that scan, all (or almost all) Providers will submit their claims via the first two options. For agencies that don't scan, though, scannable form claims aren't an option. This leaves the manual, hand-written forms that your agency used before Minute Menu.

To handle these manual, hand-written forms in the past, you would have processed the claim completely by hand. This included examining all the claims for menu problems, and for all attendance problems. This process is labor intense, and requires that Food Program staff are extremely well trained on all the edit checks that must be performed.

To alleviate this problem, Minute Menu allows you to handle these claims as Direct Entry claims. Essentially, you must still process the foods on the menus by hand – examining the nutrition components of the claim. But you enter the attendance information directly into Minute Menu. If you do this, you get several key benefits:

- Minute Menu can process the claim, so you don't have to do it by hand. Consult the *Managing Claim Errors* chapter of this manual for a complete list of edit checks done on claims that are Processed by Minute Menu, but consider several key checks:
 - Check to make sure no child is claimed for more than 2 meals & a snack OR 2 snack & a meal each day
 - Check to make sure school aged children are not attending AM Snack or Lunch without a valid reason on school days
 - Check to make sure a provider is not serving meals for which she's not approved, and likewise not serving on days of the week for which she's not approved
 - Verify that the provider is not over capacity, even while allowing for the situation where a meal is split into two shifts (ex: Breakfast is served at 7am and again at 8am to a different group of children)
 - Appropriately note the tier of children who should be paid at Tier 1 rates in a Mixed Tier home
- Run detailed integrity reports and other information, including:
 - Duplicate Children Claimed Report
 - Daily claim totals analysis
 - Monitored Meal Pattern Break Report
 - Child and day claiming patterns can be identified, using the Claim List Export File
- Help plan your home visits better:
 - You'll be able to use the Providers Claiming Special Days Report
 - The Providers Due Reviews Report will show you what days and what meals need to be visited based on claim history
 - The 5 Day Attendance report will show a quick picture of 5 days of attendance to assist with the 5 day attendance reconciliation.

Effectively, entering this attendance information is akin to scanning a claim with the Attendance Menu forms, so you get all the benefits of Minute Menu's integrity analysis as if every claim were scanned or received via KIDS, even though you don't scan these claims.

If you don't want to use the Direct Entry feature, you don't have to. You can treat the claim completely manually, and enter only the meal counts that you manually determine by hand into Minute Menu. But you won't get any of the above integrity analysis benefits that Minute Menu can provide, so this is not recommended. For more information on entering claims manually or on processing claims, see the *Managing Claims* chapter of this manual.

Direct Entry Basics

There are two functions in Minute Menu that are designed to allow you to record Direct Entry attendance information:

- **Claims >> Record Full Month Attendance by Meal**
- **Claims >> Record Full Month Attendance by Child**

These functions essentially do the same task: they give you one screen to enter all attendance information for a Provider's claim for a month. The difference is in layout. Depending upon how your manual forms look, you may find it easier to use the by Meal or the by Child option. The key is to use the option that is easiest.

Both functions are configured for optimal performance assuming your computer monitor has a screen resolution of 1024 x 768 resolution or higher.

Using these functions creates meal & attendance information in the Minute Menu database, so that the Provider's claim can be processed using the Process Claims function. The claim will be treated just like a scannable form claim on all subsequent reports. For more information, see the *Managing Claims* section of this manual.

Record Full Month Attendance by Meal

This function organizes the data entry process around the meal. Essentially, you select a meal, and enter all children who attended that meal throughout the month, before moving onto the next meal. To see a sample manual claim form that would warrant using this version of Record Full Month Attendance, see **Reports >> Claim Forms >> Full Month Attendance Worksheet**.

To run the function:

1. Go to **Claims >> Record Full Month Attendance by Meal**
2. You will be in your Current Claim Month by default. If you need to record a late claim, change the month.
3. Choose the Provider whose meal & attendance information you will Direct Enter using the Select Provider mechanism.

Once you select the Provider, the Full Month Attendance window will load this Provider's children, focused on Breakfast.

Record Full Attendance by Meal

Select Provider: Active Provider: Perez, Christopher 789789 Select Claim Month: January 2014

Print Detail Print Summary

Print Manual Claim Worksheet Add Claim Error

Mark Claim as Processable Select Meal: Breakfast Copy Attendance

Default Child Sort: # Batch #: 998 Re-Process Claim Show Disallow Grid

Show 2nd Serving Add Meal Claim Error Recalculate Monthly Totals +

#	Child Name	Age	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
1	Perez, Isabella	5y	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2	Perez, Priscilla	5y	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
3	Perez, CJ	9y	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4	Card, Chloe	4y	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5	Rodgers, Jazzie	5y	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
6	Perez, Dawn	3y	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
7	Perez, Tango	8m	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
8	Hamilton, Zoe	10y	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
10	Perez, Coq	4y	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
11	Hamilton, Ariel	3y	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
12	Richards, Nina	4y	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
13	Jolly, Angela	3y	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
14	Fabian, Becky	8y	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Attendance Count			13	8	8	0	0	8	8	8	8	8	0	0	8	8	8	8	8	8	0	0	8	8	8	8	8	0	0	8	8	8

Clear Meal Save Month Close

Recording Attendance

You will record the children claimed at the selected meal within the grid. Here are some tips:

- If Minute Menu is configured to store child numbers, then you will see a child # and a child Name column. Change the sort order to match (most closely) the order that the children are listed on the manual form. **Note:** you can click the Child Name column header up to 4 times:
 - once to sort alphabetically by child's last name (ascending order),
 - again to sort alphabetically by child's last name (descending order),
 - again to sort alphabetically by the child's first name (ascending order),
 - again to sort alphabetically by child's first name (descending order).

Clicking it again goes back to the first sort option.

You can also sort by child age.

- If you click the gray button to the left of the child's name, it will mark the child in attendance for every weekday in the month. Click it again to un-mark the child in attendance for every weekday.
- Each date is listed in the format: Day # - Serving #. You can click any individual date heading to expose the 2nd serving option for that day, if the Provider is serving split shift meals. You can also hit the [Show 2nd Serving] button in the form header to expose all 2nd serving columns (and again to hide all 2nd serving columns). If you mark a child in attendance at a 2nd serving and then hide that column, the 2nd serving attendance will still be saved.
- Weekends are highlighted in gray, and have red column labels.
- You can use your mouse to check or uncheck any attendance cell within the grid. But you may find it easier to use the keys on your keyboard to move back and forth. The <space> bar on your keyboard will check/uncheck the attendance cell that is selected. You'll notice as you move, the column and row you are currently in are highlighted in blue, to help you keep track of your position.

- If you have two children in the same family, they'll typically have the same schedule. You can copy the monthly attendance schedule from one child to another. First, select the row of the child you want to copy from. You can do this by clicking on the child's name, or clicking an attendance cell in the child's row, or by using your arrow keys to move to the correct row. You'll know the row is selected because it will be highlighted in blue. Then hit <CTRL>+C to copy that child. You'll see a yellow label appear above the list of children telling you "Clipboard currently has Child#" (or "Clipboard currently has *child's name*" if you don't use child numbers) so that you know you're copying from the correct child. Then move to the correct destination child row. Once this row is selected (which you'll know because it's highlighted in blue), hit <CTRL>+V to paste the copied child's attendance. You can copy any child's attendance schedule to as many other children as you like. You will be copying only the attendance for the selected meal.
- As a way to check your data entry accuracy, check the column footers and the totals row on the far right hand side. The column footers contain a count of attendance per day at the given meal. The counts on the far right side note a count of a child's attendance for the whole month. These counts may not update real-time as you record attendance, so click the [+] button to recalculate them.
- The [**Print Detail**] button will generate a Claimed Attendance Detail Report and the [Print Summary] button will generate a Claimed Attendance Summary Report. However, these reports will not show results until after you [**Save Month**]. Saving does take some time, so you should probably record attendance for all the Provider's meals before you click [**Save Month**].
- When you're finished with Breakfast, switch to AM Snack (or any other meal that is appropriate). If the attendance pattern at this meal is largely consistent with Breakfast, you can try the [**Copy Attendance**] button. Then click on "Brk" to copy all the attendance information from Breakfast to AM Snack (or the meal you've currently selected). Note: if you've already recorded any attendance for AM Snack (or the meal you've currently selected), that attendance information will be replaced in its entirety by the Breakfast attendance (or the meal you select to copy from).
- If you have accidentally entered attendance information in the wrong meal, use the [**Clear Meal**] button to clear all attendance information. This will also clear any disallowances that you've recorded (see below).



Disallowed Menus

Providers will submit menus and attendance forms. You will enter all the attendance information in this grid – including attendance supplied that should obviously be disallowed. You will still enter this disallowed attendance, and Minute Menu will handle the disallowances for you. With respect to the foods, you must review the menus manually to determine if any meals don't meet the standards of the USDA meal pattern. If any of meals need to be disallowed, you can disallow them in one of two ways:

- On this form, by using the [Show Disallow Grid], to disallow an entire meal without supplying a reason

- If you do this, you can record open-ended notes (allowing you to type in specific notes) in addition to disallowing certain meal by clicking [Add Claim Error].
- By clicking [**Add Meal Claim Error**], which opens a new window to record specific meal disallowances along with the reasons for each error, and the age range of children to which the error applies.

Using the Disallow Grid

Child Age Group	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
Disallow Non-Infant Meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disallow 8-11 Infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disallow 4-7 Infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disallow 0-3 Infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Put a check in any day where the menu needs to be disallowed because it didn't meet USDA guidelines. The function will only allow you to mark a menu as disallowed if you've already recorded children in attendance at that meal – and this is checked on an age-group basis.

Claim Errors

If you've used the disallow grid, those will automatically disallow the meal with a generic message on the provider's error letter. If you want to add more specific errors, you can do so in one of two ways:

- Click [**Add Claim Error**] to add a free-form message with anything you type, which will appear on the Provider's Error Letter.
- Click [**Add Meal Claim Error**] to add specific errors to specific meals on specific days. You can do this INSTEAD of using the disallow grid, as this will actually apply disallowances to the claim. For more details on this function, see the section in this chapter on **Manually Enter Claim Errors for Direct Entry Claims**.

NOTE: Be sure not to use both of the above claim error methods for the same claim. The two methods are not designed to be used together.

When done, be sure to [**Save Month**]. You can also directly Process or Re-Process the claim by clicking [**Process Claim**] or [**Re-Process Claim**] on this screen to see the OER immediately.

Checking Your Data Entry

Use the [+] button to calculate the daily and monthly meal counts by meal and child. You might compare this with any manual counts you already have from your manual forms. You can try the [**Print Summary**] button once the month has been saved. This will print the Claimed Attendance Summary report. This report provides a day-by-day set of meal totals, showing the count of the number of children that were marked in attendance. Note: this is not what the Provider will be paid, as some children may end up being disallowed when the claim is processed.

Also feel free to try the [**Print Detail**] button. This will print a child by child list of all children claimed so you can check your data entry more easily.

Record Full Month Attendance by Child

This function works almost identically to the Record Full Month Attendance by Meal function, but within this by Child function, the data entry process is organized around the child. Essentially, you select a child, and enter all meals that child attended throughout the month, before moving onto the next child. You should use this version of Record Full Month Attendance if your manual forms are organized such that all of a child's attendance, for all meals, is found together on the form.

To run the function:

1. Go to **Claims >> Record Full Month Attendance by Child**
2. You will be in your Current Claim Month by default. If you need to record a late claim, change the month.
3. Choose the Provider whose meal & attendance information you will Direct Enter using the Select Provider mechanism.

Once you select the Provider, you'll need to select the first child for whom you wish to enter attendance data.

Recording Attendance

You will record the meals that this child attended within the top grid. Here are some tips:

- If you click the gray button to the left of the meal abbreviation, it will mark the child in attendance for that meal for every weekday in the month. Click it again to un-mark the meal for every weekday.
- Each date is listed in the format: Day # - Serving #. You can click any individual date heading to expose the 2nd serving option for that day, if the Provider is serving split shift

meals. You can also hit the **[Show 2nd Serving]** button in the form header to expose all 2nd serving columns (and again to hide all 2nd serving columns). If you mark a child in attendance at a 2nd serving and then hide that column, the 2nd serving attendance will still be saved.

- Weekends are highlighted in gray and have red column labels.
- You can use your mouse to check or uncheck any attendance cell within the grid. But you may find it easier to use the keys on your keyboard to move back and forth. The <space> bar on your keyboard will check/uncheck the attendance cell that is selected. You'll notice as you move, the column and row you are currently in are highlighted in blue, to help you keep track of your position.
- A child usually comes into care on the same schedule throughout the month. So if you mark the child in attendance for one meal, you can copy the attendance for that meal to any other meal(s) as appropriate. First, select the row of the meal you want to copy from. You can do this by clicking on the meal abbreviation, or clicking an attendance cell in the meal's row, or by using your arrow keys to move to the correct row. You'll know the row is selected because it will be highlighted in blue. Then hit <CTRL>+C to copy that meal. You'll see a yellow label appear above the list of children telling you "Clipboard currently has Meal: X" so that you know you're copying from the correct meal. Then move to the correct destination meal row. Once this row is selected (which you'll know because it's highlighted in blue), hit <CTRL>+V to paste the copied child's meal attendance. You can copy any meal's attendance schedule to as many other meals as you like for this child.
- As a way to check your data entry accuracy, check the column footers, the totals row on the far right hand side, and Monthly Meal Totals for all Children counts below the disallow grid. The column footers contain a count of meals per day for the child. The counts on the far right side note a count of a child's attendance at each meal for the whole month. The counts at the bottom are total meal counts, including all children, by meal. These counts may not update real-time as you record attendance, so click the appropriate [+] button to recalculate them.
- The **[Print Detail]** and **[Print Summary]** buttons will not show results until after you **[Save Month]**. Saving does take some time, so you should probably record attendance for all the Provider's meals before you click **[Save Month]**.
- When you're finished with this child, switch to another child. If the attendance pattern for the 2nd child is largely consistent with the first child (which is certainly common for children in the same family), you can try the **[Copy Attendance]** button. Then select the child from whom you wish to copy meal attendance. That child's attendance will be copied onto the current child's attendance grid. Note: this will overwrite any meal attendance already selected for the current child.
- If you have accidentally entered attendance information for the wrong child, use the **[Clear Child]** button to clear all attendance information. This only clears the child's attendance, not any meal disallowances you've made (see below).

The screenshot shows a software interface for copying attendance. It includes a 'Select Child:' dropdown menu with 'Hamilton, Zoe M 8' selected, a 'Batch #' input field with '998', a 'Copy Attendance' button, and a 'Select Child to Copy:' dropdown menu with '--Select--' selected.

Disallowed Menus

Unlike the Record Full Month Attendance By Meal function, the Disallow Menu grid is always visible. (Please review the *Disallowed Menus* section for the Record Full Month Attendance By Meal function above). This will disallow menus by meal, not by child. So when you note a meal as disallowed, all children marked in attendance at that meal will be disallowed. You must choose the meal to be disallowed, and can then specify the appropriate child age group to disallow. Also, this won't allow you to specify specific disallowance reasons for specific meals/days; instead, it applies a generic disallowance for the meal as a whole (by age group). If you want to supply specific disallowance reasons for specific meals/days/age groups, click the **[Add Meal Claim Error]** button. The two methods of disallowance should not be used concurrently. For more details on this function, see the section in this chapter on **Manually Enter Claim Errors for Direct Entry Claims**.

Manually Enter Claim Errors for Direct Entry Claims

You can use this function to record specific menu disallowance reasons for specific meals on specific days. The choices of which disallowances you can apply exclude most of the attendance edit checks, since the Minute Menu Claims Processor will apply those checks when processing these claims. But the disallowances you choose here will disallow the entire (infant or non-infant) meal, so all children in that age group at that meal will be disallowed as a result of creating a claim error here. The claim errors you add with this function will show up on the Office Error, just as if they had been determined automatically (as is the case with KIDS (Internet) claims).

While the name of this function includes Direct Entry Claims, you can also use this function if you want to apply very specific errors to scannable form claims where the specific food information isn't on the scannable form (like Attendance Menus).

This function can be launched within either of the Record Full Month Attendance functions, or independently via **Claims >> Manually Enter Claim Errors for Direct Entry Claims**.

When opened, you must first choose the provider for which you are entering errors.

Then select any day on the calendar.

Next choose the error, and click the button for each meal you will disallow with that error on that day. If disallowing different age groups (infants and non-infants), you may need to apply the errors more than once.

Be sure you are applying your disallowances to the correct claim month.

Note: You will not be able to use this function until **AFTER** the underlying attendance data is in Minute Menu (so after you've saved your direct entry info via Record Full Month Attendance, or after you've validated any scannable forms). In addition, you must (re)process a claim **AFTER** you supply these disallowance reasons. If you've processed a claim before using this function, the errors you supply here will not actually impact the claim until re-processing.

Mark Claim as Processable & Existing Attendance Data

Both versions of Record Full Month Attendance include a checkbox labeled **Mark Claim as Processable**.

When you use this function to record a Provider's attendance, and the Provider does not have any pre-existing attendance information, this will be checked by default. Putting a check in this box means that, once you [Save Month], the Provider will appear in the Process Claims function (see the chapter on *Managing Claims*). If you de-select this box, the claim won't be immediately process-able. This may be appropriate if your agency receives manual form paperwork more than once a month – for example, once weekly – and you want to enter the attendance information as you get portions of the claim. Once you are ready to for the claim to be processed, put a check in this box.

When you access a Provider who already has attendance information recorded, you will see the following pop-up warning message:



If you have previously entered attendance within this function for the Provider, then it is ok to continue editing the Provider's monthly attendance with this function. But if the Provider has recorded meals in KIDS, or if you scanned the Full Bubble Menu or Attendance Menu, you should **not** use this function to edit or review any portion of that claim.

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XII. Managing Claims

Minute Menu HX allows you to receive meal and attendance information from your Providers several ways:

- Providers submit scannable Full Bubble Menus or Attendance Menus that must be scanned and validated
- Providers submit KIDS claims that are received automatically through the Internet
- Providers submit hand-written, manual forms

Regardless of the method a Provider uses to supply you with meal & attendance information, you must create a claim from that information that pays the Provider the appropriate amount, taking into account all the Food Program regulations. To do this, you will use the Minute Menu Claims Processor, which will determine Tier 1 and Tier 2 meal counts for all your Providers, checking every Food Program rule for you. This maximizes the accuracy and integrity of claim checking within your organization, and likewise saves a great deal of time. In the case of manual forms, you may also choose to enter the claims manually, although that isn't recommended.

This section of the manual is intended to explain every tool at your disposal to create and manage claim information for all of your Providers.

Creating Processed Claims

The term “Process Claims” is used to describe the Minute Menu function that reads meal and attendance information to determine appropriate claim meal counts and generate all disallowance errors and claim warning messages for Provider claims.

Before You Begin

In order to process a claim, you must have done one of the following:

- (A) already scanned and validated a Provider's Menu Forms (see *Scanning Forms*)
- (B) executed a full Transfer Data after a Provider has submitted a claim using KIDS (see *Transfer Data*).
- (C) used one of the Record Full Month Attendance functions to Direct Enter the meal & attendance information (see *Direct Entry of Manual Claim Forms*)

Once you've done any (or all) of these things, you will be able to Process Claims.

To Process Claims

1. Open the Process Claims window from the menu **Claims >> Process Claims**.

2. **Selected Claim Month.** Select the claim month for which you would like to process menus. You will only be able to process claims for your Current Claim Month and the two preceding claim months, per Food Program guidelines. Once you choose a claim month, if any Providers are ready to be processed (i.e., their paperwork has been scanned, received via Transfer Data, or entered via the Full Month Attendance function, and they haven't already been processed), then they will show up in the grid automatically once you select the right claim month. (In the picture below, two claims are ready to be processed). If no Providers are ready to be processed, the grid will remain blank.

Process	#	Provider Name	Batch#	Delete	Locked	Received
<input checked="" type="checkbox"/>	875971	Anderson, Ariel		Delete	N	02/28/2014
<input checked="" type="checkbox"/>	234235	Perez, Chloe	998	Delete	N	02/28/2014
<input checked="" type="checkbox"/>	789789	Perez, Christopher	998	Delete	N	01/17/2014
<input checked="" type="checkbox"/>	444555	Perez, Dawn	998	Delete	N	02/28/2014

Choosing Claim Report Options

By default, you can print certain claim reports for each Provider you process as you process claims. To adjust the reports you want to print, click the appropriate checkbox. You can re-print these reports in batches or for only one Provider at a time even after you process the claims, so it is not necessary to choose to print here. For more information on these report formats, consult the *Managing Claim Errors* chapter of this manual.

3. **Print Meal Totals Report.** Leave this checked if you want to print the Meal Totals Report for each claim processed. The report lists the approved meal count by tier and by meal for each day that was claimed. If you want two copies of this report, adjust the quantity of these reports by changing the # count from 1 to 2.
4. **Print Provider error letters.** Leave this box checked if you would like to print the provider error letter while processing.
5. **Print Office error reports.** Leave this box checked if you want the internal errors for your office use to print while processing.
6. **Letter Format.** If you print either the Provider error letter, or Office error report, you can choose to have the report(s) printed in the Short Format or Long Format.
7. **Print CIF for [month].** Leave this box checked if you want the CIF (Claim Information Form) to print while processing. Choose the month here for which you wish to print the CIF. Some Sponsors wish to print the CIF for their current month, so they can compare the processed results with the current month's child information for each Provider. Other Sponsors wish to print the CIF for the upcoming month for comparison purposes. Most Sponsors choose to print the CIF for the month following that, so they can mail those CIF's to their Providers who will use them when filling out their menu forms in that month. You will be able to print this form at a later time if you wish. You may not want to print this form for KIDS Providers, unless you regularly send this form to them each month, so the system will by default print the CIF **For Only Scanned** claims. (Note: Direct Entry claims are treated the same as scanned claims, so those Providers would have CIF's printed as well). You can change the **For** option to All Providers if you want CIF's

printed for KIDS claims. If you want two copies of this report, adjust the quantity of these reports by changing the # count from 1 to 2.

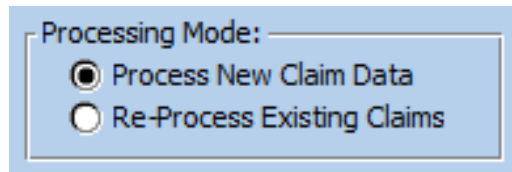
Selecting Providers

Once you've chosen the reports you wish to print while processing, you must then choose the Providers you wish to print. The white grid will display one row for every Provider who can be processed. Only those Providers who have meal information for the selected month in the system and who have not been previously processed will be listed. You can also choose to filter the list if you like by **Claim Source**. If you want to Process only KIDS claims, de-select the Scannable Forms option. Or vice versa. (Note: Direct Entry claims are treated the same as scanned claims, so those Providers will be affected by the Scannable Forms option).

8. **Process Column Checkboxes.** All Providers listed will be checked by default. Each Provider who is checked will be processed (and any claim reports you've chosen will also print). If you want to process only specific Providers at this time, you will need to [Deselect All] Providers and then select only the Provider(s) whose claim(s) you wish to process.
 - a. **Sorting.** If you are not printing any claim reports, then the order in which the Providers are listed does not matter. However, if you are printing claim reports, you may want the results sorted in order by Provider Name, or by Provider Number. Claim reports will print in the order the Providers are listed on screen. To sort in a specific order, you can click on the “#” or “Name” column headers.
 - b. **Select All.** Press this button to check all listed Providers for processing.
 - c. **Deselect All.** Press this button to uncheck all listed Providers for processing. If there are many Providers listed and you only want to process a few, pressing this button and then individually selecting the few that you want to process will be faster than individually unchecking all of the Providers that you don't want to process.
9. **Locked.** The Locked column indicates whether this claim has either been (A) marked as submitted to the state or (B) paid. This is a Y/N indication. This will be “N” for all new claims. If it is “Y”, you can still process the claim as you would normally, but Minute Menu will generate slightly different results. Since the original claim for the Provider is locked, if Minute Menu determines different meal counts when it processes the claim this time, it will create an Adjustment claim for the Provider that has just the differences in meal counts between the original claim and this time the claim was processed. For more information, see the section below on *Claims with Multiple Claim Records*, and see the chapter on *State Claim Reporting*.
10. **Delete.** This button will allow you to delete a claim (assuming the claim is not Locked). This will delete all the meal & attendance information in the computer. If this is a KIDS claim, that is typically bad, as you'll delete the KIDS Provider's claim. Likewise for a Direct Entry claim, you'll have deleted the meal & attendance information that was manually entered by a staff member. And it's generally unnecessary to delete a scanned Provider's meal & attendance information, because it's deleted automatically during the Validation process. However, the [Delete] button is provided to you just in case the need arises. But be careful!

Process and Re-Process

By default, the Process Claims interface is opened to Process New Claims. With this option chosen, only those Providers who have meal information in the system for the selected claim month but who have NOT yet been processed will be listed. This is appropriate when you have just finished scanning, or when you've just received new claims from the Internet by running Transfer Data.



In some cases, you may want to Re-Process Existing Claims. Re-Processing is necessary if you process a claim but some piece of information was incorrect when the claim was initially processed.

For example, you may process a claim for a Provider whose Tier 1 eligibility was noted in Minute Menu as expiring the previous month, but you realized that the information was incorrect because the Provider's Tier had been renewed. So, when the claim was processed, the Provider was reimbursed at Tier 2 rates. After processing, you changed the information on file in Minute Menu. There is no need to re-scan this Provider's menus (or re-do your Transfer Data to receive the claim again via the Internet, or alter the Direct Entry claim). Instead, you just access this Process Claims interface and choose Re-Process Existing Claims. This Provider's claim will appear (along with all other previously processed claims), and you can re-process the claim with the new information. The Provider's claim is recomputed, now at Tier 1 rates.

When you choose the "Re-Process Existing Claim Data", the list of Provider claims will update to show only those Providers whose claims are already processed. In the list, all Providers will be de-selected to Process by default, since you will typically re-process only one or a few Provider claims at a time.

You can also reprocess an individual claim from with the List Claims interface, via it's [ReProcess] button.

Reprocessing Limitations: In certain cases with scanned claims, re-processing is not sufficient to correct problems you find on the Office Error Report. You may need to re-scan claims in the following situations:

- A claim where master menu information was added after the claim was scanned, and so is generating error #60
- A claim where any part of the forms were physically corrected
- A claim where a food was missing (which must be added by Minute Menu support), and so is generating error #8.

Sometimes these errors are resolved with just re-processing; but sometimes re-scanning is required.

11. **Process.** Once you've selected the Processing Mode and you've chosen all Providers whose meal & attendance information you wish to Process, click the [Process] button to begin the Minute Menu HX Claims Processor.
 - a. You will be prompted to confirm that you wish to continue, since processing claims can take quite some time.

Processing Time Required & Batch Management

You will not be able to perform any other functions on the computer you are using to Process Claims until the function has finished. Other computers in your network will also tend to operate a bit more slowly while claims are processing – but you can continue to manage data within Minute Menu HX even while claims are being processed. It will take 30 seconds to 1 minute per claim for the claim to process, and about 5 – 20 seconds to print all the claim reports. As a result, it may be appropriate to schedule your work so that you process a large number of claims at once, at the beginning of your lunch break or at the end of the day, so you can start the Claims Processor and walk away to do something else while Minute Menu processes all of your claims.

If you are just starting with Minute Menu, you will want to scan & validate / transfer data / direct enter, and then process all at once for only a few providers at a time – perhaps only 5 or so. Once you are done processing these 5 claims, you can then review Minute Menu's results in detail for these claims, and determine whether any changes or adjustments are necessary (see *Reviewing Claims* below).

As your Providers make fewer mistakes with their data entry (either scannable forms or from KIDS claims), you'll find that you can increase this batch size, so that you scan & validate / transfer data / direct enter and then process 10 provider claims, then 20 provider claims, then 50, and so on. As your batch sizes become larger, it will become more important to schedule your workflow so you can hit the [Process] button and walk away for an extended period (sometimes overnight).

For larger agencies, processing can take quite some time. Consider the scenario site in Section I *Monthly Operating Procedures*. In this case, an agency must process 750 claims, and will be printing CIF's and Provider Error Letters for each claim processed. This will take between 6 and 12 hours (depending upon hardware) to finish. If this process is started at the close of business one day (5pm), then by the time work is begun the next day, the process should be finished (and the printer should have a stack of paperwork ready to be stuffed into envelopes, or reviewed if any post-claim processing reviews are being performed). For much more than 750 claims (and depending upon hardware), this task will continue even into the next morning – but your personnel would be able to start reviewing and adjusting the claims that have finished processing, even while some claims continue to be processed.

Managing Claim Results & Historic Data

When you process claims in Minute Menu, the system applies the same rule set to every meal it examines. But it uses this rule set in conjunction with the data you have for each Provider and the Provider's children – which can change from month to month – and any related data that may be in the system (like calendar information). The processor will not miss any detail. But it still may not get flawless results. The Minute Menu Processor relies entirely on the data you have on file,

and the meal & attendance information it has obtained (either by scanning forms, from the Direct Entry information, or from the Provider’s KIDS claim). If any of that information is inaccurate, it can cause erroneous processor results.

After a claim is processed, you can examine several different sources of information – all of which are accessible when Managing Claim Details (see below) – to get to the bottom of exactly what the Minute Menu Processor computed. Several strategies and very specific guidance on digesting Processor results can be found in the *Managing Claim Errors* section of this manual. However, the best way to understand the Processor is simply to process claims. Scan sample menu forms for certain Providers and Process them. Direct Entry several claims and Process them. Process sample claims recorded by Providers using KIDS. And consult the *Error List* documented in the *Managing Claim Errors* section of this manual.

Many errors that you encounter in the first months of using Minute Menu are caused by improper settings in a Provider’s or Child’s file. So, if you do encounter these errors, fix the relevant Provider’s or Child’s file and re-process. However, you should bear in mind that this Provider & Child information is claim-month-specific. So, if you change a Provider’s current information, but you’re processing (or re-processing) a claim for a month prior to your Current Claim Month, you may also need to change the historic data for that Provider. By default, Minute Menu is configured only to look at the current Provider & Child file. But some agencies may choose to process claims using historic data, so when processing late claims the system will look at the data on file specific to that claim month. This can make debugging claim errors a bit trickier, as you must check the historic data rather than current data. See the section on *Managing Historic Data* in the chapter on *Managing Provider Information* for more information on managing historic data. If you would like to process claims using historic data, please contact Minute Menu support.

Creating Manual Claims

If a Provider sends meal & attendance information on manual forms, you can handle that claim as a Direct Entry claim in which case you can Process the Claim. But if you don’t want to use the Direct Entry features in Minute Menu, you will need to determine the appropriate meal count information manually. Once you’ve done this, you can enter these claim counts along with any claim notes into Minute Menu HX. Unfortunately, these won’t be subject to the same integrity checks as Direct Entry (or other Processed Claims), but Minute Menu HX still applies certain checks on these manually entered claims to provide some basic checks and balances.

To Enter a Manual Claim

1. Open the Add Manual Claim window from the menu **Claims >> Enter New Claim Manually**.
2. **Select Provider.** Select the desired Provider from the list. The list is filtered by default to show Active Providers, but if you are entering a late claim for a Provider you’ve removed, change your filtering options. Select the [#] to

sort the list of Providers by Provider ID number, and [A] to sort them by name. You must select a Provider before you can do anything else.

3. **Select Provider Claim Month to Enter.** This field activates when you have selected a Provider. Select the claim month for which you will enter totals. If a claim already exists for the Provider in the month you select, you will be required to select a different claim month before you can continue.
4. **Provider Tier.** This displays the Provider's Tier as noted in the Provider's current file.
5. **Provider Effective Tier.** This displays the Provider's effective Tier as of 1st day of the claim month that was selected, by cross-checking the Provider's Tier eligibility dates in the Provider's file. So, even if the Provider indicates as Tier 1, if the eligibility dates don't cover this claim month, the Effective Tier will be Tier 2. When you save this manually entered claim, the Claim Tier will be assigned based on this Effective Tier and the claim's meal counts. So, if this Effective Tier is "2", and you save only Tier 1 meal counts, then the claim will be saved as a Tier 2 Hi claim. If the Provider should have a Tier 1 claim, then the Provider's file must have Tier 1 starting & ending dates that cover the 1st day of this claim's month. If you do manually create the claim and the system assigns the wrong tier, don't worry! You can change the Claim's Tier by making a Claim Adjustment after the Provider's file has the correct Tier starting & ending dates (see *Adjusting Claims* below).
6. **Meal Fields.** Click on the desired meal fields and type the total number of reimbursable meals for the month in each space. Make sure to enter only Tier 1 totals in the Tier 1 column, and enter only Tier 2 totals in the Tier 2 column.
7. **Attendance.** Enter the total attendance for the month per child tier. This represents the total number of unique children of the given tier served each day. This information will be verified when a save is attempted, cross checked against the children (of the relevant Tier) who were enrolled with the Provider in the selected month. This must be at least as high as the highest meal count in the relevant Tier before you can save the manual claim. It can not be higher than the number of children who participated in the claim (in the given Tier) times the number of days claimed.
8. **Participated.** Enter the number of unique children (by Tier) who participated in the Provider's claim. This will be cross checked against the enrolled children in the Provider's file when you try to save this claim.
9. **Days Claimed.** Enter the number of days for which the Provider recorded meals and attendance.
10. **ADA.** This is automatically calculated when the claim is saved. It is the combined total of Tier 1 and Tier 2 Attendance divided by the Days Claimed.
11. **Put Claim on Submission Hold?** Check this box to prevent this claim from being included on the reports to the State and from subsequent payment. Claims that are manually created and immediately placed on Hold will need to be taken off hold just like claims that are processed. See Claim Holds below.
12. **Batch #.** Use this if you use some kind of batch organization to keep your claims grouped together. Leave blank if you don't have any batch organization for these claims.
13. **Calculate Reimbursement button.** This button is completely optional. You can click it if you want to see ADA and the claim's dollar totals before the claim is saved. When you

Required Fields for This Screen:

Provider
Claim Month
Meal Totals (by Tier)
Attendance (by Tier)
Participated (by Tier)
Days Claimed

click it, you will also get a count of the total of all meals claimed (adding both meals and snacks together, for both Tiers).

14. **Save.** Click this button to save the claim. Certain checks will be applied when you attempt to save, and if any of these checks fail, you will be advised appropriately. In some cases, you will not be able to save the claim until you correct these issues.

Once you have saved the Claim, you will be asked whether you wish to:

- Create a custom claim error message
- Use Enter Claim Errors for Manual Enter Claims calendar
- Do not create any errors now

See below for more detailed instructions on the first two options.

15. **Close.** You can add as many claims manually as you like. When you are finished, click the [Close] button to close the window. If you have not saved your information, you will be prompted to confirm whether or not you want to save the information entered.

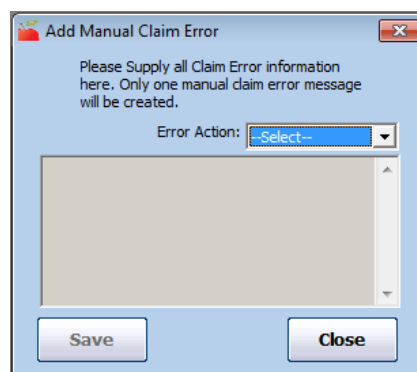
Create Custom Claim Error Message

Custom Manual Claim Error Messages are open-ended / free-form text messages that you type and that will appear on the Provider Error Letter / OER for this claim. You can record any message you like, but it is completely optional. This is useful if you use Minute Menu HX to send these Provider Error Letters to providers telling them what they did wrong on their claim, rather than sending some manual report to these manually claiming providers. But if you send your traditional error forms to the providers, which you've filled out by hand, then using this function is typically redundant and unnecessary.

You can only record these open-ended custom error messages if you choose to do so at the time you save the manual claim – they cannot be added after the fact.

If you do choose to record these, you will see a screen that gives the following choices:

- a. **Error Action.** When you save a manual error, you can provide a specific indication that the error you are describing caused you to Disallow some meals, or you're just noting this message as a warning (Allow). You can also indicate that the Provider is still in the Training Period, or that a Waiver is in effect. You must choose one of these Error Actions before you can supply the error description.
- b. **Error Description.** Type any error description or claim message you like here. This message will be printed on the Provider's Error Letter.
- c. **Save.** Once you are finished with the claim error message, click Save.
- d. **Close.** Then click Close to return to the Manual Claim Entry screen.



Enter Claim Errors for Manually Entered Claims

You can use this function to record disallowance reasons or other error messages on manually entered claims, and these messages will then appear on the Provider Error Letter / OER. This is useful if you use Minute Menu to send these Provider Error Letters to providers telling them what

they did wrong on their claim, rather than sending some manual report to these manually claiming providers. But if you send your traditional error forms to the providers, which you've filled out by hand, then using this function is typically redundant and unnecessary.

This function can be launched at the time you are saving a manually entered claim, or you can run it after the fact by going to **Claims >> Enter Claim Errors for Manually Entered Claims**. You must have recorded the manual claim before using this function.

When using the function, first choose the provider to which you are applying errors. Make sure you are in the correct claim month.

Then choose any date on the calendar to which an error message should be applied. You can use the SHIFT key while clicking on the calendar to select a range of dates, or the CTRL key to select additional dates outside of a range.

Select the error and the error action. If the error applies to a specific child, type the name of the child in the box provided.

If you want to indicate a count of the number of meals disallowed, do so in the box under the meal abbreviation.

Then press the meal button to apply the error. If you must apply the error to more than one age group, you will need to re-do the above after changing to apply the error to the different age groups.

Note on Manual Claim Edit Checks

When you enter a manual claim, the system performs a variety of edit checks, designed to ensure the numbers that you enter are consistent overall with CACFP regulations and with the data that you have on file currently. Specifically, the system does the following:

- You are required to record all the numbers related to the claim, including meal counts, counts of attendance (which is the number of children claimed per day, added up for the month), counts of participating children (the number of unique children claimed throughout the month), and the number of days claimed.
- It's not possible for attendance – the number of children claimed per day – to be less than the highest meal count. Ie, if you recorded 100 breakfasts for 10 days claimed, then you must have had at least 10 children claimed each of those 10 days, for a minimum of 100 attendance. So the system won't let you enter anything smaller than that.
- When computing average daily attendance (ADA), the system takes this attendance number and divides it by the days claimed. This number can't possibly be less than the number of participating children – you can't say that you claimed 10 children a day, on average, but only 9 children were claimed during the month. So Minute Menu prevents you from doing this.
- You cannot claim any one child for more than 2 meals & a snack or 2 snacks & a meal in a day. When a claim is entered manually, this edit check is enforced on the claim as a whole – so it's impossible for you to enter claim numbers that would indicate all children were

claimed throughout the month for 4 meals/snacks a day. This is done with two specific mathematical checks of the numbers you've entered:

- Add the count of Breakfasts + Lunches + Dinners, and divide by 2. The total of attendance can't be any lower than that, otherwise you've indicated too few children were claimed, and so one or more of those children would have gotten paid for a breakfast when they should have been disallowed because the 2 meals/snack rule.
- Add the count of Breakfast + Lunches + Dinners + Snacks, and divide by 3. The total of attendance can't be any lower than that, otherwise you've indicated too few children are claimed, and so one or more of those children would have gotten paid for possibly a Breakfast or a Snack when they shouldn't have been.

If either of these formulas fail, you'll be prevented from saving the claim until you verify that you haven't overpaid. Reducing the meal counts will solve this problem. Or if you undercounted the number of children claimed each day (attendance), increasing attendance will likewise solve this problem.

- The system will compare the counts of participating children with the child information you have on file. So if you say you claimed 10 unique children as participating in the month, but only 9 enrollments are on file, you'll get a warning message. The system does allow you to overrule this warning message – because your child files in Minute Menu may not be completely up to date, especially as you're getting started with Minute Menu. But if you think your files are up to date, you should not overrule this message – instead, you should find out the cause of the discrepancy because you may have miscounted some of this provider's meal counts.
- The system can also check to ensure that the number of days claimed in the month doesn't exceed what is possible. So in February, for example, you can't claim 30 days. But it will also look at the provider's start date (if the provider started in the month), her termination date (if the provider was removed in the month), and any licensing approval dates, to ensure that the number of days claimed isn't more than is possible.
- Finally, if the provider isn't approved to claim a particular meal, and you've configured Minute Menu to disallow a provider from claiming a meal for which she isn't approved, the system will generate a message stating that the provider is not approved for the meal.

Each of these edit checks is enforced when you enter a new claim manually. Likewise, if you manually adjust a claim – whether it was a manually entered claim or a claim processed via scannable forms or from KIDS – the system does these same edit checks with the changes you make to these claims.

When claims are processed by the claims processor, as opposed to being entered manually, then all of the claim processor edit checks are enforced. Those checks include sophisticated logic that does all of the meal count, attendance, participation, and days claimed counting for you automatically, preventing any numbers from being entered that violate the above rules; but in addition, the claims processor will perform all other edit checks on the claim as well, so those claims are even more accurate.

Manual Claim Processing Worksheet & Manual Claim Cover Sheet

The greatest benefit Minute Menu HX can provide your agency is the automated processing claims, so it is recommended that you handle hand-written forms as Direct Entry claims. But if you do use the Enter New Claim manually function, Minute Menu does offer at least one report to assist in that process.

The Manual Claim Processing Worksheet is designed to provide your claim reviewers / menu readers with everything they need to process a Provider's claim: licensing information, tiering info on the Provider and her Children, and worksheet space to note meal counts.

To print this report:

1. Go to the menu **Reports >> Claim Forms >> Manual Claim Processing Worksheet**
2. Choose to print for a single provider or for a group of providers. If you choose the latter, choose the appropriate filtering options for those Providers.
3. Choose the claim month you are processing.

You may find that it is handy to print this Manual Claim Processing Worksheet even on processed claims, if you are reviewing the claim after it is processed.

In addition, there is an abridged version of the Manual Claim Processing Worksheet, designed to be 1 page in most cases (depending upon the number of children enrolled). This is the Manual Claim Cover Sheet.

To print this report:

1. Go to the menu **Reports >> Claim Forms >> Manual Claim Cover Sheet**
2. Choose to print for a single provider or for a group of providers. If you choose the latter, choose the appropriate filtering options for those Providers.
3. Choose the claim month you are processing.

Printing Claim Reports

Provider Claim Reports can be printed as you process, or can be printed after the fact. Go to **Claims >> Print Provider Claim Reports**. These reports include:

- Office Error Report
- Provider Error Letter
- Meal Totals Report
- CIF (Claim Information Form)

The CIF is used to send to Providers to help them fill out forms in the next claim month, and isn't really relevant to the processed claims. The first three reports, however, contain all of the information that is relevant to the claim that you just processed. Using these reports, you can determine exactly what Minute Menu calculated for each meal recorded by the

Provider, and you can identify the cause of any meal disallowance.

These reports are extremely useful, and should be examined in detail – especially for Sponsors who are just getting started with Minute Menu HX. To understand these reports better, see the section in this manual on *Managing Claim Errors*.

You can print these reports after you're finished processing claims, either individually or for a group of Providers.

Printing Claim Reports In Batches

To print claim reports for a group of Provider claims, access the menu **Claims >> Print Provider Claim Reports**. It will bring up a screen with certain filtering, sort, and report options:

- **Filter By Claim Month.** When you click [Print], the system will only print claim reports for claims in this selected claim month.
- **Filter By Monitor.** Click this checkbox and then select a Monitor if you want to print claim reports for only that one Monitor. (If you haven't already associated Providers with Monitors, then this filter will not work for you and you should leave this option unchecked. See *Associating a Provider with a Monitor* in the *Managing Reviews* section of this manual).
- **Claim Type.** If you choose "All Claims", the system will print all claims that match the other filtering criteria you've chosen. If you choose "Only Claims that have been Changed", then the system will only print out claim reports for those Providers whose Claim has been changed manually (see *Adjusting Claims* below).
- **Payment Type.** Use this checkbox if you want to print reports for only your providers who receive checks; or for the ones who receive Direct Deposit.
- **Select Date Range.** Click this checkbox and select a Date and Time, and the system will print claim reports for any claim that was processed or manually entered on or after the date entered. If you leave the Time at 12:00 AM, then it includes the entire day.
- **Source.** When you click [Print], the system will only print claim reports for Providers whose Claim Source matches the options you choose here. Note: When you print claim reports while you Process Claims, you will only print processed claims – meaning you will only get Scannable Form Providers and KIDS Providers. This Print Provider Claim Reports function can be used to print all of the Manually Entered Claims, so you can send Provider Error Letters to those Providers as well. Direct Entry claims are considered Scannable Forms claims.
- **Print Order.** Impacts the order in which the claim reports will be printed. Choose any option, with a primary sort and a secondary sort.
- **Reports.** Click the checkbox for each type of claim report you want to print. All reports are printed by default, so you will need to uncheck any report you don't want. For the CIF report, you can choose which month to print the CIF for, just as is done when Processing Claims (see above). For the Office Error Report and the Provider Error Letter, you can choose either Long Format or Short Format (see *Managing Claim Errors* for details on these formats).

- **Don't print provider error letters if there are no errors.** Clicking this box will allow you to only print reports for providers who have claim errors.
- **Start Printing From Letter/End Printing with Letter.** If you only want to print reports for a certain batch of providers, you can use these options. This also comes in very handy if your print job is interrupted for some reason. Just restart the process at the appropriate provider name.
- **Print.** Once you've chosen all of your filter options, your preferred sort order, and you've chosen each of the reports you wish to print, make sure your printer is ready and click [Print].
- **Cancel.** If you want to interrupt the print process at any time, click [Cancel]. Note: this will stop Minute Menu from printing any more claim reports, but you may already have a substantial backlog of reports in your computer's printer spool – so you may have to manually intervene with your Print Spool Manager as well.
- **Close.** Click to exit.

Printing Claim Reports Individually

If you only want claim reports for a single Provider, then using the above Print Provider Claim Reports function is inappropriate. You can print individual claim reports for any Provider's claim in one of two ways:

1. Print them from the Reports menu
2. Print them from the Claim Details screen

To print claim reports from the Reports menu, do the following:

Printing a Claim Information Form (CIF):

1. Go to the menu **Reports >> Claim Forms >> Claim Information Form**
2. Choose the Provider whose report you wish to print. You can also choose to print the CIF for more than one Provider by selecting the appropriate option.

If you choose to print the CIF for more than one Provider, you will be prompted to supply filtering characteristics to determine which Providers for whom you want CIF's printed. By default, the system will print CIF's for all Active & Hold Providers. You can further filter by a variety of other options, including Monitor. See the section that describes this Provider Filter in *Reports* chapter in this manual for more details.
3. Select the Claim Month that the report will print for. This will impact what children are listed in the report.
4. Print the report.

Printing a Meal Totals Report:

1. Go to the menu **Reports >> Claim Data >> Meal Totals Report**
2. Choose the Provider whose report you wish to print.
3. Select the Claim Month that the report will print for.
4. Print the report.

Printing an Office Error Report:

1. Go to the menu **Reports >> Claim Data >> Claim Error Report**
 - a. You may also want to choose the Claim Error Report - Long Format
2. Choose the Provider whose report you wish to print.
3. Select the Claim Month that the report will print for.
4. Select “Office Error Report”
5. Print the report.

Printing a Provider Error Letter:

1. Go to the menu **Reports >> Claim Data >> Claim Error Report**
 - a. You may also want to choose the Claim Error Report - Long Format
2. Choose the Provider whose report you wish to print.
3. Select the Claim Month that the report will print for.
4. Select “Provider Error Letter”
5. Print the report.

Besides being printed from the Reports menu, each of these claim reports can be printed from a the Claim Details interface. For more information on this interface, see *Reviewing Claims* below.

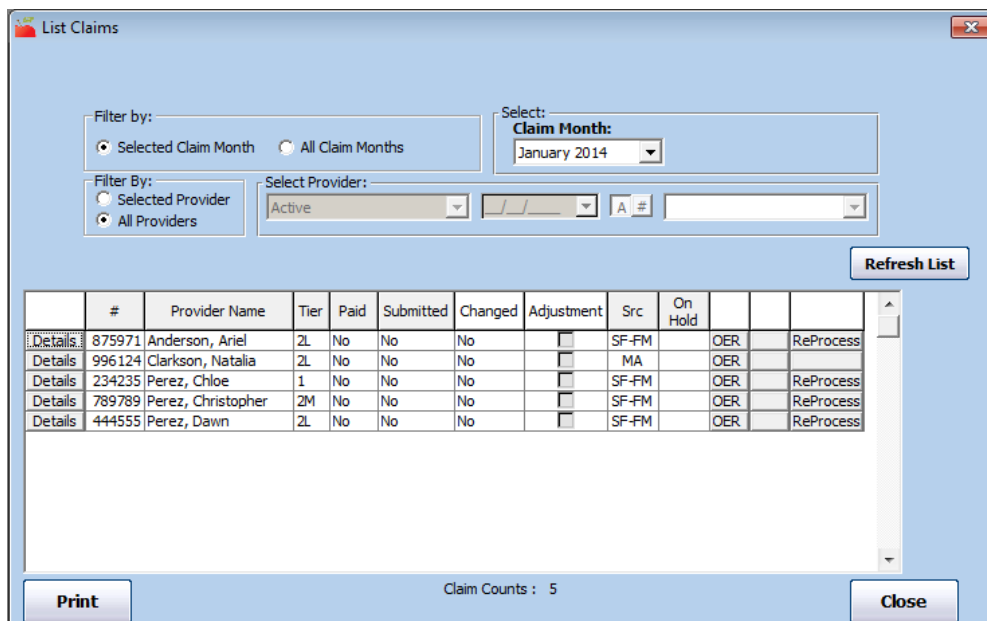
Reviewing Claims

Once claims have been created in Minute Menu HX, either by Processing Claims or by Entering New Claims Manually, you can review, manage, and modify these claims in a variety of ways. Generally, you will begin with the List Claims function.

List Claims

To get a list of claims:

1. Go to the menu **Claims >> List Claims**



2. **Choose Filters.** Choose the filtering criteria to determine which claims you want to list:
 - a. **Filter by Period.** You can choose to list claims for a Selected Claim Month, or you can choose to show claims for All Claim Months. If you choose All Claim Months, you will be forced to choose a specific Provider. If you choose Selected Claim Month, you will be forced to choose the specific Claim Month.
 - b. **Select Claim Month.** If you are filtering by Selected Claim Month, you must choose the claim month that you want to list.
 - c. **Filter by Provider.** You can always choose to see the list of claims for a single Provider by clicking Selected Provider. If you want to view claims for a single month, then you can also list claims for All Providers. If you do choose Selected Provider, you will need to choose the Provider whose claim(s) you wish to see.
 - d. **Select Provider.** The last drop down list box on the right will contain a list of all Providers that match the filtering criteria applied to that box. You can filter this drop down list by the Provider's status (by default, the drop down list will contain all Active Providers). You can also sort that drop-down list by either Provider Name (the [A] button) or by Provider Number (the [#] button). Please note that the filter options you choose here will not impact the list of claims below; they will only impact the list of Providers from which you may choose within the drop-down list box of Providers.
3. **Refresh List.** Once you've chosen your filters, click [Refresh List] to get a list of all claims that match the criteria you've chosen. If no claims match the criteria, you will see an empty grid below. If any claims do match the criteria you've chosen, they will be listed in that grid.
4. **Print.** The [Print] button will print the Provider Claim Totals Report for the month selected. (See *State Claim Reporting* for information on that report.) If you haven't selected a month, it will prompt you to choose one.
5. **Close.** When you're finished examining claim information, hit [Close].

Reading the List of Claims

The claim list you generated will have one row for each Provider claim that matches the filtering criteria. The claim list may differ in appearance depending upon whether you've filtered it to show claims for All Providers, or just for a Selected Provider.

- **Details button.** Click this to access the Claim Details interface for that specific claim. This interface is described in detail below. Clicking on the [Details] button while the Claim Details screen is already visible will refresh the Claim Details screen with new information, based on the Provider claim row that was clicked.
- **# / Name.** Visible only when filtering for All Providers. These two columns list the Provider's Number and Name. Click on either column header to sort by either option.
- **Tier.** Visible only when filtering by a Selected Provider. This displays the Claim's Tier – Tier 1, Tier 2 Hi, Tier 2 Lo, or Tier 2 Mixed. Click on the column header to sort claims by Claim Tier.
- **Claim Month.** Visible only when filtering for All Claim Months. This displays the claim month in the format MM/YY. Click on the column header to sort the list chronologically.

- **Paid.** This column indicates whether the claim has been paid or not. In cases where an original claim has been paid, but a subsequent adjustment to that claim has not yet been paid, you will see the word “Partially.” Click on the column header to sort by claim payment status.
- **Submitted.** This column indicates whether the claim has been marked as submitted or not. See the section on Submitting Claims in the State Claim Reporting section of this manual for more information. In cases where an original claim has been marked as submitted, but a subsequent adjustment has not yet been marked as submitted, you will see the word “Partially.” Click on the column header to sort by claim submission status.
- **Changed.** This column indicates whether an unsubmitted claim has been changed. As described below in Adjusting Claims, there is a distinction between changing a claim and making a claim adjustment. If a claim has already been marked as submitted, this will appear as a double dash (--) because submitted claims cannot be changed. If a claim (or claim adjustment) has not been submitted, this will read “Yes” if one of your staff have manually changed the claim’s counts from their original values.
- **Adjustment.** This column will contain a checkmark if an Adjustment exists for this claim. As described in more detail in the Adjusting Claims section below, an Adjustment claim record is created any time a claim’s counts are modified after the claim has been marked as submitted.
- **Src.** This shows the claim source / style of the provider’s claim. They could be:
 - **WE** – Web based KIDS claim
 - **SF-BM** – Scannable Form – Full Bubble Menu
 - **SF-AM** – Scannable Form – Attendance Menu
 - **SF-FM** – Direct Entry claim
 - **MA** – Manual
- **OER button.** For each claim listed, you can click the [OER] button to print the Office Error Report for that claim. For information on this report, see *Managing Claim Errors*.
- **Stub button.** Once you’ve paid a claim using the Issue Payments function, you’ll see a [Stub] button for the claim. This will print the check stub (or direct deposit voucher, if the Provider was paid via direct deposit). If this claim was adjusted, you might not see the [Stub] button even if the claim has been paid. See *Claims with Multiple Claim Records* below for information Adjustments.
- **ReProcess.** This pulls up the Process Claims function focused on this one provider to re-process her claim. It’s a quick & easy way to reprocess a specific provider’s claim.

Examining Claim Details

The Manage Claim Details screen gives you every piece of information associated with a Provider’s claim. At it’s core is a table that will show you the claim’s Tier 1 & 2 counts, and related information. But from this interface you have access to large amount of information.

Screen Basics

- **Provider.** Indicates Provider's Name and Number.
- **Claim Month in View.** Indicates the claim month being examined.
- **Status.** Indicates the status of the given claim. Choices include Current, Late One Month, Late Two Months, and Adjustment. When a claim is created (either by being Processed or when created manually) it is assigned a Status of Current, Late One Month, or Late Two Months, depending upon what month the claim was for when it was processed.
- **Claim Tier.** Will indicate the claim's Tier – Tier 1, Tier 2 Hi, Tier 2 Lo, or Tier 2 Mixed.
- **Submission in View.** Indicates the date the given claim was marked as submitted to the state. If it has not yet been submitted, this will be noted as Current.
- **Processed Date.** Indicates the date the claim was processed. If the claim was re-processed, this will be the date of the most recent re-processing.
- **Payment Date.** Indicates the date the claim was paid. If it hasn't yet been paid, this will say "Not Paid."
- **Claim Source.** Indicates how the claim was received – via Scannable Forms, via the KIDS, or Manually Entered into the system. Using this, you can tell whether a claim was scanned, manually entered, or supplied via KIDS. Direct Entry claims are noted as Scannable Forms claims.
- **Hold History.** If the claim is currently on hold, or has ever been on hold, this information will be displayed. If the claim has never been on hold, this will not appear.
- **Adjust Claims button.** Click this button if you want to change any of the claim counts. For more details, see *Adjusting Claims* below.
- **Holds button.** Click this to put the claim on hold, or to take the claim off. For more details, see *Claim Holds* below.
- **Meal History button.** If a claim was Processed, either from scannable forms, via KIDS, or as a Direct Entry claim, then Minute Menu HX has a record of every child and meal claimed each day. If the Claim Source was Manually Entered, this button will not do anything. However, for processed claims, click this to view a calendar for this provider claim.

Manage Claim Details - Claim Mode (Single Claim)

Provider: Perez, Christopher 789789
 Status: Current Tier 2 Mixed
 Claim Source: Scannable Forms - Sponsor

Claim Month in View: 01/14
 Submission in View: Current
 Processed Date: 02/28/2014
 Payment Date: Not Paid

	Tier 1	Tier 2	Totals
Breakfast:	0	132	132
AM Snack:	0	36	36
Lunch:	17	22	39
PM Snack:	17	58	75
Dinner:	17	58	75
Evening Snack:	0	0	0
Attendance:	17	190	207
Participated:	1	9	10
Total Federal \$:	92.99	193.78	286.77
Total State \$:	0.00	0.00	0.00
Total Amount \$:	92.99	193.78	286.77

Days Attend: 22

Buttons: Adjust Claim, Holds, Meal History, Claim Errors, Meal Counts, Delete Claim, Close

This function can be extremely helpful when diagnosing specific

Examine Meal History

Select Provider: All [dropdown] A # [dropdown] Provider: Perez, Christopher 78978 [dropdown]

Review Meals for: Non-Infants Infants

Click on any day with meals shown to view or edit the meals for that day.

January 2014

Sun	Mon	Tue	Wed	Thr	Fri	Sat
			1 BALPD	2 BALPD	3 BALPD	4
5	6 BALPD	7 BALPD	8 BALPD	9 BALPD	10 BALPD	11
12	13 BALPD	14 BALPD	15 BALPD	16 BALPD	17 BALPD	18
19	20 BALPD	21 BALPD	22 BALPD	23 BALPD	24 BALPD	25
26	27 BALPD	28 BALPD	29 BALPD	30 BALPD	31 BALPD	

NOTE: A meal abbreviation in the calendar indicates that meal has been recorded on that date

Meal Key:
 B - Breakfast A - AM Snack L - Lunch P - PM Snack D - Dinner E - Evening Snack

Buttons: Print, Print Attendance, Child Attendance, Meal Details, Close

claim errors reported on the OER. From it, click on date in the calendar and choose [**Meal Details**] to drill down to a specific Infant or Non Infant meal. Click [**Print**] to print the Claimed Foods & Attendance Report which lists the details of the claim organized by meal and date. Or click [**Print Attendance**] to print a list of the children claimed with each meal and date the child was claimed for. If your agency is configured to examine daily in/out time information, you can also access that detailed information from this screen.

- **Claim Errors button.** You can (re)print the Office Error Report and/or the Provider Error Letter by clicking this button. This will print these reports to screen, and they can subsequently be printed to your printer, or you can put them into an Excel or similar file format. To understand these error reports better, please consult the Managing Claim Errors section of this manual.
- **Meal Counts button.** Click this button to (re)print the Meal Totals Report or the Claimed Attendance Summary Report. The reports will print to screen initially, and you can print them to the printer or to an Excel or similar file if you like. To understand the Meal Totals Report better, please consult the Managing Claim Errors section of this manual.
- **Check Stub button.** This will be visible if the claim has already been paid. Click it to re-print the check stub.
- **Close button.** Click to close the Manage Claim Details screen.
- **Delete button.** This button will only be visible if the claim can be deleted. Clicking it will delete the claim. See the section on Deleting Claims below for more information.

Claims with Multiple Claim Records

Minute Menu HX has been designed to help keep an accurate “paper trail” for all of your electronic records. When a claim is created in Minute Menu HX – either by being Processed or Entered Manually – a single Claim Record is created in the database. When you Mark the Claim as Submitted to the State (see *Managing Submission Dates* within the *State Claim Reporting* section of this manual), the Claim Record is locked in the database and cannot be edited further. But you may still need to change the claim counts associated with that Provider’s claim. Per Food Program guidelines, you can make upward adjustments for any claim that is less than 90 days old, and you can make downward revisions on any claim. When these adjustments are made, a new Adjustment Claim is created in Minute Menu HX.

If a Provider’s claim is submitted and adjusted after it’s submitted, you’ll notice the Manage Claim Details interface changes for that Provider’s claim, since there will be more than one Claim Record for that Provider that month (one for the original claim, one for the Adjustment). The new information on screen allow you to review the precise history of that Provider’s claim – both in terms of when it the claim revisions

Manage Claim Details - Claim Mode (Claim Month Group)

Provider: Perez, Christopher 789789 Claim Month in View: 01/14

Tier 2 Mixed

Claim Source: Scannable Forms - Sponsor

	Tier 1	Tier 2	Totals
Breakfast:	0	154	154
AM Snack:	0	36	36
Lunch:	17	22	39
PM Snack:	17	58	75
Dinner:	17	58	75
Evening Snack:	0	0	0
Attendance:	17	212	229
Participated:	1	10	11
Total Federal \$:	92.99	203.90	296.89
Total State \$:	0.00	0.00	0.00
Total Amount \$:	92.99	203.90	296.89

Days Attend: 22 ADA: 10.4

Buttons: Adjust Claim, Holds, Meal History, Claim Errors, Meal Counts

Claim Month Group Records:

	Processed/ Created	Status	Record Amount	Submission Date	Date Paid		
View	02/28/2014 12:53 PM	Current	286.77	02/28/2014	--		
View	02/28/2014 12:58 PM	Adjustment	10.12	--	--	Change Log	

Buttons: Close

were submitted to the state, and when it was paid.

When you view a claim that has more than one Claim Record, the meal count information you see will by default include totals for the entire month. Likewise, the Tier indicated at the top of the screen will be the final determined Claim Tier, after accounting for all adjustments. The Claim Status, Submission in View, Processed Date, and Payment Date fields are all suppressed when viewing the provider's full-month claim information, as those items are specific to individual Claim Records that make up the Provider's claim. Likewise, the [Check Stub] button will likewise be suppressed, as there may be a different check stub specific to individual Claim Records that make up the Provider's claim.

You'll also see a new section of the Manage Claim Details interface:

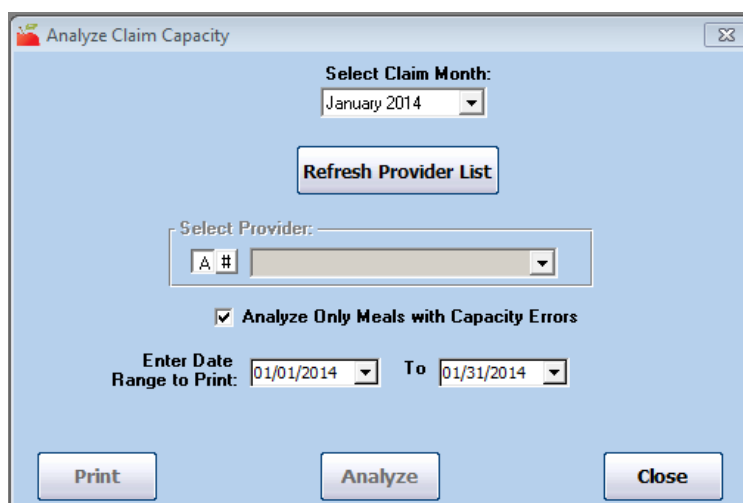
- **Claim Month Group Records.** This chart will list each individual Claim Record that exists for this Provider for this claim month. Each row will offer a variety of options:
 - **Processed / Created Date.** Indicates the date the Claim Record was created or processed. You can click the header to change the sort order of the Claim Records displayed.
 - **Status.** Indicates the claim status of the individual Claim Record. Column header can be clicked to sort list.
 - **Record Amount.** Indicates the total claim dollar amount associated with the given Claim Record. Column header can be clicked to sort the list.
 - **Submission Date.** Indicates the date the individual Claim Record was marked as submitted to the state. A double dash (--) will be displayed if the record has not yet been submitted. Column is sortable.
 - **Date Paid.** Indicates the date that the individual Claim Record was paid. A double dash (--) will be displayed if the record has not yet been paid. Column is sortable.
 - **Change Log button.** If any changes were made to the claim counts within the given Claim Record, the [Change Log] button will be visible. Click it to see only those changes associated with the specific Claim Record.
 - **Stub button.** This will be visible if the Claim Record was actually paid. Click the [Stub] button to see the check stub / direct deposit voucher that included payment for that particular Claim Record.
 - **View button.** Click the [View] button to change the focus of the Manage Claim Details screen so that it reflects only that specific Claim Record. After clicking this button, you'll notice the claim counts displayed in the Manage Claim Details grid reflect only this particular Claim Record's totals, rather than combined totals. The Tier displayed is specific to this Claim Record, as is every other piece of information displayed in the heading section. You'll also notice a new button becomes visible on screen:
 - **View Group Summary button.** Click this button to refresh the Manage Claim Details grid so that it displays information for the entire claim, rather than information for just a specific submission. (This is the mode the Manage Claim Details screen appears in by default).

The buttons that appear on the right (Adjust Claims, Holds, Meal History, Claim Errors, and Meal Totals Report) function in the same way regardless whether a specific Claim Record is in view, or the claim group summary.

Analyzing Claim Capacity

When you see an over capacity error messages on an OER, they can sometimes be difficult to diagnose. The **Claims >> Analyze Claim Capacity** function allows you to generate a report that gives specific guidance as to why a particular provider was over capacity.

When using the function, first **Select Claim Month** to analyze and then hit [**Refresh Provider List**]. With the OER in hand, you can identify one or more days to analyze, and choose that date range. Then hit [**Analyze**]. Assuming it finds capacity errors in the claim, you'll then be told to Print the Claim Capacity Analysis report.



This report lists each day, meal, and serving where an over capacity error was generated. It notes the counts of children allowed (by age group, if relevant to your state), and the counts of children actually present in each of those categories. It also notes special information that may be specific to your state. It may take some time to understand how to use this report, but it should help you get to the bottom of particularly thorny over-capacity issues. Typically, you will also want to print out a copy of the CIF and the Claimed Foods & Attendance Report for the given day in question.

Adjusting Claims

Claims are created initially when they are Processed or Entered Manually. Even late claims will be created in this fashion.

However, if you find that the claim counts that were determined when this initial claim was created for a particular Provider are inaccurate, then you may need to adjust the claim by adding or subtracting Tier 1 or 2 meal counts, attendance counts, participated counts, or the count of days claimed.

Claims that are created by Processing can be re-processed at any time. If you haven't marked the claim as submitted to the state and haven't paid the claim, then when you re-process it will simply

reset the claim meal counts. If you re-process a claim after it's been submitted to the state or after it's been paid, then an Adjustment claim will be created for that Provider automatically. So, for claims with a Claim Source of KIDS or Scannable Forms (which might also be Direct Entry manual form claims), if you find that the claim count was inaccurately determined when processing the claim as a result of inaccurate information on file for the Provider or for one of the Provider's children, we recommend that you correct the relevant information and re-process the claim (as described above in the section on *Creating Processed Claims*).

However, if the claim was manually entered, you will not be able to re-process the claim to fix any inaccurate counts. And in some cases, even for your Processed claims it's simply easier just to add or subtract a specific number of meals, rather than re-processing the claim. In these cases, you will need to manually change or adjust the claim.

Please Note: If you re-process a claim that you've made a change to using the Adjust Claims function (as described below), the manual change is erased/overwritten as Minute Menu will attempt to re-determine the claimed meal counts based on all the underlying meal & attendance.

Changes vs. Adjustments

There are two types of manual changes you can make to a claim: a claim change and an Adjustment Claim. Minute Menu HX takes steps to ensure an accurate "paper trail" is kept on all electronic records.

- Adjustment Claims:
 - When claims are submitted to the state, or whenever claims are paid, Minute Menu HX will lock those records so no further changes can be made to those specific records. So, if you change the meal counts for a claim that has already been paid or marked as submitted to the state, Minute Menu HX will actually create a new Claim Record for this Provider for this claim month that holds just the new claim counts (either positive or negative, depending upon the changes you make). This is an Adjustment Claim.
- Claim Changes:
 - If you change counts before the claim is paid or before it's submitted to the state, then the changes you make to the claim counts are applied directly to the original Claim Record. This is a claim change.

Because Minute Menu HX manages these distinctions automatically, your state claim reports and check register reports are always kept accurate, and completely consistent even after adjustments are made to a claim. For more information about these reports, check out the *State Claims Reporting* and *Managing Provider Payments* section of this manual.

Change Log. If a claim change has been made to a particular claim, you'll see a **[Change Log]** button on the

	Tier 1	Tier 2	Totals
Breakfast:	10	154	164
AM Snack:	0	36	36
Lunch:	17	22	39
PM Snack:	17	58	75
Dinner:	17	58	75
Evening Snack:	0	0	0
Attendance:	22	212	234
Participated:	1	10	11
Total Federal \$:	105.69	203.90	309.59
Total State \$:	0.00	0.00	0.00
Total Amount \$:	105.69	203.90	309.59

	Processed/ Created	Status	Record Amount	Submission Date	Date Paid		
View	02/28/2014 12:53 PM	Current	286.77	02/28/2014	--		
View	02/28/2014 12:58 PM	Adjustment	22.82	--	--	Change Log	

Manage Claim Details screen. Click this to get a list of all the changes that have been made to any individual Claim Record. The date of the change, the HX user who made the change, and a description of the change (with specific indications of meal counts) are all included in the log.

Making Adjustments / Changes

To manually change or adjust a particular Provider claim count:

1. Click the [**Adjust Claims**] button within the Claim Details window for a particular Provider’s claim. (See the above section on *Reviewing Claims* for help finding the Claim Details screen for a particular Provider’s claim). That will bring up the Adjust Claims interface (featured here).

	Tier 1				Tier 2				Total
	Month's Total	+	-	Result	Month's Total	+	-	Result	
Breakfast:	0			0	0			0	0
AM Snack:	0			0	0			0	0
Lunch:	0			0	0			0	0
PM Snack:	0			0	0			0	0
Dinner:	0			0	0			0	0
Evening Snack:	0			0	0			0	0
Attendance:	0			0	0			0	0
Participated:	0			0	0			0	0
Total Federal \$:	\$0.00			\$0.00	\$0.00			\$0.00	\$0.00

Reason for this change to this claim record:

Month's Total + - Result ADA:
Days Attend: 0 0 0 0

Holds Save Close

- a. **Note:** you can also access Adjust Claims directly from the Claims menu. If you do that, you’ll need to **Select Provider** and the **Claim Month** you wish to adjust. The **Claim Month** will come up by default with the most recent claim that has been submitted by the Provider, so be careful if you switch from Provider to Provider, as this month may change.
2. The Adjust Claims screen will contain certain basic information:
 - a. **Provider.** This field displays the name of the provider whose claim you are adjusting.
 - b. **Tier.** This field displays the Provider’s Tier based on the setting in the Provider’s file.
 - c. **Effective Tier.** This field displays the Provider’s effective Tier during this claim month, by examining the Tier starting & ending dates in the Provider’s file. When you save a change or adjustment to a Claim, the Claim Tier is re-determined by looking at this Effective Tier and by looking at the Claim’s overall meal counts. For example, if Effective Tier is “2”, and with your changes there are now both Tier 1 and Tier 2 meal counts, then the Claim Tier will become Tier 2 Mixed.

- d. **Status.** This field shows the status (current or late) of the claim you are adjusting.
 - e. **Submission Number.** This field shows you which submission of this claim that the adjustments will be recorded on (1st, 2nd, etc.). If you haven't yet marked any claim as submitted to the state, this field will read "1" and the adjustments will be included in the original totals when they are submitted (so the Claim Record will be changed, rather than causing a new Claim Record to be created as an Adjustment).
 - f. **Current Claim Month.** As a reminder, this field lists the system's current claim month.
 - g. **Holds.** If the claim is currently on hold, this will appear as a reminder of that fact.
3. Apply any claim changes you see fit:
- a. **Meal Totals: Plus (+) and Minus (-) Columns.** Use these columns to enter positive and negative adjustments, respectively, to the numbers in the Month's Total column. Make sure that you add and subtract meals in the correct Tier section.
 - b. **Attendance: Plus (+) and Minus (-) Columns.** As with the above fields, make sure that your adjustments are entered in the correct Tier fields and in the correct addition or subtraction column. After making any adjustment, Attendance must be greater than or equal to the highest meal count in the given Tier – so if you add a large number of meals in a given Tier, you will probably need to add Attendance in that Tier as well.
 - c. **Participated: Plus (+) and Minus (-) Columns.** If more or fewer children participated in this claim, you can add or subtract to the Participated counts. Be sure to apply the changes to Participating based on the appropriate Tier for the child if it's a mixed Tier claim.
 - d. **Days Attend.** Make any adjustments in the Plus (+) or Minus (-) Column.
 - e. **Reason for this change to this claim record.** Type the reason for this adjustment. This reason will appear on the Provider's Error Letter. A reason is required for every change / adjustment.
4. **Other changes.** If any other adjustments or changes have been made to this claim, a box showing when, who, and why each of those changes were made will be displayed so that you can make sure you don't make the same change twice by mistake.
5. **Void Claim.** This button acts essentially zeros out a claim automatically. It is the same as putting a negative meal count (and attendance count & participated count & days claimed count) for each meal equal to the amount of meals currently in the claim, bringing the claim's new totals down to zero (so the provider becomes a zero \$\$ claimer).
6. **Save.** Select this button to save the changes to this claim. When you do save, the system will verify that the claim information you are saving is appropriate based on the information on file for this Provider – cross checking meal counts, attendance, and participated with the number of days claimed and the number of enrolled Tier 1 or 2 children. Any failure in these checks will be presented on screen, which you may need to correct before you can save the claim adjustment. In addition, and special warnings relevant to the changes you are making will also be displayed when attempting to save. The window will close automatically when you save a change.
7. **Close.** Select this button to close the window. If you have entered unsaved information, you will be asked if you want to save or close without saving.

Once you make a change or adjustment to a claim, the Claim Details page will be updated to reflect this new information. See the *Claims with Multiple Claim Records* section above.

Deleting Claims

Occasionally you will find it necessary to delete a Provider's claim. In most cases this will be the result of a data entry error. But for whatever reason, if you need to delete a claim, you will be faced with two basic situations:

Deleting Unsubmitted/Unpaid Claims

If you have neither submitted the claim to the state nor paid it, you can completely delete the claim from the system. To do this:

1. Access List Claims
2. Filter the list to find the specific claim you wish to delete (choosing the appropriate Claim Month and the specific Provider whose claim you wish to delete), then hit [Refresh List].
3. Press the [Details] button for that claim
4. You will see the [Delete Claim] button on the bottom of the Manage Claim Details screen for that Provider's claim. Click that button to delete this particular Provider's claim. Note: If you don't see the [Delete Claim] button, that means the claim has either been submitted to the state already, or has already been paid, in which case you must follow the instructions on Deleting Submitted/Paid Claim.

Deleting Submitted/Paid Claims

Once a claim has been included in a claim submission that was sent to the state, or once a claim is paid, Minute Menu HX locks the claim to keep an appropriate paper trail, and you cannot delete that specific claim record any more. However, if the claim was erroneously entered into Minute Menu HX (and subsequently erroneously submitted to the state or paid), you still need to be able to remove the claim. In this case, you must effectively zero-out the claim, rather than deleting it entirely. To do this:

1. Open **Claims >> List Claims**
2. Filter the list to find the specific claim you wish to delete (choosing the appropriate Claim Month and the specific Provider whose claim you wish to delete), then hit [Refresh List].
3. Press the [Details] button for that claim
4. Click the [Adjust Claim] button for that claim.
5. On the Adjust Claim screen, supply meal counts, attendance counts, participated counts, and a days claimed count in the (-) columns to bring the claims total counts down to zero for all claim components. Supply a reason, then Save the adjustment.

Once you save this Claim Adjustment, you'll notice that the claim still exists, but all of its counts are completely zero. This effectively eliminates the provider's claim, but keeps an appropriate paper trail so the system still recalls the original claim record in the event of a state audit.

If you haven't already paid this Provider claim that you wanted to delete (so you only sent it with a state claim submission), then the next time you issue payments for this claim month, this claim will effectively be cleared out of the system. If you've already paid this Provider claim, then the next time you issue a check for this Provider, the system will allow you to factor this negative adjustment into the next check you cut for this Provider. See the section on Paying Providers for more information on how to manage this situation.

Deleting Adjustment Claims

You may need to delete an adjustment that you created in Adjust Provider Claims. As with original claims, you can delete the adjustment if you have neither submitted the adjustment to the state, nor paid it. To delete an adjustment:

1. Go to the menu Claims >> Adjust Provider Claims
2. Select the provider from the drop down list
3. Claim adjustments that have not been paid or submitted to the state will display at the bottom of the screen, under the Reason for Change field
4. Click the [Delete] button that you will see to the right of the adjustment description.

If the adjustment has been paid and/or submitted to the state, you will need to follow the procedure as above for deleting paid/submitted claims.

Claim Holds

There are two categories of “Holds” in Minute Menu HX:

- Provider Holds
- Claim Holds

If a Provider is placed on hold, then each claim received for that provider is automatically placed on hold when the claim is processed.

If a Claim is placed on hold, that claim cannot be paid, and it is excluded from all state claim reports (or any automated state claim transfer files).

Providers and Claims can be placed on hold independently of each other. For more information on managing Provider holds, see *Managing Provider Information* in this manual. There are several ways that you can put a claim on hold, or take a claim off hold.

When you manually enter a claim, you can indicate when entering that claim information that the claim should be placed on hold. When a KIDS or Scannable Forms claim is processed, it will be put on hold automatically if the Provider is on hold.

There are two methods to place a Claim on or off hold:

If you want to put a specific Provider’s Claim on or off hold:

1. Access the menu **Claims >> List Claims**, and filter that list to find the Provider’s Claim.
2. Access the **[Details]** for that particular Claim.
3. In the Manage Claim Details screen, click the **[Holds]** button. This will bring up the Manage Holds screen for that particular claim.
4. To place the claim on-hold, click the checkbox in the holds column.

#	Provider Name	Status	Claim Status	Submission Date	Submission to State		
					Date On Hold	Date Off Hold	Reason
875971	Anderson, Ariel	Active	Current		02/28/2014	<input checked="" type="checkbox"/>	
996124	Clarkson, Natalia	Active	Current			<input type="checkbox"/>	
234235	Perez, Chloe	Active	Current			<input type="checkbox"/>	
789789	Perez, Christopher	Active	Current	02/28/2014		<input type="checkbox"/>	
789789	Perez, Christopher	Active	Adjustment			<input type="checkbox"/>	
444555	Perez, Dawn	Active	Current			<input type="checkbox"/>	

- Once you check this column, the current date will appear in the Date On Hold, indicating that the claim was placed On Hold today. You can change the date if you like.
- To take a claim off-hold, the column will already have a check in it. Click that same checkbox to turn the check off. That will put the current date in the Date Off Holds column, indicating the claim has been taken off hold.
- Click the [Save] button when finished.
- On the Manage Claim Details page, you will see the On Hold & Off Hold dates if the claim has any hold history.

You can also review holds for all Claims at once, rather than one provider claim at a time:

- Access the menu **Claims >> Manage On-Hold Claims**
- Choose any appropriate filtering criteria and hit [Refresh List]
- You can re-sort the list by Submission Date or current Hold Status, to show all the Provider Claims that are On Hold on top.

Hold Reasons

If your Minute Menu system is configured to use Hold Reasons, you can add/edit reasons by going to **Claims >> Edit Hold Reasons**.

Block Claims

Federal regulations no longer require that you check every claim to determine whether the Provider is block claiming. However, Minute Menu HX has the functionality to check for block claims, if you wish to track these claims as an extra integrity check.

Minute Menu will automatically identify block claimers for all claims that are processed. This means that it can't look at manually entered claims, but it can look at Scannable Forms claims,

KIDS claims, and Direct Entry claims. In fact, Minute Menu will perform 8 different types of block claim analysis – basically, variations on each of the following:

- 15 Consecutively claimed days vs. the entire month
- Any meal is a block vs. all meals that are claimed are blocked
- Child counts can be examined vs. the specific children that are claimed.

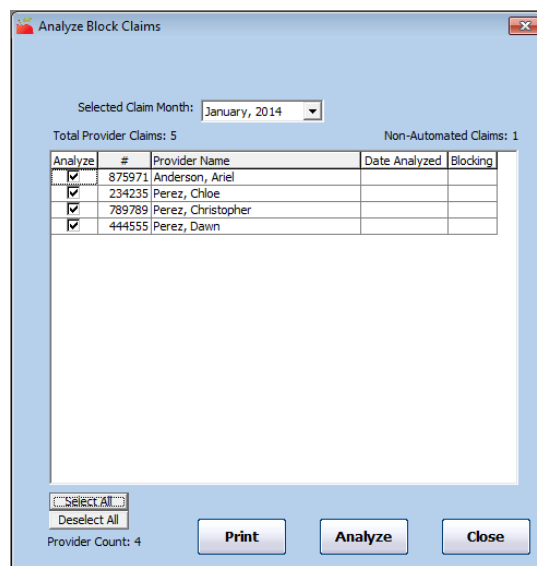
Analyzing Block Claims

Once you have Processed Claims, you can analyze them for block claiming. To do this, run **Claims >> Analyze Block Claims**.

When the interface loads, you must choose the **Selected Claim Month** whose claims you wish to analyze. The Current Claim Month loads by default.

All Claims that have not already been analyzed will be selected by default.

To begin analyzing the claims, click [**Analyze**]. You cannot run any other function on this workstation while analyzing block claims (although other Minute Menu workstations can do any task they like). It takes about 5 seconds per claim to analyze.



Once claims are analyzed, you’ll see that they have a **Date Analyzed**.

Once a claim is analyzed, the Blocking column will list either Y or N indicating whether the Provider has a block claim based on the federal definition. If this function determines that a Provider is block claiming, then it will populate the *Last Block Claim Identified* field on the “Other” tab of Manage Provider Information with a date that is the 1st of the claim month being analyzed. If this claim month also corresponds to the *First Block Claim Identified this Fiscal Year*, then that field is also populated automatically by this function.

After you’ve analyzed block claims, click [Print] to print the Block Claimers Report.

The count of **Non-Automated Claims** that appears in the heading of this function includes all claims that have been entered manually into Minute Menu. This function cannot analyze those claims, so you must check those claims by hand. If you handle all manual claims as Direct Entry claims, then this count will always be zero.

Re-Analyzing Claims

There is no need to re-analyze claims if you re-process them. The Analyze Block Claims function looks at a claim’s underlying attendance data. When you re-process a claim, this may produce different claimed meal counts for reimbursement, but it doesn’t change the underlying attendance.

You only need to re-analyze claims if you change the underlying attendance data. This could happen if you re-scan a set of scannable forms. Or it could happen if you edit the attendance data for a claim in Minute Menu.

To re-analyze a claim, find that Provider's claim in the Analyze Block Claim interface and specifically click it in the "Analyze" column. By default, claims that have already been analyzed will not be selected.

Block Claim Monthly Report and Home Visit Schedule Changes

You can print the Block Claimers Report from this function, or from **Reports >> Claim Data >> Block Claim Monthly Report**.

You cannot run this report on a claim month if you have not already analyzed any claims in that month.

When printing this report, you will be presented with the Provider Filter. Apply any criteria that you see necessary. For more information, consult the *Reports* chapter of this manual.

You'll also be presented with a Block Claim Options filter, asking two questions:

- **Exclude Providers Already Validated.** If this filtering option is checked, then Providers who have already been validated in their current review year will not be printed on the report.
- **Choose Blocking Report option.** This allows you to choose from any of the 8 block claim definitions that Minute Menu checks. The default choice: *Fifteen Days Any Meal by Count* is the original federal definition. Some agencies also like to look at the most restrictive definition: *Full Month All Meals by Child*, and begin the household contacts process with these Providers.

The report output will list all Providers who have been determined to be blocking within the month by this Analyze function. (Any manual claims that have been determined to be blocking manually cannot be displayed on this report list).

During the next monitor review you will want to ask the Provider for a reason why the block claim is occurring. If this reason is valid, you can note the reason in Manage Reviews. So when you do find a block claim, you may need to adjust the Next Required Review date in that Provider's file, depending upon when the next visit to that home has been scheduled.

The Analyze Block Claims function does NOT automatically change review schedules, so the Block Claimers Report is the most effective tool to determine how your home visit schedules may need to change. The report will note the Provider's next Review Due Date, based on the value found on the "Other" tab of Manage Provider Information.

See also the **Managing Review Information** chapter, section on *Identifying Who Must Be Visited and When*, for further tips on adjusting home visit schedules because of block claiming.

Claim Processing Best Practices: Verifying Accuracy

This section is intended to recommend specific claims processing quality assurance internal controls to help you make sure you stay in compliance with all federal and state claim edit checks while using Minute Menu to process claims on an automated basis.

Overview

Sponsors who use Minute Menu rely on it to automate the processing of claims, a process previously performed manually by staff who read paper menus and meal count forms. With the Minute Menu software, these claims will be processed by the computer, after the menu and/or meal count data has been entered into the Minute Menu database via one of three methods: (1) scannable forms, (2) on-line data entry, (3) direct data entry.

Internal controls should be developed by all agencies for virtually all processes done on a repeated basis. When processing claims by hand, certain pre-existing quality assurance procedures would typically have been followed as an internal control to ensure those claims were processed accurately. With the use of Minute Menu, new procedures should be followed to ensure appropriate ongoing accuracy in claims processing.

Brief Background

When Minute Menu processes a claim, the system applies any number of up to approximately 160 rules to every child, day, meal, and menu that is part of the claim. These rules are listed in this manual on the chapter **Managing Claim Errors**, and as noted in that chapter, can be configured to behave in different ways for different agencies and different state rules.

The information that Minute Menu processes for any given claim is supplied to the Minute Menu database via one of three primary methods.

Scannable Forms: Providers can supply meal count and menu information on scannable forms, which are scanned into Minute Menu using a high speed OMR scanner. There are two primary types of scannable forms: Attendance Menus – which don't contain bubbles for food numbers, and therefore don't import food information; and Full Bubble Menus – which contain both food & attendance information.

WebKids/MMKids (formerly WebHX): Providers can also supply information via an on-line software tool suite known as KIDS. This allows the Providers to record food and attendance information, and transmits that information automatically into the Sponsor's Minute Menu database.

Direct Entry: Providers can submit information on hand-written menu & meal count forms, as they had done prior to the adoption of Minute Menu. When these claims are submitted, they can be processed completely manually. Or, Sponsors can opt to process the menu portions by hand, and enter the attendance data as it stands into Minute Menu directly (along with any menu disallowances), so that Minute Menu can process the claim just as if it had been scanned or submitted via on-line entry.

Any quality assurance process must therefore:

- 1) Ensure Minute Menu is accurately processing claims (ie, it is applying proper rules to allow/disallow and pay), regardless of claiming method of provider.
- 2) Ensure any method of data collection used is accurately performed

Claims Processing Quality Checks

The best way to ensure that Minute Menu is processing claims accurately is to compare it's automated claims processing with claims that are processed by hand.

To process a claim by hand, print the **Claimed Foods & Attendance** Report for each claim that is to be manually processed. Using the information in that report, and referring to information on file for that Provider and her children, process the claim manually. Then compare the results with those shown on the **Office Error Report**. There should be no discrepancies. If any discrepancies are found, the source of the cause of that discrepancy should be identified and appropriate action taken (including possible data entry procedure changes, claim review changes, and Minute Menu software configuration changes). In diagnosing claims in detail, besides the Office Error Report, you may also want to print the **Meal Totals Report** (which shows what the provider was paid, day by day), the **Claimed Attendance Summary** (which shows counts of what the provider attempted to claim, day by day), and the **Claimed Foods & Attendance by Tier Report**, which shows for each meal whether a child was reimbursed at Tier 1 or Tier 2 rates (designated with T1 or T2) or whether a child was disallowed (designated with an X).

This procedure should be done roughly twice yearly. Each time, pick an arbitrary claim month, and pick a small number of claims to analyze that represent the broadest cross section of claiming scenarios (different license types, tiering situations, foster care, etc). Typically, no more than 5 claims would need to be analyzed when performing the quality check.

Scannable Forms Quality Checks

When checking scannable forms, an appropriate quality control procedure must ensure that the information that ends up in Minute Menu is exactly what was marked on the form. The best way to ensure that Minute Menu is reading forms properly is to compare what is filled out on a form, manually, with what Minute Menu interprets for that form.

For Full Bubble Menus, this would involve looking at a single provider's forms (both Infant and Regular Menus), and comparing it after scanning & validation with the Claimed Foods & Attendance Report. The foods and children listed on that report should match precisely the children marked on that form (with child numbers taken from the CIF) and the foods or menu plans marked on that form (with food numbers taken from the Food Chart, and any master/cycle/ez menus used referencing the master/cycle/ez menus set up in Minute Menu and listed on the relevant Menu Planning report). If any discrepancies are found, appropriate action should be taken (which may include cleaning or re-calibrating the scanner, updating errors in your food chart or planned menus, or otherwise contacting Minute Menu or scanner support).

For Attendance Menus, foods are not going to appear on the Claimed Foods & Attendance Report – only child attendance. So, one additional step is necessary, and that is to examine the Office

Error Report to ensure any meal marked as disallowed on the form by the Sponsor because of bad foods is also disallowed in the claim.

This procedure should be done roughly twice yearly. Each time, pick an arbitrary claim month, and pick a small number of claims to analyze. Typically, no more than 3 claims of any form type would need to be analyzed.

WebKids/Kids Quality Checks

When checking WebKids/Kids claims, Sponsors must confirm that the information recorded by Providers is actually what they are using the process the claim.

The best way to do this is to have Providers print a Claimed Foods & Attendance Report in WebKids/Kids immediately prior to submitting the claim to the Sponsor, looking over it to ensure it's accurate, and send it to the Sponsor's office. In the office, the Sponsor would print the Claimed Foods & Attendance Report for that Provider out of the Sponsor software and confirm that the two are identical. If any discrepancies are found, contact Minute Menu support to resolve the discrepancy.

This procedure should be done roughly twice yearly. Each time, Sponsors must coordinate with a Provider in advance of submitting a claim, to ensure they send in their claim data. Typically, no more than 3 Providers need be checked.

Direct Entry Quality Checks

When checking directly entered claims, Sponsors must ensure that the information entered into attendance by their data entry staff properly matches the information supplied by Providers on their manual forms.

The best way to do this is to manually compare the information found in Minute Menu for a given claim, by printing the Claimed Attendance Detail Report, with the information submitted by Providers on their meal count forms. In addition, though, you should look at a claim's Office Error Report, and check to ensure any meals that should have been disallowed were actually disallowed, since those meal disallowances are entered into the system by reading the provider's menu forms. If any discrepancies are found, resolve the problem with data entry staff, or contact Minute Menu in the event the problem does not appear to be caused by data entry inconsistency.

This procedure should be done roughly four times yearly. Each time, Sponsors should pick 2 or 3 claims entered by each individual staff member that does the direct data entry.

XIII. Managing Claim Errors

Both while and after claims are processed you have the option of printing one of several different provider-specific claim reports, including:

- Office Error Report
- Provider Error Letter
- Meal Totals Report

Office Error Report

The Office Error Report and Provider Error Letter are virtually identical. They both provide a quick claim overview in the header, tailored to the intended audience – you or one of your providers. They both also list the specific errors that occurred when processing the claim – although some errors are specifically excluded from the Provider Error Letter (like Child Tier errors, which shouldn't be distributed to the Provider for confidentiality reasons).

The Office Error Report provides you with both a detailed, error by error analysis of the claim, as well as a header that providers an overview of the provider's claim counts as determined by the Minute Menu Processor. The header appears as follows:

Days:	19						Date Claim Received: 02/02/2010
Attendance:	171			Pre-Review by _____	Date: _____	Checked By: _____	
Tier 1 Attend:	171	Tier 2 Attend:	0	Post-Review by _____	Date: _____	Date Changed: _____	
Participated:	9			(Optional Office Use)		Reasons for change:	
Tier 1 Part:	9	Tier 2 Part:	0				
<u>Tier 1 Additions / Deduction #Disallowed</u>			<u>Tier 2 Additions / Deduction #Disallowed</u>				
Breakfast:	81		0	0			
AM Snacks:	115		7	0			
Lunch:	149		9	0			Date Changed in computer: _____
PM Snacks:	91		9	0			<input type="checkbox"/> Claim Has Been Paid
Dinners:	49		9	0			<input type="checkbox"/> Claim Submitted to State
EV Snacks:	0		0	0			
Tier 1 Amt:	669.93	Claim Amount:	669.93	Tier 1 State Amt			18.91
Tier 2 Amt:	0.00			Tier 2 State Amt			
				State Claim Amt			18.91

From this information, you can get an exact picture of what the Days Claimed, Total Attendance, Total Participated, and Tier 1 & Tier 2 Meal Counts were for the given provider's claim. You also see the reimbursement dollar totals for the claim. And you get a specific count as determined by the Processor of the number of children that were disallowed for each meal type.

The header of the Provider Error Letter can be completely customized. To create your own text, go to Administration >> Manage Sponsor Information and click on "Heading Texts". The Provider Error Letter will be generated in Spanish if the Provider is configured with Spanish language as a preference.

When choosing to print these reports, you can choose the Long Version or the Short Version. The Long Version provides all of the details of each error listed in chronological order, which tends to make it easier to follow, but can use lots of paper (especially for extremely problematic claims). The Short Version is a much more truncated version of the error, so it doesn't use as much paper but is a bit more cryptic.

Using the Office Error Report to Make Claim Count Changes

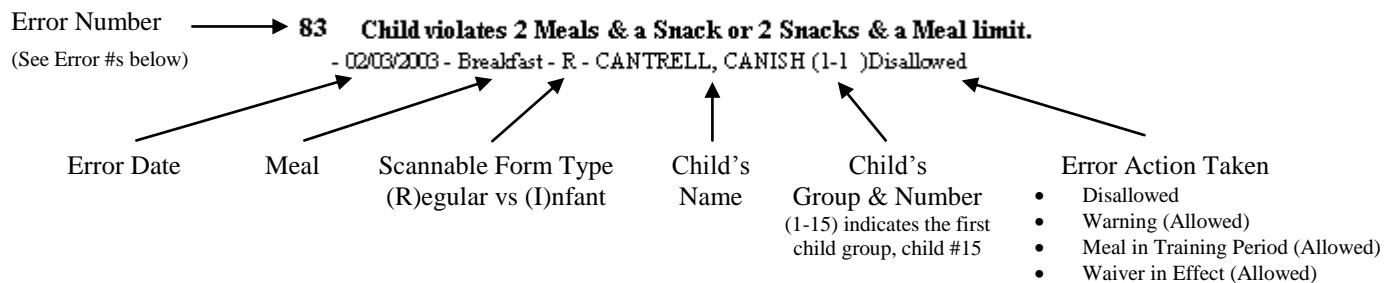
In certain cases, you may want to change the meal counts that were computed automatically by the Minute Menu Processor. You can use the Office Error Report and the Meal Totals Report (see below) to determine if any changes need to be made. The Office Error Report has been designed like a worksheet to help you deal with any possible changes, so you can make hand-written notes. Write the increased or decreased meal count values in the spaces provided, and then use those notes to enter the count changes with the Adjust Claims function in the software. (Note: after you use the Adjust Claims function, all of the numbers in the Office Error Report header will reflect the new totals, except the Disallow counts which are determined solely by the Minute Menu HX Processor, and remain unaffected by the Adjust Claims function). For more information on how to make claim changes, see that section in this instruction manual.

Specific Claim Errors

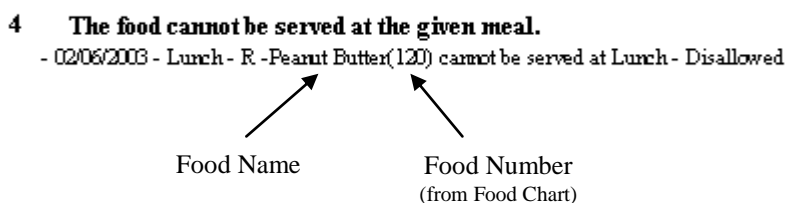
Regardless whether you choose the Long or the Short Version, beneath the header section of the Office Error Report and Provider Error Letter you will see an itemized list of each error that was found by the Minute Menu Claim Processor. All error messages are formatted in the same general fashion, with the primary error message listed as a header in bold type, above specific explanations of when the error occurred. There are four primary types of error messages:

- Child errors (disallowing or warning for a specific child)
- Meal errors (disallowing or warning for all children served in a given meal)
- Day errors (disallowing or warning for all meals served in a given day)
- Miscellaneous errors

Long Error Format Explanation

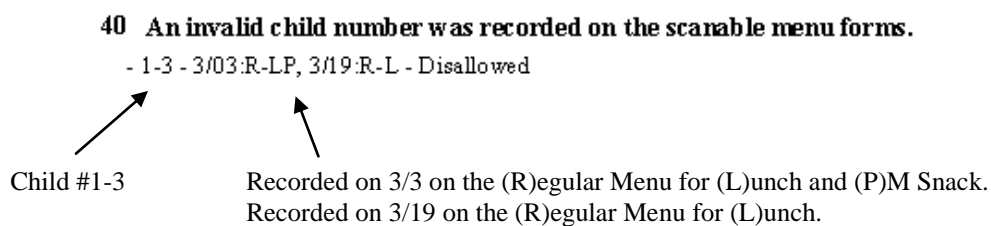


In a slight variation, Long Version Meal errors will also sometimes list specific foods:



Short Error Format Explanation

Short Format errors contain the same information, but formatted in a different manner.



Capacity errors also reference specific Serving # (i.e., children served at the 1st shift of breakfast as opposed to the 2nd shift of breakfast, when breakfast is served to two shifts of children).

A list of every error generated in Minute Menu, along with a potential cause of that error as well as potential courses of action to eliminate that error from the claim, are listed in the Error List section below.

Meal Totals Report

The Meal Totals Report provides a day by day, meal by meal view of approved meal counts by Tier.

Date	Breakfast			AM Snack			Lunch			PM Snack			Dinner			Evening Snack			Attendance	
	Tier 1	Tier 2	Dis	Tier 1	Tier 2	Dis	Tier 1	Tier 2	Dis	Tier 1	Tier 2	Dis	Tier 1	Tier 2	Dis	Tier 1	Tier 2	Dis	Paid	Disallow
01/4/2010	8	0	2	8	0	2	8	0	2	0	0	0	0	0	0	0	0	0	8	2
01/5/2010	8	0	2	8	0	2	8	0	2	0	0	0	0	0	0	0	0	0	8	2
01/6/2010	7	0	3	7	0	3	7	0	3	0	0	0	0	0	0	0	0	0	7	3
01/7/2010	9	0	2	9	0	2	9	0	2	0	0	0	0	0	0	0	0	0	9	2

Looking at this report, you can see exactly what the Minute Menu Processor approved for each meal claimed in the month for a given provider. When examined in tandem with the Office Error Report, you will have a precise picture of exactly how all Minute Menu counts are derived. When just getting started with Minute Menu, you may want to compare these processing results with the original scanned claim data, or the on-line claim information. You can get a complete picture of what meals were claimed by accessing List Claims >> Details (for any particular provider claim) >> Meal History. For more information on managing claim information, see that section in this manual.

Error List

When Minute Menu HX Processes a claim submitted on-line or via scannable forms, it performs over 150 checks on each and every meal claimed. Depending upon how Minute Menu has been configured for you, some of these checks may be ignored, some of them may generate warnings, and some of them may disallow a specific child, meal, or day.

The following is a complete list of all errors generated by Minute Menu HX, as well as a quick synopsis of what causes the error, so that you can better deal with claim errors that are generated. Each error message is listed with both it's internal error number and the error name. When contacting customer support for assistance in dealing with an error, please note both the error number and description.

Some of these errors may not be relevant to your Sponsorship, depending upon how Minute Menu is configured. If you wish, these error messages can be tailored to meet your needs. So, if you do not wish to see certain errors on your internal Sponsor Error Report, or you don't wish certain errors to be generated on your Provider Error Letters, please let us know and we can customize the display of these errors for you.

Note on Internal Errors

Many of these errors can cause a meal, child, or day to be disallowed. They can also simply cause a warning message to be generated. By default, all but a few of the errors if generated as a warning message will only appear on the internal Office Error Report. These errors will be listed with a "(I)" next to the description of the error itself on the OER. These errors can also be configured to appear on the Provider Error Letter, with either the same descriptive text or modified descriptive text. If you would like to modify the configuration of any of these errors, please email hx-support@minutemenu.com.

1 The same food was served twice in the same meal.

This error is generated when a provider has recorded the same food as two different meal components. For example, Baked Beans as a Meat / Alternate and as a Fruit / Juice / Vegetable.

This disallows one of the two identical food components, which will disallow a Breakfast, Lunch, or Dinner, but may or may not disallow a Snack.

While a provider is in training, this error does not disallow a meal.

2 Inappropriate food combinations were served in the same meal.

Minute Menu can be configured so that certain foods are grouped together, and when those foods are served together in the same meal, the system will throw out one of the two foods. For example, you may decide that Carrot Juice should not be served with Carrots, as the two items are too similar. So, when served together, this error is generated.

To create combination rules, go to Administration >> Manage Food Combinations. Any two foods can be combined together to generate either a warning or a disallowance if served together, and any number of combinations can be created.

This will warn or disallow one of the two similar foods components, which (if configured to disallow) will disallow a Breakfast, Lunch, or Dinner, but may or may not disallow a Snack.

While a provider is in training, this error does not disallow a meal.

3 The food served is not recommended for children of the given age group.

When setting up your Minute Menu Food Chart, you will indicate which foods are not appropriate for children under 1 year of age. You will also indicate which foods should specifically be setup for Infants only. We can configure these foods so that if served to a child in the wrong age group, the system will disallow the given food, or merely generate a warning if the food is allowable, but not recommended. This particular error is generated when a food is served that is allowable for a child in a given age group, but not recommended. This does not disallow the food component, nor (as a result) the meal.

If you would like changes to the way your agency handles this particular error for any given food, please contact Minute Menu support.

4 The food cannot be served at the given meal.

You will indicate on your Minute Menu Food Chart that certain foods are appropriate at Snacks Only, or for Breakfast and Snacks, or for some other specific combination of meals. This error is generated when one of those foods is served at a meal for which the food is not approved.

If you would like changes to the way your agency handles this particular error for any given food, please contact Minute Menu support.

This disallows the given foods component from the meal, which will disallow a Breakfast, Lunch, or Dinner, but may or may not disallow a Snack.

While a provider is in training, this error does not disallow a meal.

5 The food is not approved as given meal component.

This error is generated if the provider has attempted to claim a food as a particular type of food (for example, a Meat / Alternate), when the food is setup as a different type of food (for example, Bread / Alternate).

If you would like changes to the way your agency handles this particular error for any given food, please contact Minute Menu support.

This disallows the given foods component from the meal, which will disallow a Breakfast, Lunch, or Dinner, but may or may not disallow a Snack.

While a provider is in training, this error does not disallow a meal.

6 The food cannot be served to children of the given age.

This is exactly like Error #3, except that it actually disallows the given food (rather than just noting it as not recommended).

If you would like changes to the way your agency handles this particular error for any given food, please contact Minute Menu support.

This effectively disallows the given foods component from the meal, which will disallow a Breakfast, Lunch, or Dinner, but may or may not disallow a Snack.

While a provider is in training, this error does not disallow a meal.

7 A meal component was missing from the meal.

This error is noted only for meals where all foods are required – including Lunch, Dinner, and Breakfast, but excluding Snacks, and certain infant meals.

This error is relatively straightforward when analyzing Regular Menu scannable forms, or claims via KIDS for children of all ages. But when examining Infant Menu scannable forms, you will sometimes see this error even when it appears all meal components have been supplied, because they've been supplied for the wrong age range.

While a provider is in training, this error does not disallow a meal.

8 A food number supplied on a scannable menu is not a valid food number.

For provider claims processed via scannable menu forms, this error indicates that a given food number marked on the bubble form does not correspond to a food setup in the Food Chart. The food number should be listed. Any asterisk (*) listed here indicates that the particular component of the number (the ones place, tens place, or hundreds place) had two different numbers bubbled in by the Provider.

If you see this error, consult your printed Food Chart to ensure that the food number marked by the Provider actually does not exist. If for some reason it does, then your food database may not be properly set up; if this is the case, please contact customer support.

This effectively disallows the given foods component from the meal, which will disallow a Breakfast, Lunch, or Dinner, but may or may not disallow a Snack.

You should never see this error on anything but Full Bubble Menu scanned claims unless you manually document this error in Claims >> Manually Record Errors for Direct Entry Claims. If you do see this error in those cases, please contact customer support.

While a provider is in training, this error does not disallow a meal.

9 At least two valid foods must be served at snacks.

This error is generated when there are not at least two valid foods indicated as served with a given snack. This disallows the snack.

While a provider is in training, this error does not disallow a meal.

10 Parent supplied formula was served to a child whose file indicates the provider supplies formula.

Minute Menu examines a child's enrollment file for the infant formula preference when determining whether a given infant meal has all the required components to warrant reimbursement. This means regardless of the type of formula noted by the provider when filling out claim forms (either when marking the scannable forms or using KIDS), the reimbursement will be based on the child's file. When a discrepancy exists between the type of formula noted in the child's file, and the type of formula noted by the provider for the given meal, this error would be generated. So, in this case, the provider would mark formula #13 (Parent Supplied Formula) on the scannable forms or in KIDS, but the child's file indicates that the child is to be served Provider Supplied Formula / Breast Milk.

This error is generated as a warning only. Meal reimbursement is based on the child's file and other infant meal components. This warning message can be disabled, so it will never be shown.

11 A non-special diet child was served special provision milk.

This error is generated when an infant is served special provision milk, even though that child's file does not indicate the child is on a special diet.

This error is generated as a warning only.

12 Provider supplied formula was served to a child whose file indicates the parent supplies formula.

See Error #10. This is the reverse situation of that error.

13 A special diet child was served.

This error is generated when a child whose file indicates the child has a special diet is served in a meal.

This error is generated as a warning only. This warning message can be disabled for either infants, non-infants, or both.

16 A Dr's statement has not been received for the special diet child(ren) served during the month.

This error is generated when an infant who is noted as having a special diet is served special provision milk, but you have not indicated that you've received a Doctor's Statement for that child.

This error could be generated as a warning or disallowance, or could be disabled.

17 Snacks cannot include only Milk and Juice, another food must also be present.

This error is generated when the only valid, approved foods at a Snack are Milk and Juice. While a provider is in training, this error does not disallow a meal.

19 Snacks served to 8-11 month old Infants require either Juice or Formula/Breast Milk to be served.

This error is generated when an 8-11 month old infant is served a snack without a Formula/Breast Milk or a Juice. This error will disallow the snack.

While a provider is in training, this error does not disallow a meal.

22 Meals were claimed on dates that fell after this provider's CACFP agreement expired. Verify provider's yearly CACFP application.

Minute Menu can be configured so that you store an annual provider contract expiration date for each of your providers. Not related to licensing or tiering, this is a date that is used in some states when provider contact renewals (with their Sponsors) are actively checked.

If you utilize this feature, you will notice a field called “Current CACFP Expiration” within the Manage Provider Information interface’s General tab. If no date is in this field, or a date that has been passed, then this error will be generated.

This error can be configured to disallow all meals served on the dates that fall after this date, can be figured to warn for a period of months and then disallow all meals served, or can be disabled so it is not generated. Likewise, the field can be turned off so that you don’t even store it in the provider file.

23 Meals were claimed on dates that fall before this provider's CACFP original start date.

Minute Menu stores an original CACFP contract date for all providers. You will notice the field “Original CACFP Start Date” within the Manage Provider Information interface’s General tab. If no date is in this field, or a date which has not yet been reached, then this error will be generated. It will always cause all meals on these dates to be disallowed.

24 Meals were claimed on dates that fall before this provider's license start date.

Minute Menu stores child care licensing starting and ending dates. Your state’s licensing agency may supply either, both, or neither of these fields. If they are not furnished by the state, you will typically need to supply some kind of value for these fields, like 1/1/1950 for the start date and 12/31/2050 for the end date. You will notice the fields “License Start Date” and “License End Date” within the Manage Provider Information interface’s License tab.

This error is generated when the license start date has not yet been reached. It could be configured to disallow all meals on days prior to the license start date, merely generate a warning, or it could be disabled.

25 Meals were claimed on dates that fall after this provider's license end date. Verify license re-application.

This error is generated when the license end date has been passed. It’s based on the License End Date found on the “Licensing” tab in the Manage Provider Information function.

It could disallow all meals served on dates that fall after the license end date. It may also generate a warning for a few months, and then begin disallowing claims after a few months have passed. Or, it can be completely ignored.

26 Meals were claimed on dates that fall between Relocation and Relocation Approval dates.

Minute Menu can be configured to help you keep track of providers who move. When this feature is turned on, you will notice the fields “Date of Move” and “Approval Date” within the Manage Provider Information interface’s Contact tab.

Once you supply a Date of Move, all days claimed after the Date of Move will either be disallowed or generate a warning, until the Approval Date has been reached. If these fields are both blank, or both contain dates in months past, then they have no impact on your claim. You will only see errors when Processing a claim with meal dates in between the Date of Move and Approval Date.

27 Meals were claimed on dates when the Provider was closed.

Providers can indicate either via KIDS or on their CIF the days in the month (and the meals within those days) that they were closed. This is entered via the Manage Provider Calendar function in the Sponsor software or in KIDS.

When processing, if the provider claims days on which they were closed, this error can be generated to disallow all meals on that day, or simply as a warning.

28 Meals were claimed on dates that fall after the provider was withdrawn.

When you remove a provider (either via the List Providers function, or the Manage Provider Interface), you must supply an effective Removal Date.

This error is generated for all days claimed after the provider's Removal Date. It can disallow all meals claimed on these days, generate a warning, or be completely disabled.

29 Meals were claimed on a holiday.

You can utilize the Sponsor Calendar function to setup specific holidays. Providers can affirmatively indicate that they are open for business on these holidays in the Provider Calendar (if they use KIDS) or by noting it on their monthly CIF (which allows you to then record this information in the Provider Calendar in your Sponsor System).

This error is generated when a provider claims a meal on a holiday (as set up in the Manage Sponsor Calendar function), and there is no indication that the Provider was open on that holiday via the Provider Calendar. This error can be configured to disallow the meals claimed on the holiday, as a warning, or this error can be completely disabled. The error can be further configured so that if the Provider Calendar has an indication that the Provider is Open on the holiday, the system can do nothing (thus paying the provider), generate a warning, or can disregard the presence of that Provider is Open calendar entry and still disallow the provider on a holiday – thus disallowing every provider for every holiday.

(This check can also be performed at the level of individual children, see below).

30 Provider is not approved to serve meals on a day of the week when meals were served.

Minute Menu can be configured so that for each provider you can store the days of the week which the provider is approved to serve children. This is stored on the "Meals" tab of the Manage Provider Information function. If the provider actually claims a meal on a date in which their file indicates they don't care for children, this error can be generated.

It can be a warning, or cause meals on those days of the week to be disallowed, or it can be completely disabled.

32 Provider is not approved to offer a particular meal that was served.

Minute Menu can be configured so that for each provider you can store the meals during the day which the provider is approved to offer to children. This information is recorded in the Manage Provider Information function within the "Meals" tab – checkboxes for each meal of the day must be marked in the Meals Allowed section. If the provider actually claims a meal during the day that the provider is not approved to serve, then this error can be configured to appear if the Provider claims a meal that she is not allowed to serve as noted in the Manage Provider Information function.

It can be generated as a warning, it can disallow these meals, or it can be disabled.

33 A hand-recorded food was not approved.

If you utilize Minute Menu's Attendance Menus, where foods are hand-written rather than bubbled, then you will see this error for any meal where you or your staff has specifically

disallowed a given meal component by marking the appropriate bubble on the form. This will disallow a Breakfast, Lunch, or Dinner, but may or may not disallow a Snack. (For Snacks, at least 3 food components must be disallowed).

If you see this errors on a Full Bubble Menu, it may be that the Full Bubble Menu was scanned using the Attendance Menu scanning option. If this was done, the claim will need to be rescanned.

If a provider is in training, then this will be generated as a warning.

34 A meal was rejected as recorded on the Attendance Form.

If you enter Direct Entry claims, you can record both attendance and any meal disallowances. If you disallow a meal for a Direct Entry claim, this error is generated.

If you see this errors on a Full Bubble Menu claim, it may be that the Full Bubble Menu was scanned using the Attendance Menu scanning option. If this was done, the claim will need to be rescanned.

If a provider is in training, then this will be generated as a warning.

35 The planned menu as indicated on the Attendance Menu was rejected.

If you utilize Minute Menu's Attendance Menus, where foods are hand-written rather than bubbled, then you will see this error for any meal where you or your staff has specifically disallowed a given meal by indicating the Master Menu was invalid (by marking the "MM" bubble in the disallow column(s) on the form).

If you see this errors on a Full Bubble Menu claim, it may be that the Full Bubble Menu was scanned using the Attendance Menu scanning option. If this was done, the claim will need to be rescanned.

This will disallow the meal. If a provider is in training, then this will be generated as a warning.

36 A meal was recorded, but no children were recorded in attendance.

In some cases, providers will mistakenly record a meal but not mark any children in attendance. When this occurs, there is little you can do to deal with the situation, as there is no way for you to know what children actually did attend the meal. This error is generated to let you (and the provider in question) know this situation occurred, so the provider will be less likely to make this mistake again. This error should typically only happen on scanned claims.

37 Child not present at meal time according to daily in/out times

Some Sponsors must obtain daily attendance (in/out) time information for all of their children. If this information is obtained, then this error message is issued if a child was marked as attending a given meal, but according to that child's attendance (in/out) time information on file for that day, the child was not actually in care while the meal was being served. This data is entered in KIDS via Record In & Out times, and via Scannable In/Out forms.

This error can not be generated if there are no daily in/out times for the children. Likewise, it cannot be generated if there are no daily meal times for the meals served by the Provider (although these meal times can be pulled from the Provider's file, if your agency chooses to do so for scannable form Providers).

This error can be generated as a warning, or it can disallow the child from the meal.

38 The child was not yet enrolled as of meal date.

This error will be generated if a child is claimed prior the child's date of enrollment. Consult the child's Enrollment Date on the "Child" tab of the Manage Child Information function. It will always cause the given child to be disallowed.

39 The child not yet born as of meal date(s).

This error is generated when a child is marked for attendance prior the child's date of birth. This frequently means the child's date of birth is incorrect, and should be verified. Consult the child's Birth Date on the "Child" tab of the Manage Child Information function.

It always causes the given child to be disallowed.

40 An invalid child number was recorded on the scannable menu forms.

If a provider marks a child number of a scannable form that does not correspond to a child who was actively enrolled with the provider during the given claim month, this error will be generated. The unknown child will not be reimbursed.

In some cases, this can be caused by smudges that appear on the form. Since these smudges will have been unintended, and the provider won't receive reimbursement for the unknown child anyway, these cases have no effect on the given claim's meal counts.

In most cases, children are associated with the meal & attendance records when the forms are processed. So if you scan or manually enroll new children *after* you scan the menu/attendance forms, usually when you re-process the claim, this error will go away. If for some reason it does not, and you've verified that the child has been properly enrolled, just re-scan the menu/attendance forms, and the error should disappear.

42 The special needs child is older than the state's max allowable age for special needs children on the given meal dates.

Typically, special needs children are eligible for Food Program reimbursements at much older ages than non-special needs children. This error will be generated for special needs children who are over the state's special needs age limit (which is different than the non-special needs age limit). If your state has no age limitation for the reimburse-ability of special needs children, you will not get this error. If you need to change your state's maximum special needs limit (i.e., you don't get this error but you should be for a child older than, say, 18), then please contact Minute Menu support.

43 The child was claimed after the child was withdrawn from care.

Providers can actively withdraw children from their care using KIDS, or by indicating it on the CIF (which requires you to withdraw the child). An effective date of withdrawal is always supplied. This error is generated when a child was claimed after the child's date of withdrawal. Consult the child's Withdrawal Date on the "Child" tab of the Manage Child Information function. (Note: you can only access a withdrawn child's file if you filter the child drop down list to include withdrawn children.)

It can be configured to disallow the child on all subsequent dates, to be completely ignored, or to be generated as a warning so you can look into the matter further (but still give the provider reimbursement for the child's meals).

44 The child's infant formula preference indicates Parent supplies formula and food.

Parents can fill out enrollment information for their infant children, and specifically indicate that they will bring both the formula & food for their child. In this case, they would indicate "Parent Supplies Formula & Food". You can see the choice by going to Manage Child

Information on the Special tab, and looking specifically at the Infant Food Choice (ignoring the formula choice), and you should see Parent Supplies Food, Refuses Providers Food.

If a parent specifies this option for their infant, then this error will be generated for every breakfast, lunch, and dinner served to an 8-11 month old infants (where there are both food & formula requirements). At younger meals, the additional food items are optional, so the parent is just supplying formula, which is reimbursable. At snacks for 8-11 month old infants, the meal may be disallowed depending upon whether formula is served.

If your state allows reimbursement for all infants when the Parent supplies formula and food, this error can be disabled so that these meals are always allowed, regardless of the infant food setting.

45 Provider is not active.

This error is generated if a provider is not properly activated in Minute Menu (by completing the Enroll Provider Wizard). It will usually appear in conjunction with a large number of other errors in the claim. If you see this, you must check the provider's file to determine whether the provider should be properly activated or fully removed, and you should then reprocess this provider's claim.

46 A pending (or unknown) status child was claimed.

This error is typically generated when a Pending status child is claimed. Children are Pending status when enrolled in KIDS and until you use the Activate New Children function to activate the child (changing the child from Pending to Enrolled). You can also manually specify any child as Pending if you do not have a valid, signed enrollment for the child.

If you do have a signed enrollment for a child receiving this error, then activate that child and reprocess the claim.

This error always causes the child to be disallowed.

47 A child was recorded on the wrong scannable menu form (Infant vs. Regular Menu).

The Infant Menu is intended for all children under 1 year of age, as of the given meal date. The Regular Menu is used when recording children 1 year of age or older, as of the given meal date. This error is generated when a child is recorded incorrectly based on the child's age. This frequently occurs when an infant child turns 1 during a given month, as the provider may mistakenly record the non-infant child on the Infant Menu (and as a result, offer the wrong meal pattern to that child). This error, as opposed to error #126, is always a disallowance.

Note: special diet infants may be claimed on the Regular Menu and this error will not be generated. See error #145.

48 The child's file indicates s/he is not participating in the CACFP.

When children are enrolled, the parent (which is usually the provider in these cases) can indicate that the child is not participating. The non-participating indication is done in some states for certain own children. In other states, the non-participating indication can apply to all children – especially infants whose parents are rejecting the Food Program in its entirety (that is, the parent is bringing both formula & food).

When these children are claimed, the processor will note these non-participating children for capacity purposes, but they will not be reimbursed as part of the Food Program. This error is generated to indicate this situation has occurred. If you see this error and you don't deal with non-participating children in any way, then the child's file will need to be edited so that you can mark the child as participating.

This error may or may not apply to day care children, depending upon agency preference. This will always cause the child to be disallowed and not paid.

49 Provider's own children cannot be claimed unless provider is Tier 1 Income Eligible.

Own children are only reimbursed at Tier 1 rates, when the provider is Tier 1 by Income. If the provider claims his/her own children and (s)he is not Tier 1 by Income, this error is generated and the own children are not paid. Consult the “Tiering” tab of the Manage Provider Information function and make sure there are valid Income Eligibility dates (perhaps in addition to School Area or Census Area eligibility, for those School/Census eligible for Tier 1 but able to claim their own children).

50 A foster child was claimed outside the foster dates.

Provider’s own Foster children are always reimbursed at Tier 1 rates, regardless of the Provider’s Tier. In order for Minute Menu to handle the processing of Foster children properly, you must note each Foster child that is enrolled as being Income Eligible for Tier 1, within the Manage Child Information function on the “Rules” tab. In addition, you must supply valid dates for the foster child’s care, using the Income Eligibility dates on that “Rules” tab. These dates are typically based upon the foster agreement the provider has with the state for the children.

This error is generated when a foster child is claimed outside of those dates, or if those dates are missing.

51 A Tier 1 child was claimed outside the child's Tier 1 eligibility dates. Child will be claimed as Tier 2.

In Minute Menu, Tier 1 children in Mixed Tier homes must have valid starting and ending eligibility dates to indicate that the child has a valid income eligibility statement on file. If the child is claimed outside these eligibility dates, the child will be reimbursed at Tier 2 rates. Child tier information can be modified via the Manage Child Information interface, in the “Rules” tab.

If a Provider is Tier 1, the child’s tiering level is not subjected to this check.

53 A Saturday meal was claimed without Saturday documentation on file for the provider.

Some states require specific, signed statements for providers who are open on Saturday. If this is used, then this error will be generated if a provider serves meals on a Saturday but does not have this statement on file in Minute Menu. Consult the Doc on File section of the “Other” tab in the Manage Provider Information function.

It can be set to disallow the meals on these days, or to be issued simply as a warning.

54 A Sunday meal was claimed without Sunday documentation on file for the provider.

Some states require specific, signed statements for providers who are open on Sunday. If this is used, then this error will be generated if a provider serves meals on a Sunday but does not have this statement on file in Minute Menu. Consult the Doc on File section of the “Other” tab in the Manage Provider Information function.

It can be set to disallow the meals on these days, or to be issued simply as a warning.

55 A Dinner was claimed without Dinner documentation on file for the provider.

Some states require specific, signed statements for providers who serve dinners. If this is used, then this error will be generated if a provider serves a dinner but does not have this statement on file in Minute Menu. Consult the Doc on File section of the “Other” tab in the Manage Provider Information function.

It can be set to disallow these meals, or to be issued simply as a warning.

56 An EZ Menu was claimed, but provider is not approved to serve EZ Menus.

EZ Menus are specific, scheduled menu plans setup by Sponsors for use by its providers. Providers are approved to use EZ Menus in the Manage Provider Information interface under the “Meals” tab.

If this error is generated, it means that a provider who was not approved to use an EZ Menu attempted to do so.

It can be set to disallow these meals, or to be issued simply as a warning, or ignored completely (so the system does not examine a Provider’s approval).

57 A Sponsor Cycle Menu was claimed, but provider is not approved to serve Sponsor Cycle Menus.

Sponsor Cycle Menus are weekly meal plans setup by a Sponsor for use by its providers. Providers are approved to use Sponsor Cycle Menus in the Manage Provider Information interface under the “Meals” tab. If this error is generated, it means that a provider who was not approved to use Sponsor Cycle Menus attempted to do so.

It can be set to disallow these meals, or to be issued simply as a warning, or ignored completely (so the system does not examine a Provider’s approval).

58 A Provider Cycle Menu was used, but Provider is not approved to serve Provider Cycle Menus.

Provider Cycle Menus are weekly meal plans setup by a Provider for personal use. Providers are approved to use Provider Cycle Menus in the Manage Provider Information interface under the “Meals” tab. If this error is generated, it means that a provider who was not approved to use Provider Cycle Menus attempted to do so.

It can be set to disallow these meals, or to be issued simply as a warning, or ignored completely (so the system does not examine a Provider’s approval).

59 A Master Menu was used, but provider is not approved to serve Master Menus.

Master Menus are single, non-date nor day specific menu templates created by a Sponsor for all its providers. Providers are approved to use Master Menus in the Manage Provider Information interface under the “Meals” tab. If this error is generated, it means that a provider who was not approved to use Master Menus attempted to do so.

It can be set to disallow these meals, or to be issued simply as a warning, or ignored completely (so the system does not examine a Provider’s approval).

60 An invalid Master Menu number was recorded on the scannable menu.

If a provider marks the Master Menu bubble on her scannable forms (“M”), she must provide a valid Master Menu number in the lowest Fruit / Vegetable row for that meal. This error is generated if the number indicated in that row does not correspond to a Master Menu plan that exists in the system. Consult the Menu Planning >> Manage Master Menu Plans function to see your list of Master Menu plans.

When a provider is in training, this will not cause the meal to be disallowed.

It can be set to disallow these meals, or to be issued simply as a warning, or ignored completely (so the system does not examine a Provider’s approval).

61 A particular food or type of food was served too often.

Certain Sponsors have rules setup to limit the frequency with which certain foods can be served. For example, many Sponsors don't want cookies to be served more than twice a week to any given child, because they are high in sugar. This error is generated when these rules have been violated. Your rules should be set up based on the statements found on your printed Food Chart. If you would like a cookie check, a hi-fat food check, or other food frequency checks to be performed, go to Administration >> Manage Food Frequency Rules.

They can be generated as a warning, or they can disallow reimbursement for the given child or meal in question.

When a provider is in training, this will not cause the meal to be disallowed.

62 No active children are enrolled for the provider.

This error is generated when a claim is processed but no child enrollments are on file. This error usually occurs for new providers if the provider's enrollment forms have not yet been scanned. The provider's children will need to be properly setup, and this claim will need to be rescanned and then processed again to correct this problem.

67 Provider used Cycle Menu outside of the dates for which s/he was approved to serve Cycle Menus.

Some Sponsors want providers to resubmit their cycle menus for approval each year, or on a periodic basis. In that case, cycle menu approval dates can be setup. If the provider attempts to use a Provider Cycle Menu outside these approval dates, this error will be generated. Consult the "Meals" tab in Manage Provider Information for this Provider's approved cycle menu dates.

It can disallow the meals, or just be generated as a warning.

68 The child is older than the provider's license allows.

This error is generated if a child is claimed who is too old to be claimed, based on the provider's license setup. This setup can be changed in the Manage Provider Information interface on the Licensing tab, in the Oldest Ages Allowed box. If a child is claimed who is older than this as of the meal date specified, this error will be generated.

69 The child is younger than the provider's license allows.

This error is generated if a child is claimed who is too young to be claimed, based on the provider's license setup. This setup can be changed in the Manage Provider Information interface on the Licensing tab, in the Youngest Ages Allowed box. If a child is claimed who is older than this as of the meal date specified, this error will be generated.

In certain cases, after data has been newly converted, this error may appear for large numbers of providers. If that is the case, please notify customer support.

72 The meal was indicated as a Master Menu on the scannable form, but no Master Menu number was bubbled-in.

If a provider marks the Master Menu bubble on her scannable forms ("M"), she must provide a valid Master Menu number in the lowest Fruit / Vegetable row for that meal. This error is generated if there is no number indicated in that row.

When a provider is in training, this will not cause the meal to be disallowed.

It can be set to disallow these meals, or to be issued simply as a warning, or ignored completely (so the system does not examine a Provider's approval).

73 A Cycle Menu plan was switched within a week. The same Cycle Menu plan must be served within a single week.

Some Sponsors want to ensure Cycle Menu plans are followed without substitution. If this is the case, then this error will be generated when a provider switches the plan in mid week.

This may or may not disallow the meal(s) in question.

When a provider is in training, this will not cause the meal to be disallowed.

74 A Cycle Menu plan that was served was the same as the one served during the prior week.

To encourage diversity of meals, some Sponsors who use Cycle Menu plans don't want their providers to repeat the same meal plan week after week. This error can be generated if a provider does repeat the same cycle menu plan.

This error can cause a disallowance or just a warning if used.

When a provider is in training, this will not cause the meal to be disallowed.

75 A child was served after the child's enrollment expiration date was reached.

All children must be re-enrolled each year. Minute Menu can be configured so that each child has an Enrollment Expiration Date, that would need to be extended each year to indicate the child is re-enrolled. This error is generated if a child is served past the enrollment expiration date. Consult the Enrollment Expiration date on the "Child" tab of the Manage Child Information function. The error can be configured to allow the entire month of expiration if desired, rather than just the expiration date.

It can disallow the given child(ren) from the meal(s) in question, or it can be generated only as a warning so a Sponsor can update the appropriate child files.

76 A meal was served in which the provider's own children were the only known children served.

Food Program rules stipulate that a provider must serve at least one child who is not his/her own during a meal for it to be creditable. If the provider does serve only own children during a meal, then this error will be generated disallowing the entire meal.

In certain cases, another day care child may be marked in attendance at a meal with an own child, but disallowed for some other reason (like the child exceeds the 2+1 limit for the day). The processor can be configured to look at those disallowed day care children (and so not disallow the own child if a disallowed day care child is present), or it can be configured to ignore children that have been disallowed for another reason (and hence disallow the own child). If you would like to change the way this is handled, please contact Minute Menu support.

77 Two juices were served at the given meal(s).

A Lunch or Dinner is not creditable if the neither of the two Fruit/Juice/Vegetable components hold a fruit or vegetable. This error will disallow any lunch or dinner where two Juices are served, instead of at least one fruit or vegetable.

While a provider is in training, this error does not disallow a meal.

78 A juice was served at the given meal(s).

Some Sponsors wish to encourage providers to serve a Fruit or Vegetable – not a Juice – during lunch or dinner, since Milk is already a component of that meal pattern.

This error can be generated as warning or a disallowance for a given lunch or dinner if a Juice is served.

While a provider is in training, this error does not disallow a meal.

79 The same dinner was served as lunch during the given day.

To encourage diversity of foods offered, this error can be issued if a dinner matches a lunch in a day. This error ONLY looks at the meal served, not the individual children served. So it would still be generated even if all the children at the dinner were different than all the children served at lunch. Error # 165 applies on a child by child basis.

It can be generated as a warning, or it can disallow reimbursement for all children who attended the dinner who also attended the lunch.

While a provider is in training, this error does not disallow a meal.

80 The same snack was served more than once in a day.

To encourage diversity of foods offered, this error can be issued if the same snack was served to the same children more than once in a day. This error ONLY looks at the meal served, not the individual children served, just like error #79. Error #166 applies on a child by child basis.

It can be generated as a warning, or it can disallow reimbursement for all children who were served the identical foods.

While a provider is in training, this error does not disallow a meal.

81 The School / Census poverty percentage is insufficient to classify the Provider as Tier 1 for all meals served on given date(s).

A Tier 1 provider must have Tier 1 eligibility dates for Income Eligibility, School Area, or Census Area, that encompass the current meal date, otherwise the meal will be reimbursed at a Tier 2 or Mixed Tier rate. However, Minute Menu can be configured so that if a provider is Tier 1 by School or Census Area, the system will also examine the poverty percentage of the School or Census Area, and if that poverty percentage is less than 50%, the provider would still be processed at a Tier 2 or Mixed Tier rate, even if her dates did encompass the existing meal date. Some Sponsors like to apply this extra level of checking. If you see this error, consult the tier poverty percentage for either school or census on the “Tiering” tab of Manage Provider Information.

82 Provider's Tier 1 eligibility dates are not valid on given date(s).

A Tier 1 provider must have Tier 1 eligibility dates for Income Eligibility, School Area, or Census Area, that encompass the current meal date, otherwise the meal will be reimbursed at a Tier 2 or Mixed Tier rate. If a valid starting & ending date have not been supplied for any of the three Tier 1 qualifying reasons, then this error message will be generated and the provider will not receive Tier 1 reimbursement.

83 Child exceeds 2 Meals & a Snack or 2 Snacks & a Meal limit.

During any given day, children can only receive reimbursements for 2 meals & a snack, or 2 snacks & a meal. This error is generated if a child is claimed more often than that. In the event a child is claimed more often than this pattern prescribes, the system disallows meals in such a way so that the provider’s reimbursement is maximized (i.e., Breakfast will be disallowed before Lunch or Dinner, and Snacks are disallowed before Breakfast, Lunch, or Dinner).

Some agencies encourage Providers to claim all children at all meals to keep a more accurate picture of attendance and to help Providers track all their meals served for tax purposes. If that is the case with your agency, then you may see large numbers of these errors.

84 Provider is not approved for given meal serving.

With Minute Menu, your providers can accurately record split shifts/servings, when a particular meal is served twice in a given day, but to a different group of children. Minute Menu can be configured so that providers are specifically approved or denied the ability to use these split shifts/servings. This information is maintained via the Manage Provider Information interface in the Meals tab, with the “Highest Meal Shift Tracked” list box. If a provider attempts to claim a 2nd serving of a given meal and the provider is only approved to serve 1 serving, this error will be generated.

It can be a warning, cause those additional shifts to be disallowed, or it can be completely ignored.

85 Provider over capacity, but approved for single column serving overlap on scannable form. Verify provider capacity.

See the description of overlap in error #147 or in the chapter on *Managing Provider Information* in this manual.

This error is generated when the Provider is over their overlap capacity. It is always generated as a warning message.

86 Provider over capacity, but waiver is in effect. Verify capacity with waiver.

Certain states allow capacity waivers to be in effect for a specific period of time. If a provider is over capacity but one of these waivers is in effect, this error message will be generated, and all the over capacity errors will be allowed. Consult the “Licensing” tab of the Manage Provider Information function to see this Provider’s current waiver status.

87 Related children are the only children served in given meal serving(s) on a holiday.

Own children can never be the only children present during a meal. In some states, this rule is taken further on holidays, such that if the only children served are own or related non-resident children, the meal will be disallowed as well.

This can be generated as a warning, or can actually disallow all children at the meal.

88 An Other food was served in the given meal. Verify nutritional components.

Some Sponsors want to know if a provider indicates she has served an “Other” food, like “Other Meat” or “Other Bread”. These would be the actual names of foods that exist on your printed Food Chart. (If your agency does not have any “Other” foods on your Food Chart, this warning would never appear).

This warning message can be generated any time an “Other” food is served. The message can be enabled or disabled.

89 Special diet statement on file for given child(ren) is expired.

Many Sponsors want to keep expiration dates associated with special diet statements they receive for young children. This error is generated if a special diet food is served to a child whose special diet statement has expired as of the meal date. The use of these expiration dates is optional. Consult the “Special” tab in Manage Child Information to review this Special Diet Expiration Date.

This can generate a warning, it can disallow the child, or it can be ignored.

90 Special needs child(ren) was served at the given meals.

Some Sponsors want a warning notification any time a special needs child is served. This warning message is generated for all meals a special needs child is served. The message can be

enabled or disabled. A child is noted as Special Needs on the “Special” tab of the Manage Child Information function.

91 School aged child served a meal when child should have been in school.

This error is generated when a school aged child is served an AM Snack or Lunch (and in some cases Breakfast) on a school day. This error is ignored on weekends, and any day when you or your provider indicates that school was closed or that the child was home sick via the Child Calendar, School District Calendar (for children associated with that School District, or children enrolled with a Provider associated with that School District), or Sponsor Calendar. See the Provider’s “Contact” tab in Manage Provider Information, or see the Child’s “Schedule” tab in Manage Child Information to learn the School District association for the given child. Also, when you print the Claimed Foods & Attendance Report, children noted with a lowercase, italicized “s” or “i” are assumed out of school or ill on the given date.

If the child has indicated specific school days within the week, then this error will also be ignored on days of the week when the child does not attend school. See the child’s “Schedule” tab in Manage Child Information to see if any specific day-of-week choices have been made for school.

If a child is determined as school aged based upon your state’s capacity regulations, then the child may be subjected to this processor check (assuming your agency performs this check). However, even if a child is assumed to be school aged from a capacity standpoint, a child will only be subjected to this check if the child’s School Type/Grade Level is as follows:

- During Lunch, these children will be checked:
 - S - School Aged
 - K - Kindergarten / All Day Kindergarten
 - L - All Day Headstart
- During Am Snack (and possibly Breakfast), these children will be checked:
 - S - School Aged
 - K - Kindergarten / All Day Kindergarten
 - L - All Day Headstart
 - A - AM Kindergarten
 - D - AM Headstart

Note that this specifically excludes children designated as Year Round School, Home School, or No School. Consult the Child’s School Type/Grade Level on the “Schedule” tab of Manage Child Information.

The error can be generated as a warning only, or can disallow the child, or can be ignored completely.

92 The following meal(s) were disallowed by a Monitor as a result of a review visit.

If a Monitor determines that a meal or meal range must be disallowed, you can record that disallowance in Minute Menu. Consult the specific Review in question using the Manage Provider Reviews function. Only Reviews conducted within the month of the claim will be examined for this error.

When processing a claim, the system will automatically disallow all meals as noted by the Monitor. This error is generated for each meal disallowed by the Review.

93 A Monitor recorded different food for a meal than was recorded by the provider.

When you record the specific results of a review in Minute Menu, the processor will cross check the foods observed by the Monitor with the information claimed by the provider. If any

foods don't match, this error is generated as either a warning or disallowance, depending on your preference.

This error cannot be generated (and won't be examined) for Reviews where you don't indicate which foods were observed, or for claims where food information isn't supplied (i.e., Attendance Menus or claims entered with the Record Full Month Attendance function).

95 A cycle menu was recorded, but the cycle does not include the given meal on the chosen day of week.

If a provider marks the Master Menu bubble on his/her scannable forms ("M") to note that Cycle Menu is being used, she must choose a Cycle Menu that has a cycle meal for the given day of the week and given meal of the day that is being claimed. Consult the Menu Planning >> Manage Provider Cycle Menus or Menu Planning >> Manage Sponsor Cycle Menus to review the particular cycle menu plan used by this Provider.

When a provider is in training, this will not cause the meal to be disallowed.

96 No Foods were served but child(ren) were in attendance for the given meal(s).

This error is generated when children are marked in attendance, but no foods are marked for the given children. For non-infants, this simply means the provider forgot to supply foods for the given meal. For infants, it can mean the same thing. It can also mean that the provider supplied foods, but supplied them for an age category that was inappropriate for the age of the given child. For example, if a child turned 8 months old in the middle of the month, and the provider marks infant foods in the 4-7 month age category throughout the month – so once the child turns 8 months old, there are no 8-11 month old foods marked, so this error is generated.

This error typically only occurs on scannable menu claims.

This error will disallow all the children in the given age group for the given meal.

97-106 Provider was over capacity ...

One or a combination of these errors will be generated if a provider records some combination of children that violates the provider's licensed capacity. The provider's license type and capacity is set within the Manage Provider Information interface, in the "Licensing" tab.

If a waiver is in effect, then these over capacity children will be allowed.

Capacity errors can disallow the number of children over capacity, can disallow the entire meal, can generate a warning, or can be ignored.

107 Provider did not bubble-in any children for the first serving of the following meal(s). Meal was automatically adjusted.

This occurs if a provider uses the split serving/shift mechanism on the scannable forms, but does not indicate any children attended the first serving. It has no impact on processing, but is intended to help provider properly fill out paperwork in the future.

109 Child file indicates the child doesn't normally attend day of week.

Children are enrolled such that the parent specifies the days of week the child will be in care. This error is generated if a particular child attends a meal on a day that is not specified in their file.

It can be configured to cause a disallowance, a warning, or it can be ignored.

You can modify this child file setting by accessing the Manage Child Information interface within the "Schedule" tab.

110 Child file indicates the child doesn't normally attend given meal.

Children are enrolled such that the parent specifies the meals during the day that the child will attend. This error is generated if a particular child attends a meal that is not specified in their file.

It can be configured to cause a disallowance, a warning, or it can be ignored. If you wish, you can modify this child file setting by accessing the Manage Child Information interface within the “Schedule” tab.

111 Meal claimed before Provider's first allowed claim.

Minute Menu is configured so that every provider has an Original CACFP Start Date, before which they will not be allowed to claim. Some Sponsors though require an additional starting claim month, before which no claims will be accepted. If this is utilized, it is set as the *First Claim Allowed* drop down box on the Manage Provider Information interface in the “General” tab. This error is generated if a claim is received prior to this specified starting claim month (or if that starting claim month is missing).

If enabled, a violation will always cause a disallowance.

112 Meal claimed before CACFP Agreement date.

Some states require Sponsors to renew the agreements they have with providers on a yearly basis. As a result, some Sponsors record a *Current CACFP Agreement* date via the Manage Provider Information interface on the “General” tab. This error is generated if a meal is claimed before that Current CACFP Agreement date has been reached. This error is NOT generated in the event that this date is left blank.

It can be generated as a warning or disallow all meals claimed on these days.

113 Provider's own child was claimed, but meal served outside range of child's Tier 1 Income Eligibility dates.

Some Sponsors are required to note Income starting & ending dates for each of a provider’s own children, even after the provider’s file has been updated with Tier 1 Income Eligibility dates. This is done on the “Rules” tab of the Manage Child Information function. If this is the case, this error is generated when the individual children lack Tier 1 starting & ending dates, or when the meal in question was served on a day outside those date ranges.

This error will prevent the own children from being claimed/paid.

114 Meals claimed on dates after Provider's Fire Inspection certification expired.

Some Sponsors will record Fire Inspection Expiration dates for each of their providers. This information can be changed via the Manage Provider Information interface, in the “Other” tab. This error is generated if that expiration date has been passed, and can cause meals on the day to be disallowed, or may just serve as a warning.

115 Meals claimed on dates after Provider's Health Inspection certification expired.

Some Sponsors will record Health Inspection Expiration dates for each of their providers. This information can be changed via the Manage Provider Information interface, in the “Other” tab. This error is generated if that expiration date has been passed, and can cause meals on the day to be disallowed, or may just serve as a warning.

116 Meals claimed on dates after Provider's Standards certification expired.

Some Sponsors will record Licensing Standards Expiration dates for each of their providers. This information can be changed via the Manage Provider Information interface, in the Other tab. This error is generated if that expiration date has been passed, and can cause meals on the day to be disallowed, or may just serve as a warning.

117 Meals claimed on dates after Provider's Medical certification expired.

Some Sponsors will record Medical Certification Expiration dates for each of their providers. This information can be changed via the Manage Provider Information interface, in the Other tab. This error is generated if that expiration date has been passed, and can cause meals on the day to be disallowed, or may just serve as a warning.

118 Meals claimed on dates before Provider's Preapproval Date.

Some Sponsors perform Pre-approval Visits to each of their providers. These visits are done after the original CACFP contract is signed, but before any claims can be approved for the provider. If setup, then this error will be generated for any meals that are on dates prior to this pre-approval date. It will NOT be generated if this date has not been supplied for a given provider. The date can be modified via the Manage Provider Information interface, in the "General" tab.

119 Deleted menu used.

This error is generated when a provider has used a pre-planned menu that she subsequently deleted. It typically should not occur, but serves primarily as an internal message. If you get this error, please contact customer support.

120 Child File indicates Child arrived after meal was served or left before meal was served.

Some Sponsors choose to cross check meal times with a child's enrollment schedule. If the meal is served at a time when the child's file indicates the child is not in care (based on the child's drop-off / pick-up time, accounting for weekend drop-off / pick-up times, and accounting for school departure and return times), this error will be generated. Consult the child's "Schedule" tab in Manage Child Information function, and compare the actual meal time (in Examine Meal History) for KIDS claims or the Provider's approved meal times in the Meals tab of Manage Provider Information for non KIDS claims (scanning or direct entry). (Pay special attention to potential AM/PM problems). Meal durations as recorded in KIDS are assumed based on the time preferences found in Administration >> Manage Preferences; but non KIDS claims examine start/ending times as supplied in Manage Provider Information (although if no end times are supplied, the durations will be assumed based on those same preferences).

When examining the child's school departure / return times, those will be accounted for if school is in session for the child on the given day, but will be ignored if school is out. The system assumes school is in session based on the child's daily school schedule, and when no school out / child sick calendar information has been entered into the system.

Note: If daily in/out times are available (by using scannable In/Out Forms or the Record In/Out function in KIDS), those will take precedence over the child's enrollment form information.

This may cause the child to be disallowed, or may just cause a warning.

121 Meals served before Provider opened or after Provider closed.

For each provider, you can record open and close times in the provider's file. This error is generated when a meal is served at a time before the open time or after the close time. When the

open time comes before the close time, overnight care is assumed. Night times will be examined if enabled. Use Examine Meal History to look at the time a meal was served in any KIDS claim, or Manage Provider Information on the Meals tab for a provider's meal times for non KIDS claims (scanning or direct entry).

This error can cause the meal to be disallowed, can be cause a warning to be issued, or can be completely ignored (along with the open/close times on file).

122 Non-Participating Child Noted for Capacity checking, yet disallowed for meals.

When children are enrolled, the parent (which is usually the provider in these cases) can indicate that the child is not participating. The non-participating indication is done in some states for certain own children. When these children are claimed, the processor will note these non-participating children for capacity purposes, but they will not be reimbursed as part of the Food Program. This error is generated to indicate this situation has occurred. If you see this error and you don't deal with non-participating children in any way, then the child's file will need to be edited so that you can mark the child as participating.

123 The same meal date was marked in two different columns on the scannable forms. This column(s) attendance has been disallowed.

When filling out scannable menus, providers must supply the day to which all meals in the given column apply. In some cases, they are allowed to supply the same day more than once – for example, when split servings/shifts are used (i.e., a given meal is served more than once in a day to different groups of children), or also when children in different child groups (based on the 1 through 32 child numbers) are served in the same meal. But if these exceptions are not the case, then the same day cannot be marked more than once. This error is generated when the same day is marked more than once. You can typically prevent this error if you correct it during the forms validation process. Otherwise, if you don't correct during validation but still wish to correct the provider's mistake, you must first find the column where the provider made the mistake – usually, (s)he will have written the correct day number, but bubbled the incorrect bubble. Then you will need to rescan and process again.

When this situation does occur, Minute Menu disallows each duplication after the first occurrence of the day.

124 Meal Serving Times Not Recorded.

This error is generated when other meal time checks are required (for example, the processor check comparing meal time with the provider's open & close times), but a given meal lacks any time information. Minute Menu can be configured to automatically assume meal times from the Provider's file. If Minute Menu is not configured to make this assumption, this error will be generated for every scanned claim unless scannable In/Out forms are used. If the Provider lacks a time in their file (on the "Meals" tab in Manage Provider Information), then this error would be generated in every case. KIDS providers always supply a meal time with their meal records, so this error should not be generated on KIDS claims.

This error can result in a disallowance, or just a warning.

125 No attendance (in/out) times on file

Some Sponsors must obtain daily attendance (in/out) time information for all of their children. If this information is cross checked against each meal's time of serving, then this error is generated if no attendance (in/out) time information is on file at all for any children on a day that meals were served. It is always generated to disallow all meals on that day. If you see this error,

make sure you have scanned all In/Out Forms, or make sure the provider supplied the daily attendance (in/out) times. You can check this information via the Record Child In/Out Times function.

126 Child Claimed on both Regular and Infant Menus.

This error is generated when the same child is mistakenly marked on both the Infant and Regular Menu. The child will actually be processed as if it was recorded on the first of the two menus scanned, without any duplication; but the second menu encountered will be completely ignored. As a result, if the child was actually an infant, then this error is immaterial – as you will have scanned Infant Menus first, and this error will be generated because the child was also marked on the Regular Menu which was scanned after the Infant Menu (so the provider is paid properly). If, however, the child is a non-infant, then correcting this error will require you to white-out the child's mark on the Infant Menu, and then rescan the entire provider's claim.

127 Child Claimed on Holiday

You can utilize the Sponsor Calendar function to setup specific holidays. Providers can affirmatively indicate that a child was approved to attend care on a given holiday in the Child Calendar (if they use the KIDS) or by noting it on their monthly CIF (which allows you to then record this information in the Child Calendar in your Sponsor system).

This error is generated when a child is claimed on a holiday, but when the child was not noted as approved on that holiday via the Child Calendar. This error can be configured to disallow the meals claimed on the holiday as a warning, or this error can be completely disabled so that children are never subject to holiday analysis. The error can also be set to ignore those children who have been noted as Present on a Holiday in the Child Calendar, or it can generate a warning on those children (while disallowing those without the Present on a Holiday indicated), or it can always disallow regardless of what's found in the Child Calendar.

128 Provider is incorporated. Own children are not reimbursable.

Food Program rules are interpreted in some states such that incorporated providers cannot receive reimbursement for their own children, even if they are Tier 1 by Income. Thus, each provider who has a business tax id specified in Minute Menu will get this error if they attempt to claim their own children, if the Food Program is enforced as such in your state.

129 Provider Invalid because License Missing.

This error usually results when a provider has been improperly setup during a data conversion project, and it is usually generated in conjunction with a large number of other errors. If you see this error, access the provider's file via Manage Provider Information, go to the Licensing tab, and reset every value on that tab. Simply change each value on screen to something else, then change it back to what it should be, and save the provider's information. Once this is done, reprocess the claim and this error (and any related errors) should disappear.

130 No children are enrolled for the given provider.

This error is generated either when (A) a claim is processed but no child enrollments are on file or (B) when all child numbers marked on a scannable menu form are invalid. The latter situation typically occurs if a Provider mistakenly marks the *child group 2* or *3* bubble on every column header. The former usually occurs for new providers if the provider's enrollment forms have not yet been scanned. This claim will need to be rescanned and then processed again after the appropriate actions are taken to correct this problem.

132-133 Provider was over capacity ...

One or a combination of these errors will be generated if a provider records some combination of children that violates the provider's licensed capacity. The provider's license type and capacity is set within the Manage Provider Information interface, in the "Licensing" tab.

Capacity errors can disallow the number of children over capacity, can disallow the entire meal, can generate a warning, or can be ignored.

134 Child's Attendance Times Not Recorded

This error is generated if child attendance is being cross checked against meal times, but the given child is missing his/her daily in/out time information when the claim is processed. Make sure you have scanned In/Out forms for this provider, or that this provider has supplied in/out times. You can check this information via the Manage Child In/Out Times function.

This can be generated a disallowance or a warning.

135 Invalid child number recorded on In/Out form

If you scan In/Out forms and mark a child number that does not exist, this error will exist. Much like menu/attendance forms, you must scan or manually enter enrollments before you scan In/Out forms.

This error may or may not cause a child to be disallowed – it is generated mostly as information.

136 Meal time(s) were marked with times on more than one column on In/Out forms for the same day. The form day header may have been filled out improperly.

When using scannable In/Out forms, Providers can supply daily meal times on those forms. If the Provider has done so in more than one column that has been marked with the same day, it may mean the Provider has filled in the wrong day column.

This error doesn't directly cause a disallowance, but other claim errors may be generated as a result if the In/Out form was actually filled out improperly.

137 Meal time was marked on In/Out form, but that meal wasn't included in the Provider's claim.

When using scannable In/Out forms, this error is generated if the Provider has supplied a meal time but the meal itself wasn't scanned. This can indicate that either meal/attendance forms have been improperly filled out for particular day, or the In/Out form may be improperly filled out – or it may be the result of a smudge being picked up erroneously.

138 Own children not counted in capacity are also not reimbursed.

In California, own children over the age of 10 don't count in capacity (except for Military licenses). These children who don't count in capacity can not be paid, even if the Provider is Tier 1 Income Eligible. This error is generated if these children are claimed.

139 DFS child claimed outside DFS approval dates.

Some states utilize the child Pay Source to indicate children who are paid for by a state subsidy program. In these states, Minute Menu can be configured to accept an effective date range for which the child is approved within the subsidy program. The dates are found on the "Special" tab of the Manage Child Information function, along with an indication as to what the child's Pay Source is (DFS/Public/County, Private, or Not for Pay).

This error can result in a disallowance or just a warning, if the child is claimed outside these dates.

140 Provider was over capacity for non-school aged related children.

In New Mexico and a few other states, related children are counted with a distinct maximum capacity. This error is generated if these related children cause the Provider to be over capacity.

141 Provider was over capacity for Not For Pay children.

In Georgia (and possibly other states), Not for Pay children (typically children related to the Provider that (s)he is caring for without payment) are counted with a distinct maximum capacity. Children are noted as Not for Pay in the Pay Source field on the “Special” tab of Manage Child Information function. This error is generated if these children cause the Provider to be over capacity.

142 Provider served meal at time outside of approved time range.

Minute Menu can be configured to allow Providers to be served only within specific, approved time ranges. Your agency can choose to setup system-wide approved meal time ranges – for example, Breakfast must be served between 6:00am and 9:30am. (This is done in Administration >> Manage Preferences). Or you can have this check applied based on the times in the Provider’s file – so if the Provider records a meal time in KIDS or on scannable In/Out forms that is outside their approved meal time range on the “Meals” tab in Manage Provider Information, they’ll get this error. When researching this error, check out Examine Meal History for KIDS claims and Manage Provider Information for non KIDS claims (direct entry or scannable claims). Pay special attention to AM/PM discrepancies.

This error can be generated as a warning or a disallowance.

143 Insufficient time was allowed before/after this meal and the previous/next meal (infants ignored).

Some agencies check to make sure that meals & snacks are served within 3 hours of each other, or 2 hours of each other. Minute Menu can be configured to check any minimum time between meals, based on your choices. If a Provider serves a meal too close to another meal, then this error is generated. For scannable form claims without In/Out forms, this error would solely check the times as entered in the “Meals” tab of Manage Provider Information. For agencies using In/Out forms, and for KIDS claims, the actual daily supplied meal times are checked instead. When researching this error, check out Examine Meal History for KIDS claims and Manage Provider Information for non KIDS claims (direct entry or scannable claims). Pay special attention to AM/PM discrepancies.

This can cause a disallowance or be generated as a warning.

144 Meal claimed when Monitor noted the Provider was not home.

If a Review is recorded where the Provider was noted as Not Home, and the Provider claims any meals on this date, this warning is generated. Consult the Provider’s Review history in the Manage Provider Reviews function.

145 An 8-11 month old special diet infant was served on the regular menu. Verify special diet appropriate for table foods.

This error is generated if a child designated with a special diet is claimed on a regular menu when the child is 8-11 months old. Consult the Special Diet description on the “Special” tab of Manage Child Information.

146 Private child(ren) claimed when no day care children present.

In Georgia and some other states, children noted with a Pay Source of Private (Not For Pay) cannot be claimed when no other children are present, based on licensing regulations in those states. If this is the case, this error will be generated.

It can be generated as a disallowance or a warning.

147 Provider over capacity without overlap.

Minute Menu handles split-shift checking in two ways. Providers mark a first & second shift independently on scannable forms (and in KIDS). Or Providers mark all children in capacity at both shifts but mark only a single serving. This latter case is referred to a single-column overlap, and requires that overlap capacity be set up on the “Other” tab in Manage Provider Information for each split-shifted meal.

This error is generated when overlap capacity is used, and the Provider is over their normal capacity but not over their overlap capacity. Minute Menu can be configured to generate this warning, or completely ignore this situation.

148 License does not allow reimbursement of private (not for pay) children.

In Georgia, at least one license exists that does not allow children with a Pay Source of Private (Not for Pay) to participate in the Food Program. This error is generated to disallow those children.

149 Provider was over capacity for non-related children.

In some states, non-related (day care) children are subject to a capacity different than that of all children (including own). If this is the case, this error is generated when the Provider is over capacity because of these non-related children.

150 Monitor noted children present that were not noted by Provider.

If a meal was reviewed during the month, and the Monitor saw children that the Provider did not mark in attendance, this error is generated. Consult the “Meal” tab for the specific Review in Manage Provider Reviews function. This error can not be generated unless child attendance is marked with the Review in the Minute Menu database. This error always results in a warning.

151 Provider recorded children in attendance not seen by Monitor.

If a meal was reviewed during the month and the Provider marked children in attendance not marked as observed by a Monitor, this error is generated. Consult the “Meal” tab for the specific Review in Manage Provider Reviews function. This error can not be generated unless child attendance is marked with the Review in the Minute Menu database. It can be a warning or a disallowance.

152 Helpers children must be Income Eligible to be claimed.

In Minnesota and some other states, helpers’ children must be Tier 1 Income Eligible in order to be marked in attendance. Minute Menu can be configured to check this for any Sponsor. Any helper’s child not marked with valid Tier 1 Income Eligibility information on the “Rules” tab of Manage Child Information is disallowed if this check is enabled.

153 Neither C nor LC license is in effect for the date, day of week, and meal.

The Wisconsin LC license checks allows two distinct sets of meal approval and day-of-week approval schedules to be in effect for any given Provider, and those distinct sets must be checked. The Alternate meal & day of week approval schedules are recorded on the “Meals” tab of the Manage Provider Information function, and apply to the “C” check. The regular meal & day of week approval schedule apply to the L check. This error is generated when neither indicate the Provider is approved for a meal or day-of-week being claimed.

154 The migrant child is over 15 years of age.

This error is generated when a migrant worker’s child is claimed after the child turns 16. This always results in a disallowance.

155 Children were not claimed but should have been based upon their enrollment or daily in/out time information. Those children are listed here for information purposes only.

This error can be generated if you have chosen to process capacity two times for each meal claimed. The first check is the normal capacity check. A second capacity check can be performed with Minute Menu making the assumption that children are in attendance even if they aren’t claimed at this specific meal serving, if they were claimed at other meals or servings (for split shifts) in the day and their enrollment form data indicates that they should have been claimed at this meal. Normally, if this second capacity check is done, you will be given certain over capacity messages related to the second capacity check in the event that adding back these extra children would result in an over-capacity situation. This warning message would further generate a list of all children that were added back to the meal – even if doing so doesn’t result in any over capacity. As a result, this error is usually only turned on to assist in analyzing very specific over capacity situations.

This is always generated as a warning message only.

156 A meal was recorded on an Infant Menu, but no children were recorded in attendance.

Identical to error #36, except occurs specifically for scannable Infant Menu forms.

157 A monitor noted the Provider was over capacity during a home visit.

This error is generated if a Review has been noted with “Over Capacity” for a specific meal seen by the Monitor.

This is always generated as a warning message only.

158 Meal was reviewed, and no food or attendance discrepancies were found.

The system can be configured to generate an “all clear” internal warning message in the event that a meal was seen by a Monitor and no problems were found with that meal. Some agencies find this useful if they perform further manual checking of the Reviews, or if they want a guarantee for auditors that the Review was examined when the claim was processed.

This is always generated as a warning message only.

159 Special Needs child was claimed, but documentation is not on file.

The system can be configured so that if Special Needs children are claimed beyond their 13th birthday, that the system will specifically disallow the child if the child’s file isn’t further updated to indicate that medical documentation of that child hasn’t been received. This is specifically recorded in Manage Child Information on the Special tab.

This can be generated as a warning, or configured to cause a disallowance. Or the special needs documentation can be ignored altogether.

160 Provider claimed prior to state approval date.

For those agencies where Minute Menu receives information on state approval from the state agency, this error will be generated if a provider has not been approved yet by the state agency.

161 Child file indicates the child doesn't normally attend day of week, but days vary is indicated.

Minute Menu can check a child's day of week schedule, and disallow or warn the child if the child isn't enrolled for that day (see error #109). You can further configure this error so that days vary is allowed to be referenced, and if it is checked in the child's file, then still allow the child to be claimed. This error will be generated if you have configured Minute Menu not to allow this days vary option to exempt the child from individual day of week checking.

162 Child File indicates Child arrived after meal was served or left before meal was served, but times vary is indicated.

Minute Menu can check a child's daily hours of enrollment, and disallow or warn the child if the child isn't enrolled for a time that covers the meal (see error #120). You can further configure this error so that Times Vary is examined, and if it is checked in the child's file, then still allow the child to be claimed even if the child's enrollment times don't cover the meal. This error will be generated if you have configured Minute Menu not to allow this Times Vary option to exempt the child from specific time checking.

163 An infant was claimed who does not have the infant feeding form on file.

This error is generated for those agencies who have configured Minute Menu so that each child's file tracks "Infant Feeding Form Received" (visible in Manage Child Information on the Special tab). If this check is not marked for an infant, this error will be generated.

164 The name of the formula offered by the Provider has not been indicated in the child's file.

Minute Menu can be configured to check for the presence or absence of a value in the formula offered by provider field on the Special tab of Manage Child Information. If an infant child is claimed, and there is no value has been supplied in that field, this error is generated for those agencies who've enabled this edit check.

165 The same meal was served to the child for lunch and dinner on the given day.

This error is identical to error #79, except it will appear for those agencies who have configured the same dinner as lunch edit check to be child specific, rather than apply to all children served. In this case, only those specific children who were at both lunch and dinner would be affected.

166 The same snack was served to the child more than once in a day.

This error is identical to error #80, except it will appear for those agencies who have configured the same snack edit check to be child specific, rather than apply to all children served. In this case, only those specific children who were at both identical snacks would be affected.

167 All children in the following age group were disallowed by a Monitor as a result of a review visit.

This error is generated when the monitor disallows a meal for either Infants or Non Infants, per the Meals tab of Manage Provider Reviews. It is always a disallow.

168 No race has been indicated in the Child File for the claimed child.

This error is generated for children with no racial data on file. It can be ignored, or generate a warning or disallowance.

169 Enrollment for child is expiring soon. If enrollment renewals are not received before the expiration date, this may result in loss of reimbursement for this child.

This error is generated as a warning message, specifically to be visible on the Provider Error Letter, as a reminder to providers that they should send in updated child enrollment documentation.

170 Insufficient time was allowed before/after this meal and the previous/next meal for this child (infants not disallowed).

See error #143. This error is generated on a per child basis, rather than for the whole meal.

171 Child Claimed on Weekend

Some agencies have policies that require children who are claimed on weekends to have sign in/out forms. These agencies will document the signature in Manage Child Calendar. This error is generated for any child claimed that hasn't been documented in the Child calendar. It can be generated as a warning or disallowance.

172 Meals claimed on dates after Provider's CPR certification expired.

If CPR Certification expiration dates are recorded in Manage Provider Information, then this edit check can cause meals to be disallowed or warned after the date has been passed.

173 Meals claimed on dates after Provider's Fingerprint certification expired.

If fingerprint expiration dates are recorded in Manage Provider Information, then this edit check can cause meals to be disallowed or warned after the date has been passed.

174 Special needs statement on file for given child(ren) is expired.

This error is generated if a meal is claimed for a child whose special needs statement has expired as of the meal date. The use of these expiration dates is optional. Consult the "Special" tab in Manage Child Information to review this Special Needs Expiration Date.

This can generate a warning, it can disallow the child, or it can be ignored.

175 No water or other beverage was served at a snack. Snacks should include water, milk or juice.

Some states require water to be served at snack if no other beverage is served. This error can be generated if you have water on your food list and wish to require it. This can generate a warning, it can disallow, or it can be ignored.

176 Meals claimed on dates after Provider Helper's Expiration Date.

If you track Helper Expiration Dates you can configure Minute Menu to disallow, or warn, when meals are claimed after the expiration date.

177 Child Claimed When Absent

This error is generated when a child is claimed for a day/meal and a "Child Not Present" calendar entry exists for that day/meal.

179 State Assigned ID missing

If you require State Assigned ID's for your providers, you will see this error when the ID is missing.

200-299 Over capacity when combining split shifts

These errors correspond to the regular over capacity errors, but are generated if a second pass of capacity checks is performed. These capacity checks if enabled are performed only when a split shift is claimed, and the system effectively combines the children claimed at the first serving with the second serving and performs a capacity check on that "combined" meal. This is usually unnecessary if you've specifically approved a Provider as eligible for the 2nd serving or not in Manage Child Information on the Meals tab. But if your agency wishes to perform this kind of capacity analysis, it can be enabled.

These capacity checks can cause disallowances just like the normal capacity checks, or they can be generated as warning messages only.

300-399 Over capacity when adding children not claimed

Related to Error #155, these are the specific capacity errors generated if the system adds back in children who are claimed that should have been based on their enrollment schedule, but who weren't. This error may highlight those providers that are specifically under-claiming children to avoid over capacity problems. Normal capacity checks are always performed, and this check can be enabled so that it functions as a second pass of capacity checking.

It can be generated as a warning message, or configured to disallow just as the normal capacity checks.

The way that this works, specifically, is as follows:

- In all cases, the system will only assume a child is present for meals when the child has already been actively claimed for at least one meal on that day.
- If daily in/out times for a child are present, then those will be examined and compared against the times of meal service for each meal (or split shifted meal serving) based on the times used by the Claim Processor (see below). The child must be in care for at least X number of minutes after the meal (or specific split-shifted meal serving) starts or Y number of minutes before the meal ends for the child to be assumed present (if not already marked), where X & Y are both set to 0 minutes by default but can be configured on a per meal basis as a Sponsor sees fit.
- If daily in/out times aren't present for the child, the system will look at the child's enrollment form information (as found in Manage Child Information).
 - The system will first look at the days for which the child is enrolled. If the child is noted as "Days Vary", the system won't assume the child is present. Likewise, if the child is not enrolled for the given day of week, the system won't assume the child is present.
 - If there are specific drop-off and pick-up times for the child (while factoring in school depart & return times, or weekend drop-off & pick-up times) that indicate the child should be present at a given meal based on the times used by the Claim Processor (see below), then the child will be assumed present (while

also accounting for minimum lengths of time needed before the meal ends and after the meal starts, as described above). If the child's file indicates that Times Vary, then the times in the child's file are ignored for this analysis.

- If there aren't specific enrollment times supplied, the system will revert to the child's approved meals. In the absence of time data on split shifted meals, the system will always assume the child should be at both servings. For single serving meals, the system will assume the child present if enrolled for that meal, claimed during that day, but not claimed at that meal. School aged children are not assumed present while at school, even if enrolled for the given meal, if school is in session that day (which is assumed for weekdays and school scheduled days, unless a calendar entry indicates school is out or the child is out of school sick).
- Note: a child who was only marked for one serving of a split shifted meal, but whose times support both servings, will be assumed present at the other serving if the above analysis warrants it.
- When comparing against meal times, the Claim Processor could use any of the following:
 1. These meal times could be the actual times of service as recorded in KIDS. The meal service start times are entered by the provider (for both servings in the event of a split shifted meal), and the end times are computed automatically based on an assumed duration in minutes for each meal (which can be configured for each Sponsor).
 2. These meal times could be the actual times of service as recorded via the Minute Menu scannable In/Out form. In this case, the meal service start time is supplied on the form, and the end time is computed based on the duration (or range) of the meal as supplied on the form. In the event of a split shifted meal, the system can either assume this same time for both shifts, or it can pull from the 2nd serving meal time as supplied in the Provider's file in Manage Provider Information.
 3. They could be the times as pulled from the Provider's file for each meal (or split shifted meal serving). For this, the system could pull just the start time and assume an end time based on a default meal duration. Or the system could pull both start and end times from the Provider's file (if the latter are enabled for your agency).
 4. Or they could be set agency-wide times for all claimers, in this case using a set start & end time regardless of provider. These same start & end times are applied to both servings, in the event of a split shifted meal.

For those agencies who already assume own children are present at meals while checking capacity because of other licensing issues, those own children will be ignored while performing this edit check.

998 Manual Claim Error.

This is the printed message that you supplied when recording a manual claim.

999 Adjustment Claim Error.

This is the reason for any adjustment or change that you may have made to a claim.

XIV. State Claim Reporting

Each month, you send your claim to your State Agency. Depending upon how your State does business, you will likely send claim information to your State more than once a month. Likewise, you'll send claim information for more than one claim month. For example, if it's currently August, you'll probably send in your current claim for July; you might send in a late/amended claim for June and even for May; and you may even send a late/amended claim for July again at the very end of August. And for each claim you submit, the State will (at some point) send you funds that match the claim submissions you sent.

Minute Menu HX has been designed to provide you with all the information you need to send a claim to the State, and to keep track of each claim submission you make so you can effectively match incoming and outgoing funds.

Managing Submission Dates

Consider this scenario:

- It's the 15th of the August, and you've finished all the on-time claims that came in for July. You generate your state claim reports in Minute Menu (see below for an explanation of the reports) so you can fill out your state claim paperwork to send it in to the state on the same day. The report indicates \$50,000 in total reimbursements to be issued for the July claim. Let's assume your agency receives these funds from the state on September 15th.
- Later, on the 30th of August, you've dealt with several late July claims, and have even made adjustments to certain on-time Providers' July claims, claims that were included in the original numbers you sent to the state on the 15th. So you prepare new reports in Minute Menu and send your revised claim to the state on August 30th. The revised total July reimbursement total is now \$55,000. And we'll assume the state agency sends you the extra \$5,000 on September 30th.

Even if this scenario is very different from your behavior, you have no need to worry. Minute Menu HX manages this situation – and virtually every variation – using a Claim Submission Date. Consider other situations: You pay providers before you receive reimbursement money from the state. You only make one submission and never submit a revision. You submit 20 revised claims to the state any given month, covering more than one claim month. The Submission Date mechanism deals with all these situations and more.

How? Minute Menu HX keeps track of a Submission Date for every individual Provider claim in your database. This Submission Date is the date when you send that particular Provider's claim information to your State Agency.

In the above example, you have a large number of July Claims that have a submission date of August 15th. You have some more July Claims with submission dates of August 30th. In some cases – for those Providers' claims that are submitted on August 15th, then adjusted and resubmitted on August 30th – you will have two claim records for the same Provider, one with a submission date of August 15th and another with a submission date of August 30th. (See *Examining Claim Details* in the *Managing Claims* section of this manual for more information on multiple claim records for a single Provider in a single month).

When you generate any State Claim Report in Minute Menu, you can generate that report for an entire Claim Month, or for only a single submission within that month. That way you can always review full-month totals as well as the differences between submissions. To see a particular submission, choose that date when you are filtering the report. To see claims that have not yet been submitted, choose “Current” or “Not Yet Submitted”. To see all claims for the entire month, choose “All Submission Dates”. So, continuing with the above example, you could generate the State Claim Reports for all of July, for the 8/15 submission, or for the 8/30 submission.

When you generate payments to Providers, you can pay Providers based on these Submission Dates – so you pay your on-time Providers first, and your late Providers later, as you receive the money from the state. (See the *Managing Provider Payments* section in this manual for information on this topic). So you can cut July claim checks for the group of Providers that made the 8/15 submission first (on September 15th), and on September 30th you can cut checks for the late July claims, submitted to the state on 8/30.

Note: Some states require you to submit claim information for the entire month, even when you submit revised claims. If you are in a state like that, when preparing your State Agency reports, you should always generate Minute Menu State Claim Reports for “All Submissions”. However, if you are in a state that requires you to report information on an incremental basis, with summary numbers that represent only the changed values, then you should always generate these reports for a specific submission. Regardless, for internal accounting purposes, you may wish to generate these reports for a specific submission as you attempt to balance income with outgoing funds, when issuing checks.

Given the impact of the Claim Submission Date on state claim reporting and payment management, it’s important that these Submission Dates are kept accurate. To do this, you will use a function in Minute Menu HX to Mark Claims as Submitted, and sometimes the Mark Claims Individually and Unmark Claims as Submitted functions.

State Claim Reports

There are two primary state claim reports available in Minute Menu HX, and one extra claim report used in some states:

- Provider Claim Totals Report
- Claim Summary Report
- State Daily Claim Totals Report

Provider Claim Totals Report

This report gives you a list of all Provider claims, with meal count and other claim details for each. It is accessible three ways:

1. The menu **Claims >> Submit Claims to State**
 - a. Choose the Claim Month by which you wish to filter provider claims
 - b. Choose how you want to filter the report by Submission (see above for explanation of Submissions), usually, this will be “All Submissions”.

- c. Click the [Print Provider Claim Totals] button
 - d. You'll then be presented with filtering options – first to filter by claim type. In most states, you'll just choose “All Claims Records” here. For more information on claim types, see the *Manage Claims* chapter in this manual.
 - e. You can choose to filter by the claim dollar amount if you like. This may be useful if you're trying to isolate zero dollar claimers (where the entire claim has been disallowed when the claim was processed by Minute Menu, typically because of bad data). But normally, you'd leave these filtering options unchanged to get your state claim report information.
 - f. Choose the order in which you wish Providers to be listed.
2. The menu **Reports >> Claim Management >> Provider Claim Totals Report**
 - a. Select the Claim Month by which you wish to filter provider claims
 - b. Choose to view all claims for the entire Month, or choose to view only those claims grouped with a particular Submission.
 - c. Choose to filter by claim type. In most states, you'll just choose “All Claims Records” here. For more information on claim types, see the *Manage Claims* chapter in this manual.
 - d. If you want to narrow your focus on one particular group of Providers, you can use the Provider Filter to further refine the report.
 - e. You can choose to filter by the claim dollar amount if you like. This may be useful if you're trying to isolate zero dollar claimers (where the entire claim has been disallowed when the claim was processed by Minute Menu, typically because of bad data). But normally, you'd leave these filtering options unchanged to get your state claim report information.
 - f. Choose the sort order in which you wish Providers to be listed
 3. Go to **Claims >> List Claims**
 - a. Choose a claim month.
 - b. Hit the [Print] button

Provider Claim Totals Report: Details

- The report will indicate the claim's tier (Tier 1, Tier 2 Hi, Tier 2 Lo, and Tier 2 Mixed), as well as the Provider's current tier as noted in the Provider's file (Tier 1, Tier 2, and Mixed). These may not be the same, for a variety of reasons – primarily because of the Tier dates in the Provider's file, and for Mixed Tier homes, the claim may be Tier 2 Hi, Lo, or Mixed depending upon the children claimed. If you notice a major discrepancy – for example, and Tier 1 Provider with a Tier 2 Lo claim – you may want to examine the Provider's file for valid starting & ending Tier dates.
- Each claim record will be listed with its appropriate submission batch – the date “Submitted”. You may see “Not Yet”, indicating that that claim hasn't been Marked as Submitted yet. Or you may see a specific date, indicating the submission batch date the claim went to the state (as part of your original submission, your first amended, second amended, etc). If you filter to print this report for only a particular submission date (rather than “All Submissions”), then you'll see the same submission batch for all claims printed, because only claims in that submission batch will be included in this report.
- For each claim record listed, you may see that the claim's status is indicated as an “Adjustment”. See the chapter on Managing Claims for an explanation of the difference

between Adjustment Claims vs. Original “Core” claims. If you don’t see “Adjustment” listed with the Provider’s claim, then it’s an original “Core” claim. There will only be one Original “Core” claims per month per provider. There can be as many Adjustment claims for a given provider for a given month as were created by claim changes.

- If a Provider’s original claim is submitted, then adjusted, that Provider could have more than one claim record in the system. If this happens, you will see more than one row for that Provider – one for each individual claim record, along with another total line, representing the entire month’s total for the Provider. The last line will have the final claim tier as computed for the Provider, and will have totals for all Participated, Attendance, Day, and Meal counts, reimbursement amounts, and a recomputed ADA (rounded up).
- The last page of the report contains summary total information. Items of note include the “Total Homes Claiming” and “Total Unique Claims”. These will be different if a Provider has more than one claim record in the given claim month, as described in the above point.
- Also found on the last page of the report is the “Total Zero-dollar Homes Claiming” field. If a Provider has submitted a claim but no meals can be reimbursed, a claim will still exist in Minute Menu HX, but the claim will be for zero dollars. These Providers will be included in the Total Homes Claiming count, but they should not be counted when reporting to the State Agency, as your agency is not eligible for administrative funds for these Providers. As a result, you should subtract this number from your Total Homes Claiming when reporting a claiming home count to your State Agency.
- Claims that are on hold when this report is generated will not be included.

Claim Summary Report

This report gives you summary information about your entire claim (including multiple Provider claims) that you usually need to fill out state claim reports. It is accessible two ways:

1. The menu **Claims >> Submit Claims to State**
 - a. Choose the Claim Month by which you wish to filter provider claims
 - b. Choose how you want to filter the report by Submission (see above for explanation of Submissions).
 - c. Click the [Print State Summary] button
2. The menu **Reports >> Claim Management >> State Claim Summary Report**
 - a. Select the Claim Month by which you wish to filter provider claims
 - b. If prompted, choose to view all claims for the entire Month, or choose to view only those claims grouped with a particular Submission

In some states, Minute Menu has developed a custom State Claim Summary that matches the format required by your state agency. In most other states, the format of the State Claim Summary uses the default Minute Menu format. In all states, if you generate the State Claim Summary from the Reports menu, as described in option #2 above, you will see Minute Menu’s standard State Claim Summary format (which is further described below).

You will typically need to manually copy the numbers printed on this Minute Menu report onto your State Agency’s specific report. However, if you are in a state where Minute Menu generates the State Agency specific report, you won’t need to manually copy any aspect of the report, and

you may not even find it useful to use Minute Menu’s default State Claim Summary. Instead, just print your state-specific version of the report. To do that, typically you’ll use the option described in method #1 above, either focused on “All Submissions” (if your state agency requires a re-statement of the monthly totals each time an amended claim is submitted) or focused on the specific submission batch (if your state agency requires only new counts to be reported with amended claims).

Claim Summary Report: Details

- The State Claim Summary Report prints several pages, depending upon certain circumstances. In the upper left hand corner of each page, you will see the status for which the report is printing. (See the examples to the right). The first page is always printed for “All” claim types. It will include summary numbers for all claims, regardless of the claim status. After that, you may see “Current”, “Late One Month”, “Late Two Months”, and “Adjustment”. Those pages contain information about only those types of claims. In most states, this multiple-paged print out is relatively useless, and you will use only the numbers on the first page. In some cases, it is relevant to know the difference in the number of claims adjusted vs. the total number of claims, because when you submit numbers for an amended submission to the state you don’t supply a completely new set of totals, but rather just supply the difference between the first submission and the second submission. If it that is the case in your state, the other pages are included for your reference.
- In addition, if you are in a State that provides supplemental reimbursement funds (on top of the Federal CACFP reimbursements) which you must itemize separately, then the State Claim Summary Report will print with twice the number of pages: one set of pages with Federal dollar totals, and the other with State dollar totals. All the meal counts will be the same, but the dollar amounts will be different.

Claims Included: All

Claims Included: Current

The top section of the report is split into three distinct sections, as pictured here:

Claim Tier Breakdown							
	<u>TIER 1</u>	<u>TIER 2 HI</u>	<u>TIER 2 LO</u>	<u>HI</u>	<u>MIXED</u>	<u>LO</u>	<u>TOTAL</u>
Current Active Homes :	344	1	35		2		382
Homes Claiming :	257	1	15		2		275
Zero - \$\$ Claiming Homes :	10	0	1		0		11
Attendance :	42,167	130	2,034		387		44,718
Maximum Days :	31	26	31		23		31
Total Days Claimed :	6,040	26	351		43		6,460
Participated :	2,055	5	117	7	22	15	2,199
ADA :	1,835.0	5.0	88.0	7.0	19.0	12.0	1,947.0

Provider Tier Breakdown						
	<u>TIER 1</u>	<u>TIER 2</u>	<u>HI</u>	<u>MIXED</u>	<u>LO</u>	<u>TOTAL</u>
Current Active Homes :	344	33		5		382
Children Enrolled :	3,455	293	13	65	52	3,813

Claiming Home Totals			
Total Attendance / Maximum Days Claimed :	1443		
<u>SUBMISSION BATCH</u>	<u>NEW HOMES CLAIMING</u>	<u>ZERO \$ CLAIMS</u>	<u>ADJUSTMENT CLAIMS</u>
Not Yet Submitted	275	11	0
All Submissions	275	11	0

Claim Tier Breakdown

- **Current Active Homes** – A count of the homes that were active (but not necessarily claiming) in that month, broken down by the *estimated* Claiming Tier of the home. This is “estimated” because Minute Menu designates Providers as Tier 1, Tier 2, or Tier Mixed by themselves. Claims are further categorized as Tier 1, Tier 2 Hi (if only Tier 1 children are claimed), Tier 2 Lo (if only Tier 2 children are claimed), and Tier 2 Mixed (if both are claimed) for the given month. Since an examination of Active homes will usually include some homes that aren’t claiming, Minute Menu must take it’s 3 types of Tier (1, 2, and M, from Manage Provider Information on the Tiering tab) and put the Provider into a claiming category – even though the provider didn’t claim. For Tier 1 homes, this isn’t a problem. But for Tier 2 and M homes, the system must “guess” at whether the Provider is Tier 2 Hi, Lo, or Mixed. This “guess” is based largely on the child enrollment records on file for the provider. If only Tier 2 children are enrolled for the given Tier 2 or M provider, then Minute Menu will classify that as a Tier 2 Lo active home. If only Tier 1 children are enrolled for a Tier 2 or M provider, Minute Menu will classify that as a Tier 2 Hi active home. Sometimes the “guess” that Minute Menu makes isn’t perfect, so it further adjusts these numbers so that the number of Active Homes by claim tier category is at least as high as the number of claiming homes in that category – in some cases reclassifying a provider as Tier 2 Lo when it was otherwise classified as Tier 2 Mixed, for example.
 - Use these Current Active Homes numbers if your state wants counts of Active Homes by Claim Tier. Otherwise, if they want it reported by Provider Tier, use the Current Active Homes count of providers in the Provider Tier Breakdown. Many states don’t require you to report the number of Active Homes at all, rather just the claiming (or participating) home count. If that is the case, use the Homes Claiming number.
- **Homes Claiming** – The total number of homes that claimed (or participated) in the month. This is split by Claim Tier, not by the Provider’s Tier file designation in the Provider’s file. This will include all new homes claiming, but won’t include doubled counts of any homes that claimed and then were subsequently adjusted (either upwards or downwards).
- **Zero-\$\$ Claiming Homes** – If a Provider has submitted a claim but no meals can be reimbursed, a claim will still exist in Minute Menu HX, but the claim will be for zero dollars. These Providers will be included in the Homes Claiming counts, but they should not be counted when reporting to the State Agency, as your agency is not eligible for administrative funds for these Providers. As a result, you should subtract these numbers from your Homes Claiming counts when reporting claiming home counts to your State Agency. In most cases, you really should remove these Zero \$\$ Claims before you submit to the state, either by deleting the claim or by putting the claim on hold (which removes the claim from these state reports). Pay special attention to the Claiming Home Totals section for Zero \$\$ Claiming Homes, though, as the total row in that section will have accurate totals for the claim month when examining all claims and their adjustments. See below for more information.
- **Attendance** – Split up by claim tier, this is the total number of unique children attending per day.
- **Maximum Days** – This is the highest number of days claimed by any Provider, split up by Claim Tier.
- **Total Days Claimed** – This is the combined total of days claimed by all Providers, split up by Claim Tier.
- **Participated** – The total number of unique children claimed, split by Claim Tier. Mixed Tier claims are further split so that you have the number of Tier 1 and Tier 2 children

claimed in those homes, offset in the Hi and Lo columns. (When adding the numbers from the Hi and Lo columns, they equal the Mixed column.)

- If your state agency report needs a count of enrolled participating that is categorized by Tier 1, Tier 2 Hi and Tier 2 Lo, then you may have to add some numbers together on this line. The Tier 1 participating child number corresponds to the Tier 1 count on your state report. But for Tier 2 Hi you will need to add the Tier 2 Hi participating count + sub-category of “Hi” for the Mixed Tier claiming homes. Likewise, for Tier 2 Lo you will need to add the Tier 2 Lo participating count + the sub-category of “Lo” for the Mixed Tier claiming homes.

This Participated count will always be lower than the Child Enrollment figures, unless you don’t maintain accurate enrollment records and have overwritten the edit checks performed when saving Manual Claims, as many providers will not claim one or more of their enrolled children in a given month.

- **ADA** – Average Daily Attendance represents the sum total of all individual claim ADA’s in the respective claim tier categories. ADA in most state is rounded up to the nearest whole number. If all your ADA totals are a whole number with a single zero after the decimal point (ex: 181.0), then ADA is being rounded up to the nearest whole number on your report (and you can ignore the single zero after the decimal). In some states, ADA does include a value after the decimal. Mixed Tier claiming homes are further split into Hi and Lo counts to give an accurate appraisal of Tier 1 and Tier 2 children, separately, in those Mixed Tier claiming homes.

Provider Tier Breakdown

- **Current Active Homes** – A count of the homes that were active (but not necessarily claiming) in that month, broken down by the Provider Tier of the home
- **Children Enrolled** – A count of the total number of children who were enrolled (but not necessarily claimed) in that month. This child count is pulled from the child enrollment records. If you don’t have accurate information in the Manage Child Information section of Minute Menu, then these counts won’t be accurate. The counts are split based on the Provider’s Tier file type.
 - The Tier 1 column is the total number of children enrolled in Tier 1 homes.
 - The Tier 2 column is the total number of children enrolled in Tier 2 homes.
 - The Mixed column is the total number of children enrolled in Tier M homes. The “Mixed” column header itself is the total of all of these children, whether the child is Tier 1 or Tier 2. The Mixed column has offsetting “Hi” and “Lo” counts to the left and right, indicating the total number of Tier 1 children in those Mixed Tier homes, and Tier 2 children in those Mixed Tier homes, respectively. These numbers, when added together, would equal the number in the middle directly under the Mixed column header.
 - Most states require a count of the number of children that were claimed (i.e., who participated in the claim), rather than the number of children enrolled. If that’s the case, refer to the Participated row in the Claim Tier Breakdown.

Claiming Home Totals

- **Total Attendance / Maximum Days Claimed** – Most states want an ADA reported based on the total of each individual provider claim’s ADA. Others want a modified definition of ADA, which looks at Total Attendance divided by the maximum number of days that were claimed in the month. If your state requires the latter, use this number.

Claiming Home Totals

Total Attendance / Maximum Days Claimed :	1750		
<u>SUBMISSION BATCH</u>	<u>NEW HOMES CLAIMING</u>	<u>ZERO \$ CLAIMS</u>	<u>ADJUSTMENT CLAIMS</u>
06/30/2006	318	1	1
07/31/2006	15	0	5
08/31/2006	2	0	0
Not Yet Submitted	0	0	2
All Submissions	335	0	8

- **Claim Totals by Submission Batch** – Each time you use the [Mark Claims as Submitted] function, those claims are lumped together in a submission batch. This section of the report will list each of the distinct submission batches that exist for a given month, providing relevant counts of claiming providers for each batch. This is useful if, when you report to your state agency, you must only report new information for each amended submission. Some states report a restatement of the monthly totals each time; others report only new claim information with amended submissions. If your state is the former, it doesn't matter what the numbers of a specific submission batch were. If your state is the latter, then when you report an amended claim, you must report the correct number of claiming homes that are newly claiming with that amended claim.
- **New Homes Claiming** – This lists the number of new homes claiming with that specific batch.
- **Zero \$ Claims** – This lists the number of claims in the batch that were for \$0.00 in total. These numbers should generally be factored out of the report sent to the state agency.
- **Adjustment Claims** – This number further itemizes the number of claim adjustments that were made. This number is NOT a subset of the New Homes Claiming number, but represents different provider claims entirely.

Explanation of Example: In the above example, you can see that the first time numbers were sent to the state, the report indicates that 318 new homes were claiming. But there was 1 zero \$ claiming home. So when reporting to the state agency, this sponsor should only have reported 317 claiming homes.

The sponsor went on to do two amended claims to the state, and is still waiting to do the last submission (which has not yet been submitted).

Notice the total row of "All Submissions". This row shows there aren't any Zero \$\$ Claims. This means that sometime after the initial submission, when there were 317 claiming homes plus one additional home that was a zero \$\$ claimer, that one additional zero \$\$ claiming home was adjusted and is now no longer a zero \$\$ claimer. If this occurred when the Sponsor sent in their 7/31/2006 submission, then they would have reported 16 new claiming homes with that submission batch.

Be very careful if any zero \$\$ claiming homes appear on your reports. If you claim a zero \$\$ home for reimbursement from your state agency, that could result in an audit finding. So it's best to identify the zero \$\$ claiming homes and either delete those claims completely, before marking the claim batch as submitted, or fix the data situation causing it to be zeroed out completely and re-process it so it's no longer a zero \$\$ claimer.

The bottom section of the State Claim Summary contains meal count and reimbursement amounts (either Federal or State, depending upon the page and the state you are in):

- This part of the report is relatively straightforward, and can usually be copied verbatim onto your state agency’s claim form for reimbursement. Note: some states will see a slightly different organization of the meal counts, where Tier 2 claiming numbers are split based around the tier of the claiming home rather than the reimbursement level of the child.

Claims that are on hold when this report is generated will not be included in the claim related counts (although those Providers will be included in the Current Active Homes line item).

Meal Counts							
	Tier 1 Homes Tier 1 Meals/Amt		Tier 2 Homes Tier 1 Meals/Amt		Tier 2 Homes Tier 2 Meals/Amt		Total Meals
Breakfast :	16,041	\$17,003.46	132	\$139.92	1,138	\$443.82	17,311
Lunch :	30,435	\$59,956.95	258	\$508.26	1,918	\$2,282.42	32,611
Dinner :	29,714	\$58,536.58	130	\$256.10	1,425	\$1,695.75	31,269
Snacks :	44,803	\$25,985.74	278	\$161.24	2602	\$416.32	47,683
	120,993	\$161,482.73	798	\$1,065.52	7083	\$4,838.31	128,874

Total Federal and State Dollars : \$167,386.56

Snacks Breakout	Tier 1 Homes Tier 1 Meals/Amt		Tier 2 Homes Tier 1 Meals/Amt		Tier 2 Homes Tier 2 Meals/Amt		Total Meals
AM Snack :	9,750	\$5,655.00	148	\$85.84	1,005	\$160.80	10,903
PM Snack :	31,900	\$18,502.00	130	\$75.40	1,399	\$223.84	33,429
EV Snack :	3,153	\$1,828.74	0	\$0.00	198	\$31.68	3,351
PM + EV Snack :	35053	\$20,330.74	130	\$75.40	1597	\$255.52	36780

State Daily Claim Totals Report

This report, used by very few states, gives a day by day meal count of all Provider claims. You can access it by:

1. Go to the menu **Reports >> Claim Management >> State Daily Claim Totals Report**
2. Choose the Claim Month you wish to print

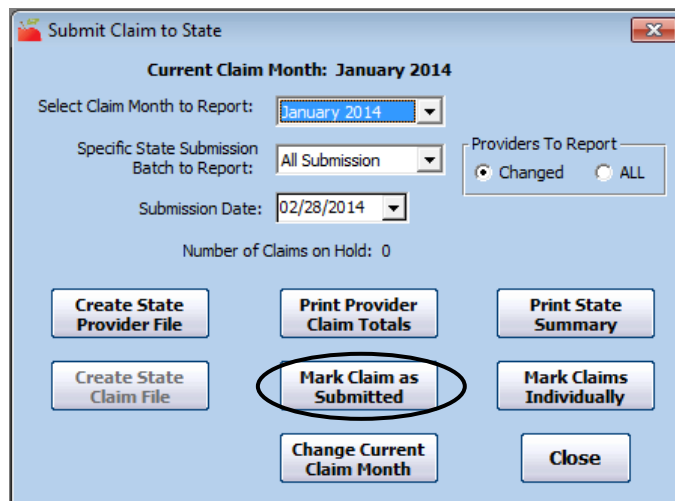
This is very similar to the Meal Totals Report generated on a Provider by Provider basis, except this provides a count for all Providers.

Claims that are on hold when this report is generated will not be included in it’s results.

Marking Claims as Submitted

Go to the menu **Claims >> Submit Claims to State** to access that function. You will see a button labeled [**Mark Claim as Submitted**].

You should only Mark Claims as Submitted to the state when you actually send in your claim paperwork to the state. So, you will access the Submit Claim to State function and print the claim reports that you want to print. Review those reports to confirm that you are ready to send your claim into the state. You should confirm that you will make no more claim changes; that you are sure that the information in Minute Menu HX at that moment accurately represents what you wish to use for your state claim. Then you will use the state claim reports that you generate in Minute Menu to fill out any forms that the state uses. And you'll then Mark Claims as Submitted.



When this function is executed, all claim records within the claim month that you've selected in this Submit Claim to State interface that have not already been submitted to the state will be marked as submitted, and given the date you see in the **Submission Date** box directly above that button this form. (By default, it is always today's date).

So, make sure you've chosen the correct month in the "Select Claim Month to Report" drop-down.

Note: because claim submissions are done by Submission Date, if you Mark Claims as Submitted more than once for the same claim month in the same day, the system effectively treats that as one submission.

You can Mark Claims as Submitted as frequently or infrequently as you like – but you must do it at least once per claim month.

As noted above, you will also be prompted to Mark Claims as Submitted after you print the State Claim Summary Report. Marking Claims as Submitted at that time works exactly the same as it does when pressing the Mark Claims as Submitted button.

Note: You can also mark claims as submitted individually, rather than in a batch. Do this if for some reason you think a few claims should not be marked as submitted, but you don't want to put the claims on hold (see below).

Note About Reprocessing

Once you Mark Claims as Submitted, all Provider Claims that have been submitted to the state become locked. This does **not** mean that you can no longer reprocess or adjust the claim in any

way. What it does mean is that any further changes to the Provider's claim will cause an "Adjustment" claim to be created for that Provider that month.

If you determine that a Processed Claim is incorrect and requires adjustment – and you've already submitted that claim to the state – you can re-process the claim. An Adjustment record will be created with counts equivalent to the difference between when the claim was originally processed and when it's processed this time. You can also re-scan the claim if need be, and an Adjustment record will likewise be created. You can also manually adjust the claim if need be. For more instructions on how to do this, see the *Managing Claims* chapter of this manual.

Claim Holds

One item to note: when the Mark Claims as Submitted function is executed, it will NOT mark as submitted any claims that are currently on hold. These Providers' claims are excluded from all the state claim reports that you generate (and any state claim files you may use). So they are not marked as submitted. Indicating that a claim is on hold effectively prevents that claim from being submitted to the state, or included in the state claim reports.

If any claims are on hold, you will be given a warning when you Mark Claims as Submitted, so that on-hold claims don't fall through the cracks. Likewise, you'll see a count of the number of claims currently on hold on the Submit Claim to State screen.

If you don't want these claims to be excluded from your claim paperwork, you should take them off hold before you Mark Claims as Submitted. See the *Managing Claims: Holds* section of this manual to learn how to take claims off hold.

Correcting Mistakes: Unsubmitting a Claim Batch

If for some reason a batch of claims is marked as submitted, but shouldn't be, you can correct this problem by going to **Administration >> Unmark Claims as Submitted**.

Be careful when doing so. The key is to use the submission batch in Minute Menu so that it corresponds precisely with what has been submitted to your state agency on your state claim reports (or uploaded claim files).

You may find it helpful to use this Unsubmit function in conjunction with the Mark Claims Individually option within the Claims >> Submit Claims to State window, in certain circumstances.

Electronic Claim Transfer Files

In most states, the State Agency requires you to fax or mail in a hand-written (or typed) form with your claim summary information on it. However, some states have automated, Internet-based claim management systems which require you to generate a specially formatted claim file that is then sent to the State Agency.

If you are in a state like this, there are two buttons that you may use in the Submit Claims to State interface in Minute Menu HX.

- **Create State Claim File** – The button will only be enabled if you can use it in your state. This generates a file of claim information that is to be sent to your State Agency. Claims that are on hold will be excluded from this file when generated.
- **Create State Provider File** – The button will only be enabled if you can use it in your state. This generates a file of provider information that is to be sent to your State Agency.

These functions merely create the file on your hard drive – and when executed, will prompt you to specify a file name and a folder on your hard drive where you wish to save the file (although defaults will be provided). You must still transmit that file to your agency, either via the Internet, via email, or by putting it on a floppy disk.

Record Administrative Expenses

In some states, Minute Menu will print reports and/or generate an electronic upload file for your state agency that includes your administrative expenses. If you wish to record your sponsor-wide administrative expenses in Minute Menu, you can do so using Claims >> Record Administrative Expenses.

This function will allow you to compare your actual administrative expenses with the formula computed based on rates x homes, using the proper federal administrative reimbursement amounts.

Checking Your Rates

You can verify at any time whether Minute Menu has the proper rates for your provider reimbursement (both federal and state in the three states where there is supplemental reimbursement) as well as your administrative reimbursement.

To do this, go to **Administration >> List Reimbursement Rates**, or **Administration >> List Administration Rates**.

XV. Provider Payments

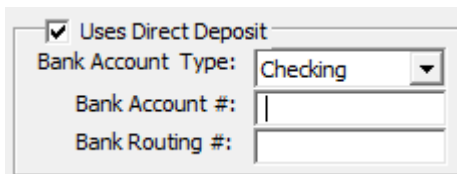
Minute Menu HX has been designed to help manage the process of paying Providers for their monthly CACFP claims. With Minute Menu HX, you can print provider checks, create payment export files so that you can print checks through third party accounting software, create direct deposit ACH files for providers who use direct deposit, or any combination of the three. You can also review the payments that have been issued by Minute Menu, with a feature that gives you some of the same functionality as a Check Register in an accounting software.

Direct Deposits vs. Checks

Some Sponsorships pay some or all of their Providers via direct deposits rather than checks. If you utilize direct deposit services, then you need to make sure your Providers are setup properly in Minute Menu HX before you issue payments. Once you issue payments, payments will be made as direct deposits or checks based solely upon the setting in the Provider's file.

By default, all Providers are configured so that they will be issued checks rather than direct deposits. To configure a Provider to accept direct deposits:

1. Go to the menu **Providers >> Manage Provider Information**
2. Choose the Provider you wish to update in the Provider drop-down list box.
3. Switch to the "Other" tab.
4. On this tab, select the "Uses Direct Deposit" checkbox.
5. Supply the appropriate bank account information, as supplied by the Provider.
6. Save the changes to the Provider's file.



The screenshot shows a form with the following fields:

- Uses Direct Deposit
- Bank Account Type:
- Bank Account #:
- Bank Routing #:

Once configured as "Uses Direct Deposit", the Provider will not be included when checks are printed, but will only be included when direct deposits are printed / issued. You will issue direct deposits and print checks the same way, using the Issue Payments function.

Setting Up Direct Deposit

Most banks support two different ways to process Direct Deposits:

- They will accept a NACHA formatted ACH file through their web site, which automatically processes the Direct Deposits
- They have a third party tool (or web based interface) where you can set up your payees (which in your case is your Providers), note their bank account & routing numbers, and manually supply payment information each month.

Minute Menu is designed to generate a NACHA formatted ACH file, so you can utilize the first option. When you use the Issue Payments function, this file will be generated by Minute Menu, and you'll upload it to the bank's web site for processing.

If you don't currently use Direct Deposit, you should start by contacting your bank about any relevant fees. Make sure your bank understands that you want to issue Direct Deposits using the first option above – by supplying an ACH file through the bank's web site. The bank will typically provide file transmission instructions, and usually requires a test file to setup the service.

You must obtain a few key pieces of information from the bank that are encoded into your Minute Menu database to create your ACH file properly. Make sure to get these questions answered from your bank:

- 1) Bank Name
- 2) immediate destination number
- 3) immediate origin number (sometimes same as company id)
- 4) company id (usually tax ID #, sometimes preceded by 1)
- 5) originating dfi (typically 1st 8 digits of bank routing transit number)
- 6) are balancing entries from the primary account required in the file?
 - 6b) If so, what is the primary account #

Banks tend to be bureaucratic organizations, so your immediate contact may not know the answers to these questions. But someone in their ACH processing department **does** know the answers to these questions, and you must get these questions answered. Once you get the answers to these questions, go to **Administration >> Manage ACH Settings** and enter the information here. If you have questions about the process, please contact Minute Menu Support.

Testing Direct Deposit Files

You should test your direct deposit file immediately after setup. To do so, use the [Create Pre-Note File] button in Manage ACH Settings. This function will generate an ACH file writing a single direct deposit to each of your providers who is designated as approved for ACH, with the amount of each direct deposit equaling \$0.00. This is known as a "pre-note" file, and most banks have the ability of accepting these files without actually charging any transaction fee for them.

If you re-use this pre-note file prior to each batch of direct deposits that you run, you'll automatically check the validity of each provider's bank account and routing number, so you can be assured that all claims that you wish to pay via direct deposit will actually go to a valid bank account, and thus be assured that they will all clear. We therefore recommend using this function prior to each batch of direct deposits you pay, in addition to using it immediately after you're configured to use direct deposit in the first place.

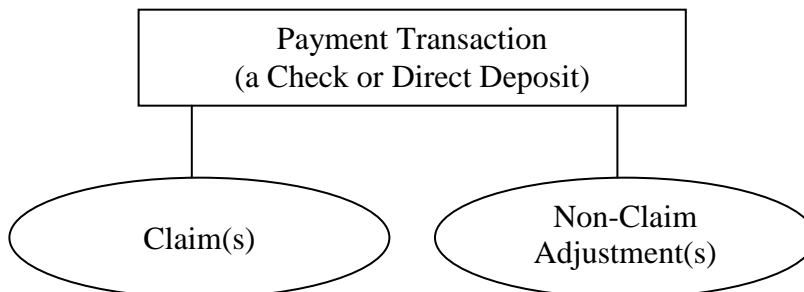
How Minute Menu Manages Payments

Minute Menu HX comes with a comprehensive and flexible payment management system. The system creates payment transactions – either checks or direct deposits – for all payments that are issued. Even if you don't print checks through Minute Menu, you will still use Minute Menu HX to manage individual Provider payment transactions to ensure you manage your claim funds with 100% accuracy. This task will be made easier for you if you have some understanding of how transactions are managed in Minute Menu HX.

Direct deposits and checks are treated the same way in Minute Menu. They are both treated as payment transactions. A payment transaction itself is a check or a direct deposit. But Minute Menu doesn't just write checks or issue direct deposits. Instead, all payments are issued based on payment components.

Payment Components

There are two types of components for which a check or direct deposit can be issued. The first and most important type of payment component is the Claim. Every Provider who has a Claim can get paid. When a payment (check or direct deposit) is created, you can specify one or several different Claim records for payment. This is important, as it's possible to have more than one Claim record for a Provider for a given claim month (see the discussion on *Adjusting Claims* in this manual for more information on this topic).



The second type of payment component is the Non-Claim Payment Adjustment record. This is a specific dollar amount that can be added to or taken away from a Provider's check, which is unrelated to specific claim meal counts. This should not be confused with Claim Adjustments – where an individual claim is adjusted. An example of why you would create a Non-Claim Payment Adjustment would be if you deducted money from each check as part of a Provider Insurance program. Another example would be charges billed to a provider for educational supplies, which are automatically deducted from a check. Most Sponsors will never have Non-Claim Payment Adjustments, but the feature is available. (See *Adjusting Provider Payments* below for more information on this feature.) If a Non-Claim Payment Adjustment exists for a Provider, then you can choose whether you wish to include that in any payment you will issue.

When you use the Issue Payments function, you will be able to select which specific payment components are to be included in any check issued.

Negative Payments

In some circumstances, it's possible that the Claim record(s) you mark for payment for a particular Provider creates a check that would have a negative amount. If you issue a payment to a Provider who would receive a negative amount, Minute Menu will create a zero dollar payment for that Provider, and automatically create a Non-Claim Payment Adjustment with the negative payment amount. The next time you issue payments, you could automatically include this Non-Claim Payment Adjustment – so you would automatically deduct the next check issued – depending upon the Issue Payments filter options you choose (see detailed instructions below).

Clearing Claims Out

Until you actively include a Claim or a Non-Claim Payment Adjustment in a check, it will remain in the system ready to pay. So for consistency of accounting, you will sometimes wish to issue zero dollar checks (where an original claim that was issued was canceled out) just to clear out a

Claim record from your pending payment component list. This is especially the case if you have a claim that you marked as submitted to the state, but subsequently made a Claim Adjustment that zeroed-out that claim.

Issuing Payments

To issue checks, direct deposits, or get an export file of all checks / direct deposits for use in your accounting system, you will use the same function: Issue Payments. You will use this function even if you don't pay providers in Minute Menu, as this function will organize your payments so that you can track them effectively in Minute Menu. The function will allow you to choose specific filtering options to determine which Providers should receive a check, and with each check, which payment components should be included with the check.

The Issue Payments function has four steps:

- Step 1. Choose which providers and which claims you wish to pay
- Step 2. Choose certain printing and payment batch options.
- Step 3. (Only if actually printing). Verify that checks printed successfully, and re-print some if necessary.
- Step 4. Immediately before Step 4, Payments are committed to the Minute Menu database. Step 4 allows you to print a Check Register for that payment batch.

Open Issue Payments.

Go to the menu **Checkbook >> Issue Payments**. This will bring up the first of four steps involved in issuing payments.

Step 1 of 4 of the Issue Payments interface is split into two sections:

- a. The top portion contains filtering options to choose which claims to pay. Minute Menu will use the filtering options you choose to generate a list of Provider payments, which will be shown in the bottom portion of this interface.
- b. The bottom portion will contain a list of all Providers to whom you will issue payments (either checks or direct deposits, either printed or generated to export files), but will not appear until you click **[Recalculate Payments]**. Once this list is populated, you can modify any individual Provider payment as appropriate. This is described in more detail below.

1. **Choose Reimbursement Source.** Some states provide additional reimbursement funds over and beyond the level provided federally by the CACFP. If you are in one of those states, and you split your State & Federal provider payments into separate checks, then you will be given the choice to issue Federal vs. State payments. Choose the appropriate reimbursement source for which you will be cutting checks / issuing direct deposits. If your state doesn't offer supplemental funds, or if you pay providers once with state and federal funds combined, then this choice will not be visible.
2. **Choose Payment Method.** If you issue any provider payments in the form of direct deposits, then you must choose a payment method. Choose "Direct Deposit" if you are issuing payments only to providers who receive direct deposit. Choose "Checks" if you are issuing payments only to providers who receive checks. A provider will show up for either direct deposit or check based payment method filters – but not both.
3. **Choose Claim Type.** If you wish to pay only Web claims, or only Non-Web claims you can do so here.
4. **Choose the Claim Batches.** The white box in the upper half of this interface will display a list of all the claim batches that exist in the system for payment (the Payable Claim Batch List). These batches are split up to show you all the Claim Months for which claims are awaiting payment, along with a further breakdown by the date those claims were submitted to the state for reimbursement. Additionally, claims are further split into those claims that are original claims, and those that are positive vs. negative adjustments. These categories will allow you to choose exactly which claims you wish to pay for any given run of checks (or direct deposits). So, for example, you can force all payment batches to be run only for those claims that have been submitted to state, thereby matching precisely your incoming funds (from the state) to your outgoing funds (to providers). Or you can combine any adjustments done on a particular claim batch with the original claims, so that you only cut one check to each provider per month. You can advance funds to Providers even if you haven't submitted a claim to the state yet. Choose the claim batches that are appropriate given your agency's policies on Provider payments and given the claims you want to pay in this run.
5. **Determine to Include Non-Claim Payment Adjustments.** This option is checked by default. A "Non-Claim Payment Adjustment" is one of two things:
 - c. An automatically generated negative claim adjustment made when Minute Menu tried to print a check for a Provider previously, but when that check would have been negative.
 - d. A manually created payment item that a Sponsor creates to deduct money from (or even add money to) a check / direct deposit issued to a Provider. Some Sponsors that also operate other federal or state programs may wish to deduct certain withholding amounts from some provider payments. Some Sponsors may wish to charge certain Providers for extra services. Minute Menu will allow you to do this by creating a Non-Claim Payment Adjustment. See the Adjust Provider Payments function described below for more details.

This option is checked by default to ensure that no automatically generated negative claim adjustments are left unaccounted for. However, if your Sponsorship wants to keep strict separation of claim months – and demands providers re-pay funds when negative adjustments are made, rather than having those funds automatically deducted from subsequent checks – you will want to un-check this box.

6. **Recalculate Payments.** Once you've chosen your filter options, click the [Recalculate Payments] button. When clicked, the button will appear gray, as if disabled, while Minute

Menu compiles all claims for payment based on the filtering criteria you've chosen. Given the complexity of the filtering criteria involved, this function can take quite some time to execute (5 minutes or more), so be patient. (A status counter will appear on screen while this runs – this counter only loosely corresponds to the amount of providers being examined, so don't take it's count too literally). Once it is finished, the list of Provider payments will appear with all Providers who meet the criteria specified, and with checks or direct deposits ready to be issued based on the filtering criteria specified. At this point, you can modify any individual payments as necessary, as described below. Please note: you should only click [**Recalculate Payments**] once, after you've selected all your filtering criteria per steps 1-4 above.

7. **Review Total of Selected Payments.** This will appear once the list of provider payments is shown. It will contain the total dollar amount of all selected provider payments. This number can be useful to match up with your state claim summary submissions, so that you know you are matching incoming with outgoing funds. As you modify individual provider payments, this Total will change.
8. **Mark Individual Providers for Payment.** Once you click the [**Recalculate Payments**] button, the Provider payment list will be populated based on the filtering criteria you've chosen. It will list each Provider's Name and Number who is to be issued payment, along with the amount to be paid. You can sort this list by Provider Name or Provider Number, but the order of this list does not impact your check printing order – it will only help you review these provider payments.

The screenshot shows a software interface with the following elements:

- Include Non-Claim Payment Adjustments:** A checkbox that is checked.
- Filter by Payment Method:** Two radio buttons: "Checks" (selected) and "Direct Deposit".
- Claims Table:** A table with columns: Claim Month, Source, Submission Date, Claims Included, and a checkbox.

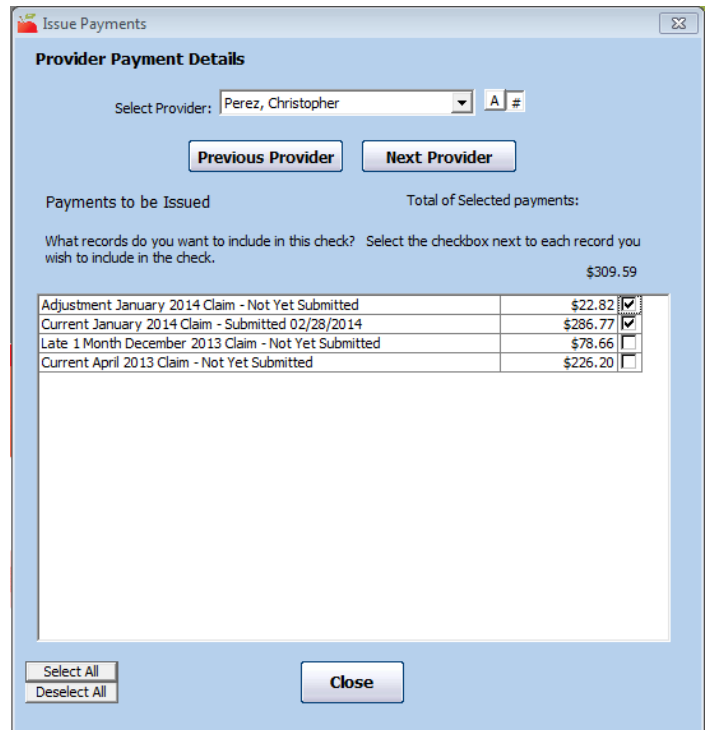
Claim Month	Source	Submission Date	Claims Included	
January 2014	Federal	Not Yet Submitted	Positive Adjustments	<input checked="" type="checkbox"/>
	Federal	Not Yet Submitted	Original Claims	<input checked="" type="checkbox"/>
	Federal	02/28/2014	Original Claims	<input checked="" type="checkbox"/>
December 2013	Federal	Not Yet Submitted	Original Claims	<input type="checkbox"/>
April 2013	Federal	Not Yet Submitted	Original Claims	<input type="checkbox"/>
March 2013	Federal	Not Yet Submitted	Original Claims	<input type="checkbox"/>
- Payable Table:** A table with columns: Payable, #, Provider Name, Amount, Details, and Modified.

Payable	#	Provider Name	Amount	Details	Modified
<input type="checkbox"/>	875971	Anderson, Ariel	0.00	Details	<input type="checkbox"/>
<input checked="" type="checkbox"/>	996124	Clarkson, Natalia	0.46	Details	<input type="checkbox"/>
<input type="checkbox"/>	234235	Perez, Chloe	0.00	Details	<input type="checkbox"/>
<input checked="" type="checkbox"/>	789789	Perez, Christopher	309.59	Details	<input type="checkbox"/>
<input checked="" type="checkbox"/>	444555	Perez, Dawn	74.58	Details	<input type="checkbox"/>

By default, all Providers listed will be included for payment, unless the payment they would be issued based on your filtering criteria is negative (in which case, the amount will be listed as "0.00"). Providers who would receive negative reimbursements are de-selected by default. You can alter this default behavior and manually indicate that any Provider

should or should not be issued a payment by checking or un-checking the “Payable” checkbox for any Provider. Provider Claims that are currently on-hold will not be included (or even include-able) for payment.

9. **Changing Payment Details.** The Amount of the payment to be issued is also listed for each Provider. This amount is the sum total of all the payment component records – Claims and Non-Claim Payment Adjustments – that have been marked for payment for each Provider, based on the filtering criteria you’ve selected. For any given Provider, you can review and/or modify which payment component records are marked for payment. To do this, click the **[Details]** button for the relevant Provider, and that will bring up the Payment Details window, pictured here.



The Payment Details window lists each payment component for this provider that can be paid, and indicates which ones will be paid. You may notice only one record in this window, or you may notice several. You could see Current, Late 1 Month, or Late 2 Month claim records (the “Core” claim records) for other claim months that have not yet been paid. You may also see Adjustment claim records for this month and other months. With each record, the amount payable is listed, and a checkbox is listed. If a record is checked, that means that the record will be paid with this check – which would be the case if the given payment component record matched the filtering criteria you used when Recalculating Payments. If the payment component record is not checked, the record will not be paid with this check.

Using this interface, you can modify exactly what is paid with each Provider check / direct deposit. Assume for example that you chose not to Include Adjustments from Other Months as a filtering criteria, but there are one or two Providers for whom you would like a previous month’s Adjustment claim to be included for payment. When you access this interface, since you’ve chosen NOT to Include Adjustments from Other Months, the previous month’s Adjustment claim would not be marked for payment. You can click the checkbox next to that Adjustment claim, and now it will be paid with this check – increasing (or decreasing, if it’s a negative Adjustment) that amount of the check you are currently issuing for this Provider.

Hit **[Close]** to close this Payment Details window when you are finished reviewing or modifying payment component records. You can also switch to other provider payments in this interface if you like.

10. **Modified Payments.** If you modify any check’s payment components – so the check you will issue contains different payment components than those selected by your filtering

criteria – a checkbox will appear in the Modify column of the Provider Payments grid, after you close the Payment Details window.

11. **Click Next.** When you are finished reviewing / modifying individual provider payments, click [Next] to proceed to Step 2 of 4 of the Issue Payments interface.

Step 2 of 4 of the Issue Payments interface allows you to supply specific options related to the checks or direct deposits you are about to issue.

1. **Confirm payment information.**

The screen will list the total number of payments to be issued along with the total dollar amount. It will indicate whether checks or direct deposits are being issued. And it may indicate whether the payments being issued are from Federal CACFP or supplemental State funds.

2. **Supply a First Check Number.**

This will be the first number that Minute Menu assigns to the payments about to be issued – whether direct deposit or checks. Even if you are only exporting payment information out of Minute Menu for checks to be issued with a third party accounting system, this information is still required. When issuing Direct Deposits, you may not have a true check number, so just supply some arbitrary number here – although it's generally a good idea to choose a unique check number range. So the first time you issue Direct Deposits, perhaps start at 10000, then the next time specify a starting check number of 11000, and so on.

3. **Supply a Check Date.** This is the date printed on all checks, or associated in Minute Menu with all direct deposit transactions. If you are printing checks or issuing direct deposits in advance, you should specify a date here close to when you expect to send the payments to Providers. Once checks or direct deposits have been saved in the database through this process, Providers in KIDS will be able to see that the claims have been paid – but they won't be able to see that until the date that you specify here has been reached.

4. **Pre-Print the Register.** If you like, you can print a register of all the payments you are about to issue, if you want to see that information itemized before actually issuing the payments. If you want to ensure that your incoming funds from the state agency match your outgoing funds with this batch, consult the last page of this Pre-printed check register to ensure the batch totals balance with the relevant state claim number(s). Note: this pre-printed check register will note the details of checks that may be automatically created as part of this check run. For example, if you use the Monthly Check Deduction feature, then those manual dollar adjustments will be noted here. Likewise, if you have chosen to pay a Provider that would have otherwise received a negative check, you will see a manual dollar adjustment for that Provider that brings the check up to zero dollars (and another offsetting

Issue Payments

Step 2 of 4: Print Checks

Number of Payments to be Issued: 3
Total of all Payments: \$384.63
Payment Source: Federal
Payment Method: Checks

Default limit of checks per batch print job is 1000. If you want to increase this change the limit in the textbox below.
Check Print Batch Limit: 1000

First Check Number:
Check Date:

Print Order:
 Provider ID
 Provider Last Name

Print Destination:
 Printer
 Export File:
 Both

Check Stub Message:

non-claim payment adjustment will be created automatically, which will come off a subsequent check).

5. **Choose Batch Print Order.** You can select the order of the payments you are about to issue. If you print to an export file, this will be the order that the payments are generated within the file.
6. **Print Destination.** You have the option to print the payments to Printer, Export File, or Both. If you are printing checks in Minute Menu, then you must choose either “Printer” or “Both” here. If you need a transaction export file for use in exporting data from Minute Menu to a third party accounting system – or even for viewing or manipulation in Excel – you must choose either “Export File” or “Both”. If you do specify that an export file is to be generated, the system will supply a default export file name. You can change that file name if you like. This export file will be generated in a pre-determined format. If you require this format to be changed to meet your third party software requirements, please contact customer support. Direct deposits and checks will print in the exact same fashion when sent to the printer – the only difference is that you would print direct deposits on regular white paper, and checks would be printed on blank checks. Sending direct deposits to the printer will provide you with paper records of the direct deposits, if you wish to send those as a payment confirmation to providers. If you would like the words “Not a Check” to appear on these direct deposit vouchers, go to Administration >> Manage Sponsor Preferences >> O. Payment/Check Options >> 007 and set it to Y.
 - a. **Print Batch Limit.** If you actually print your payments to the printer (by choosing a destination of Printer or Both), Minute Menu uses the Windows Spool Manager to combine a number of individual checks into one print job. This speeds up the printing process, and helps minimize the possibility that someone else connected to your network will sneak a print job in the middle of your check run – printing their report on check paper and causing your check numbers to be printed incorrectly. The Check Print Batch Limit indicates the maximum number of individual checks put into one print job. This is set to 1000 by default. But you can change it to any number based upon the quality of your printer. Consider one batch example: If you shrink it to 100, and there are 350 checks to print, then Minute Menu will automatically send a total of 4 print jobs to the printer, the first 3 with 100 checks, and the last job with 50 checks. Note: this does not affect the number of checks printed, just the number sent together as one batch to the printer.
 - b. **Printing a Test Check.** Before you print checks on check paper, you should print a test check to make sure the alignment will match up properly. If for some reason it does not, please contact customer support.
7. **Print for Non Web Claims Only.** Click this box if you are printing direct deposit vouchers and wish to print them for your paper claimers only. Web providers can view their payment details on line, so there is usually no need to print a payment statement for these providers.
8. **ACH File.** If you are issuing direct deposits, you will normally need Minute Menu to generate an ACH file that is then transmitted to your bank. Click this checkbox to create the ACH File while running this print batch. A file name and location is supplied by default here – you can change it if you like. Make note of this file name and path, though, as you will typically need to upload that file to your bank’s web site.
9. **Click Print.** Once you’ve confirmed all the options on this page are appropriate, click [Print]. Minute Menu will now begin creating all the payment transactions. If you’ve chosen to send your payments to the printer, then Minute Menu will print the checks or

direct deposit receipts. If you've chosen to create any export files, these will be generated now as well. If you're printing exclusively to Export File, nothing will actually print to your printer.

Step 3 of 4 of the Issue Payments interface will only be displayed if you have chosen to send payment information to the printer. If you choose "Export File", the system will proceed immediately to Step 4.

1. **Review your Printed Checks.** Did all your checks print correctly? If they did not, you need to find the check number of the last successfully printed check.

a. **Reprinting a Portion of the Batch.**

Supply the check number of the last successfully printed check from your print batch – which you'll find by looking at checks in the printer – and type that number in the box labeled "Last Successfully Printed Check". (If none of the checks printed successfully, just leave this option blank and the system will reprint from the beginning). Then, supply a Restarting Check Number in the appropriate box. This will be the number assigned to the first

Issue Payments

Step 3 of 4: Verify Successful Print Job

Please verify that the checks / direct deposits printed correctly.

If they printed properly, please press the [Checks Printed Successfully] button below.

If the checks / direct deposits did not print properly, please enter the number of the last successfully printed check below. (If no checks printed properly, leave that box blank). Then, supply an appropriate restarting check number. Once you are ready to print, make sure the proper paper is in the printer and that the printer is ready, and press the [Reprint] button below.

Last Successfully Printed Check:

Restarting Check Number:

Reprint

Checks Printed Successfully

Step 3 Special Note

Before you continue past Step 3, be certain that your checks printed properly. There is no other function in Minute Menu HX to re-print checks en masse, so if you skip past this function only to discover later that a large number of your checks printed improperly, you'll have to re-print each of those checks one by one.

unsuccessfully printed check (i.e., the check printed immediately after the Last Successfully Printed Check), and all checks after that will be incremented appropriately. Then hit [Reprint] and all the checks which were originally printed incorrectly will be re-printed, now with new check numbers. (Note: if you don't want to change the check numbers, then you would still supply a restarting check number; you'd just supply the appropriate check number here).

2. **Once the checks have printed successfully.** You can repeat Step 1 as often as necessary. However, once all your checks have been printed, click the [Checks Printed Successfully] button to finish the process. Please note: this is the point when Minute Menu saves the checks into the Minute Menu database – not before. So, if for some reason your power goes out before this button is pressed, you may need to contact customer support for assistance in getting all of your checks appropriately saved.

Step 4 of 4 of the Issue Payments interface allows you to print a check register of all the payments that were just issued (be they checks or direct deposits, sent to the printer or solely to file). Immediately prior to Step 4, Minute Menu will commit the entire batch of payments to the database. Prior to this within the Issue Payments process, these payments are not saved (even though they have already been printed). This means that if Minute Menu is somehow shut down (perhaps because of a power failure) prior to this point, none of the claims that you selected in **Step 1 of 4** will be noted as paid, and all can be paid again. If you have already actually printed checks, and the power does fail or some other failure causes Minute Menu to shut down, then you will need to start again at Step 1 as you did before, but do not actually print the checks (choose Export File as the Destination in Step 2), to ensure all these checks are properly saved in the database. If you have chosen to print to Export File, the export file will be saved as soon as the checks are committed to the database, also immediately prior to the appearance of the Step 4 screen.

1. **Print Check Register.** Hit [Print] to print the check register to screen. To send it to printer, hit the Print Report icon in the Print To... dialog.
2. **Click Close.** This will end the issue payments process; you're done with this batch.

Lingering Payable Claim Batches

Minute Menu has been designed so that every claim record in the system must be paid, and can be paid only once. Once a claim is paid using the Issue Payments function, the Minute Menu database is updated to account for that payment. The Payable Claim Batches List in Step 1 of Issue Payments lists all batches of claims that exist where at least one claim has not yet been paid. Therefore, if you see a claim month listed in this Step 1 interface, that means that there is at least one claim that hasn't been paid, according to Minute Menu.

If you see prior claim months listed in the Payable Claim Batches List of this Step 1 interface, and you believe that all claims within that month have been paid, you should take note. To determine why Minute Menu thinks claims within these months still need to be paid, you may want to isolate those earlier months in the Payable Claim Batches List and hit [Recalculate Payments]. There are a few reasons why a Provider's claim may still be listed as awaiting payment:

- **Negative Payments** – If you pay a Provider and afterward you adjust that Provider's claim downward to take away meals, this will create a negative adjustment claim in the system for that Provider. This negative adjustment claim will need to be accounted for on a payment, just like all other claims. But by default, Minute Menu will not issue a negative payment by itself. So until the Provider has another claim with a total amount greater than the amount of this negative adjustment, Minute Menu will not (by default) account for this claim as having been paid. This could cause one (or more) claims to remain as unpaid. As soon as you have a claim that has an appropriate offsetting positive amount, Minute Menu will allow you (by default) to create a check for this Provider and the claim will be cleared out. But until then, this payment will remain in the system. If you never have another claim for this Provider – so there is no offsetting positive amount for the Provider – you may need to consider using the Receive Money From Provider function to account for the negative adjustment as having been paid so that claim batch will be cleared out of the Step 1 list. For more information, see the *Receiving Money from Providers* section below.
- **Zero Dollar Claims** – The Issue Payments process will not, by default, pay Providers unless they have a positive dollar amount for their check. For negative amount checks, this

is easy to understand. But you may periodically have a zero dollar claim in the system as well. These zero dollar claims can sometimes come because you have used the Adjust Claims function to record an adjustment note but you didn't actually change any meal counts. They may also come if you process a claim for a Provider that is completely disallowed, and you didn't delete the claim (or deal with the total disallowance) prior to issuing payments. Regardless of the cause of the zero dollar claim, if you have any, Issue Payments will not, by default, pay that claim. As a result, these claims may linger in the Minute Menu database as unpaid until you take action to clear them out as paid. So if you have older claim month batches listed in the Step 1 process and you determine they are caused by zero dollar claims, you should clear them out. To do this, select the appropriate old claim month batch Step 1 and hit [Recalculate Payments]. You will see these zero dollar claims show up in the list of Providers, but they will NOT be selected as Payable. Put a check in the box for Payable – because you want to override the default behavior and continue through the issue payments steps for these Providers (even though you won't actually print any checks for these Providers). Be sure to check the [Details] for each of these payments to ensure they are actually all zero dollar claims, and no negative claims have been mixed in (negative claims are brought up to an amount of \$0.00 within the Issue Payments function because Minute Menu will never issue a negative check). Then continue to Step 2. Choose some arbitrary starting check number and change your Print Destination to Export File so as not to waste paper, and finish the Issue Payments process. In this way, you will note these Zero Dollar Claims as having been "Paid" so these old claim month batches do not continue to show up in the Issue Payments Step 1 payable batch list.

Check Register

Minute Menu does not have a true accounting system, but it does have functions that will help you review the payments that you've issued. You can get printouts of the checks or direct deposits you've issued, and also review that information on screen.

View Payment History

To review the payments you've made, you will use the View Payment History function.

1. Go to the menu **Checkbook >> List Payment History**
2. **Choose Filtering Criteria.** There are variety of different options to filter which payments you wish to view on screen.
 - a. **Filter by Period.** You can choose to examine payments made for a specific claim month, a specific date range, or all claim months. If you choose all claim months, you will be forced to filter by a specific Provider. Also, since payment transactions can possibly include payment for claims from different months, the payments you review when filtering by a specific claim month may include money for other claim months.
 - b. **Filter by Provider.** You can choose to list payments for all providers, or for a single selected provider. If you choose Selected Provider, you can choose from the Provider drop-down list the specific Provider for whom you wish to view

- payments. You can adjust what Providers are displayed in this drop-down menu using the status filter, and change the order of Providers – sorted either alphabetically or by number – by clicking either the [A] or [#] buttons.
- c. **Filter by Payment Method.** You can choose to review all payments, or just a particular kind of payment – direct deposits, checks, or deposits (i.e., money received from providers, see below).
3. **Examine the Payment List.** Once you have chosen your filtering criteria, you can click [Refresh List] to display all payments that match the criteria you specified. The Payment List that is displayed can be sorted by clicking on any of the column headers in the list.
 - a. **Examine Payment Details.** You can click the [Details] button for any payment transaction that is listed to examine what that specific transaction encompassed – what claim month, relevant Tier 1 & Tier 2 meal counts, and any Non-Claim Payment Adjustments that were included. This information is identical to that which is printed on the check stub or direct deposit receipt when you issue payments.

Printed Report

To print a Check Register (which will also include direct deposits), you can access the View Payment History function and press the [Print]. Or you can go to the menu Reports >> Payments >> Check Register.

When printing the check register, you will be prompted to choose your filtering criteria:

1. **Filter by Date.** Supply a starting & ending date range, and the Check Register will include only transactions which are dated between that starting and ending date (including the starting & ending date).
2. **Filter by Number.** Supply a starting & ending check number to print only records with check numbers that fall between the numbers supplied.
3. **Filter by Claim Month.** Supply a starting & ending claim month to print checks/direct deposits that are for the selected month(s). Note: if a check was issued and included payment for more than one claim for a provider, which spanned multiple months, this filter will include that check if any of the claims paid by the check are included in the month filter.
4. **Filter by Method.** You can filter to include only Checks, Direct Deposits, Void records, or Deposits (which would be created with the Receive Money from Provider function).

The end of the Check Register has claim summary information on it which should help you balance your incoming (from the state agency) and outgoing (to Providers) payments.

Voiding & Reprinting Checks

You should void a check or direct deposit if you voided the real check or direct deposit, and when you didn't void the check simply to re-issue a new check for an identical amount. When you void a payment in Minute Menu HX, the Claim and/or Non-Claim Payment Adjustment record(s) that comprise that payment will be un-marked as paid, so you can access Issue Payments to re-issue payment for the underlying Claim and/or Non-Claim Payment Adjustment.

If a check is lost in the mail or for some other reason simply needs to be re-printed, but with a different check number, then it's easier to choose to re-print the check rather than void and re-issue payment. Likewise, if you simply want to re-print a specific check without changing the number for whatever reason, you can use the re-print function to do so.

When a check is voided, a record of that void will remain in the system for your records. If you choose to re-print a check, and when doing so change the check's number, the original check is voided and a new payment transaction record is created. So a record of the void will exist in either case.

To void any check or direct deposit that you have previously issued:

1. Find the check / direct deposit you wish to void within List Payment History and click [Void].
 - a. Go to the menu **Checkbook >> List Payment History**
 - b. Choose filtering options that are appropriate to display the payment you wish to void, and click [Refresh List]
 - c. Find the payment to be voided in the list. Click the [Void] button
2. Click the [Void] button in the lavender pop-up window that appears.
3. Click [OK] to confirm you wish to Void the check
 - a. **Note:** You can choose to "Also void claim to zero counts." If you check this option when you continue voiding the check, the system will both void the claim payment (so it's no longer indicated as paid) and also create a claim Adjustment that brings the underlying (previously) paid claim to have zero meal (and attendance & participated & days claimed) counts, so that claim becomes a zero \$\$ claimer. This effectively cuts out a few steps that would need to have been done manually in the event you must void a check & claim simultaneously.
4. The check is now voided. So any Claim or Non-Claim Payment Adjustment records that were paid by that check can now be re-issued through the Issue Payments function.

You can also void a range of checks, by going into Checkbook >> List Payment History, and choosing the [Void Range] option.

To re-print any check:

1. Find the check / direct deposit you wish to re-print within List Payment History and click [Reprint].
 - a. Go to the menu **Checkbook >> List Payment History**
 - b. Choose filtering options that are appropriate to display the payment you wish to void, and click [Refresh List]
 - c. Find the payment to be voided in the list. Click the [Re-Print] button
2. You will see the number that was originally noted on the check (or direct deposit), along with the original check / direct deposit date.
 - a. **Change Check Number.** If you want to assign a new check number for this payment, supply a different value for "New Check Number". If you do change the check number, a record of the voided transaction will be kept on file. If you don't change the check number, a voided record will not be created.
 - b. **Change Check Date.** If you want to set a new date for this payment, change the date.

3. Click [Print] to send your check to the printer. If necessary, the original transaction record will be voided and a new record will be created in its place.
 - a. If you like, you can [Print Test Check] before you click the [Print] button to confirm the format of the check you are about to re-print.

Adjusting Payments (non-Claim Related)

As noted above, Minute Menu HX allows Sponsors to add or deduct specific dollar amounts for checks, even when such additions or deductions have nothing to do with specific claim counts. These Non-Claim Payment Adjustments should not be confused with adjustments made to specific claims – because you will still want to use the Adjust Claims function to add or take away specific meal counts from specific claims. But, depending upon the State and the Sponsor, it is sometimes necessary to make a specific dollar amount adjustment to a claim. For example, if a special IRS withholding situation occurs, you may be required to deduct a certain amount from a Provider's check each time it is issued. Beyond that, there are numerous possible situations that would warrant adding or subtracting specific dollar amounts from checks that a Sponsor would issue (especially non-Sole Source Sponsorships).

To create a Non-Claim Payment Adjustment – which will then add or subtract from the amount issued to a Provider in an upcoming check or direct deposit – you would use the Adjust Provider Payments function.

1. Go to the menu **Checkbook >> Adjust Provider Payments**
2. **Select the Provider** for whom you wish to create a Non-Claim Payment Adjustment
3. **Specify an Effective Date** for the Non-Claim Payment Adjustment.
4. **Specify an Adjustment Amount.** To add money to a check, supply a value in the “+” column. To subtract money from a check, supply a value in the “-” column.
5. **Specify an Adjustment Reason.** This will appear on the check stub.
6. **Specify Account Code.** For some Sponsors, you will be required to specify the Adjustment Account Code. If you see this option, choose the appropriate account code from the list. (You may add account codes by going to the menu **Checkbook >> Manage Manual Adjustment Account Codes.**) These account codes impact transaction export files generated by Minute Menu necessary at some Sponsorships.
7. **Click [Save]** to save the Non-Claim Payment Adjustment.

The next time you Issue Payments, be sure the “Include Non-Claim Payment Adjustments” checkbox is checked. If so, then this (and any other) adjustment will automatically be included in the check.

Non Claim Payment Adjustments Report

If you want to get a list of all the non-claim payment adjustments you've entered, you can via **Reports >> Payments >> Non-Claim Payment Adjustments Report.**

Receiving Money from Providers

In certain situations, it is necessary for Sponsors to demand a return of payment from their Providers. Consider this situation: a Provider drops off of your program. You've already sent them payment for the last claim that they were issued from your Sponsorship. That claim required a negative Adjustment. Since no further payments will be issued to this Provider, the Provider must re-pay you the amount of the negative adjustment. And some Sponsorships require re-payment for any negative Claim Adjustments.

Minute Menu HX has been designed to help you keep track of these outstanding funds payable. One mechanism is the Pending Payments Report. This report lists all Providers who are owed money for Claims (or Non-Claim Payment Adjustments), as well as all Providers who owe the Sponsorship money in over-payment situations. To print this report, go to the menu **Reports >> Payments >> Pending Payment Report**.

However, to keep this report useful, you must be able to note when a Provider has re-paid your agency for excess funds issued. To do that, you must use the Receive Money from Provider function to record Provider Deposits.

1. Go to the menu **Checkbook >> Receive Money from Provider**.
2. **Select Provider**. Select the Provider from whom you've received funds.
3. **Mark Components to Clear**. Once the Provider has been selected, all of that Provider's outstanding payment components – Claims and Non-Claim Payment Adjustments – will be listed. You should see at least one payment component that has a negative dollar amount. Check the appropriate component(s) for which you are receiving payment. When you Save this receipt of funds, a deposit is created in the system and these payment components will be cleared out (i.e., no longer appear as payable in the Issue Payments function nor in the Pending Payments Report) and associated with the deposit you are creating.
4. **Supply the Amount Received**. If the amount you supply here is different than the amount listed in the Total Receivable field (which is a reflection of the components you selected above), then the Deposit you are creating does not balance with the amount you were expecting. In this case, when you Save this receipt of funds, another Non-Claim Payment Adjustment will be automatically created for this Provider, with a positive or negative amount (depending upon whether you've received too much or too little from the Provider), and will remain in the system as a payment that you can issue or a payment component for which another deposit must be received. If the Amount Received matches the Total Receivable, then the system will balance out perfectly, and the selected payment components (Claims or Non-Claim Payment Adjustments) will be cleared out of the system.
5. **Supply a Date Received**. This is the effective date of the deposit.
6. **Save the Deposit**. Click the [Save] button and the Deposit transaction will be saved, and the underlying payment components will be cleared out of the system appropriately.

Exporting Transactions to 3rd Party Accounting Software

For agencies that have 3rd party accounting system, getting payment data from Minute Menu into that accounting system is usually a necessity. In many cases, this is simply done by hand, with data coming from reports generated by Minute Menu – usually by a printed copy of the Check Register and sometimes copies of the “checks” printed by Minute Menu on white paper (which serve as vouchers) – and then manually entered into the agency’s accounting system.

Minute Menu is designed, however, to allow transaction information to be exported. The **Checkbook >> Generate Check Transaction File** function will create an export file based on any filtering parameters you specify – the same kinds of filtering options that you can specify when printing a Check Register. By default, this will generate a tab delimited text file of payment information in Minute Menu’s default transaction export file format. When you use the Issue Payments function, Minute Menu will generate this same transaction export file if you choose Export File (or Both) as the Print Destination option during Step 2, with payment information specific to that particular payment batch.

If this default transaction export file does not meet your needs, Minute Menu can customize this file format to meet specifications provided by your agency. As a custom software change, there is a fee charged for this. Your agency must provide Minute Menu with the full specifications required for the import file, and coordinate with Minute Menu staff to ensure that the custom format is implemented as part of the regular update schedule of the Minute Menu software.

XVI. Managing Serious Deficiencies

Food Program regulations require you to put providers into a corrective action process any time you find a problem with the provider that rises to the definition of a Serious Deficiency. The definition of what constitutes a serious deficiency varies from state to state, and the correction action a provider is required to take varies from one type of deficiency to another. However, Minute Menu has built a tool to help you track each provider that is currently in the Serious Deficiency / Corrective Action process, to ensure that each issue is resolved in its entirety (meaning either provider made the necessary corrections, or was terminated from the CACFP).

Getting Started

Before you put a provider in serious deficiency within Minute Menu, you should set up your Serious Deficiency Reasons and Serious Deficiency Events.

Serious Deficiency Reasons

Serious Deficiency Reasons are a list of all the reasons why a provider might be considered Seriously Deficient. This includes things like they aren't keeping daily paperwork, they're not following the USDA meal guidelines, etc.

You can set up the reasons in Minute Menu under **Tools >> Manage Serious Deficiency Reasons**. Several default reasons should already be set up.

Serious Deficiency Events

Serious Deficiency Events are particular milestones in the corrective action process. Each Serious Deficiency will begin with notice given to the provider. It will end in either termination or the documentation of the fact that the provider has corrected all mistakes so the notice of Serious Deficiency is rescinded.

You can set up milestones specific to your corrective action process under **Tools >> Manage Serious Deficiency Events**.

Understanding the Process

Minute Menu is designed so that you can note each provider that is currently in the Serious Deficiency process. But more than that, it also allows you to track each corrective action, so you know exactly what specific steps have been taken with each provider that is seriously deficient and what remains in her process.

So when using the Serious Deficiency features in Minute Menu, think of it as a contact management tool – each time you make contact with a provider as part of the Serious Deficiency process, you will document that contact as a step within Minute Menu.

Documenting a Serious Deficiency Event

To add (or view) a provider's serious deficiency event, go to **Tools >> Manage Provider Serious Deficiency**. Choose the provider you're interested in.

You'll see a date range filter here. If the provider has had multiple serious deficiencies in the past, you may want to filter by a date range to exclude those past deficiencies. Otherwise, leave it unfiltered, and hit [Refresh] to see each event associated with the provider's corrective action process.

To add a new serious deficiency event, click [Add Event].

Adding a New Event

When you document an event, you can fill out some or all of the following:

- **Provider In Serious Deficiency** – Use this with your first event to note that the provider is currently in serious deficiency. It will automatically be checked each time after that. So that when the provider finally exits serious deficiency, you'll uncheck this option. This checkbox also appears on the Other tab of Manage Provider Information.
- **Event Date** – That is typically the current date, the date you are documenting the current event as having taken place.
- **Followup Date** – What is the due date for the next action (either a response by the provider, or a response for you).
- **SD Reason** – This will be the same for each serious deficiency event you enter for a given provider. But it's possible that a provider may have more than one serious deficiency at a time. If that's the case, you may be tracking two distinct corrective action processes simultaneously for the same provider for two different deficiencies. Keep track of distinct SD reasons here.
- **SD Event** – What specific step are you documenting in this provider's correction action process right now? Is it the start of serious deficiency? Is it that a specific piece of correspondence has been received? Whatever the process your agency goes thru, you can document the specific step here (based on the events you set up per instructions on the preceding page).
- **Comments** – Document any details related to the Serious Deficiency here.
- **Next Review Date** – Do you want to update the date the next review is required? If so, change it here, and the provider's file will be updated automatically.
- **Address, Phone, DOB** – These are listed here, simply so you can copy & paste into Word or another document. Each agency develops their own letters associated with the Serious Deficiency process, so it's impossible to generate these letters out of Minute Menu. But we have made it a bit easier to use standardized letters, so just copy and paste from here.
- **Serious Deficiency Documents folder path** – Typically, you will store documents (letters and forms and whatnot) associated with a provider's serious deficiency. You can browse to a folder here (and choose a specific file, but the folder itself will be saved in the path). Then, when reviewing this SD moving forward, you can just open that folder in a browse window to easily review those files while updating your Minute Menu information.

Reviewing Serious Deficiencies

You can see the progression of a provider's Serious Deficiency process within the Manage Provider Serious Deficiency list function. You can access this list either from **Tools >> Manage Provider Serious Deficiency** as explained above, or (to view an individual provider) you can click the [Serious Deficiency] button in Manage Provider Information.

You can print information associated with the Serious Deficiency by hitting the [Print] button on this screen. This prints out the Serious Deficiency Detail Report (which is also accessible under **Reports >> Providers >> Serious Deficiency Detail Report**). This lists all the details associated with the provider's corrective action process.

The Serious Deficiency List, **Reports >> Providers >> Serious Deficiency List**, which gives a list of all the events associated with providers' serious deficiencies.

You can also print your own customizable reports with a Serious Deficiency Export List, **Reports >> Providers >> Serious Deficiency Export File**.

In addition, if you have recorded Serious Deficiency Event(s) for a provider, a summary will appear on the Sponsor Review Worksheet.

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XVII. Menu Planning

Minute Menu HX is designed to support six different types of menu plans. The following chart provides a description of the menu plans supported:

Menu Type	Description	Usable on Scannable Forms	Usable in KIDS	Created by Sponsor and available to all approved Providers	Available only to Provider(s) who create it
Master Menu	Meal template that is meal-type specific, but not date nor day-of-week specific. Created by Sponsors to be re-used at any Breakfasts, Snacks, or Lunches/Dinners	X	X	X	
Provider Menu Template	Meal template that is meal-type specific, but not date nor day-of-week specific. Created by a Provider so that she may re-use it at any Breakfasts, Snacks, or Lunches/Dinners she serves		X		X
Sponsor Cycle Menu	A grouping of up to 42 planned meals, specific to a day of the week (Sunday through Saturday) and a meal during the day). Created by Sponsors to be followed for a full week period.	X	X	X	
Provider Cycle Menu	A grouping of up to 42 planned meals, specific to a day of the week (Sunday through Saturday) and a meal during the day). Setup by Providers for when filling out scannable forms for their own meals.	X	X		X
EZ Menu	A plan scheduled for a specific date and a specific meal, to be followed by any Provider	X	X	X	
Provider Scheduled Menu	A plan scheduled for a specific date and a specific meal, created by a Provider for herself		X		X

You can choose to use any, all, or none of these menu plans.

Using Menu Plans

As a Sponsor, you can create and modify any of the Sponsor-specific menu plans. You cannot edit menu plans created by Providers, with one exception: You will need to set up each Provider's Cycle Menu Plan on its own for each Provider.

When creating menu plans, certain guidelines must be followed regardless of the type of Menu Plan you are creating:

- Every menu plan will have a number assigned to it. This number will be what the Provider uses on scannable menu forms. Regardless of the type of scannable Menu Plan you create, Providers will approach the scannable menu forms in the same manner each time: they'll bubble the "M" to indicate it's a planned menu, and they'll bubble the menu number in the lowest Fruit / Vegetable row for that meal. (See the Provider Training Workbook Addendum for Master Menus for more information.) Providers using KIDS will always be able to point & click, so the number is unimportant, but numbers are still required.
- Each menu plan number must be unique, so don't use the same menu plan number twice. Likewise, you cannot record Master Menus with numbers that overlap with Cycle Menus, or vice versa. If you allow your Providers to create cycle menus, reserve a set number range for those Cycle Menus (like 10-18), and don't use any Sponsor-wide menu plans in that number range. If you use EZ Menus, those are always assumed to be menu #1 (for when providers fill out scannable menu forms), so that number will not be available for other menu plans.
- None of the menu plan numbers can have a "9" in it, as there is no number "9" in the food sections on the Minute Menu scannable menu forms (a quirk of space constraints on the forms).

Managing Master Menus

Master Menus are templates created specific to the USDA Meal Patterns, so there are three types of Master Menus: Breakfasts, Lunch/Dinners, and Snacks.

To add, edit, or delete any Master Menus:

1. Go to the menu **Menu Planning >> Manage Master Menu**
2. Previously created Master Menus will be visible in the charts for each meal pattern type.
3. **To edit a Master Menu:** double-click it in the list. **To add a Master Menu:** click the appropriate [Add] button.

You cannot delete any Master Menu that has been used in any meal.

Managing Cycle Menus

You can create Sponsor Cycle Menus, which are available to every Provider. And you can create Provider Cycle Menus, specific to selected Providers. The process to create a cycle menu is almost the same, regardless whether it's a Provider or Sponsor Cycle Menu.

1. Go to the menu **Menu Planning >> Manage Provider Cycle Menus** or **Menu Planning >> Manage Sponsor Cycle Menus**
 - a. If you are editing a Provider's Cycle Menu, you must then choose the specific Provider for whom you are editing a cycle.
2. **To add a cycle:** Type the number you wish to assign the cycle in the white box and click [Add New]. This will create a generic cycle, with empty menus for all 6 meals of the day for all 7 days the week.
2. **To edit a cycle:** Select the number of the cycle you wish to edit in the drop down list. Then you can choose any Day of Week within the cycle to modify that particular cycle.
3. Hit [Save] when done.

When you choose to Add a New cycle menu, 42 generic menus exist to correspond to the 6 meals of day x 7 days of week that a cycle contains, and Provider(s) can begin claiming any of those meals within the cycle. The system does not have any foods assigned to any of the meals, but generic meals exist so that you don't have to spend the time to supply (up to) 42 meals worth of foods for the given cycle. When claims are processed using this cycle, they will be processed as if the meals had all the food components that were required. You can supply foods for specific meals if you like, or you can simply leave the cycle as it has been created without foods. To supply specific foods, choose the relevant Day of Week, and then supply foods for each meal as appropriate.

However, if certain meals or certain days of the week don't apply to the cycle, you must update this newly created cycle accordingly. To explain: if the cycle you've just created is good from Monday-Friday and Breakfast-Dinner, then you would not want a Provider to have credit for a valid meal if they claimed this cycle on a Sunday or for an Evening Snack. To remove a meal from the cycle, choose the relevant Day of Week, and then hit the [Delete] button for each meal during that day which is not part of the cycle (or [Delete Entire Day] to delete the whole day). If a Provider attempts to claim that meal that is not part of the cycle, the meal will be disallowed when the claim is processed.

Cycle Menus cannot be deleted. For Provider Cycle Menus, you can note the Provider as being approved to use the cycle during a specific date range (see below).

Managing EZ Menus

EZ Menus are date specific schedules. When a Provider wants to use an EZ Menu, she would mark #01 on her scannable menu form and note it as a planned menu with the "M" bubble (or in KIDS, click to choose it). But you must have created a valid EZ Menu on that specific date for that specific meal, otherwise the meal will be disallowed when processed.

To create an EZ Menu:

1. Go to the menu **Menu Planning >> Plan EZ Menu**
2. Click on the date of the menu you wish to plan, then click [View Day]
3. Supply appropriate food choices for each meal that is part of your EZ Menu plan. (Use the [Delete] button to delete any previously created EZ Menus.)
4. Hit [Save] when done

Menu Plan Reports

To review Menu Plan information that has already been recorded:

1. Go to the menu **Reports >> Menu**. From here, you can choose from any of the following reports to review meal plans:
 - a. EZ Menu Report – Shows the EZ Menu schedule for a one week period
 - b. Master Menu Report – Lists all Master Menus
 - c. Provider Cycle Menu Report – Allows you to choose a specific Provider, and lists any one of that Providers Cycle Menu plans
 - d. Sponsor Cycle Menu Reports – Lists any one of your Sponsor-wide cycle menu plans
 - e. Scheduled Menu Report – Shows the scheduled menu plan for a one week period for a specific provider
 - f. Provider Menu Plan List – Shows the planned menu templates created by any given provider

In some cases, you can access these reports from the various menu plan interfaces noted above.

Approving Providers for Menu Plans

When setting up support for the Sponsor-wide menu plans, Minute Menu HX can be configured so that you specifically approve or disapprove individual Providers to use the menu plans. Or menu plans can be allowed for all, regardless of any setting in the Provider's file.

Regardless, you can note which Providers are approved (or, in the latter case, which Providers have been trained to use) any type of Menu Plan. To record a Provider as able to use any of the Menu Plan types:

1. Go to the menu **Providers >> Manage Provider Information**, and choose the Provider you wish to edit
2. Select the Meals tab
3. Check any of the relevant boxes:
 - a. Master Menu
 - b. Provider Cycle Menu
 - c. Sponsor Cycle Menu
 - d. EZ Menus

Note: Providers are always able to use Provider Scheduled Menus and Provider Menu Templates in KIDS.

4. For Provider Cycle Menus, you may also need to supply an effective date range during which the Provider is approved to use their cycle(s). The system can be configured to require this information for processing, or it can be configured so that Providers are not confined to specific date ranges for the approval of their cycles.

Managing System Food Preferences

When use the Process Claims function to process KIDS or Full Bubble Menu scannable forms claims, Minute Menu will actually perform all of the food related menu checks on these claims for you, so that your staff doesn't do this manually. However, Minute Menu must be configured to properly reflect your procedures and food approval rules in order for the results to match what would happen if you processed the claim by hand.

You can use several tools in the Minute Menu software to ensure that the system is configured to meet your specific needs.

Reviewing Your Food List

Use the **Reports >> Menus >> Food List Report** to get a list of all the foods that are set up in your Minute Menu database. The report is color coded by food type (red for meats, orange/green for fruits/vegetables, brown for breads, and blue for milk) to help make it easier to read, much like any Food Charts you order from the Minute Menu office.

The foods you see on this report are exactly what your Providers in KIDS see, and should correspond precisely with any printed Food Chart.

Foods listed with an asterisk (*) will be disallowed if served to an infant.

If you need to add or remove any food to the list, or if any food that is allowed/disallowed for an infant should be changed, please email hx-support@minutemenu.com to request the changes.

Updating Vitamin Info

You can update the vitamin content of your food list by going to Administration >> Manage Foods (in prior versions this is found in Help >> Link to KIDS Food List).

Managing Food Combination Rules

This function is accessible from **Administration >> Manage Food Combinations**

The function allows you to review, add, and delete existing food combination rules used by the Minute Menu Claims Processor for your agency. These are rules that are triggered when foods are served together, at the same meal. If, for example, Oranges and Orange Juice are served together, you may want to disallow the meal. You may also want certain types of beans and/or legumes when served together to result in a disallowance or a warning because of the inadequate nutritional variety in the meal. To set up a Food Combination Rule:

1. Go to Administration >> Manage Food Combinations
2. Type a name for your rule in the "Food Combo Rule" box (For example: Potatoes.
3. The Food Combo Description is optional. If you wish to give your providers more information about the food combination, type this in

the description and check the “Print Description on Provider Error Letter” box below. In most cases, the Food Combo Name will be sufficient.

4. Type Food Combo name and description in Spanish, if needed.
5. Select the Enforce Rule: Disallow or Warn
6. Select the meals you want the Combo Rule to apply. (For this type of combo rule, don’t check the “Disallow/warn only if all foods are served” box. See below for info on this option)
7. Now select the foods for your rule. From the grid on the left, click the main category for the food first (for our example, Potatoes, click the Fruit/Veg/Juice tab). Then you can sort by category by clicking the header “Category”. Double click the specific foods you want to be part of the rule. For “Potatoes”, this might be Mashed Potatoes, French Fries, Tator Tots, Hash Browns, etc. Each food that you double click will be added to the list below and become part of your rule. If any two of the foods in the list are served in a meal, an error message will be generated.

You can also use this function to track a different type of food combinations. In the Manage Food Combinations screen, you will see a checkbox labeled “Disallow/warn if all foods in rule are used.” This feature can be used if you need to check for certain combination meals like “Pizza” or “Beef Stew”. For example, a provider’s lunch menu might be Stew Meat, Potatoes, Carrots, Biscuits and Milk. In this case, the carrots and potatoes are most likely a part of the stew. If you are a sponsor who requires (or encourages) providers to serve a fruit/vegetable that is not part of this main combination dish, then you can use this new feature to warn or disallow the meal. In this example, you would set up a Food Combination Rule called “Beef Stew”, check the box to “Disallow/warn if all foods in rule are served”, and enter 3 foods for your rule: Stew Meat, Potatoes, Carrots. If a provider serves those 3 foods in any one meal, you will get an error message.

Use this function to add or remove any of these rules, as you see fit.

You can print all existing food combinations from the [Print] button in this function, or by going to Reports >> Menus >> Food Combinations Report.

Managing Food Frequency Rules

Go to **Administration >> Manage Food Frequency Rules** to access this function.

This function is designed to allow you to edit your food processing rules to check for foods based on how often they are served by your providers. For example, you might want to check to make sure that providers aren’t serving dessert items or high fat meats more than twice per week.

These edit checks will limit servings of any individual foods or a group of foods by number of servings allowed per day, per week, or per month. You can either check by individual child or by whole meals. For example, you create a rule that limits cookies to 2 servings per week. A provider serves cookies for the 3rd time in a week, but at the third serving a new child is in attendance who wasn’t at the first 2 cookie servings. Checking by child would allow the new

child but disallow any children who received the previous 2 servings. Checking by meal would disallow the 3rd meal entirely, including the new child.

To set up a rule that checks for the above example, you would create a rule called “Cookie” or “Desserts.” Then add all of the Bread items that are high in sugar, like Cinnamon Rolls, Cookies, Brownies, etc., from your Food List. Set the limit to 2 times per week. Determine whether you want to check by specific child or by whole meal.

You can set up any rules you like, for just one food or for groups of foods, limited daily, weekly, or monthly. Experiment with the rules set to “Warn” to make sure you don’t disallow meals that shouldn’t be.

Within the function:

- To view existing food frequency rules, choose from the “Select Frequency Rule” list. If none have been set up for your agency, you won’t see any choices in this list.
- To add a new rule, click [Add New Rule] and begin supplying the appropriate rule information.
- Many of the fields you can choose have tool-tip helps, to provide more information. So hold your mouse steady over an item that you have questions about for more information about that particular item. For example, holding your mouse over the label “Apply Limitation To” describes the differences between meal checking and child checking.
- Dbl-click any food to add it to the group of foods that will be checked as part of the rule you are setting up.

XVIII. Reports

Minute Menu comes with over 70 built-in reports, and more are being added with each new release. Almost all of these reports function in the same basic manner:

1. Choose the Report from the Reports menu
2. Choose filtering options appropriate to that report
3. Choose sorting options appropriate to that report
4. Report output is displayed on screen. Print the report to printer if desired.

In addition, there are 6 special reports: Export File reports. These reports generate their output directly to Microsoft Excel, and once in Excel, the data can be manipulated for printing, for data analysis within Excel, or Mail Merged with Microsoft Word. The Export File reports can be filtered in any way, and generate output specific to the Export File type chosen:

- Provider List Export File
- Child List Export File
- Claim List Export File
- Review List Export File
- Training List Export File
- Provider Messages Export File

Provider Filter

The key to generating any report is understanding its filtering options (step 2 above). There is one primary filter used on virtually all reports: the Provider Filter. If you generate the Provider List Export File, the first filtering option that appears is the Provider Filter.

Provider Filter

Only Include data for Providers that meet all of the criteria selected below:

Status
 Active
 Hold Pending

Removed Date
 Between
 Before
 After

License Type
Large FCCH - 12
Large FCCH - 14
Military
Small FCCH - 6
Small FCCH - 8
Special

License Date
 Expires Started
 Between Before After

Child Enrollment Renewal Received
 Between Before After

CACFP Annual Renewal Date
 Expires Started
 Between Before After

CACFP Original Start Date
 Between Before After

Tier
 Tier 1 Tier 2 Tier M

Tier 1 Qualifying Method
By Effective Date :
 By Income By Census
 By School
 Must qualify by this reason only

Claims Submitted
Providers who submit claims in:
 Did Did Not

Payment
Filter options provided on Continue

Enrolled Children
Filter options provided on Continue

Review Conducted
Date of Review:

Review Due By:
02/28/2014
 After

Claim Source
KIDS (Internet)
Manual Entry - Sponsor
Scannable Forms - Sponsor

Waiver
In Effect During Claim Month:

Variance
In Effect During Claim Month:

Language

Choose Providers From List

Cancel (Please note: If all filter options are unchecked, the report will print every Provider who has ever participated in your Sponsorship.) Continue

At first glance, this Provider filter will be imposing. What are displayed are options that will allow you to filter the output of the report you are attempting to create, so that it includes ONLY those Providers that meet all of the options you select, and will exclude all Providers that don't meet the criteria you specify.

Choose to apply only the criteria that you are interested for the report you want at that time. The list below describes each filter listed. Note: not all filters may be visible for you, depending upon how Minute Menu is configured in your agency; in addition, for certain reports, some of these filtering options aren't visible regardless of Minute Menu configuration. (The order of these generally proceeds from top to bottom, left to right).

1. **Status** – the Provider's current status. If unchecked, Providers of any status will be included (which will include Active and Withdrawn providers). By default, most reports are filtered to include only Active & Hold status Providers. A Provider's status is visible within List Providers and in the heading of the Manage Provider Information function.
2. **Payment Type** – If checked, only Providers using Checks or only Providers using Direct Deposits will be listed. This is based on the setting in the Provider's file on the "Other" tab in Manage Provider Information.
3. **Review Conducted** – If checked, only Providers who have been Reviewed in the month selected will be displayed in the output. If checked, you must choose a month.
4. **Review Due By** – If checked, only Providers who have a Review due by the specified date will appear in the report. This examines the Next Review Due date from the "Other" tab of the Manage Provider Information function. You can also specify an After date which means the Provider's must have a Next Review Due date between the After date and the Due date. (A common choice is to choose this Review Due By filter along with the Monitor filter – where the user selects herself as the Monitor – showing only those Providers she needs to visit in the next month).
5. **State** (not pictured) – If checked, only Providers who operate in the given state will be displayed in the output. This is only relevant to multi-state Sponsors.
6. **Zip Code** – If checked, will only show Providers in the specified Zip Code
7. **License Type** – If checked, will only list Providers who have the License(s) you select from the list.
8. **Monitor** – If checked, only Providers who are Monitored by the Monitor(s) you select will be returned in the list.
9. **Claim Source** – If checked, only Providers who are designated with the selected style of claim paperwork will be listed. This is based solely on the Claim Source designation on the "General" tab of Manage Provider Information.
10. **County** – If this filter is enabled, you can select one or multiple counties. If unchecked, Providers in all counties will be included.
11. **City** – Just like County.
12. **License Date** – If checked, you can choose to include Providers whose license expires before, after, or between the specified dates; OR you can choose to include Providers whose license begins before, after, or between the specified dates. This will examine either the License End Date or License Start Date from the "Licensing" tab in Manage Provider Information.
13. **Child Enrollment Renewal Received** – If checked, the output of the report will only include Providers whose Enrollment Renewal Worksheet Received date is before, after, or

between the dates specified. This is taken directly from the field on the “Other” tab of Manage Provider Information.

14. **Claim Submitted** – If checked, then only Providers who did or did not claim in the month selected will be included in the output. If checked, you must select a specific claim month.
15. **Tier** – If unchecked, Providers will be listed regardless of Tier. If checked, you can generate a list of only those Providers who match the Tiers you select. Note: this filters by the Tier on file for the Provider, which may or many not be the Provider’s claim’s processed tier.
 - a. **Tier 1 Qualifying Reason** – If you only want Tier 1 Providers, you can narrow your criteria even further to list only Providers who qualify for Tier 1 by the method you check here. This system will cross reference the Provider’s eligibility dates by the date specified. The dates must encompass the date selected – so if you choose School Eligible and specify a date of 5/15/2009, then any Provider with a School Eligibility Start Date before 5/15/2009 and a School Eligibility End Date after 5/15/2009 will be included in the output.
16. **CACFP Annual Renewal Date** – If checked, you can choose to include only Providers whose Current CACFP Expiration Date is before, after, or between the dates specified; or you can choose to include only Providers whose Current CACFP Agreement Date is before, after, or between the dates specified. Both dates are taken from the “General” tab in Manage Provider Information.
17. **CACFP Original Start Date** – If checked, you can choose to include only Providers whose Original CACFP Start Date is before, after, or between the dates specified. This date is found on the “General” tab in Manage Provider Information.
18. **Waiver** – If checked, only Providers who have a waiver in effect in the month specified will be displayed for output. This is determined by examining the Waiver settings on the “Licensing” tab of Manage Provider Information.
19. **Variance** - If checked, only Providers who have a variance in effect in the month specified will be displayed for output. This is determined by examining the Variance settings on the “Licensing” tab of Manage Provider Information.

The last three options on this Provider Filter are special:

20. **Payment** - If checked, an additional filtering page will be displayed allowing you to specify criteria based on a Provider’s history.
21. **Enrolled Children** - If checked, an additional filtering page will be displayed allowing you to specify criteria based on a Provider’s enrollment. So only Providers who have children enrolled that match the selected criteria will be displayed for output. The Child Filter is discussed in more detail below
22. **Choose Providers from List** – If checked, an additional screen will appear that will list all Providers who meet the criteria you’ve already selected (items 1-19 above). You can then further refine this list to include only certain, arbitrarily selected Providers within this list. If you were only interested in one or a few Providers to begin with, you may leave all the other options (1-19) unchanged, and just put a check in this box to [Continue] and select just that one or those few Providers who you want.

Regardless which report you wish to print, you can apply these Provider filters so that the output of the report only includes those Providers who meet the criteria you’ve specified. In this way, you can customize virtually all of the reports in Minute Menu.

Child Filter

If you choose to filter by Enrolled Children on the Provider Filter when generating any report, you will see the Child Filter. For the reports where you are interested in Provider information (like the Provider List Export File), this will filter the output to include only Providers who have children enrolled that meet the criteria you specify. For reports where you are interested in Child information (like the Child List Export File), this will filter the output to include only Children who meet the criteria you specify.

The filter works similar to the Provider filter, in so far as you can apply any filters that you like and the output will include only Providers/Children who meet ALL criteria specified.

1. **Enrolled Children Relationship Types** – If checked, the output will only include Providers that have at least one child that is of the relationship-to-provider type(s) selected. (Or when generating a Child List Export File, it will only include children of the particular relationship type). This is taken directly from the Relation to Provider field on the “Child” tab of Manage Child Information.
2. **Enrolled Children Pay Source Types** – If checked, the output will only include Providers that have at least one child that has a Pay Source type(s) selected. (Or when generating a Child List Export File, it will only include children of the particular Pay Source type). This is taken directly from the Pay Source field on the “Special” tab of Manage Child Information.
3. **Formula Preference** – If checked, the output will only include Providers that have at least one child that has a Formula Preference of the type(s) selected. (Or when generating a Child List Export File, it will only include children with the particular formula preference).

This is taken directly from the Formula field on the “Special” tab of Manage Child Information.

4. **School Type** – If checked, the output will only include Providers that have at least one child that has a School Type/Grade Level of the type(s) selected. (Or when generating a Child List Export File, it will only include children with that School Type/Grade Level). This is taken directly from the School Type/Grade Level field on the “Schedule” tab of Manage Child Information.
5. **Child Age** – If checked, the output will only include Providers that have at least one child that is older or younger than the age specified, as of the date specified. (Or when generating a Child List Export File, it will only include children that are older or younger than the age specified, as of the date specified).
6. **Special Needs** – If checked, then output will only include Providers that have at least one child that is a Special Needs child. (Or when generating a Child List Export File, it will only include Special Needs children).
7. **Special Diet** – If checked, then output will only include Providers that have at least one child that has a Special Diet. (Or when generating a Child List Export File, it will only include children with Special Diets).
8. **Exclude Duplicate Parent Addresses** – This is very useful when generating Child Mailing Labels for Parent Audits. If checked, you will get only one label per household, rather than one for every child enrolled.
9. **Status** – If checked, then output will only include Providers that have at least one child that is Enrolled or Withdrawn or Pending (or a combination). (Or when generating a Child List Export File, it will only include children with a matching status).
10. **Enrollment Date** – If checked, then output will only include Providers that have at least one child that has an Enrollment Date before or after the date selected. (Or when generating a Child List Export File, it will only include children with Enrollment Dates that are before/after the date specified).
11. **Claimed During** – If checked, then output will only include Providers that have at least one child that was claimed during the month specified. This can be used in conjunction with several of the other filters to get, for example, only Own Children claimed in June 2009. (Or when generating a Child List Export File, it will only children that are claimed in the month specified). This filter will only work for claims that have meal & attendance data in the computer – so this won’t examine manual claims.
12. **Participation** – If checked, then output will only include Providers that have at least one child that is Participating/Non Participating. (Or when generating a Child List Export File, it will only include those children).
13. **Tier** – If checked, then output will only include Providers that have at least one child that is Tier 1 as of or expiring between the date(s) specified. (Or when generating a Child List Export File, it will only include those children).
14. **Withdrawn Date** – If checked, then output will only include Providers that have at least one child that has a Withdrawal Date before or after the date selected. (Or when generating a Child List Export File, it will only include children with Withdrawal Dates that are before/after the date specified). If you specify a Withdrawal Date, be sure to change the child Status field to Withdrawn, otherwise you won’t get any results.
15. **Enrollment Expiration Date** – If checked, then output will only include Providers that have at least one child that has an Enrollment Expiration Date before or after the date selected. (Or when generating a Child List Export File, it will only include children with Enrollment Expiration Dates that are before/after the date specified).

Creating Export File Output

Export files are not standard reports. You can choose the output you wish to generate. And the output isn't generated into a report window, but is instead generated directly to an Excel file.

Specifying the Export File Output

Regardless of the type of Export File List you generate:

- Provider List Export File
- Child List Export File
- Claim List Export File
- Review List Export File
- Training List Export File
- Provider Messages Export File

You will always be prompted to choose the specific output fields you'd like to include in the Excel file that is to be created. If you generate the Provider List Export File, the output options all have to do with the data stored about Providers. If you generate the Child List Export File, the output options have to do with the data stored on children. This goes for each of the 6 export files in Minute Menu.

When choosing from the Provider List Export File's output options, you'll see a screen like the following:

Display Field Group	Field Description
<input type="checkbox"/> Advertised Name	Advertised Name
<input type="checkbox"/> Allow Own/Helper	
<input type="checkbox"/> Alternate Assigned ID	Alternate Assigned ID
<input type="checkbox"/> Alternate Phone	Alternate Phone
<input type="checkbox"/> Bank Account Info	Bank Account Number, Bank Routing Number, Bank Account Type, Direct Deposit Flag
<input type="checkbox"/> Birth Date	Providers Date of Birth, Age
<input type="checkbox"/> Block Claim Info	Last Block Claim Date, First Block Claim This Fiscal Year, Last Block Claim Legitimized Date
<input type="checkbox"/> Business Name	Business Name
<input type="checkbox"/> CACFP Agreement Date	CACFP Agreement Date
<input type="checkbox"/> CACFP Agreement Expiration Date	CACFP Agreement Expiration Date
<input type="checkbox"/> CACFP Original Start Date	CACFP Original Start Date
<input type="checkbox"/> Census Area	Census Area Assigned ID
<input type="checkbox"/> Census Tier Info	Census Area Id, Census Area Poverty Pct
<input type="checkbox"/> Child Age Group Counts	0-3 Mos, 4-7 Mos, 8-11 Mos, Toddler, Preschool, School Age
<input type="checkbox"/> Claim Source	Claim Source, Menu Type
<input type="checkbox"/> County	County
<input type="checkbox"/> CPR Certification Expiration Date	CPR Certification Expiration Date
<input type="checkbox"/> Custom Date	Custom Date
<input type="checkbox"/> Custom Description	Custom Description

Choose as many output options as you like. Don't forget to scroll through the list to check out all the possible output options.

Examples: If you want a list of you providers and there contact information, check off Email, Mailing Address and Phone. If you need to find a particular Provider based on her SSN, then check off only “SSN.” The list, when generated, will include the Provider’s Name, ID, and then any additional items you’ve checked in this window. Click [Continue] once you’re finished choosing the information you want in the list.

Specifying the Export File Name and Path

Once you continue, the system will prompt you to supply the Export File name and path (that is, the folder on your hard drive where you want to save the file).

The system will supply a default file name for you, which is always based on the current date and time, followed by the type of export file. Ex: 200905011335_ProviderListExportFile – this is a Provider List Export File generated on May 1, 2009 at 1:35pm. You can change this default name to something more useful, for example: provider_ssn_list.

You also can (and should) change the default folder location (path) where the file is to be saved. In most cases, these Export File reports are being printed just for temporary use. So you might want to save it to your Desktop, use it, then delete it when finished. You can also save it to My Documents, or any other folder in your computer or office network. By default, these Export Files are saved to the Minute Menu program folder: C:\Program Files\MMHX\Sponsor

Claim List Export File Filter

The Claim List Export File is particularly useful to find specific claiming situations. To generate it, go to **Reports >> Claim Management >> Claim List Export File**.

When generating this file, you can filter to include only certain Providers if you like. Or just bypass the Provider Filter (by leaving all Provider Filter options unchanged and clicking [Continue]) and go directly to the Claim Filter.

1. **Claim Month** – Check this option to examine only claims for a particular month or range of months. You must choose both a starting & ending month, so if you wish to examine only one month, choose the same month for both.
2. **Reimbursement Amount** – Check this option to show only high claimers, or perhaps zero dollar claimers.
3. **Claim Child Types** – Check this option to include only those claims where children of the selected type(s) have been claimed. This filter will only work if you have meal & attendance data in the computer – so it won't work for manual claims (although it will work for Direct Entry claims).
4. **Claim Source** – This will include only claims of the particular type in the output. Note the distinction between this Claim Source filter – which actually looks at how claims come in – and the Claim Source option on the Provider Filter – which looks at how Providers are set up in Manage Provider Information.
5. **Claim Menu Type** – This will include only claims for providers who have this menu type indicated on the General tab of Manage Provider Information.
6. **Claim Meal on or between** – Check this to get a list of meals claimed for the specific date(s) you enter.
7. **Claimed Meals** – If chosen, then only claims that have ALL the meals selected will be included.
8. **Review Conducted** – If chosen, then only claims where a Monitor Reviewed one of the meals claimed will be included in the output.
9. **Claimed Days** – If chosen, then only claims that have ALL the days selected will be included. This can only be examined if the claim has underlying meal & attendance data in the computer – so manual claims cannot be examined (although Direct Entry claims can be).

10. **Output Options** – Any given Provider could have more than one claim record in the database for a given month, because an Adjustment claim could exist along with the Provider’s original claim. This could be caused if you printed a check for a Provider, then discovered you needed to add more meals to the Provider’s claim. This option allows you to control the output generated by the Claim List Export File, so that either:
 - a. these Adjustments are combined with the claims - when you choose *Monthly Claim Totals*, or
 - b. any Adjustment claims are listed with a distinct line item in the output – when you choose *Individual Claims*
11. **Claim Tier** – Choose this option to filter the output to include only claims with a claim tier equal to (one of the) claim tier(s) selected.
 - a. If you choose Tier 1, you can also specify an effective **Tier 1 Reason**. This will examine the Provider’s Tiering information (found on the “Tiering” tab in Manage Provider Information) to determine why the claim was Tier 1.
12. **Claim Error** – This option allows you to list only claims that have the errors you select here. This is perfect if you want to find all providers who commit a particular type of error in one month, or over a series of months, to help hone your training activities. This can only be examined if the claim has underlying meal & attendance data in the computer – so manual claims cannot be examined (although Direct Entry claims can be).

In many states, when the State Agency is preparing to perform an agency Review or Audit, they will request a list of all Providers who are:

- High claimers (over \$1,000)
- Claiming their own children
- Claiming Dinners or Evening Snacks, or
- Claiming Saturdays or Sundays

This Claim List Export File Filter won’t perform an “OR” check, only an “AND” check – meaning that if you select all these options, you will only get Providers in the output who are High claimers & Claiming their own children & claiming dinners & evening snacks & Saturdays & Sundays. As a result, you would need to make several passes with the Claim List Export File to satisfy these information requests. Create several different Excel files with output that meets the criteria you want, then combine them by copying all the data from each Excel file into one main Excel file. You can sort the records once they get into Excel, and then easily identify and delete duplicate rows.

Saving List Export File Report Templates

Sponsors will often use these List Export Files to create the same basic report a number of times throughout the year. You can save your filter choices and output options as a template so that you don’t have to reselect them every time you want to generate the report. To save a template of your report:

1. Select the List Export File through the reports menu and choose your filters (see previous information in this chapter on using the filters.)
2. When you get to the screen that lists the Output Data, select your output options (see previous information in this chapter on selecting Output Data.)

3. Enter a name for your Export Report in the field at the top of the screen (for example, if you are using the Provider List Export File to create a list with phone #, email, and address for your currently active providers, you might call it “Provider Address List”.)
4. Click the [Save Export Report Options] button.
5. Click the [Continue] button to finish generating your report.
6. Once you have saved a report in the system, you will be presented with an option to generate that particular report the next time you go to that List Export File. For example, if you had saved a report configuration called “Provider Address List” as in #3 above, the next time you go to Reports >> Providers >> Provider List Export File you will be presented with a drop down list of saved report definitions to choose from. If you don’t wish to use one of your previously saved reports, you can [Continue] and generate any Provider List Export File you wish.

You can also generate a report that will list all of you saved Export File reports. Go to Reports >> Misc >> Export Files Reports.

Generating Mailing Labels

Along with each Export File, there is a Mailing Label version of the same report. So if you want a mailing list of Providers filtered by just those who claimed last month, or Parents of children who are Tier 1 in Mixed Tier homes, it’s easy to get it. To do that, just generate on of the various Mailing Label reports within Minute Menu.

These mailing labels always generate in Avery 5160 format, which is 3 wide by 8 down on an 8.5 x 11 sheet of mailing labels.

Printing Other Reports

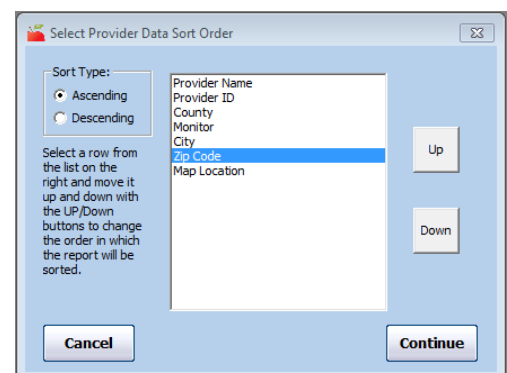
The Export File reports are very powerful, but there are a wealth of other reports included with Minute Menu. These reports generate output in an actual report window, rather than to Excel. Most of these reports have their own filtering options, and most also reference the Provider Filter. Most also prompt for you to choose a sort preference.

Choosing Report Sort Options

There are three main sort option windows used in Minute Menu. Once you master them for one report, you will be able to easily use them in all other reports.

1. One type of sort prompt is the combined sort window:

Here, all sort options are listed in hierarchical order. In this example, the primary sort is Provider Name, then Provider ID, then County, etc. What this means is that Providers will be



listed based on their names (last name then first name). If two Providers have the same name, then the next sort will be examined, which is the Provider ID in this example.

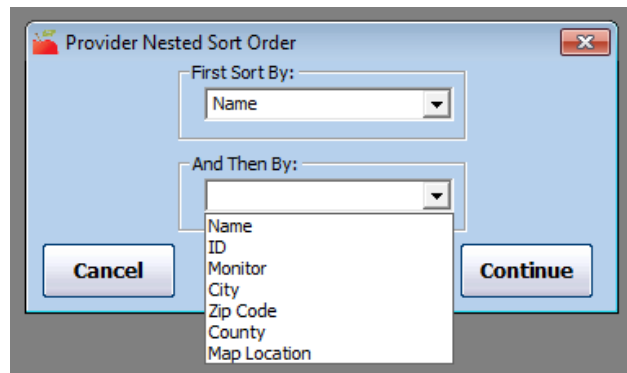
You can change the sort option by clicking on the desired primary sort option, then clicking the [Up] button to move it up in priority. Consider this example:

Monitor is now the primary sort. So Providers will be listed in Monitor order. For all Providers that have the same Monitor, the report will then sort by Provider Name.

Note also that you can specify that you will sort in Ascending order by any of these items, or Descending. Sorting the Monitors in Ascending order mean that you'd see the Providers of Monitor "Jane Doe" than "Mary Smith".

2. Another type of sort prompt is the nested primary/secondary sort window:

With this sort, you choose from a primary sort preference, and a secondary sort option. If you wanted to list Providers first by Monitor, then by Provider Name, you would choose *Monitor* in the "First Sort By" option. Then choose *Name* in the "And then By:" option.

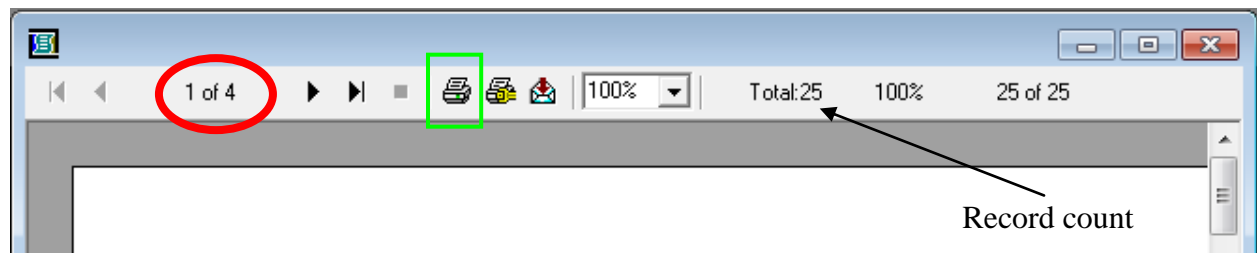


If you're interested in a list of Providers sorted geographically, you might first sort by Zip Code, then by Name, and all the Providers that are located near each other will be listed together in the report.

3. The final type of sort options only a choice between Provider Name & Provider ID. Choose the option you find most appropriate.

Using Report Output Windows

Each time a report is generated in Minute Menu, it prints to screen first. From there, you can just look at the report on screen, print the report to a printer, or generate the report to an export file (like Excel).



The thick red circle above notes how many pages the report consists of. Sometimes you will only see "1 of 1+", in which case there is more than one page, but the system can't automatically display the number of pages on screen.

You can use the left and right pointer buttons to the left & right of the page number count to change to the next page or move back to the previous page. You can also advance immediately to the last page in the report, or return immediately to the first page in the report.

The green square surrounds the icon you must click to send the report to your printer.

If you want to generate this report as an export file, try the export envelope icon to the right of the printer icon. You can choose any format you like – although most of these formats do skew the formatting of these reports a bit.

Feel free to zoom in or out on the report by selecting the zoom percentage in the drop down box. (You can also maximize or resize the report window on screen using the standard Windows maximize/minimize buttons and window frame controls).

The record count refers to the number of rows listed in the report. On some reports, this is completely meaningless as sub-records are displayed on the report with special formatting. On other reports, this gives you an accurate count of the records displayed on the report, which is handy if the report itself doesn't display a record count for you.

While the report is generating, you will see the percentage grow from 0% to 100%.

Report List

The following is a list of reports featured in Minute Menu that aren't described elsewhere in this manual, with a brief description of the purpose and output in that report. Note: this list is not comprehensive.

Children

Blank Enrollment Form

An exact duplicate of the Blank Enrollment Form providers print in KIDS/WebKids.

Child Enrollment Form

An exact duplicate of the enrollment form printed by providers in KIDS/WebKids.

Child List Export File

See in this **Reports** chapter, the section *Creating Export File Output*, along with the *Provider Filter* and *Child Filter*.

Child Mailing Labels

Works the same as the Export File, except generates parent mailing addresses in Avery 5160 format.

Child Racial Count Summary Report

This report is useful normally when preparing your annual management plan in compliance with state regulations. It reports counts of actively enrolled children broken down by race.

Child Tier Expiration Analysis

This report will list all children who are losing their Tier 1 eligibility within a specified period. Children who are reimbursed at Tier 1 rates but who aren't themselves Income Eligible (or who aren't Foster children) will generally be ignored when running this report.

Children Duplicated Within Provider

This report has been designed to help you keep your Provider's child files in good shape. Periodically, because of bad data entry or for other reasons, a Provider may end up enrolling the same child more than once. Likewise, the Provider may enroll two children that end up with the same child number. This Report is designed to list all of these duplicates, so you can take action to clean the files up.

This can become relatively common with the use of KIDS. In KIDS, Providers manage their own child lists. Providers may sometimes enroll the same child more than once, changing the spelling slightly, which could be problematic. Also, consider the scenario of a Provider switching from scannable or manual forms to KIDS. If during the month before she switches she enrolls a new child, that child enrollment is typically not processed by the office until several days into the next month. The child won't show up in KIDS until the child is entered/scanned by the office, so many Providers will just enroll the child again in KIDS. If the spelling of the child's name is any different, or if the child's number is different, or if Transfer Data wasn't run between when the Provider enrolled the child in KIDS and the child was scanned/entered into the office, then the child will be duplicated. This report is designed to help catch those problems.

Enrollment Renewal Worksheet

See the chapter on **Managing Child Information**, section on *Enrollment Renewal Worksheet*.

Provider/Child Residence Comparison Report

This report looks at last names, addresses, and phone numbers of a provider's children and compares them to the same information in the provider's file. If a Not Related/Day Care Child matches on any of these items they will appear on the report. This is helpful in identifying children who are living with a provider, but have not been designated as a provider's own child.

Tier 1 Qualifying Children Report

This report will list all Tier 1 children. When filtering this report, include only Tier 2 or Tier M homes, otherwise it may include all children reimbursed at Tier 1 rates because their Providers are Tier 1.

Claim Data

5 Day Attendance Report

See the chapter on **Managing Review Information**, section on *5 Day Attendance Reconciliation*.

Block Claim Monthly Report

See the chapter on **Managing Claims**, section *Block Claim Monthly Report and Home Visit Schedule Change*.

Claim Error Report

Generates either the Office Error Report (OER) and/or Provider Error Letter. See the chapter on Managing Claim Errors for more information on this report.

Claim Error Report – Long Version

Generates the long version of the OER and/or Provider Error Letters. See the chapter on Managing Claim Errors for more information on this report.

Claimed Attendance Detail

Generates a report organized by child for a specific claim, listing the meals each child was claimed for throughout the month.

Claimed Attendance Detail – By Child

Generates the same information as the Claim Attendance Detail report, except one child is listed per page. This report is EXTREMELY useful as part of household contact letters to verify attendance.

Claimed Attendance Summary Report

This report shows counts of the number of children attempted to be claimed by the provider, but not necessarily reimbursed. This is effectively “pre-processed” claim data. For “post-processed” claim counts, use the Meal Totals Report.

Claimed Foods & Attendance Report

This report lists each meal claimed by a provider in chronological order, with the foods and children claimed. This is extremely useful when debugging claim errors, especially capacity errors.

Claimed Foods & Attendance with Tier

This report is identical to the Claimed Foods & Attendance Report, except it reports back what tier an individual child was reimbursed at after the Process Claims function has been run. This is especially useful during audits and state reviews to report back on Mixed Tier claims. Next to each child’s name, you’ll see either a “T1” for paid at Tier 1 rates, “T2” for paid at Tier 2 rates, or “X” for not paid (ie, disallowed).

This is accessible in Reports >> Claim Data >> Claimed Foods & Attendance with Tier.

Duplicate Children Claimed

This report is designed to list all children who are enrolled and/or claimed by two different Providers. This is a basic integrity check, since federal regulations stipulate that no child can be paid for more than 2 meals & a snack or 2 snacks & a meal per day, regardless if that is in two different homes. The report will identify possible matches based on last name and birth date, and definite matches based on first names – so you may see twins appear on this report as possible matches. It will look at enrollment records first. It will then also look at meal & attendance records to note any days where a child is claimed in more than one home. This latter analysis

cannot be done on manually entered claims, but can be done on scanned, KIDS, and Direct Entry claims.

Food and Vitamin Analysis

This report lists all the foods served, and the number of times each food was served, for a specific provider in a specific month. It also counts the number of times foods high in Vitamin C, A, or Iron were served, as well as High Fat or High Salt Foods. Note: The vitamin content of foods can be set up in Administration >> Link to KIDS Food List.

This report is great for nutrition education and training efforts, when focusing on specific vitamin needs.

Food and Vitamin Analysis By Meal

Similar to the Food and Vitamin Analysis report, except the foods are broken down by meal service.

Food and Vitamin Summary

Rather than checking provider by provider, like the Food and Vitamin Analysis By Meal report, this report allows you to get a picture of your entire agency-wide nutrition patterns, broken down by meal. It's a great way to evaluate the effectiveness of your nutrition education efforts.

Food Frequency Letter / Food Frequency Report

This report will identify all Providers that are claiming the same food more than twice in a given week, noting the specific foods being claimed and the frequency with which they are claimed. The Letter shows the same information, but is formatted to show one Provider per page with some introductory text so that it can be directly mailed to a Provider. This analysis can only be done on claims that are submitted via KIDS or on Full Bubble Menus.

Foods Served Report

This report prints a list of all the foods served by a provider in a given month, for both infants and non-infants.

Foods Served by Week Report

This report also prints a list of all the foods served by a provider in a given month, but in an alternate format.

Fruit / Vegetable Analysis

This report will, by default, list all Providers who have claimed fewer than 2 fruits/vegetables in any week at either Breakfast or Snack. The filtering options can be changed if desired, changing the frequency of serving (i.e., show providers who have served fewer than 3 fruits/vegetables in any week) or the meal types analyzed (i.e., excluding Breakfast, including Lunch/Dinner). This report is required in Florida, as Providers will have portions of their claim disallowed if they don't serve enough fruits/vegetables. The report output lists each week that is a problem, noting the number of times the given meal was served within a week. So if you see "10" for a given week of snacks, where the Provider served fruits/vegetables "1" time in the week, then this Provider is probably serving both AM Snack & PM Snack all 5 days in the week, and at only 1 of those Snacks was a Fruit/Vegetable served. This analysis can only be done on claims that are submitted via KIDS or on Full Bubble Menus.

In/Out Child Attendance Report

This report will list all daily child in/out records for a given provider. It can print all of the data as entered. Or it can be limited to show only lacking in/out records – where there is no in/out data for a day where meals are claimed, or where no out time was ever supplied by the Provider.

In/Out Child Attendance Report by Child

Same as In/Out Child Attendance Report above, except that it prints out with one child per page. This report can be useful in conducting parent audits.

KIDS Provider Menu Comments Report

Minute Menu KIDS is being updated to allow providers to document comments / additional foods / miscellaneous information when they record their meals. You can use this report to list all those special comments (which are ignored by the Minute Menu claims processor).

Meal Totals Report

See the chapter on **Managing Claim Errors**.

Claim Forms

Blank Claim Information Form (CIF)

Print this to give to new providers who don't have any enrolled children. See also the chapter **Managing Provider Information**, section on *Manage Child Numbers: Claim Information Form (CIF)*.

Claim Information Form (CIF)

See also the chapter **Managing Provider Information**, section on *Manage Child Numbers: Claim Information Form (CIF)*. You can also print a CIF for the current month for any provider by going to List Children and hitting [Print CIF].

Daily Meal Worksheet

This is a copy of the worksheet Providers can print themselves in KIDS.

Full Month Attendance Worksheet

This is a useful sample worksheet that could be used for providers not using KIDS or scannable forms. Once filled out by Providers, you could use the Record Full Month Attendance by Meal function to enter this attendance data.

Manual Claim Cover Sheet

Designed to function as a single page, slimmed down version of the **Manual Claim Processing Worksheet**.

Manual Claim Processing Worksheet

See the chapter on **Manage Claims**, section *Manual Claim Processing Worksheet*.

Weekly Attendance Worksheet

Exact report Providers print in KIDS.

Claim Management

Caseload Summary

This report is designed to provide a managerial overview to your claiming provider counts. It provides a picture of the number of homes claimed over a number of months (and you can choose the range to examine). You can break the claiming provider count down either by County or by Monitor. The report's output is generated directly to Excel.

Claim Change Report

This report prints a list of any Claim Changes, or Claim Adjustments that you have made to your claims.

Claim Error Analysis Detail By Monitor

This report helps sponsor personnel get a better idea of the types of errors being committed by providers. It lists a count of all the errors that each provider has on their OERs for a given claim, organized by Monitor so you can find out if one particular Monitor's caseload is behaving different than another.

Claim Error Analysis Summary

This report gives an overview of the breadth of errors being committed by all your providers on their claims. Each error is listed with the count of the number of times it happened overall, along with the number of providers impacted by the error.

Claim List Export File

See above in this chapter.

Claim List Mailing Labels

See above in this chapter.

Claims by Source Report

This report is helpful when keeping track of claiming caseloads by the method of form used. It will list all providers who claimed, via scannable forms, KIDS, manually, or some combination.

Claims Not Received Report

This report will list all providers for whom a claim hasn't been checked off as received via the Track Received Claims function. (Note: even if claims aren't actively checked in via that function, they will be noted as received once manually entered or scanned.) Compared to the Providers Not Claiming Report, this report can prove useful while still working on the claim during the first few days of the month, whereas the Providers Not Claiming Report is only useful once all the Claims exist in the Minute Menu database.

Enrollment/Days/Meals Edit Check Report

Federal regulations state that the total number of meals claims should never be greater than the number of children enrolled multiplied by the number of days that meals were served. When claims are processed in Minute Menu, a variety of edit checks are performed that will prevent this Federal regulation from ever being violated. Likewise, when you enter a manual claim, or a

manual adjustment, Minute Menu has edit checks in place to ensure that the claim will not violate the above regulation. However, in very rare, specific circumstances, there may be manual claims/adjustments made in conjunction with changes to child data that will result in a claim where the total meals are greater than the days claimed multiplied by enrollment. This new report will detect any such claims.

For detailed information on the edit checks that Minute Menu does on manually entered claims and adjustments see the “Note on Manual Claim Edit Checks” in the *Creating Manual Claims* section.

New Claiming Providers Report

This report will list all Providers who have sent in a claim for the first time within the date range analyzed. Contrast this to the Providers Added Report, which shows Providers whose Original CACFP Contract Date is within the month selected.

Provider Claim Totals Report

See the chapter on **State Claim Reporting**, section *Provider Claim Totals Report*.

Providers Not Claiming

This report will list all Providers who were active in a given month but who did not claim. If you specify a date range that covers more than one month, then it will list providers who did not claim during ANY of the months within that range.

State Claim Summary Report

See the chapter on **State Claim Reporting**, section *State Claim Summary Report*.

State Daily Meal Totals Report

Currently only used in Rhode Island. See the chapter on **State Claim Reporting**, section *State Daily Claim Totals Report*.

Track Received Claims Info

See the chapter on **Receiving Claim Paperwork**, section *Tracking Claims Reports*.

Unsubmitted Provider KIDS (Internet) Claims Report

See the chapter on **Supporting KIDS**, section *Helping a Provider with Her First Login* and *Tracking KIDS Claims*.

Menu Planning

EZ Menu Report

Prints a weekly EZ Menu plan, if one has been set up. See the chapter on **Menu Planning**.

Food Combinations Report

Prints a list of all food combination rules you’ve established. See the chapter on **Menu Planning**.

Food List Report

Prints your food chart, as set up in the Minute Menu database. See the chapter on **Menu Planning**.

Master Menu Report

This prints the list of all Master Menus you've set up. See the chapter on **Menu Planning**.

Provider Cycle Menu Report

This allows you to print the cycle menus set up for any provider. See the chapter on **Menu Planning**.

Provider Menu Plan List

This allows you to print a list of any pre-planned menu templates set up by Providers using KIDS's Plan Menu Template feature.

Scheduled Menu Report

This allows you to print out a weekly schedule menu that has been planned by any Provider using KIDS to Schedule Menus.

Sponsor Cycle Menu Report

This will print any cycle menus set up for your agency. See the chapter on **Menu Planning**.

Providers

WV Schedule A

This is the West Virginia Schedule A report, formatted based on the state's requirements.

ME 462 Report

The Maine 462 Report is formatted based on the requirements of the State of Maine.

Provider Calendar Report

See the chapter on **Managing Calendar Information**, section *Printing Calendars*.

Provider File Changes Report

See the chapter on **Managing Provider Information**, section *Provider File Changes Report*.

Provider Training Period Report

Print this report to list all Providers currently in training – ie, the first months of claiming when you allow them to serve menus that don't meet USDA guidelines but where they still get paid for their meals.

Provider Info Summary Report

This report provides a provider list with certain key information, such as meal times and basic licensing info.

Provider License Expiration Report

This report will list all providers whose licenses/registrations/certifications expire within the date range specified. This report specifically examines the License End Date in Manage Provider Information on the Licensing tab.

Provider List Export File

See this chapter **Reports**, the sections on Export File outputs and filters.

Provider Mailing Labels

Allows you to generate mailing labels in Avery 5160 format, based on Provider filters.

Provider Messages Export File

See this chapter **Reports**, the sections on Export File outputs and filters.

Provider Messages Mailing Labels

Allows you to generate mailing labels in Avery 5160 format, based on Message List Export File filters.

Provider Racial Count Summary

This report is useful normally when preparing your annual management plan in compliance with state regulations. It reports counts of actively active Providers broken down by race.

Providers Added Report

This report will list all Providers who have been added to the system in the date range specified, specifically by examining the Original CACFP Start Date.

Providers Changing Tiers Report

This report will list all Providers going from Tier 1 to Tier 2 in a specified time interval. The report analyzing the Tier end dates for Income, School, and Census to determine whether a Provider should be listed. Providers who lose Tier 1 Income Eligibility but keep their Tier 1 status because of School or Census eligibility, but who have own children enrolled, are also be listed.

Providers Removed Report

This report lists all providers who have a removal date within the date range specified. Each removed provider is listed with their effective date of removal and the reason for the removal.

School Tier Comparison Report

This report lists all providers who are currently documented to be in a School Area that was below the minimum poverty percentage (ie, under 50%) originally, but where new school data has been loaded that indicates that School Area is now over the 50% threshold. Run it once a year after Minute Menu support receives & loads new School Area data from your state agency. Note: this is only useful if you have documented that school area for all your providers, even those that aren't Tier 1.

Serious Deficiency Detail

See the chapter **Managing Serious Deficiency**, section *Reviewing Serious Deficiency*.

Serious Deficiency List

See the chapter **Managing Serious Deficiency**, section *Reviewing Serious Deficiency*.

Serious Deficiency Export File

See the chapter **Managing Serious Deficiency**, section *Reviewing Serious Deficiency*.

Tier 1 Qualifying Providers Report

This report will list all providers who are Tier 1. It can be filtering to list only those Providers qualifying by specific reasons, ie: income, school, or census.

Reviews

Block Claim Reviews Report

See the chapter on **Managing Review Information**, section *Identifying Who Must Be Visited and When*.

Child Attendance Reconciliation Report

See the chapter on **Managing Review Information**, section *5 Day Attendance Reconciliation*.

Children Not Seen at Review Report

This report will list all children not seen at one or more reviews in a specified date range. See the chapter on **Managing Review Information**, section *Keeping Track of Your Caseload*.

Claim and Review Comparison Report

See the chapter on **Managing Review Information**, section *Keeping Track of Your Caseload*.

Home Visit Status Report

See the chapter on **Managing Review Information**, section *Keeping Track of Your Caseload*.

Monitored Meal Pattern Break Report

This report will identify any Provider who consistently claims a different number of children at a meal than the number of children seen by a Monitor when that meal was Reviewed. This analysis can only be done on processed claims (KIDS, Scannable Forms, or Direct Entry), and only if you record observed attendance on either the Review Form or the Meals tab in Manage Provider Reviews.

Projected Visit Dates Report

See the chapter on **Managing Review Information**, section *Keeping Track of Your Caseload*.

Providers Claiming Special Days Report

See the chapter on **Managing Provider Reviews**, section *Planning & Conducting Reviews: Identifying Who Must Be Reviewed & When*

Providers Due Reviews Report

See the chapter on **Managing Provider Reviews**, section *Planning & Conducting Reviews: Identifying Who Must Be Reviewed & When*

Providers Not Reviewed Report

See the chapter on **Managing Review Information**, section *Keeping Track of Your Caseload*.

Review History Report

Print this report for a concise list of the reviews done since the beginning of the selected fiscal year (Oct 1). There are four columns of reviews listed, one per review trimester plus an extra column for the most recent non-trimester review performed (be it a follow-up visit, a corrective action/evaluation visit, the 30 day initial sign-up visit, etc). For agencies who perform 4 reviews per year, this extra column is replaced by the 4th quarter review.

This report is accessible in the Reports >> Reviews >> Review History Report.

Review List Export File

See this chapter **Reports**, the sections on Export File outputs and filters.

Review Mailing Labels

Allows you to generate mailing labels in Avery 5160 format, based on Review List Export File filters.

Sponsor Review Worksheet

See the chapter on **Managing Review Information**, section *Information Needed When Conducting a Visit*.

Payments

Check ACH File

Allows you to re-generate an ACH file for an arbitrary batch of direct deposits.

Check Payment Details

Re-prints a check stub for any check.

Check Register

Allows you to print a check register for an arbitrary batch of checks or direct deposits.

Check Register Batch Summary

This report is useful if you have a large number of submission batches – ie, if you submit several amended claims in a given month. As part of your end of month procedures, you should close out a past month's claim to ensure all incoming funds matched with all outgoing funds. This report will list all of the individual claim submission batches that exist for a given claim month, specifically noting the outgoing payments to providers. Compare this with the final State Claim Summary Report, and/or your bank account records, to ensure all funds have been accounted for.

This report effectively represents the same information as found on the last page of the Check Register.

Check Transaction File

If you export to QuickBooks or some other accounting software, this allows you to regenerate the file used for that export.

Claims Not Paid Report

This report lists all claims that have not been accounted for as paid (whether a positive claim, or a negative claim adjustment). This is useful in identifying any old claims that have slipped thru the cracks; or any zero \$\$ claims or claims that have been put on hold that need to be cleared out of the system.

Non-Claim Payment Adjustments Report

See the chapter on **Managing Provider Payments: Non Claim Payment Adjustments Report**.

Provider Tax Report

Print this report at the end of the calendar year and mail it to your Providers. It provides a total of the payments issued to providers in the calendar year. Note: the payments included are based on the actual dates of the payments (whether they are checks or direct deposits), so this will typically lag claim data by at least a month. That is, December 2009 claim data will not show up on the Provider Tax Report generated for 2009, but will for 2010.

This report also includes a computation for the IRS Standard Meal Deduction, which is specifically the total of all meals the provider attempted to claim – including those meals disallowed – multiplied by the Tier 1 rate of reimbursement in effect in January of the given tax year.

Training

Provider Training Hours Summary

See the chapter on **Manage Provider Training**, section *Training Information on Other Reports*.

Providers Not Trained Report

This report lists all providers who are not given training within the date range specified. It can be filtered to list all providers who didn't get any training, or you can filter on a specific type of training so it may list providers who were trained within the date range specified, but who didn't get the specific type of training by which you filtered.

Training List Export File

See this chapter **Reports**, the sections on Export File outputs and filters.

Training Mailing Labels

Allows you to generate mailing labels in Avery 5160 format, based on Training List Export File filters.

Misc

Export File Reports Report

A list of the report formats you have saved from the List Export Files.

Sponsor Preference Changes Report

List the changes you have made to your Sponsor Preferences for the date range you specify.

Sponsor Preferences Report

A list of all the Sponsor Preferences found at **Administration >> Manage Sponsor Preferences**, with description of each preference and your current setting.

XIX. Transfer Data

Minute Menu HX is designed with the Internet in mind. Specifically, the Minute Menu HX system allows you to seamlessly receive and process claims from Providers who use KIDS to record their meals and attendance. In addition, Minute Menu HX keeps a remote, off-site backup of your entire database to provide you with extra protection of your food program information. Finally, the system is designed so that as settings are changed and new features are designed, you will receive those changes automatically.

To accomplish all of this, your system comes with a Transfer Data function.

Why Use Transfer Data?

You need to use the Transfer Data function daily. When Transfer Data is executed, the following can/will occur:

- Any information you've saved since your last Transfer Data is sent to the Minute Menu HX servers, so that your information is fully backed up, and so that information will be available to Providers using KIDS (both WebKids and Minute Menu Kids).
- The system will check to see if a software upgrade is available. If it is, the system will automatically start to upgrade your software.
- The system will download any new system configuration information that is available on the Minute Menu HX server array. This could include new CACFP reimbursement rate information, new master menu plans, etc.
- The system will download any claim or child information submitted or recorded by Providers using KIDS.

Transfer Data Functions & Flow

When using the Minute Menu HX Sponsor system in your offices, you can perform a Transfer Data by going to **Administration >> Transfer Data**. When you run Transfer Data, the following things will happen

- Your entire local database will be backed-up.
- Any new Providers you've added in your local database will be sent up to the HX Internet servers so that those Providers can begin using KIDS (the following day).
- Any software changes or changes to system settings will be downloaded.
- The system will check for the availability of any software updates, and if one must be applied, prompt you to apply it.

Note: You can also run **Administration >> Receive KIDS (Internet) Data**, and that will perform a partial Transfer Data – specifically, it will download data from the web, but will not upload data. This tends to run a bit faster, and so can be more convenient if you'd like to run it to get KIDS claim data during the first few days of the month.

You should run Transfer Data each day of the month.

When using the Minute Menu HX Sponsor system in your offices, you are using a database that has been installed in your offices – you are not directly access Internet servers. Providers who use

KIDS, however, review and record information directly on the Minute Menu HX Internet servers – not your local Sponsor database. So, when you run Transfer Data, you are synchronizing the data found in your local Sponsor database with the data found on the KIDS servers. Effectively, Minute Menu HX has been designed so that your local database is “mirrored” remotely, at our Internet servers. But the remote information stored in the Minute Menu HX databases will only be current if you actively choose to run Transfer Data. If you don’t, you won’t be sending your local information to the HX Internet servers. Likewise, you won’t receive any information from Providers using KIDS.

As soon as a Provider using KIDS enrolls a new child or records a new meal, that information is stored on the KIDS Internet servers – and will be downloaded into the Sponsor database in your office the next time you run Transfer Data. So you will actually be able to review KIDS meal information (and approve new KIDS child enrollments) throughout the month as you run Transfer Data. (You can only process a KIDS claim after the Provider has actively chosen to Submit Claim to Sponsor).

These transfers can take some time, so we recommend that you do this at the end of the day – just start the process and walk away – so that you don’t interrupt your normal daily activities. There is no need to wait or tend to your computer while a Transfer is in progress, so you can just start the process and let it run. This function is relatively processor-intense, so you should not plan to do anything else on your computer while it is running, as it will dramatically slow down everything else running on your computer. If you run in a networked environment, it is always best to run the Transfer Data function from the machine on which your database has been installed. (See the separate *Installing Minute Menu HX* guide for more information on the application vs. database components of Minute Menu HX).

When to Run: Once every day, at the end of your workday.

Note: the first time you login to the Sponsor software, a Transfer Data is executed so that you will download all information that is available for you from your preliminary setup at our offices. See the *Installing Minute Menu HX* document for more information.

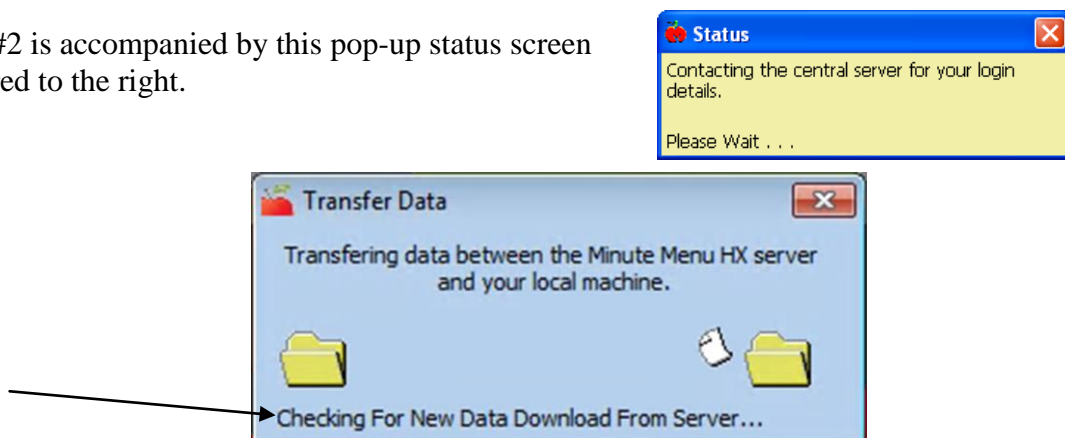
Running Transfer Data

Each time a Transfer Data is attempted, the system runs through each of these steps:

1. Locks the local database
2. Contact the central HX Internet servers
3. Isolate all records that have been changed in the local database since the last Transfer Data was run
4. Extract those records and send them to the HX Internet servers
5. Wait for the HX Internet servers to import that information
6. Wait for the HX Internet servers to extract any new information on the servers, sent by your Providers since the last time you ran a Transfer Data
7. Download and import that information into your local database
8. Unlock the local database

Steps #1 & #8 happen automatically, without any message on screen.

Step #2 is accompanied by this pop-up status screen pictured to the right.



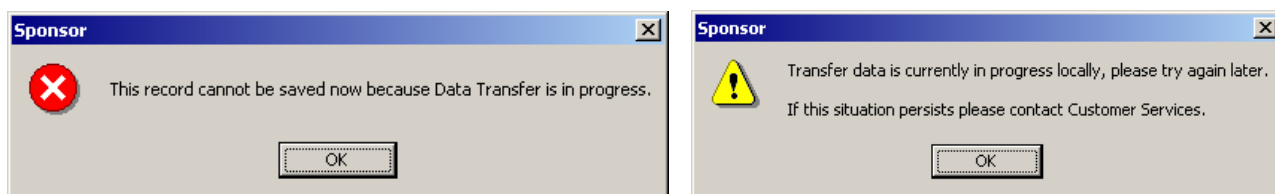
While steps #3 through #7 are being performed, a different status window appears. At the bottom of this window, beneath the flying folders animation, you will see various status messages appear, which will give you a rough idea as to the transfer's current status.

When a Transfer is finished, you will be forced to exit Minute Menu and re-enter it, in case any system preferences have changed.

Transfer Data In Progress Error Message

In a Sponsor office, it is possible for many different users to access Minute Menu HX at any one time from many different computers, all using the same local database. So, if someone were to start updating information on one computer after another user initiated Transfer Data on a different computer, certain data could be lost. As a result, the first and last step in running a Transfer Data at a Sponsor's office is to lock & unlock (respectively) the database, so that no further changes can be made. This is done by setting the Transfer Data In Process Flag.

If a Transfer is interrupted for some reason and cannot complete, the database may remain locked – because the Transfer Data In Process Flag may not get reset. If this is the case, you will see the following error messages on screen when you attempt to save any information or run a Transfer Data:



If you see either of these error messages, it means that either:

- (A) Another user in your network is in the process of running a Transfer Data
- (B) You ran a Transfer Data previously that failed, and the database is still locked

If you determine that the problem is the latter, then you can unlock the database by Resetting the Transfer Data Flag. To do this:

1. Go to your **Start Menu >> Programs >> Minute Menu HX >> Tools >> ICS Transfer Data Flag Reset**
2. Choose **[Reset Flag]**
3. Choose **[Yes]** when prompted to confirm
4. Choose **[OK]** to close the confirmation pop-up
5. Resume operations in Minute Menu

Transfer Data Performance

There are certain points in the Transfer Data process where your local machine must simply wait for the HX Internet servers to finish a process. So depending upon the amount of data that you are sending up to the HX Internet servers – i.e., the amount of data that has been changed in your local environment since the last time you ran a Transfer Data – you may be forced to wait for an extended period of time at certain steps. In most cases for Sponsors, Transfer Data will finish in well under 20 minutes. In some cases – when a Transfer has not been run in quite some time, or for very large Sponsors – the time it takes to complete the process may be an hour or more. Also, during the Transfer there will be periods of time when your system appears to be inoperative as extremely processor-intensive activities are performed. This is normal, and you should not close Minute Menu HX until the transfer has completed.

If you have Minute Menu installed on only one machine, with both the Application and Database installed on that machine, you may notice that in some cases your machine may slow down after your Transfer Data has finished running, with some other programs taking a long time to load or function. If this happens, we recommend rebooting your computer.

If you have any questions about your Transfer Data process, please contact customer support.

Other Transfer Data Errors

From time to time, you may get other error messages when performing a Transfer. You may also be performing a relatively small transfer, but the system seems to get stuck on a particular step in the process – with the status message on screen remaining unchanged for a very long period of time.

If you do get an error that causes your Transfer Data process to stop, we recommend that you immediately run Transfer Data again. If it still fails, please report the exact wording of the error message to customer support, so that the problem can be addressed as quickly as possible.

Synchronization Limitations

The Transfer Data process performs the task of synchronizing the data found in your local database with the data found on the KIDS servers. Since data can change in both places, data is both sent up and pulled down. But the only data that is modified on the server that must be downloaded is the data that your Providers actively manage via KIDS. The data that can be downloaded includes:

- Child information

- Daily meal & attendance information
- Daily child in/out information (if you or your providers record this)
- Meal plans (created by the Providers)
- Certain calendar information (like days Children are sick or out of school, and days the Provider is closed)
- Certain provider information (specifically, the Provider's current claim month)

Since this data can be modified either in your local database or on the KIDS servers, it is conceivable that they are both modified at roughly the same time – between the time you run a Transfer Data. If this occurs, the information in your local database will ALWAYS overwrite the data found on the server – Minute Menu HX always treats the data in your database as the most accurate as a matter of priority.

As a result, certain very specific (and relatively rare) situations can occur that seem to drop server-based data changes. Here is one primary example of the implications of this behavior:

- Monday evening, you run Transfer Data in your offices. Tuesday during the day, someone in your office modifies Child Tier 1 Income Eligibility information for William Heath, a child in provider Jane Doe's home. Jane Doe uses KIDS, and during that same Tuesday, she updates William Heath's file to indicate that he is now is School Age (he was previously noted as "All Day Kindergarten"). When you run Transfer Data on Tuesday evening, the changes that Jane Doe has made to William Heath's file will be overwritten by your changes. So, William Heath will have the appropriate Tiering information on file in your database, but the change to his grade level will have been erased, so William will remain noted at All Day Kindergarten unless you or Jane Doe modifies that information again later.

This example is probably the only cases you will ever notice aberrant behavior from the use of Transfer Data. And as is obvious from the example, if you run Transfer Data every day, the likelihood of running into either of these situations is extremely rare. But if you don't run Transfer Data every day, it will increase the likelihood that data is changed both by the Provider and within your offices, causing this synchronization behavior to overwrite the Provider's changes. You should note, though, that data is only overwritten on the server when the data is changed in your local database and on the server at the same time. If a Provider updates a Child's file on the KIDS server but you don't make any changes to that Child's file, the changes will be downloaded into your local database without any problems.

Also bear in mind that the Provider can update only a few items of information on a Child once the Child is enrolled – school grade level, school district, and parent contact information. Likewise, the only Provider file information they can update is their Current Claim Month. So the likelihood that you'll encounter these situations should be rare. (And KIDS can be configured so that no changes to the child's file are allowed at all once a child is enrolled, which eliminates even this possible transfer data synchronization problem.)

All other data (Claim, Payment, Monitoring info, Training info, etc) is modified solely within the Sponsor's local database, and is never downloaded from the KIDS servers.

Automating Transfer Data

To learn how to set up Transfer Data to run automatically each day, see the *Installing & Configuring Minute Menu HX* guide.

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XX. Supporting KIDS

KIDS is an extension to Minute Menu HX that operates via the Internet to allow your Providers to record their claim information on-line rather than using scannable or manual menu forms.

There are three versions of KIDS:

- WebKids – This is a series of web pages, accessible at www.minutemenu.com, that does not require any software to be installed by Providers.
- Minute Menu Kids – This is a downloaded software application that Providers must install on their computers, but which saves data exclusively on the Internet (so there is no risk of data loss). It has all the same features as WebKids (with only very slight modifications to the look & feel), and in addition offers the Providers optional “Pro” features that allow Providers to invoice parents, collect payments from parents electronically, do their accounting, use a lesson planner, and access a database of lessons, create certificates, and create charts.
- kids2go – This is a mobile app that providers can use on their smart phones (iPhones, Android phones) or tablets (iPads, Google Nexus, Kindle Fire) to record meals for the current day, check children in/out times, and record time away. This app does not replace WebKids or Minute Menu Kids. Providers need a WebKids account or Minute Menu Kids account in order to use kids2go app, as providers cannot submit claims or enroll children via the kids2go app.

Supporting Providers who use any version of KIDS can be relatively painless, as long as you thoroughly prepare for the task. This section of the manual is intended to help you support Providers who use KIDS.

WebKids vs. Minute Menu Kids

Minute Menu Kids and WebKids are two different tools that are used by providers to do the same thing: claim on-line. One is entirely web based, and the other is downloaded and installed on the software.

They have been designed to look very similar (but not completely identical), so that they are as easy as possible for your team to support, and it’s as easy as possible for providers to switch back and forth. Here are some side by side screen shots, so you can compare some of the key screens:

WebKids Main Menu



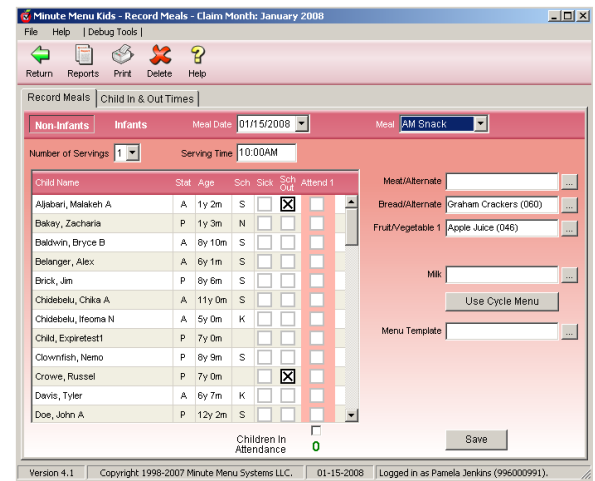
Minute Menu Kids Main Menu



WebKids Record Meals



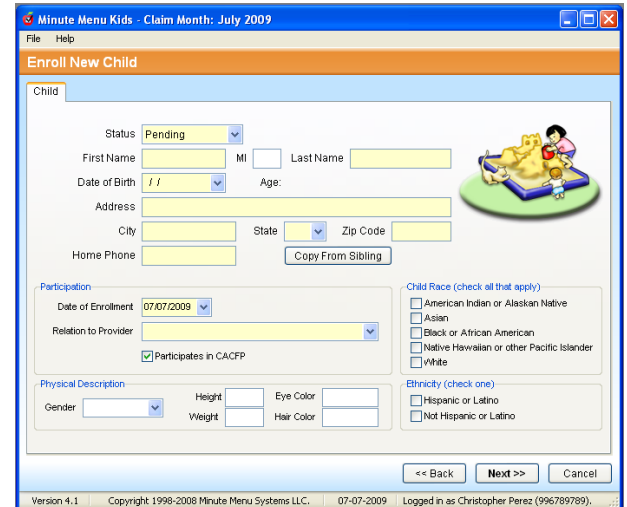
Minute Menu Kids Record Meals



WebKids Enroll New Child



Minute Menu Kids Enroll New Child



Both tools allow Providers to:

1. Enroll children, printing out USDA child enrollment forms, with the enrollment information being imported automatically into your Minute Menu database as Pending children
2. Withdraw children
3. Record meals / attendance
4. Plan reusable menu templates, or schedule specific menu plans for a day
5. Record daily in/out times for children (which is enabled by preference)
6. Submit the monthly claim to the Sponsor
7. Review claim reports after claims are processed
8. Review direct deposit payments or re-print check stubs
9. Print end of year tax reports based on payments made from Minute Menu
10. Record school out / child sick days / days(meals) closed and other calendar information.
11. Read messages from their Sponsors

Both tools are completely free for the Providers to use, for as long as they want to claim with you.

In the vast majority of circumstances, Providers will use the same login and password to access either system (see the section below on *Getting Providers Started: Helping a Provider with Her First Login*).

The information recorded in both systems is completely interchangeable. For example, if a Provider logs into Minute Menu Kids at home in the morning and records a breakfast, then leaves her home on a field trip to the library and logs into WebKids at the library to record her lunch, she'll see the breakfast she recorded that morning. When she returns home that night and logs back into Minute Menu Kids, she'll see the breakfast and the lunch.

The food program reports generated in the two systems are identical (including the Child Enrollment Report, the Claimed Foods & Attendance Report, etc).

With both systems, the information is recorded exclusively in Internet databases, so if a Provider's computer crashes, there is no chance of data being lost. See *Supporting Other KIDS Problems: A Provider's Computer Stops Working*.

Differences Between WebKids and Minute Menu Kids

Minute Menu Kids is downloaded and installed on a Provider's computer. WebKids is run exclusively through Internet Explorer, and requires no software to be installed.

To use WebKids:

1. Go to www.minutemenu.com
2. Click on "Login"
3. Supply your login & password and [Login]
4. Click [Open Minute Menu WebKids] when the Loading Portal screen appears.

To use Minute Menu Kids:

1. Go to www.minutemenukids.com/welcome

2. Follow the instructions on that screen to download & install the software.
3. When you're ready to login, supply your login & password and [Sign In].

Because WebKids doesn't require any software to be installed, it's typically easier to get a Provider started with on-line claiming by having them use WebKids. As a result, the instructions in the section below on Getting Providers Started are designed entirely around having them start in WebKids. When Providers log into WebKids, they will see a banner telling them they can download Minute Menu Kids if they like, for faster access. So Providers will choose to download and install Minute Menu Kids entirely on their own.

Since Minute Menu Kids downloads and installs an e-claiming system on their computer (rather than running entirely thru web pages like WebKids), it tends to run a bit faster for Providers – especially those Providers who use dialup Internet services rather than high speed cable or DSL.

WebKids is available in Spanish, but Minute Menu Kids is not.

One of the key differences between the two systems, though, is that Providers who have installed Minute Menu Kids can use an extra set of features unrelated to the Food Program, known as Minute Menu Kids Pro.

Minute Menu Kids Pro

Minute Menu Kids Pro is an extension to Minute Menu Kids that gives Providers the following features:

1. Create invoices for and note payments as received from parents
2. Receive payments from parents via automated ACH direct deposit transfers
3. Track expenses and other income, and compute time/space percentages, to help prepare their taxes and maximize deductions
4. Review tax tips from Tom Copeland, JD
5. Use a lesson planner
6. Access a database of activities and lessons for the children
7. Access a database of recipes
8. Print certificates of accomplishment for their children
9. Print charts tracking progress for parents
10. Print reports of daily activities to give to parents

Whether a Provider has access to these features depends entirely on whether the Provider or the Sponsor has purchased the features, although in every case Providers are given a free 30 day trial to use these features when they first access Minute Menu Kids. The features are advertised as an optional part of Minute Menu Kids, both within Minute Menu Kids and in WebKids. For more information on costs to the Providers or Sponsor, please send an email to orders@minutemenu.com. If the Provider's free trial to Minute Menu Kids Pro expires, or if the provider doesn't renew an annual Minute Menu Kids Pro subscription, the Provider can continue to use the software exactly as before, but she will only have read-only access to the above Pro features (while still having full access to all features in Minute Menu Kids necessary to record her food program claim information).

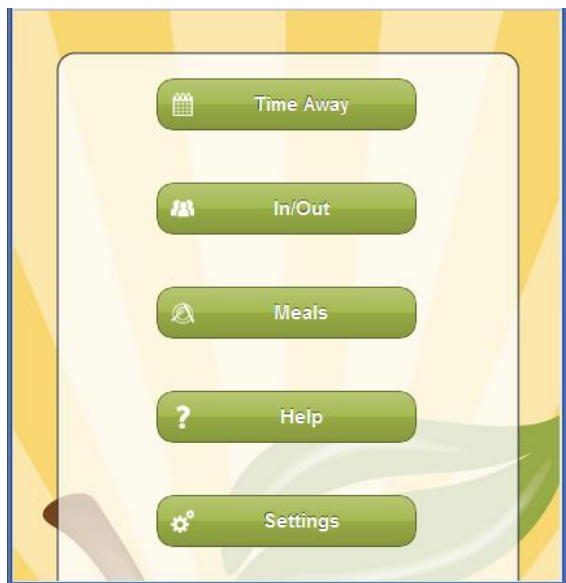
There is no reason that you need to familiarize yourself with the Kids Pro features if you don't want to. If Providers ever have any questions related to Kids Pro, they can use the Help feature within the software to Contact Minute Menu Support. If you do get any questions about these features, we recommend you immediately instruct the Provider to use that feature in the software to contact Minute Menu, and we can answer the Provider's question. (Minute Menu support staff will still direct food program questions back to your agency, though). Providers interested in purchasing the software themselves can do so within the software, supplying credit card information that Minute Menu processes without any interaction from your staff.

Because Providers may record information unrelated to the Food Program within Minute Menu Kids Pro, they may want to keep some of this information confidential so that Sponsor staff don't have access to it. As a result, another difference between WebKids and Minute Menu Kids is that Providers can change their Minute Menu Kids password. This does not prevent Sponsor staff from logging in, but it does prevent Sponsor staff from logging in and viewing any Kids Pro related information (like accounting). For more information on this topic, see the section *KIDS and Data Privacy: Provider Private Data in Minute Menu Kids Pro: Staff Support Mode*.

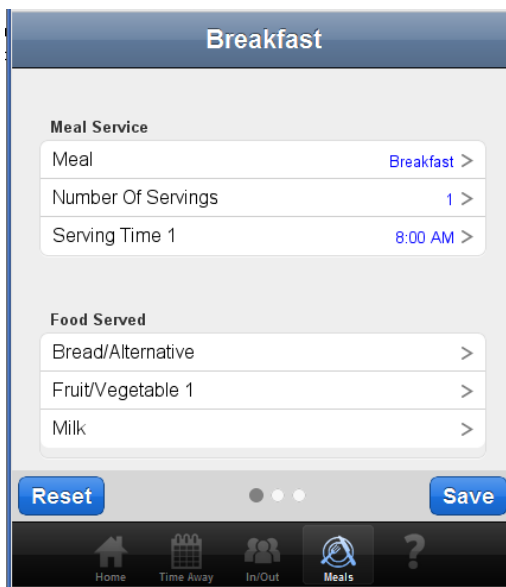
Kid2go Mobile App

kids2go mobile app is a simplified version of the CACFP portion of Minute Menu Kids and WebKids software. Providers can record meals and attendance for the current day, check children in and out for the current day, and record time away. Providers, however, cannot submit their claims or enroll children using the kids2go app. Providers submit claims and enroll children via WebKids or Minute Menu Kids. Anything recorded using kids2go app will immediately transfer to WebKids and Minute Menu Kids. Below are a few screenshots of kids2go.

Home screen



Meals screen



Non-Infant Attendance screen

Meals **Breakfast** **Edit**

adams, john (2y3m)	Present
Ant, Adam (2y0m)	Present
brown, tim (1y8m)	Present
Clark, Smith (1y11m)	
Cole, Jackson (6y2m)	
Cole, Nicholas (2y5m)	
Desk, Jane (3y3m)	
Germany, Jim (2y4m)	

Present: 3, Sick: 0, No School: 0

Reset **Save**

Home Time Away In/Out Meals ?

Infant Meals and Attendance

Infant Service

Child YonJonJohn, John (0y11m)

Food Served For Breakfast (8 to 11 Months)

- Infant Milk >
- Cereal/Meat/Alt >
- Fruit/Vegetable >

Child was present for...

- Meal Service 1
- Meal Service 2

Reset **Save**

Home Time Away In/Out Meals ?

Children In/Out Time

September 28

Child Ant, Adam (2y0m)

In	Out
7:30 AM	4:30 PM

Check In

Erase Today's In/Out Times

Home Time Away In/Out Meals ?

Time Away

Time Away

September 2011

Mon	Tue	Wed	Thu	Fri	Sat	Sun
29	30	31	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	1	2

■ Open On Holiday
 ■ Both
 ■ Closed 1+ Meals

Home Time Away In/Out Meals ?

kids2go app is completely free for the Providers to use, as long as they have a WebKids or Minute Menu Kids account.

Providers will use the same login and password to access kids2go as they would to access WebKids or Minute Menu Kids. The information recorded in all three systems is completely interchangeable.

Before You Start to Use KIDS

Before embracing anything new, it's important that you properly understand all the issues involved. As a result, before you make KIDS available to all of your Providers, you should be certain that you take steps internally to prepare you and your staff to support KIDS. Remember: you are primarily responsible for supporting KIDS Providers – not Minute Menu customer support. Minute Menu support will assist Providers with very technical issues, and Minute Menu will answer all questions related to the Minute Menu Kids Pro features (accounting, invoicing, lesson planner, chart maker, and certificate maker), but all other questions will be referred to you. So you should be prepared for this responsibility as you start to support on-line claiming.

One critical task is to log into KIDS as one of your Providers. Use every function. Read every on-line help. Even submit a claim. (You can delete this claim in the Sponsor software once you receive it, using the [delete] button that will be displayed in the Process Claims function). Log in to WebKids first, and then follow the instructions within WebKids to download, install, and log into Minute Menu Kids, to make sure you get a feel for the slight differences between the two programs. And read this section in the manual at least once in its entirety. Note: this section of the manual does not offer a detailed guide on how to use the functions as a Provider would within WebKids or Minute Menu Kids. Instead, this focuses on how to support those Providers. So to best familiarize yourself with those on-line claiming tools, log into WebKids/Minute Menu Kids and try them out. See the section below on *Sample Kids Login Account* for more information.

Once you do that, though, it will be relatively easy to handle as many Providers as you like. So you can aggressively roll out KIDS use immediately, starting in the first month with as many Providers as you are comfortable, from 5 to 50 or more.

Don't let the fact that there is both WebKids and Minute Menu Kids overwhelm you. When you train providers initially, train them exclusively to start and use WebKids. Minute Menu Kids can be used by those providers who want the faster speed or extra features, and there are instructions within WebKids for them to download, install it, and start using it. Likewise, if a provider has any trouble using WebKids, when they contact Minute Menu for technical, we may advise them to start with Minute Menu Kids instead of WebKids. But when you are training your providers, you will train them only on WebKids to keep it simple, and let them decide whether they want to try Minute Menu Kids. For more details, see the section below on *Getting Providers Started in KIDS*.

During your first month of usage, you should become aware of how to track these KIDS claims (see the section below). And when you're ready to process these claims, you will need to spend extra time to understand how Minute Menu processes these claims. (If you're already comfortable with scanned claims or Direct Entry claims, then this process will not be at all new.)

Minimum Requirements for your Providers

In order for a Provider to claim on-line, they must have access to a computer with Internet access and a printer. Their Internet access can be through MSN, AOL, or any other dial-up provider, or can use a broadband connection like a Cable Modem or DSL. They will need to be on-line at all times while they use KIDS (either WebKids or Minute Menu Kids).

WebKids

If they log into WebKids, they must log in using Internet Explorer 6.0 or greater. This software is not offered on a MAC, so Providers with a MAC cannot use WebKids.

WebKids is not an installable software package. It is a series of web pages, that your Providers access through their web browser (Internet Explorer), just like they would access any other site on the Internet – like www.yahoo.com. So the Provider can at any time log in from any computer that meets the above minimum requirements. And you can log in from your office computers as the Provider. Providers don't necessarily even need a computer in their homes – they could log into WebKids from their neighbor's house, or from the local library.

When logging on to Minute Menu's WebKids for the very first time, consult the two page ***WebKids Startup Guide***. This file is available in PDF format from the Minute Menu Sponsor Support Website, and you should use it when getting Providers started on WebKids (see that section below). These startup instructions can be summarized as follows:

1. Verify that they have Internet Explorer version 6.0 or greater
 - a. If they don't, then upgrade (for free) to the latest version of Internet Explorer
2. Visit www.minutemenu.com
3. Log in using the 9-digit Login Name and the Password (any length) that you give them (which you in turn get out of the Minute Menu HX Sponsor System)

Any of your Providers who have these minimum requirements can use WebKids. WebKids has been designed to be as easy to use as possible, so there doesn't need to be any extensive qualification requirements. Anyone who can send/receive an email will be comfortable enough on a computer to use WebKids.

Minute Menu Kids

Minute Menu Kids must be downloaded and installed on the Provider's computer. It will run on any Windows computer (including Windows 8). It will also run on MACs that have installed the Virtual PC software – but if the MAC is not running that Virtual PC software, it will not work.

The first time startup instructions for Minute Menu Kids:

1. Go to www.minutemenukids.com/welcome
2. Follow the instructions on that screen to download & install the software.
3. When you're ready to login, supply your login & password and [Sign In].

When Providers log into Minute Menu Kids, they will use the same 9 digit login name that they've used to access WebKids, and the same password (unless they change their password; see *KIDS and Data Privacy: Provider Private Data in Minute Menu Kids Pro: Sponsor Staff Mode* below).

kids2go

kids2go app is available for download for iPhone, iPad and iPod touch through the App Store icon on the device. For Android phones or tablets, providers can download through the Google Play icon on the device. For Kindle Fire tablet, providers can download through the Amazon App Store icon on the device. For users who do not have smartphones or tablets and would like to access kids2go (including Sponsors), they can go to www.kids2go.mobi.com website using Google Chrome or Safire browser, which means the kids2go website can be accessible via MAC computers.

When Providers log into kids2go, they will use the same 9 digit login name that they've used to access WebKids or Minute Menu Kids, and the same password (unless they change their password; see *KIDS and Data Privacy: Provider Private Data in Minute Menu Kids Pro: Sponsor Staff Mode* below).

Setting Up KIDS Providers in the Sponsor System

Each Provider must exist in the Minute Menu Sponsor system before the Provider can log into KIDS (either WebKids, Minute Menu Kids, or kids2go). If you haven't enrolled the Provider yet, do so. (See the section of this manual on the *Enroll Provider Wizard*).

Also, you should set the Provider's Claim Source equal to KIDS (Internet).

1. In the Sponsor Software, pull up the Provider's information. Access the menu **Providers >> Manage Provider Information** option. Then select the particular Provider in question.
2. Once you've accessed the Provider's information, you should make sure you're looking at the **General** tab within the Manage Provider Information interface. Go to the **Claim Source** drop-down box, and choose the "KIDS (Internet)" option.

This isn't absolutely necessary, but will help when filtering reports by the Provider's Claim Source. (For more details on the Claim Source concept, see *Receiving Claim Paperwork*.)

On that same screen, note the Provider's **Login ID** and a **Password**.

The Login ID will be a combination of your Minute Menu Sponsor Number plus the Provider's Provider Number, formatted to 9 digits. For example, if you are Sponsor 90 and the Provider's Number is 1522, the Login ID will be 090001522. The Login ID is set by the Minute Menu HX Sponsor software, and you cannot change it (unless you change the Provider ID).

The Password is randomly generated, but you can change it if you like. Remember that the password is CASE sensitive (in WebKids and kids2go), so if you capitalize any letters, be sure to tell the Provider which letters are capitalized – but it's generally a good idea to keep all the letters in the password lower case. The [Reset] button will change the current password to a randomly generated password (but doesn't commit the password change in any way – it just changes the password on the screen, just as you can yourself by manually typing it in).

Make sure to note the Provider's Login ID and Password, as you will need to give them to the Provider before the Provider can install the software.

Press the [**Save**] button if you've made any changes to the Provider's file.

Transfer Data After New Providers Are Enrolled

Once a new Provider has been enrolled via the Enroll Provider Wizard, run Transfer Data to send that Provider's information to the Minute Menu servers. Once a Provider's information has been sent up to our servers, that Provider is ready to starting using KIDS (either WebKids, Minute Menu Kids, or kids2go) immediately.

If you change a Provider's login or password, you must run a Transfer Data for those changes to be reflected on the servers (affecting KIDS login for that Provider). For more information on the interaction of data between KIDS and the Minute Menu HX Sponsor system in your office, please review the *Transfer Data* section of this manual. Note: for Providers using Minute Menu Kids, if they have changed their password, this will not reset their private password, only the password that you use to login and see their Food Program information. For more information on this topic, see *KIDS and Data Privacy: Provider Private Data in Minute Menu Kids Pro: Sponsor Staff Mode* below.

Getting Providers Started in KIDS

Every Provider who is in the Minute Menu Sponsor software database can log into KIDS (either WebKids, Minute Menu Kids, or kids2go). You don't need to do anything special within Minute Menu for a Provider to be able to login to KIDS as long as you regularly run Transfer Data. (Although it's generally a good idea to set the Provider's Claim Source to "KIDS (Internet)", this isn't necessary for a Provider to log in.)

KIDS has been designed to be as easy to use as possible. What this means is that you don't need to do anything for a Provider except supply her with the correct login id and password so she can login. However, there are several strategies that you may wish to employ to make KIDS more successful within your agency.

Promoting WebKids

In order for a Provider to begin claiming online with KIDS (either WebKids or Minute Menu Kids), they must know that it's available. We recommend that you publicize KIDS in all of your agency newsletters. In addition, if you have a web site, we recommend you provide a link directly to the login page for KIDS on your agency's web site.

When publicizing on-line claiming, it's usually best to keep the message simple. Specifically, focus exclusively on WebKids, and don't mention Minute Menu Kids. Providers can easily use Minute Menu Kids after they've logged into WebKids – and WebKids will actually encourage them to do so. But when introducing a Provider to the concept of on-line claiming, it's best not to confuse them with too many options.

We have prepared WebKids flyers that your Monitors can distribute during home visits, and which you can customize with your agency's contact information. There are two flyers, one which includes information on recording In/Out times, and one which does not. These are available in the "Documentation Downloads for HX" section of the Downloads page on the Sponsor Support Website. They are available in MS Word format, and you are welcome to edit them in any way you like. These are one page front & back, color flyers, and are very useful to show a Provider what WebKids is like. Visit our Sponsor Support Website, download the appropriate flyer, and edit the footer of the Word document to include instructions to Providers so they know how to contact you to get started. Recommended text could be:

To start claiming online today, email: jane@childcaresponsor.org

Each time a Monitor does a home visit, they should drop off this form with Providers. In many cases, the Monitor will be able to sit with the Provider in her home while she logs into Minute Menu for the first time and records a meal. But even if that doesn't happen, this flyer will help encourage more WebKids use.

You should set an organization-wide goal to get at least 40% of your Providers claiming online within 1 year and encourage all field staff to promote WebKids aggressively. No agency using Minute Menu who has set that goal has failed to meet it, regardless of the demographics of the agency's Providers. In fact, as of March 2013, the rate of on-line across the country averages over 60%. Feel free to contact us at orders@minutemenu.com for advice and tips, and we're also happy to print flyers (in color) for you and your staff.

Promoting Minute Menu Kids Pro

Some agencies have purchased Minute Menu Kids Pro for all of their Providers, and like to promote that to their Providers. Even those Sponsors who don't purchase Kids Pro for all their Providers like to use the features in Minute Menu Kids Pro as a selling point to recruit new Providers. It can be a very powerful message when recruiting Tier 2 Providers who have dropped off the Food Program: "Join our agency and you get discounted/free software to do your taxes, invoice your parents, plan lessons & activities for the kids," etc.

It can be confusing to market Minute Menu Kids Pro initially, when rolling out on-line claiming to Providers for the first time, because Providers won't know whether WebKids or Kids Pro is the right thing to do. Even though the answer is: "either is perfectly acceptable!" it can cause some confusion if monitoring staff aren't properly trained to answer the questions. But if your staff can easily answer questions about both systems, or for those agencies who have already rolled out WebKids and want to offer Kids Pro to existing e-claimers, promoting Kids Pro can be very easy, and not at all confusing.

We have a variety of flyers and other marketing material to help you in your efforts. We also have a lot of tips, and even some incentive packages for you and your team. Send an email to orders@minutemenu.com and we'll work closely with you to get the most out of this Provider business management tool.

Best Practice: Designate a Centralized KIDS Contact

All Monitors should be trained extensively in KIDS (primarily WebKids, with at least an awareness of Minute Menu Kids), as they will be aggressively promoting it to Providers (and in many cases will help the Providers login for the first time). But you should also appoint a single agency point of contact that is the designated “KIDS expert.” This person will field emails from Providers who want to get started in KIDS, help provide technical assistance (over the phone) to Providers having troubles, and generally check on KIDS usage.

Minute Menu support will handle all technical problems that Providers may have. And Minute Menu support will handle any questions about the Kids Pro features. But your designated KIDS expert in your office will handle all general usage questions – and over time, will be able to answer some technical questions as well.

Best Practice: Sample KIDS Login Account

Create your own, agency-specific test account. To do that:

1. Enroll a provider in the Minute Menu Sponsor software.
 - a. While enrolling the provider, de-select “License Received by State” to make this a Pending status provider. This will remove the provider from most reports, and also ensure that any claim that may get accidentally processed by the provider will be entirely disallowed.
 - b. Specify the name of the provider with the word “Test” as either the first or last name, like: Test Provider. This flags our support team so they know this is a sample provider.
2. After you run a Transfer Data, email hx-support@minutemenu.com and note the name of this Provider, and we’ll ensure this test account has full access to Minute Menu Kids Pro.
3. Use this provider’s login & password when helping your staff or any providers log into a sample account.

You can also download and install Minute Menu Kids. To do this, go to www.minutemenukids.com/welcome and follow the instructions on that screen to download & install the software. When you’re ready to login, supply your test provider login information.

Helping a Provider with Her First Login

A Provider’s first login to KIDS can happen in three distinct situations:

1. A Monitor is in the Provider’s home, and the Provider is ready to claim on-line
2. A Provider being newly signed up with your agency is ready to claim on-line
3. The Provider emails the office to announce she is ready to use KIDS

1. To handle the first scenario above, it’s best that the Monitor spend some time with the Provider to help her login. The Monitor should **not** use the Provider’s computer (so as to avoid any potential liability issues). However, the Monitor can give the Provider her login (based on your

agency's Sponsor # and the Provider's ID) and password (found on the Sponsor Review Worksheet which Monitors should have with them when conducting a home visit).

So the Monitor will direct the Provider to the www.minutemenu.com web site, help the Provider login, and help the Provider begin recording meals. The Provider's children will already be in KIDS as long as her children are in the Minute Menu Sponsor database, so the Provider should be ready to go immediately. This process doesn't typically take more than 10 minutes.

2. The second scenario above is slightly different. Normally, when a Monitor goes out to do a signup visit, the Provider hasn't yet been added to the Minute Menu Sponsor database. So, while in the Provider's home, the Monitor should help the Provider login using a dummy account. Use either our public dummy account, or the sample login account you've created, per the section above: Best Practices: Sample KIDS Login Account.

The Monitor would show the Provider how to use WebKids with this dummy account. As soon as is practicable after this signup visit, the Provider should be added to the Minute Menu Sponsor software. Then either the Monitor or the designated KIDS expert in your office will call the Provider back to supply her actual login & password.

The Monitor would typically also instruct the Provider to record her food & attendance on paper (perhaps just blank white paper) until she can login to WebKids with her actual login & password. Once the office calls with this login & password, the Provider would need to go back to record these meals within KIDS, copying the information from paper into the Record Meals function in WebKids. Since she is starting as a brand new Provider, though, she will first need to go through the Enroll Child Wizard within WebKids for each of the children in her care.

3. The third scenario would result from a phone or email inquiry, with a Provider expressing an interest in on-line claiming. When this happens, your KIDS expert should go to Manage Provider Information and update the Provider's file to reflect "KIDS (Internet)" as the Claim Source, and even note the Provider's email address if you have it.

Then, click on the [Send Welcome Message] button to send the Provider an automated welcome letter. That letter will be emailed to the account we have on file for the Provider. The following is a sample close to that sent when you hit that button:

Dear *Provider Name*,

We're glad you've decided to start claiming on-line! We think you'll find it much easier to get your claim into us this way. You can also plan out your meals ahead of time, tell us when you'll be closed, print tax reports, and more.

To use on-line claiming, you'll need to start on the 1st of next month. You're welcome to login before and try out on-line claiming before then, but we won't accept any on-line claim data you submit this month.

To get started:

- 1) visit: <http://www.minutmenu.com>
- 2) Click on "Login"
- 3) Type your login & password. Your specific login info is:
Login: *provider's login*
Password: *provider's password*

To help you out, we've attached a startup guide to this email in PDF format. You'll need Adobe Acrobat Reader to read this attachment. (You'll also need Adobe Acrobat Reader to print reports when you claim on-line). If you need to install Adobe Acrobat Reader, click below:

<http://www.minutemenu.com/help/frm091Technical.html#one>

Thanks, and if you have any other questions, don't hesitate to email us.

Sponsor Agency Name

Sponsor Email Address (as found in Administration >> Manage Sponsor Information)

From this template, you can see that we attached the **WebKids Startup Guide** to these getting started emails. If you send emails yourself, you should do the same.

Making Sure Providers Log In

Generally, that is all that is necessary. We recommend that within about one week of sending this email, you print the **Unsubmitted KIDS (Internet) Provider Claims** report to ensure that this Provider has actually logged in. If this Provider doesn't appear on that report, you may want to call the Provider to follow up and encourage her to quit claiming on paper and start claiming on KIDS. (More information on this report is provided below in the section *Tracking KIDS Claims*.)

Supporting WebKids Login Problems

WebKids is a web site. As such, Providers access it through Internet Explorer. Any problems they have using Internet Explorer, or problems with Internet Explorer's configuration on their computer, can cause problems when Providers are logging in. In the best cases, a Provider will be able to login without any help. We have over 50,000 providers logging into WebKids every day, with only a handful of problems. However, with any technology, some problems are inevitable, so the better prepared you are to help your Providers, the easier your life will be.

Most problems are experienced immediately – when a Provider first attempts to login to KIDS. When a Provider has a problem logging into the web site, go through the following checklist:

1. Make sure they can pull up the www.minutemenu.com web site at all.
 - a. If they cannot, then they may not be logged into the Internet, or may not know how to use a web browser. If this is not the problem, verify that you can access

- www.minutemenu.com from your offices. There is little that you can do to help the Provider if they cannot access www.minutemenu.com.
2. Verify that they are able to access the login screen after accessing www.minutemenu.com – i.e., make sure they've clicked on "Login" and see the Login and Password prompt.
 3. Make sure they are using Internet Explorer as a web browser, and that it has been updated to version 6.0. (If they are using an older version, the Loading Portal page of WebKids will actually provide information and a link on how to download software updates for free.)
 4. Make sure they have any third-party pop-up blockers disabled, or configured to allow pop-ups on <https://www.minutemenu.com>. Information to disable this can be found by clicking the link on the Login page: "**Having Trouble Logging in WebKids**" [Click Here](#) and then following the link labeled: I have a pop up blocker problem.
 5. Try to login from your offices using the same Login and Password that the Provider is attempting to use.
 - a. If you are able to login, then the provider is either:
 - i. Not typing the correct login and/or password.
 - ii. Has a browser privacy (cookie) problem preventing them from logging in.
 - iii. Has a pop-up blocker preventing them from logging in

In each case, there are specific suggestions in the online Technical Help to solve these problems. Consult the "**Problems Logging In?** [Click Here](#)" found on the Login page.

- b. If you are NOT able to login, then you should re-check the Provider's Login and Password in your database. (See *Managing Provider Information* in Section III of this manual, or above, for instructions on how to review a Provider's Login and Password).
 - i. If you see a different Password or Login here than what you are using, then retry to login using the correct Password/Login as noted on screen. This should allow you to login from your offices, and you'll need to communicate the correct Login/Password to the Provider. (You may still need to help the Provider as described above in item 5.a.)
 - ii. If you see the same Password and Login here, then:
 1. Reset the Provider's Password (either by using the [Reset] button or by typing in a new password manually).
 2. Save the changes to the Provider's file.
 3. Run a Transfer Data (perhaps at the end of the day). This will send the updated login information to the KIDS servers.
 4. Try to login again from your offices with this new Login and Password. If this fixes the problem, let the Provider know what the new Password is. (You may still need to help the Provider as described above in item 5.a.) If this does not fix the problem, contact Minute Menu customer support at hx-support@minutemenu.com.

If it's a relatively tricky problem, the easiest solution is often to have them download and install Minute Menu Kids, and use it instead of the WebKids web site. To do this:

1. Have them visit www.minutemenukids.com/welcome
2. Follow the instructions on that screen to download & install the software

3. Once installed, click the little red “Minute Menu Kids” apple icon on their desktop and supply the same login & password information you gave them previously.

Supporting Other KIDS Problems

Since WebKids & Minute Menu Kids involves using a computer, you and your Providers will face a variety of challenges encountered by anyone who uses a computer. This section is intended to illustrate what to do with only a few relatively common problems.

Website is Inaccessible

At times, you and your Providers may be unable to access the WebKids web site via www.minutemenu.com. This is an inevitability because of problems inherent to the Internet – if any connection between your computer and our WebKids Internet servers is severed, it can temporarily prevent you from visiting the WebKids web site (not to mention a large number of other web sites on the Internet). If this occurs, the best situation is simply to wait, and try again. These kinds of problems are usually resolved in matter of minutes or hours by the Internet companies who encounter them.

In some cases, we will take the WebKids site down for maintenance or upgrades. In most cases, you will be given advance notice of these periods of inaccessibility. And in some cases, unforeseen technical factors may cause the WebKids site to become inaccessible.

If you ever experience a period when you cannot access www.minutemenu.com, first check your email to see if you’ve received a notification of the downtime from us. Then call the Minute Menu offices to find out – it is better in these circumstances to call than email, as the connectivity problem may prevent email from functioning as well.

Typically, if you can’t access www.minutemenu.com, neither WebKids and Minute Menu Kids will function properly.

A Provider’s Computer Stops Working

This problem occurs with some regularity. A Provider may get a virus, a power surge, or some other random problem that prevents her from using her computer to record her KIDS claim (with either WebKids or Minute Menu Kids).

In these cases, you must decide the most appropriate course of action.

Any claim information the Provider has already entered into KIDS is available to you. The best course of action is usually to:

- Wait for the Provider to fix her computer and finish entering the claim information before the end of the month. While her computer remains non-functional, she’ll need to record her claim information on paper.
- If the Provider cannot get her computer up by the end of the month, request the Provider get to the library and enter the rest of the information to finish out the month

- Request the Provider send hand-written meal & attendance information for the remainder of the month, and you login to KIDS (either WebKids or Minute Menu Kids) for the Provider and finish up the month's claim. Once done with the data entry, you would then run the "Submit Claim to Sponsor" function while logged into KIDS as that Provider.

If the Provider's computer remains non-functional for subsequent months, you should transition the Provider to either scannable form claims or manual hand-written claims (which you must then process manually or via the Direct Entry method).

Provider is in the Wrong Claim Month

Each time a Provider logs into KIDS (either WebKids or Minute Menu Kids), the blue Windows bar across the top of the screen denotes the Provider's Current Claim Month. This Current Claim Month is controlled by the Provider within KIDS.

The Current Claim Month actively controls the month visible in all other functions within the software. When a Provider uses the "Record Meals" function, for example, she will only be allowed to add or edit meal information in the Current Claim Month.

The first time a Provider logs into KIDS, their Current Claim Month is set to the actual current month. Sometimes, though, this month may be before the current month. If this happens, the Providers will be unable to change the meal date in the Record Meals function to a date within the current calendar month. We do provide a [?] button next to the meal date button online, and extensive help to get the Provider in the proper month – but sometimes that just isn't enough.

If this comes up, just walk the Provider through the Change Claim Month function within KIDS. In extreme circumstances, you can always log into KIDS as the Provider and change it for her.

If the Provider is in a future month (ie, it's currently March 2007 and she's in April 2007), this may be because the Provider has accidentally submitted her claim before she's finished with it. So if this is the situation you notice, see the section below: *Provider Submits Claim By Mistake*.

KIDS Claim Not Properly Received

Occasionally, a failure can occur during the synchronization process between your local database and the KIDS servers when you run Transfer Data. This can happen for a variety of reasons, including interrupted Internet connectivity. In rare circumstances this can prevent certain information that has been modified by the Provider on the KIDS server from properly importing into your local database. If this occurs, a Provider's KIDS claim (either WebKids or Minute Menu Kids) may not properly arrive, or may be in some way corrupted.

As a result, WebKids has been designed with some extra features to allow you as a Sponsor to manually re-submit a Provider's KIDS claim. (You'll use WebKids, whether the Provider uses WebKids or Minute Menu Kids). When a KIDS claim is re-submitted, all the information related to claim is updated on the KIDS servers so that it will be re-sent back down to your local DB the next time you run Transfer Data. This includes all meal & attendance information, daily child in/out records that may have been stored, calendar entries (such as days the Provider is closed or days children are ill), and even all the information on file for each child that was claimed. So after

you (1) re-submit a claim in WebKids and (2) run Transfer Data, you can be certain that you have all the information related to that Provider's claim.

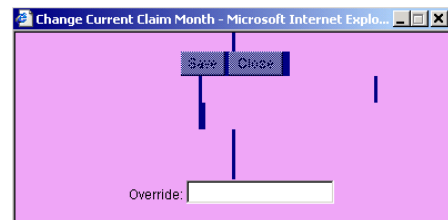
To re-submit a claim, you must:

1. Log into WebKids as the Provider (using the Provider's Login ID & Password)
2. Change the Provider's Claim Month so that the Provider's Current Claim Month is back in the claim month for which you wish to re-submit.
3. Use the "Submit Claim" function to re-submit the claim. When you submit the claim, you'll be given a pop-up confirmation asking whether you actually want to re-submit the claim. Choose "OK" to continue with the re-submission.
4. Verify that the Provider has the proper Current Claim Month. If not, use the Change Claim Month function (as you did in Step 2) to put the Provider back in the appropriate month.
5. Logout

Step 2 requires a bit of clarification. When a Provider uses KIDS, they have access to the Change Claim Month function to change their current claim month (setting it either forward or backward) as noted in the online help for KIDS. This function will not allow a Provider to go back more than one month before the current calendar month. Nor will it allow a Provider to go back to a month when that month's claim has already been submitted to the Sponsor. When you use this function, however, you will almost always need to go back to a month that has already been submitted to the Sponsor.

As a result, the function in WebKids has been designed with a hidden mechanism that will allow you to override the normal checks performed when the Provider uses this function. Follow these steps:

1. Open the Change Claim Month function
2. Click and hold your left mouse button somewhere in the lavender background area within the Change Claim Month function.
3. Drag your mouse pointer down, so that it's slightly lower than the Change Claim Month function window. You'll notice the page contents become highlighted, and the page begins to scroll down. This will expose a box labeled: "Override". Release the left mouse button once you see that "Override" is exposed.
4. Type the word ***Sponsor*** in the Override box.
5. Again, click and hold the left mouse button somewhere in the lavender background area.
6. Drag the mouse pointer up, slightly above the window. This will scroll the window back up to the top, re-exposing the buttons allowing you to change the claim month to the left or to the right. Release the left mouse button.
7. Change the claim month to the appropriate month by using the [<] or [>] arrows.
8. Hit Save when done.



Provider Submits Claim By Mistake

Occasionally, a Provider will use the [Submit Claim] function in KIDS by mistake. Some think they need to submit their paperwork every day; others aren't sure what to do to get started. When

the Provider uses the Submit Claim to Sponsor function, KIDS locks down everything in that month and moves the Provider into the next month, preventing any of that information from being edited again.

Sometimes, the only way you know that this has happened is because the Provider will call you and tell you they are in a future month. For example, it's currently March 2007, but the Provider's current claim month is April 2007.

If a claim has been submitted by mistake, the claim must be "un-submitted."

To un-submit a claim, go to **Administration >> UnSubmit KIDS (Internet) Claim**. Choose the appropriate month, and then choose the Provider. Then hit [Continue]. This will un-submit the provider's claim, and set the Provider's current claim month back to the month you are un-submitting.

If you don't have the option to un-submit a provider's claim when you use the UnSubmit KIDS (Internet) Claim (because the month or the Provider doesn't show up in the list of choices), you must first run a Transfer Data. Once that is done, then you should see the Provider show up in the list.

Kids Pro Username / Child Discrepancies

The Minute Menu Kids Pro software is offered to family child care providers who do not currently participate in the CACFP. When we are contacted by providers using an independent Minute Menu Kids Pro account, we encourage them to sign up with a CACFP sponsor in their area.

If a Provider who is using Minute Menu Kids Pro as an independent provider enrolls with your agency, we can modify the Provider's Kids Pro account so that the Provider can submit Food Program claims to your agency. In this case, the provider's Kids Pro software will get a slightly upgraded look and feel. The good thing about this is the Provider gets to consolidate their record keeping activities, and the Provider will also get a discount on any renewal fees they pay to subscribe to Minute Menu Kids Pro. There are a few down sides, though, that you should be aware of:

1. The provider may now use a different user name than the 9-digit login name you gave them. Your 9 digit login should still work to access the Provider's account, but the Provider may log in with the same login they previously used with their independent Kids Pro account. As long as you're aware of this issue, it shouldn't cause any confusion.
2. When the Provider's independent Kids Pro account is linked into your agency's Food Program, for technical reasons, any child that the provider previously set up within Kids Pro that doesn't already exist in your Minute Menu database will be instantly enrolled as a Pending status child. While this may seem useful, the independent Kids Pro software does not require providers to supply all of the same child information that is required once they begin using Kids Pro with a food program sponsor. So you may have to manually update these electronic child files when you activate them. Likewise, you'll need to tell these Providers to print the Child Enrollment Form for those children, which they will then have to manually fill out and have the parent sign, as the

information will typically be locked down and unchangeable within the software (since the child's enrollment is noted as Pending).

Tracking & Processing KIDS Claims

Managing claims that have been submitted thru KIDS is extremely automated, and can be very easy. But there are a few tools and procedures you should be aware of in order to manage these claims effectively. Note: the process is identical regardless whether the provider is claiming via WebKids or Minute Menu Kids.

Processing KIDS Claims

All meal & attendance information entered into KIDS by Providers is available in the Sponsor database immediately (after a Transfer Data is run), for review on screen or in reports. But a Provider's KIDS claim will only show up in the Process Claims interface after the Provider runs the "Submit Claim to Sponsor" function in the KIDS system. (See *Processing Claims* in this manual for more information on automated claims processing). So you cannot process a KIDS claim until the Provider actually chooses to "Submit Claim to Sponsor" (and you've run Transfer Data in your offices to download that submitted claim information).

To receive KIDS meal & attendance information from Providers, all you must do is run Transfer Data each day. When a Provider uses the Submit Claim to Sponsor function within KIDS, that Provider's meal & attendance information for that month will be noted as ready to be processed. Once the Provider does this, and you run Transfer Data, you will be able to process that Provider's claim.

To process the Provider's claim, just use the Process Claims function as normal. Once you choose the correct month, you'll notice that Provider's name shows up in Process Claims list automatically.

Tracking KIDS Claims

There are several tools designed to help you keep track of your KIDS Providers.

The **Unsubmitted KIDS (Internet) Claims Report** will generate a list of all Providers who have recorded meals & attendance in KIDS, but who have not submitted a claim to your office yet.

- If you run this report for the current calendar month, you will see a list of all of your Providers who have logged into KIDS to record meals so far this month.
- If you run this report for any month before the current calendar month, any Providers listed will have entered some meals in those previous months but chose not to "Submit Claim to Sponsor" for that month. This may be caused by a Provider who logged on one month to try out KIDS but didn't start actively claiming with KIDS until the next month. It may be caused by a Provider who is just running late and hasn't yet used the "Submit Claim to Sponsor" function. Or a Provider may be listed here who erroneously used the KIDS function "Change Claim Month" instead of using the "Submit Claim to Sponsor" function.

The **Track Received Claims** function will show you a list of each Provider for whom you've received a KIDS claim in a given month. The Date Received column within Track Received Claims will show the date when the Provider used the Submit Claim to Sponsor function. The Processed column will indicate whether you've already processed the Provider's KIDS claim.

You can use the **Claims By Source Report** to get a list & a count for a specific month of all the Providers who sent in a claim via KIDS (or for that matter, either of the other claiming methods: Scannable Forms and Manual). This will show you which Providers for whom you actually processed a claimed via KIDS for any month.

And you can always generate the **Claimed Foods & Attendance Report, Claimed Attendance Summary Report**, or the **Claimed Foods Report** to print out the Provider's claim. This is especially useful when a State Agency reviewer requests to see a Provider's claim.

KIDS and Data Privacy

Many Providers who begin using KIDS may ask you questions along the lines of "how secure is KIDS from hackers" or "can anyone easily obtain my personal information since KIDS is on the Internet." To address questions along these lines, we have developed a Privacy Policy. This is available to any KIDS user once they are logged in. If a Provider asks this question, refer them to the published KIDS Privacy Policy in the "About" menu in KIDS. Specifically, tell them they can get answers to their questions by doing the following:

1. Login to KIDS as normal
2. Once logged in, on the menu bar across the top of their screen, click **About >> KIDS Privacy Policy**
3. This policy should answer any questions they have.

Provider Private Data in Minute Menu Kids Pro: Staff Support Mode

Providers who use Minute Menu Kids Pro have the ability to store accounting and other sensitive financial data, and they typically do not want this information to be visible to their Sponsors.

As a result, Minute Menu Kids Pro allows Providers to change their passwords. In fact, when any Provider begins using Minute Menu Kids Pro, they are prompted to change their private password. When they do this, the system doesn't actually change the password that you see in Manage Provider Information in the Minute Menu sponsor software. Rather, it creates a new password, and only when logging into Minute Menu Kids with that new password can anyone see the private accounting and other information.

When a provider logs in after they've changed their password, as long as they use their newly created private password they won't see a difference. However, when you log into Minute Menu Kids using the password you see in Minute Menu, you will see that you're accessing Kids in Staff Support Mode. This will prevent you from seeing private facility information, accounting, and other information in the software. You can still access any food program information you like. And you can always log into WebKids and see this same information.

Occasionally, Providers will create a private password and then log in with their original password that you supplied. If this is the case, they will see that they're accessing the software in Staff Support Mode. They can use the software's built in reset password feature (found on the Minute Menu Kids login screen) to set their password appropriately.

Best Practices: Managing KIDS Enrolled Children

When providers begin claiming on-line, it can make dealing with new child enrollments much easier. But it requires certain changes to your procedures to ensure it remains as easy and painless as possible, because you effectively shift responsibility for the maintenance of child files from your staff to your providers.

Note: these instructions apply equally to Minute Menu Kids and WebKids.

How Providers Enroll Children

Providers will enroll children on-line via the Enroll Child Wizard. Effectively, they type all the child information into the system directly, and print an enrollment form at the end of the process with that typed information.

These newly enrolled children are "Pending" status children. Depending upon sponsor preferences, they can change these children in very limited ways. So it's up to you to Activate these children when you receive the enrollments.

The on-line enrollment process is supposed to prevent the provider from enrolling the same child twice. But it is subject to some specific limitations: The spelling of the name of the child being enrolled, along with that child's DOB, must exactly match a pre-existing enrollment (so John could be enrolled when Jonathan was already enrolled, allowing a duplicate).

Activating Children

When you receive a signed enrollment form, if it was printed by Minute Menu, then you know that enrollment was typed by a provider on-line. When providers are just starting with on-line claiming or on-line enrollments, though, they may have typed some information for children in on-line while having sent a traditional style paper enrollment.

Traditional Enrollments

So when you receive paper enrollments, you should quickly check the list of children in Activate Children first to see if that child is listed there, waiting to be activated. If the child is there, click the [view] button for that child and verify the information written on the enrollment form you've received matches the information in the system (and correct any discrepancies). Once done, then Activate the child.

If the child isn't listed in Activate Children, it is also a good idea to go to List Children for this Provider and filter by "All" status children, to see if you see the child listed there. If the child is listed as withdrawn and was withdrawn recently, you may simply want to reactivate the child rather than enrolling a duplicate of the child. Or the child may already be in the system as an active child, so if that's the case, there's no need to enroll the child manually from the traditional style enrollment form you've just received.

On-Line Enrollment Forms

When you receive a web enrollment form, you will go to Activate New Children and the child should be in the list. If the child is listed more than once in the list (typically with a slight misspelling) because the provider tried to enroll the child twice, just withdraw one version of the child within that Activate New Children function, and activate the other. When withdrawing a child in this function, it sets the child's withdrawal date to the date before the child's enrollment date.

Otherwise, if there is no duplicate, just activate the new enrollment.

Checking For Duplicates

Once each month, you should run Reports >> Children >> Children Duplicated Within Provider. This will list all children that are potentially enrolled more than once. You would typically do this the last week of every month, as you prepare for the upcoming claim.

The report will list any child whose last name and date of birth matches another child within the same provider. This means duplicate children should be listed – unless the duplicates don't have matching birth dates because of data entry errors. This also means that twins invariably get listed – and you should just ignore these children on the report.

For any duplicates you find, withdraw one version of the child and leave the other one active. When choosing a withdrawal date, it's best to choose the last day of the month before that month's claim. So, if you're running it in the last week of November, you would set a withdrawal date of 10/31.

Duplicates on Claims

When a provider has two versions of the same child enrolled (when both versions are either Active or Pending), that means that the provider will see that child twice when attempting record her claim. When this happens, providers can do a few different things:

- A) They can claim only one version of the child the entire month
- B) They can claim both children throughout the month
- C) They can claim one version of the child for some days, and another version of the child for other days.

The above Activating New Children and Checking For Duplicates procedures are meant to minimize this possibility, but this situation will invariably arise – and can happen often if data in your Minute Menu database has been added en masse as a conversion from a pre-existing data

system, as the bad data in Minute Menu makes its way into Providers' Minute Menu on-line claiming software.

So when you process a claim like this, you can see several possible results:

1) Best case: You've already withdrawn the duplicate child, and the provider happened to claim only the other child that you didn't withdraw all month, so no errors show up on the OER and the claim is perfectly accurate.

2) You withdraw version A of the child, and the provider claimed both versions A & B of the child the entire month. In this case, the OER will show that version A of the child has been disallowed all month (because a Child was claimed after withdrawn from care), which is a good and valid error message, and version B of the child was paid throughout the month without any error message on the OER. In this case, the claim has been calculated properly, but the error message may be confusing to the provider who may think she didn't get paid for that child, when in fact she was paid.

3) You have withdrawn version A of the child, and the provider claimed only version A all month. In this case, the OER will show an error for the child all month (Child was claimed after withdrawn from care), and the provider was improperly paid as a result because that child was disallowed (and version B wasn't claimed). If this is the case, then you must change the withdrawal date of version A – keeping version A withdrawn, but moving the withdrawn date forward to the last date of this month. When you re-process the claim, the child won't be disallowed any more because the withdrawn date is the last day of the month (and the claims processor will only disallow the child after the withdrawn date has been passed). You also leave version B of the active – it was active, and it remains active, because the provider is probably claiming version B of the child now in Minute Menu Kids/WebKids, and you don't want to mess up next month's claim. However, you should move the enrollment date of version B of the child forward to the first of the upcoming month. This will have the effect that version A of the child was active up to the end of this month, and version B of the child begins to be active immediately thereafter. This tends to make identifying situation #4 below a bit easier.

Note: The only way to tell the difference between this situation #3 and situation #2 above is to print the Claimed Attendance Detail report for this claim, and see if which version(s) of this child were claimed (A, B, or both).

4) You withdrew version A of the child, but the provider claimed version A for part of the month and version B for the other part of the month. In this case, you follow the same procedures as outlined in situation #3 above. But when you re-process, you'll see some errors on the OER. You have to determine which of those errors are valid and which aren't – because the provider may be claiming A on some days and B on other days, with no overlap – OR – the provider may be claiming A & B for the same meals on some days. So you review the Claimed Attendance Detail and determine exactly how many meals to add back to the provider, and then you manually Adjust Claim to add back the appropriate amount of meals.

5) Worse case: You don't identify the duplicates so that two versions of the same child are both Active for the entire month, and the provider claims both versions of that child the entire month. In this case, Minute Menu will pay for both versions of the child – since they are both Active

within Minute Menu – and you will effectively have overpaid the provider, but you will have no way of seeing this on the OER.

Minute Menu KIDS Enrollments

Occasionally, providers who claim on-line will want to add invoice or simply set up basic information for a child that is ineligible to participate in the Food Program (perhaps reserving a spot in their daycare for a child not yet enrolled; perhaps managing a 13+ year old child still attending care but obviously not eligible for the CACFP). Providers can add invoices for withdrawn children within Minute Menu Kids, so that typically should not be a problem. But sometimes they may want to manipulate children for these others reasons.

If this occurs, providers should enroll the children while keeping “Participates in CACFP” unchecked. This allows the provider to manipulate the child’s information, independent of the Sponsor.

Children that are non-participating tend to be filtered out of the Activate New Child function, so you should tend to ignore these Non-participating children if you see them in your Sponsor database.

Conducting Reviews of Providers Using KIDS

Note: For more information on Reviews in general, please see the *Managing Reviews* section of this manual.

When your Monitors conduct Reviews of Providers who use actual paper to record claim paperwork, it’s a relatively simple situation. However, when Providers stop using paper and start recording claim information in their computer, the situation becomes a bit more complex. Minute Menu has been designed with this in mind, and gives you a variety of tools to make your Reviews occur without technical hiccups. In addition, we have some recommended operating procedures that may also help Monitors who Review Providers using KIDS.

Note: These procedures are the same regardless whether the Provider is using WebKids or Minute Menu Kids.

Specific Home Visit Procedures

Option A. If your Monitor prints the **Claimed Foods & Attendance Report** BEFORE performing a Home Visit of a Provider using KIDS, then that Monitor has more information when conducting the Review:

1. If the Report is blank, this could mean:
 - The Provider has not entered any meals into KIDS
 - You have not run Transfer Data in your offices for the entire month (a situation we highly recommend you avoid)

In this case, when conducting the home visit the Monitor would need to see hand-written meal & attendance records. KIDS allows Providers to print out a Daily Meal Worksheet,

which can be used to record claim information on paper when meals are served and which the Provider can then type into KIDS at a more convenient time in the month.

- If Provider shows these filled-out Daily Meal Worksheets to the Monitor, then the Monitor should examine these Worksheets as s/he would meal information supplied in a different format, and act as s/he would normally based on these hand-written forms. (The Provider would still need to transfer these hand-written forms into KIDS in order to submit the claim at the end of the month).
 - If the Provider does not have this information, then the Monitor should disallow meals as appropriate, and take any other measures as appropriate given agency policy.
2. If the report is not blank when generated before the Monitor goes to visit, then the Monitor will need to determine whether s/he should request any additional paperwork from the Provider while on-site.
 - a. If, by looking at the report, the Monitor sees meals recorded for every day up to the day of the Review, then there is no need to request paperwork on-site. This Claimed Foods & Attendance Report offers the same information that the Monitor would get from the Provider on-site.
 - b. If there were only a few meals listed on the Report, or the report shows the Provider is not completely up to date, then the Monitor may determine that it is necessary to request paperwork from the Provider on-site. In this case, the Monitor should follow the steps outlined in Item 1 above.

Option B. If your Monitor does not generate this **Claimed Foods & Attendance Report** BEFORE performing a Home Visit (which we recommend avoiding), then your procedures should be as follows:

1. After arriving on-site, the Monitor should request that the Provider show the Monitor the meals she has claimed throughout the month, by pulling up the KIDS Review Meals calendar on-screen; or by using one of the Claimed Meal reports in KIDS. (You should not allow your Monitors to work directly on Providers' computers, to avoid any potential liability issues).
 - a. If the Provider is able to show the Monitor her meals on screen or from a printout, then the Monitor should act as s/he would normally based on the information found on the screen/printout.
 - b. If the Provider is unable to show the Monitor this information because of technical difficulties, but insists the information has been entered into KIDS throughout the month, then the Monitor should contact the Sponsor office and ask them to run the Claimed Foods & Attendance Report. Based upon the information found on this report, the Monitor can then take any action as s/he would normally based on the information found in the report – and if that information contradicts what the Monitor was told by the Provider, the Monitor would take any action as dictated by agency policy.
 - c. The Provider may also be able to show meal information that has been hand-written on Daily Meal Worksheets. If Provider shows these filled-out Daily Meal Worksheets to the Monitor, then the Monitor should examine these Worksheets as s/he would meal information supplied in a different format, and act as s/he would normally based on these hand-written forms. (The Provider would still need to

transfer these hand-written forms into KIDS in order to submit the claim at the end of the month).

Best Practices: KIDS Provider Record Keeping Policy

Many agencies ask us for recommendations on appropriate policies with respect to on-line claiming record keeping. The following outlines our best practices recommendation:

Record Keeping Policy

Providers who claim on-line with Minute Menu must record their food program information every day, just like Providers who claim using paper forms. To accomplish this, Providers must either:

- (a) record their menu & attendance information directly in the Minute Menu web site on the same day of meal service, or
- (b) record information on paper on the same day of meal service, and transfer that paper to the computer at a convenient time (typically at least once weekly).

Any Provider who records information on paper first for convenience per (b) above, and transfers that information to WebKids later, must keep those paper records throughout the month, and make that available to a monitor who may visit that month. Providers can switch at their desire between method (a) and method (b) any time they like, depending on the most convenient way of keeping records any given day. But any records recorded with method (b) must be kept for the entire month to be made available to a Monitor who may visit that month.

When monitoring staff conduct home visits of on-line claiming Providers, the Monitor must observe that records are up to date – just as they do when visiting Providers who claim via paper forms. If a Provider has chosen to record claim information using method (b) above, then the Monitor would simply review the paper documentation kept by the Provider to ensure it is adequately up to date. If a Provider has chosen to record claim information using method (a) above, then the monitor must review the Minute Menu WebKids documentation kept by the Provider. This can be done by:

1. reviewing the information on-screen (over the Provider's shoulder, while she pulls up WebKids; Note: do not touch a provider's computer directly – always ask the Provider to access records while you observe, so as to eliminate any potential liability)
2. reviewing the information on a report printed by the Provider
3. reviewing the information from the Claimed Foods & Attendance Report printed from the Sponsor's software before conducting the visit

If a Provider is unable to provide access to WebKids while a Monitor is on-site, but the Provider insists daily records have been kept in WebKids, and the Monitor hasn't pre-verified record keeping via option 3 above, then the Monitor can at her discretion take one further step to verify records are current. Specifically, she can call the office to have the office generate the Claimed Foods & Attendance Report for the Provider. Assuming Transfer Data's are run nightly, this report will be current to the prior date, and can verify records at that time.

If neither paper records nor electronic records can be verified to be up to date, then meals must be disallowed and an appropriate corrective action plan must be adopted for that Provider – just as if the Provider were claiming via traditional paper records.

Record Keeping Training

For Providers who do keep records using Minute Menu WebKids, the following guidance should be given to improve program compliance, nutrition choices, and minimize record keeping burdens:

- The weekend before:
 - Providers should at least once weekly put together a plan of menus to be served. This can be done using the [Schedule Menus] function. Menus can be scheduled for the upcoming week, month, or any other period desired. Providers can easily plan a few weeks worth of menus, and copy those menu plans to upcoming weeks to make the menu planning process easier. Providers can also use re-usable single-menu templates during this process as well, further simplifying the planning process.
 - Once a menu plan has been scheduled for a week, the Provider should print the Scheduled Menu Report for that weekly plan and post it in the kitchen.
 - The provider should also print out the Reports >> Claims >> Weekly Attendance Worksheet.
- During the week:
 - While serving meals throughout the week, the Provider must mark all children who were served the meal on the Weekly Attendance Worksheet, on each day meals are served. In addition, any last minute changes to the menu plans must be noted on the posted Scheduled Menu Report.
- The weekend after:
 - At the conclusion of the week, the Provider should log into WebKids and use the Record Meals function to record the attendance that she previously documented on the Weekly Attendance Worksheet. While doing so, the menu plans that were scheduled for that week will pop-up automatically; the Provider can make any adjustments to these menus if she had recorded any last minute substitutions on her posted Scheduled Menu Report. (The Provider will keep her Weekly Attendance Worksheet and Scheduled Menu Report until the end of the month to display to Monitors in the event a home visit occurs during the month.)
 - The Provider repeats the steps noted above in “The weekend before”, to prepare for the next week’s menu plans, and the attendance record keeping requirements.

Best Practices: Late Records Corrective Action Policy

Many agencies have asked us for advice on the best approach to reduce the incidence of Providers who do not keep records on a daily basis. This policy applies to both paper claimers (scannable or otherwise) and on-line claimers (Minute Menu Kids and WebKids).

Corrective Action Procedure: Providers Who Don’t Keep Daily Records

When performing a home visit, monitors must observe that Providers have kept records in the current month up to the current date. Regardless whether the provider keeps records using an on-line claiming system or on paper forms, current records must be seen.

If records are not kept up to the current date, the Monitor must disallow any missing dates/meals. Furthermore, the following corrective action steps must be taken to ensure the Provider returns to compliance with the daily record keeping requirement as soon as possible:

Determine severity of late records:

- If Provider is lacking records for more than a week or a majority of the month, then this should be documented with a “Very Late” designation.
- If the Provider lacking records only for the most recent day or two, then this should be documented as a “Slightly Late” designation.

Slightly Late Providers action plan:

- If the provider has been previously documented as Slightly Late at any time in the last 12 months, the Provider should be put on the Very Late action plan.
- If not, the Provider should be given technical assistance during this visit, specifically related to the necessity to keep records daily. An explanation should be given that meals are going to be disallowed as a result of the lack of keeping timely paperwork, and that if the proper daily records aren’t kept in the future, she will be put into Serious Deficiency.

Very Late Providers action plan:

- Offer technical assistance during the visit, reminding the Provider of the necessity to keep records daily. Also explain that meals are to be disallowed as a result of the lack of keeping timely paperwork. Advise the Provider that she is being placed on Serious Deficiency and the problem must be corrected in order for her to continue participation in the Food Program.
- Schedule an unannounced follow-up visit in the following month.
- If during that follow-up visit the Provider is lacking records (either Slightly Late or Very Late), then you must proceed with termination of the Provider’s participation in the CACFP, unless you have a mechanism that can prevent the Provider from recording daily records late.
 - For Sponsors using Minute Menu, you can offer the Provider an option to continue CACFP participation. This would be explained to the Provider as follows: “The only way you can continue participating in the Food Program with our agency is to use Minute Menu WebKids, and we are enabling an option in Minute Menu that will require you to keep electronic records on a daily basis. You will only be able to save meals & attendance for the current date, so if you don’t get your records in on any given day, you won’t be able to claim that day.”
 - Note: this option is enabled in the Minute Menu Sponsor software in Manage Provider Information on the “Other” tab with the checkbox “Require Same Day KIDS Entry”. You must have the Manage Sponsor Preference “M.010. Use Day of Entry Requirement” set to “Y”, in order to use this feature.
 - If the Provider is able to claim via Minute Menu WebKids, then the Provider can continue in the Food Program in this manner. If not, then termination proceedings must begin immediately.

- Providers shall remain in this corrective action until two successive regularly scheduled home visits are conducted where the records have been kept up to date completely. At that point, the Day of Entry Requirement in Minute Menu WebKids can be relaxed and the Provider can be given the same privilege to keep paper records prior to inputting records into Minute Menu's on-line claiming system (consistent with the explanation of option (b) in the **Policy on On-Line Provider Record Keeping**), or the Provider can cease using WebKids and switch to paper forms based claiming entirely.
- If during the follow-up visit the Provider has kept records up to date, then the Provider can be taken off of Serious Deficiency.

XXI. User Management

Minute Menu HX allows you to create individual user login IDs and passwords for various personnel in your office, or for your monitors. This is useful in any agency where more than one person uses Minute Menu.

Administrator Account

Each Sponsor who uses Minute Menu HX is assigned an Administrative login that is used when initially running Minute Menu. This 3-digit login ID is your Minute Menu customer number.

You can use this user account to access any function within Minute Menu HX – it is not subject to any user security restrictions. For smaller agencies, where only one person works in the Food Program, there is no reason to use anything but this account. But if more than one person will log into Minute Menu (including any field staff), you should create a user account for each user – do not use this Administrator account on a daily basis.

Adding Users

To add users who are capable of logging into Minute Menu HX:

1. Log in as the Minute Menu HX Administrator user
2. Go to the menu **Administration >> Manage Users/Monitors**
3. Click the **[Add New User/Monitor]** button.
4. **Select User Type.** General HX Users log in and use the Minute Menu HX software. Monitors are assigned to providers and associated with reviews, and can be setup to log into hx2go (but not MMHX). If you have a user who is both a monitor, and will be logging in and using the HX software, select “Monitor + General HX User”.
5. **First & Last Name.** Supply the user’s first and last name.
6. **Address, Email, Phone Numbers .** Supply the user’s contact information here.
7. **Monitor.** This is a 2 or 3 digit number that is used for scannable review forms, and usually as part of the monitor’s hx2go login.
8. **Login.** Supply the user’s Login ID. This should be a six-digit user ID, and can only contain numbers. The first three digits must be your Minute Menu customer number.
9. The **Password** is randomly generated, and is case sensitive (so it’s generally best to make it all lower case). Be sure the Login and Password are given only to that person.

The screenshot shows the 'Manage User/Monitor Information' window. It features a dropdown menu for 'Select User/Monitor' with 'Edwards, Alvin' selected. Below it is an 'Add New User/Monitor' button and another dropdown for '*Select User Type' set to 'Monitor+General HX User'. The form includes fields for name (Alvin Edwards), address, city, state (CA), zip code, SSN, office phone, home phone, and email (alvin@somewhere.com). There is a checkbox for 'Subject to Provider Security', a '*Monitor Number' field (44), a '*Login' field (996023), and a '*Password' field (apple) with a 'Reset' button. At the bottom, there are radio buttons for 'Load on Startup' with 'Load Both' selected. The window also has buttons for 'hx2go', 'Permissions', 'Save', and 'Close'.

10. **Group.** Only visible if Provider Security is activated. See below for information on using Provider Security.
11. **Load on Startup.** This option determines whether the user will see the Minute Menu Welcome / Startup Screen (which has the pictures and buttons linked to Enroll Provider, List Providers, Transfer Data, etc), or the Manage Provider Information screen, or both when logging into Minute Menu HX. Users can also select/deselect these options themselves when they are logged in, using the **Administration >> Set Startup Options** function.
12. **Hx2go permission.** Click the [hx2go] button if this user is a Monitor, or Monitor + General HX User and you wish to give the user access to hx2go.
13. **Click [Save].** This will save the user. If Functional Security is enabled for your agency, the user will be setup by default with No Access to all functional groups (see below).

You should create user accounts for every member of your agency that will access Minute Menu. This typically does include your Monitoring staff, as they may log into Minute Menu to access reports to help them plan their home visits.

Only fields with an asterisk are required.

User Security Options

For smaller agencies or agencies not concerned about a clear division of responsibility, setting up user accounts for each person is still a good idea because you can easily track who did any given function – who processed a claim, who noted a claim as received, etc. This tends to be useful information when trying to get to the bottom of missing paperwork or other miscellaneous problems that arise from time to time.

But some agencies also like to more stringently divide responsibility amongst agency personnel. Because of this, Minute Menu has been designed with two types of user security:

- **Functional Security** allows you to give different users Full, View Only, or No Access to various functions within Minute Menu. One frequent example of this feature being used is when you might give some people access to the check writing features in Minute Menu, while others are given only access to view past paid checks (but not cut new checks).
- **Provider Security** allows you to assign certain users to a particular caseload of Providers. Each Provider is assigned to a Group number, and each user is assigned to a Group number. That user can only see Providers that are in his/her Group, within any function in the software – from Manage Provider Information to List Claims to all the reports in Minute Menu.

Both of these types of security are optional, and can be enabled in **Administration >> Manage Sponsor Preferences >> U. General Behavior**. (Note: These settings can only be changed by the Administrator, or a user with full permission for Manage Sponsor Preferences.)

Assuming the features are enabled, however, you can use certain tools in the software to properly manage your users' access levels.

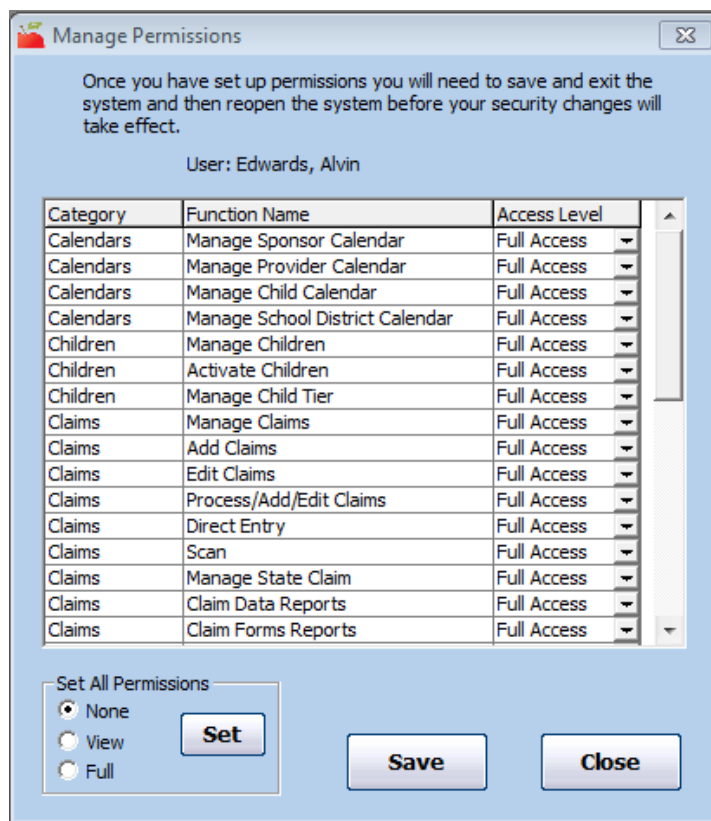
Managing Functional Permissions

If you use Functional Security, you must actively assign permissions to each functional group to each user you create. To do this, use the **Administration >> Manage Users** function (which can only be accessed with your Administrator user account), and select the user you wish to manage. Once the user is selected, click [Permissions]. (Note: When you create a brand new user from scratch, you must re-select this user after you hit [Save] in order to be able to properly manage that user’s functional permissions).

Each user you create can be assigned a specific level of access to functions within Minute Menu HX. There are three types of access levels:

- Full Access – the user can review and update information in the given functional area
- View Only Access – the user can only review information in the given functional area. The user can’t save any changes. (This will give the user access to any related reports and on-screen functions)
- No Access – the user cannot see any information related to the function

When you access the Permissions screen, you will be given a list of each of the functional areas to which you can assign a user’s access level. For each function, choose an appropriate option for that user.



To speed up data entry, you can automatically assign all functional groups to one particular access level (i.e., change them all to “Full Access”) using the “Set All Permissions” control & [Set] button on the bottom left of this screen. Then you would change certain specific functions that should not be that default level of functional access.

Be sure to click [Save] when finished. Clicking [Set] does not save these changes.

The following chart describes each functional permission area:

Functional Category	Feature	Description
Administration	Manage System Settings	Allows you to update your agency preferences via Manage Sponsor Preferences, and Manage Sponsor Info.
Administration	Manage Users	Allows the user can manage other users.
Administration	Transfer Data / Upgrade Software	- Ability to run Transfer Data or Upgrade Software - Read Only Access not supported
Calendars	Manage Child	- Subset of Manage Children

	Calendar	- Ability to save information w/in the Child Calendar. - The access level given to Manage Children must be at least as high as this, and this cannot be “None” if Manage Children is not “None”
Calendars	Manage Provider Calendar	- Subset of Manage Providers - Ability to save information w/in the Provider Calendar. - The access level given to Manage Providers must be at least as high as this, and this cannot be “None” if Manage Providers is not “None”
Calendars	Manage School District Calendar	Ability to update information on school district calendars
Calendars	Manage Sponsor Calendar	Ability to update the Sponsor calendar & holiday information
Children	Activate Children	- Subset of Manage Children - Ability to note children enrolled via KIDS as being Active after having received a signed Child Enrollment Report. - The access level given to Manage Children must be at least as high as this, and this cannot be “None” if Manage Children is not “None”
Children	Manage Child Tier	- Subset of Manage Children - Ability to update information on the “Rules” tab of the Manage Child Information function - The access level given to Manage Children must be at least as high as this, and this cannot be “None” if Manage Children is not “None”
Children	Manage Children	Ability to enroll & update Child information (excluding scanning Enrollment forms), excluding information on the “Rules” tab of Manage Child Information, excluding the Child Calendar, and the Activate Children function.
Claims	Add Claims	Ability to use the Add New Claim Manually function
Claims	Direct Entry	Ability to use the Record Full Month Attendance functions
Claims	Edit Claims	Ability to use the Adjust Claims function
Claims	Manage Claims	Ability to update claim files but not counts. Can indicate that claim paperwork is received, take claims on & off hold, but cannot adjust or add new claims. Can unsubmit KIDS claims.
Claims	Manage State Claim	Ability to Mark Claims as Submitted to the state, and review state claim reports
Claims	Process Claims	- Ability to use the Process Claims function - Read Only Access not supported
Claims	Scan	- Ability to Scan & Validate all forms - Read Only Access not supported
Claims	Clam Data Reports	Ability to see/print the reports in Reports >> Claim Data
Claims	Claim Forms Reports	Ability to see/print the reports in Reports >> Claim Forms

Claims	Claim Management Reports	Ability to see/print the reports in Reports >> Claim Management
Menu Planning	Manage Foods	Allows you to update your Food Frequency Rules and/or Food Combination Rules, which effect claims processing
Menu Planning	Manage Menu Plans	Ability to update Master Menus and other planned menus
Payments	Manage Bank Account Info	- Subset of Manage Providers - Ability to view or edit information Provider's Direct Deposit account & routing info
Payments	Manage Payments	Ability to Issue Payments and use the check register & related functions
Payments	Manage ACH Settings	Ability to update agency-wide ACH file settings, which control creation of upload file for bank.
Payments	Manage Check Settings	Ability to update layout of check when printed out of Minute Menu.
Providers	Manage Provider Messages	- Subset of Manage Providers - Ability to save information w/in Manage Provider Messages, and likewise can use the Manage Message Categories function. - The access level given to Manage Providers must be at least as high as this, and this cannot be "None" if Manage Providers is not "None"
Providers	Manage Provider Private Info	- Subset of Manage Providers - Ability to view or edit information Provider's DOB and or SSN.
Providers	Manage Provider Tier	- Subset of Manage Providers - Ability to save information w/in Manage Provider Information function, specifically within the "Tiering" tab. - The access level given to Manage Providers must be at least as high as this, and this cannot be "None" if Manage Providers is not "None"
Providers	Manage Historic Data	If you have historic data enabled, this will give you the ability to use the View Child History & View Provider History functions
Providers	Manage Providers	Ability to save all Provider information, excluding information on the "Tiering" tab and the Provider Calendar.
Providers	Manage Serious Deficiency	Gives access to the Manage Serious Deficiency features.
Reviews	Manage Monitors	Ability to add or remove or reassign Monitors
Reviews	Manage Reviews	Ability to update & examine Review/Home Visit information (excluding scanning Review forms)
Reviews	Authorize hx2go access	Ability to give monitors/users access to use the hx2go mobile app, to view hx2go reports, and/or to customize the hx2go review report.
Training	Manage Training	Ability to update & examine Training information, including Training Types and Sessions.

Managing Provider Access Groups

If you use Provider Security, you can assign any Minute Menu user to a specific any Provider Group Number. This user will then only be able to see data for Providers in that specific group. The user will still be subject to the functional permissions you set, but within any of those functions (or reports), the user will only see data for Providers in that user's group.

To utilize Provider Security Groups, you must set Providers to groups as appropriate, and likewise set users to those same groups. More than one Minute Menu user can be associated with any given Provider group. Likewise, a number of Providers would normally be assigned to the same Group number.

To assign a user to a specific Provider group, access **Administration >> Manage Users** with the Administrator user.

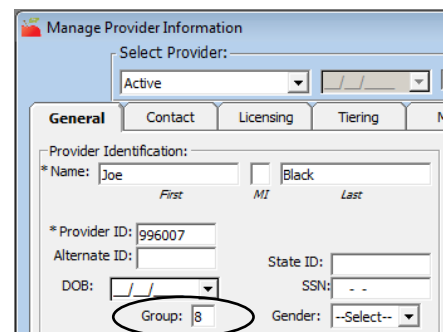
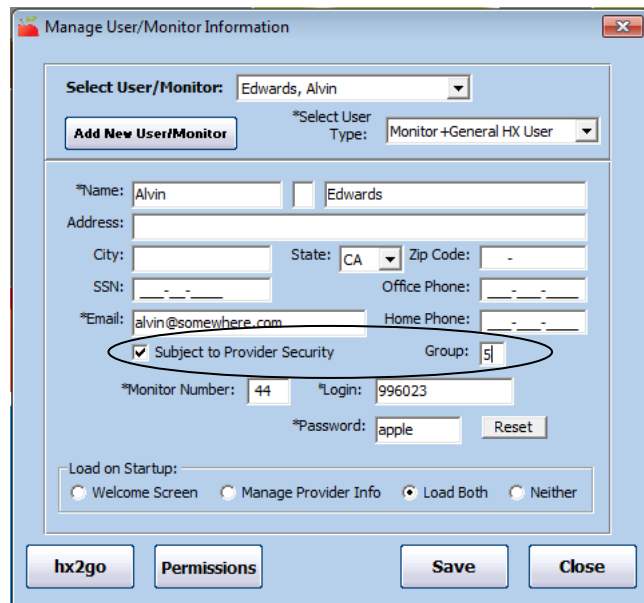
If you put a check in the **Subject to Provider Security** checkbox, then you will see a **Group** box appear directly above that checkbox. Type an appropriate Group Number in that box.

Not all users need to be subject to Provider security. Only users who the Administrator notes are Subject to Provider Security will be subjected to limited Provider access. All users who do not have this checkbox filled in will be able to see all Providers throughout the software (within those functions to which the user has functional permission).

To assign a Provider to a particular group, open **Providers >> Manage Provider Information** and look at the "General" tab. Type the appropriate Group number in this box.

Users who are Subject to Provider Security will only be able to see Providers where the user's Group number matches the Provider's group number. So a user assigned to Group 5 will only see Providers assigned to that same Group 5.

Any user (who has Full Access to Manage Provider Information) can edit a Provider's group. But if a user who is Subject to Provider Security changes a Provider's Group number, that user may no longer be able to see the Provider. To explain by example, if a user assigned to Group 5 opens a Provider's file that is currently assigned to Group 5, and changes that Provider to Group 4, the user will not see this Provider in Manage Provider



Information or any other function. (Note: this Provider will remain in the drop down list of Providers on Manage Provider Information until that list is refreshed, either by changing the list filter or by closing and re-opening Manage Provider Information.)

Within Manage Provider Information, any user who is not Subject to Provider Security can access the [Supervisors] list. This list will note all users who are able to see this Provider's information. This will include users assigned to this Provider's group, and users who are not Subject to Provider Security.

XXII. Obtaining Support for Minute Menu HX and KIDS

As you use Minute Menu HX in your offices, you will from time to time encounter questions that this manual may not fully answer. Likewise, you may encounter issues that seem to be errors in the software. While we make every effort to make the software flawless, that simply cannot be guaranteed. So if you do encounter an issue with the software, we ask that you follow the procedure outlined below based upon the nature of your problem.

Communicating With Minute Menu Support

The Minute Menu support team uses a ticket based tracking system to track all customer questions, inquiries, and problems, to ensure that every issue you report is resolved to your complete satisfaction. When you call our offices, we will create a support ticket in our tracking system based upon your phone call. Each time you email (or call), you will get an auto-response to confirm that we did receive your request.

Customer Support Email Addresses

Please add these email addresses to your email program's address book:

- hx-support@minutemenu.com -- Use this if you have a problem with Minute Menu HX
- orders@minutemenu.com -- Use this if have a general account or order question

Any time you have a question or a problem, feel free to call or email. But if you are going to email, we ask that you use one of the above two email addresses.

Ticket Basics

Every support request you make (via phone or email) will result in a ticket being created.

- Each ticket has a tracking number, and every email you receive about a ticket will reference that tracking number in the [SUBJECT]. When replying to those emails, leave the [SUBJECT] portion of the message unchanged.
- As we work on the issues you've reported, we will update your support request tickets. You may get emails from us as this happens notifying you of our progress.
- You can log into our Minute Menu Helpdesk any time to check the status of all of your tickets (both open and resolved). Instructions to login to the Helpdesk are found below in this manual. Any ticket that is still “new” has not yet been examined. Once a ticket is “open”, a Minute Menu support specialist has begun diagnosing the issue, but may not have any immediate progress to report depending upon how much research is involved in the resolving issue.
- Please limit your emails to one issue per email. It's just much easier for us (and you) to track the issues that way.
- If it's a question you don't feel comfortable writing an email about, then call! Don't ever hesitate to call with questions. But if you think an email will work, please direct the email to the above addresses so we can track the issue and respond to it in a timely manner.

Viewing Your Tickets

You can log into the Minute Menu Helpdesk web site to view tickets if you like. To do this easily, go to <https://help.minutemenu.com> and login with the same login and password that you use for the Minute Menu HX software.

Reporting Errors: Required Information

Any time an error is encountered, please send an email to hx-support@minutemenu.com with as much detail as you can possibly obtain about the error. If we do not have enough information about the problem, it may delay or make impossible our ability to offer you an answer to your question or to fix the problem. So the more information you provide, the better your chances of having your problem resolved quickly. In many cases, screenshots tend to dramatically improve our ability to resolve the problem. See *How to Take Screenshots* below for information on how to take screenshots.

The following checklists provide some specific example scenarios of the information we will require when certain types of errors are encountered:

Problem Encountered While Providers Use KIDS

If you or a Provider encounters an error while using KIDS, please provide an email with the following information:

1. Provider **Login** and **Password**
2. Provider **Name** and **Phone Number**
3. Does the Provider use **dial-up** or **high-speed Internet** (like cable or DSL)?
4. What **specific time** did the Provider encounter the problem (date and time, along with your time zone)
5. What did the Provider **do immediately prior** to the error? For example: “was recording a meal, had supplied date & meal, had saved the non-infant menu, and just switched to infants.”
6. **Specific information** or the specific error message language that was encountered. To continue the previous example: “no infants were listed as choices.”
7. Provide any **background information** that you’ve already obtained about the error, especially with respect to **repeat-ability**. To continue the previous example: “We’ve looked at our files here, and confirmed that there are two children with birthdays that make them less than one year old. We ran Transfer Data last night. And we logged into KIDS as the provider, and were able to see the same problem.”
8. Any **screenshots** you think would be beneficial.

The Provider can send us an email directly, as well, by using the Contact Customer Support links within the Help section of KIDS.

Problems With a Processed Claim

If you encounter a processor error message that you don't understand or that you think is generated in error, please provide an email with the following information:

1. Provider **Name** and **ID**
2. The **month** of the claim
3. Any **error specifics**, which could include:
 - a. meal date(s)
 - b. meal(s) (Breakfast, AM Snack, etc)
 - c. error number and description (ex: 91 - School aged child served a meal when child should have been in school)
 - d. child(ren) involved
4. Any **background information** that may be useful. This could include Child file information (like a child's infant formula preference or birth date), information on how a form was filled out, Provider file information (like license expiration date or capacity settings), or anything else relevant. Typically, you should always fax us copies of the following for any claim processing problem:
 - a. Office Error Report (OER)
 - b. CIF
 - c. Claimed Foods & Attendance Report (only include the page(s) with the day/meal experiencing the error in question; if it happens several times in the month, typically we only need the first occurrence as an example)
 - d. Meal Totals Report

When faxing this information, be sure to note on the cover sheet of the fax the ticket # you received after emailing us at hx-support@minutemenu.com, which you should always do initially on these errors.

Frequently, processor errors will require that we obtain remote access to your system to resolve fully. We use a remote access program called MXMeeting, which is easy to use and simple to install. Customer support personnel will guide you through using MXMeeting.

Problems Using Minute Menu HX

If you encounter non-processor-related problems while using Minute Menu HX in your offices, please provide us with as much information as possible to deal with the problem. This will include:

1. A general **priority** for the error. Is it crucial to be resolved immediately, in order for you to get your claim into the state? Or is this a very minor glitch that you could live with indefinitely?
2. What occurred **immediately prior** to the error? For example: "I accessed Manage Provider Information, clicked on the Select Provider drop down, and then clicked on a specific Provider's name"
3. Any **identifying information** relevant to the error. For example: "Provider Jane Doe #01292" or "while logged in as user 002029."
4. **Specific information** or error message given about the problem. For example: "A runtime error occurred, I hit OK, and Minute Menu closed".
5. **Background information** that would be helpful in diagnosing the problem, specifically noting whether you were able to repeat the problem by following a specific behavior

pattern. For example: “I was able to generate the problem again as long as I clicked on Manage Provider Information and then selected Jane Doe. But if I used List Providers and clicked [view] for Jane Doe, the problem didn’t occur.”

6. Any **screenshots** you think would be beneficial.

In many cases, these errors will require us to obtain remote access to your system, at the very least to repeat the behavior.

How to Take a Screenshot

To take a screenshot in Windows:

1. Hit the “Print Screen” button on your keyboard. It’s located towards the upper right hand corner.
2. Open Microsoft Word, or if you don’t have it, open WordPad (accessible via the Start Menu >> Programs >> Accessories >> WordPad)
3. Hold down the Control key and press “V” -- <CTRL> + V -- to paste the printed screen into Word or WordPad
4. Save the Word / WordPad document, by choosing File >> Save. Give it an appropriate name, and save it to a location that you’ll remember (like Desktop or My Documents).

You can then attach this saved file to an email and send it to customer support, along with appropriate error information as described above.

Requesting New Features: General Procedures

We constantly attempt to improve Minute Menu HX based on feedback from Sponsors. If you have an idea for a function that you wish to see added to Minute Menu HX, please let us know about it. Send an email to hx-support@minutemenu.com with your idea.

We frequently receive requests for specific reports. If you would like to have a specific report added, please fax us a sample layout of the report and email a description of how the report would work to hx-support@minutemenu.com. Provide as much detail as possible, otherwise you may not get the report you wanted.

We cannot guarantee that we will add any report requested, or make any changes requested, as the software must be functional for all of our Sponsors nationwide. Likewise, if the functionality is specific to your agency, you may be charged for the labor required to customize it. But feel free to request changes any time you like. Provide as much detail as possible in an email format. In general, each request should include:

1. A general **priority** of the request
2. **Background information** on why it is required.
3. In some cases, we will require the **specific regulatory language** before we will make any functional changes, so please provide that information (either by faxing copies of the regulations, or providing links to the regulations if they are posted on-line)
4. Possible **layouts** of any reports or functions, if you’ve got a specific picture in mind of how the report or function will appear and/or behave.

Sponsor Support Website

All Minute Menu documentation (including this manual), news, and software can be downloaded from our web site.

To log in:

- 1) Visit: www.minutemenu.com
- 2) Click on "LOGIN"
- 3) Type your Login & Password
- 4) Click [Submit]

Your login & password are the same you use to access Minute Menu HX.

You can also log in automatically by going to **Help >> Link to Minute Menu Support Site**.

Documentation

All Minute Menu documentation, including this manual, scannable form training workbooks, on-line claiming guides and promotional material, and more are available on-line.

Downloads

At this link, you'll find categorized lists of documentation and software to download and save. Scanner drivers, manual update patches, scannable form instruction manuals, this users manual, and more can all be found here. Be sure to consult the release notes documentation to find out what software features change from one release to the next.

News

Click on this link to see specific information we've made available for your agency. (You will automatically be connected to "News" by default). All Minute Menu newsletters are posted here, as well as important notices for clients.

Support

You can view both your tickets and your provider's tickets by clicking on one of the Support links:

- **All Open Tickets** will list all tickets being examined by Minute Menu support now.
- **All Closed Tickets** show all tickets you've ever submitted
- **Create Ticket**. This link will take you to the Minute Menu Helpdesk Site.