**State of Alaska-Department of Health & Social Services (DHSS)**

**Division of Senior & Disabilities Services (SDS)**

**NSIP Claim Instructions**

Claim & Report due by 30 days after last day of the claim month\*\*

Mail:

NSIP Claim/Kristin Cox

PO Box 110680

Juneau, Alaska 99811-0680

Fax: Kristin Cox 907-465-1170

Email: kristin.cox@alaska.gov

The preferred method for NSIP Claim submission is to email the signed report to:

* kristin.cox@alaska.gov

**General Instructions for completing the NSIP Claim tab:**

* Click on the line for Provider and then the drop down arrow at the right
* Select your organization by clicking on it.
* Click on the line of the Claim Month & Year (INV) and the drop down arrow.
* Select the month and year for this claim by clicking on it.
* Place an “X” to indicate if your organization provides meals to Medicaid Waiver eligible individuals.
* Indicate the number of Congregate Meals sites for the claim month.
* Enter the report numbers for Congregate and Home Delivered Meals served to eligible individuals; the form will automatically sum and calculate reimbursement. For Title VI Providers, enter the number of Title III meals to include the decimal points.
* Completion of “Optional Information” is optional.
* Under Certification, print name, title, date, and contact information for person that completed the form.
* Print name of individual with authority to sign and obtain signature.

**Consumer Eligibility – Title III meals**

Providers shall have written policy & procedure that includes the following eligibility, and priorities if wait lists are necessary.

**NSIP eligible Congregate Meal consumer:**

* Individual age 60 or older, resident or nonresident of the State, including Adult Day Care participants (if not claimed by CACFP)
* Spouse (any age) of eligible senior
* Disabled adult lives in housing facility primarily for seniors 60+, with a Congregate meal site
* Disabled person any age resides and attends with eligible senior
* Volunteer any age assists in meal service during meal hours

**NSIP eligible Home Delivered Meal consumer:**

* Individual age 60 or older and unable to participate at congregate meal site because they are

1. Residing in area where congregate meals are not available

2. Homebound

3. Impaired-physically, mentally, or socially, such that attending congregate site will negatively impact or risk person’s health or well-being or that of other congregate meal consumers

* Spouse (any age) of eligible senior
* Disabled person any age resides at home with eligible senior
* Volunteer any age assists in meal service during meal hours
* Eligibility criteria for HDM must be documented in SAMS with ADLs and/or IADLS or Note.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Sites \_\_\_\_\_\_\_\_

**Claim Month & Year (INV)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHOICE Medicaid Provider \_\_\_\_\_Yes \_\_\_\_\_\_No

**Reimbursement is claimed for meals to eligible individuals ONLY. The current reimbursement rate is $.70 per meal. The reimbursement rate is subject to change based on available grant funding.**

NSIP Reimbursement

Congregate: \_\_\_\_\_\_\_\_\_\_ Home Delivered: \_\_\_\_\_\_\_\_\_\_ Total: \_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Amended

Place Original (above) and use (-) for downward adjustments here.

Congregate: \_\_\_\_\_\_\_\_\_\_ Home Delivered: \_\_\_\_\_\_\_\_\_\_\_ Amended Total: \_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_

Amended totals (all prior #s +/-)

Congregate: \_\_\_\_\_\_\_\_\_\_ Home Delivered: \_\_\_\_\_\_\_\_\_\_\_ Amended Total: \_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_

**Optional Information Congregate Home Delivered**

Requested donation per meal \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Ineligibles full cost of meal \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Meals NOT eligible for NSIP reimbursement were served to:

* Adult Day care individuals under 60 and/or claimed by CACFP
* Medicaid Waiver recipients
* (%cost allocated) Individuals served under Title VI
* Guests & employees under 60 and not eligible for OAA services

Ineligible meal count data Congregate Home Delivered

Adult -<60 & CACFP \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Medicaid Waiver \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Title VI \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Ineligible Guests \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Ineligible Employees \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Total

**Certification**

I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim and that it is in accordance with the terms and conditions of existing agreement. I understand that failure to submit claims within the 30 day deadline may result in such claims not being paid.\*\*

For SDS use ONLY:

Program Manager Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

Division Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_0\_\_\_\_\_\_\_ NSIP Reimbursement

 PO3#: # $0.00

Invoice #: Jan-00 Amended

Vendor/Customer#:# $0.00

Provider Agreement#: # Total Payment Request