

Nutrition Services Incentive Program - NSIP 2017 Claim For Reimbursement

Submit Claim by 30th day after last day of the claim month**

Mail NSIP Claim /Joan Gone
 DHSS-Senior & Disabilities Services
 POB 110680
 Juneau, Alaska 99811-0680

Fax To: Joan Gone, 907-465-1170
 Email joan.gone@alaska.gov

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 dependent any age resides 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 ONLY if in the best interest of eligible senior as determined by provider written policy
 - ▶ 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 _____
 Claim Month & Year _____
 CHOICE Medicaid Provider Yes No #Sites _____

Meals claimed for reimbursement match SAMS NSIP Report
 Reimbursement is claimed for meals to eligible individuals ONLY

Original

Congregate	Home Delivered	Total
0	0	0

The current reimbursement rate is \$.75 per meal. \$ 0.00

Amended Complete Original (above) and use +/- (here)

Congregate	Home Delivered	Amended Total
0	0	0

Amended totals (all prior #s +/-)

0	0	0
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\$ 0.00

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
- CHOICE 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 Day - <60 & CACFP	na	na
Medicaid Waiver	_____	_____
Title VI	_____	_____
Ineligible Guests	_____	_____
Ineligible Employees	_____	_____
total	0	0

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.**

Print Name & Title of Preparer _____ Date _____
 Telephone or email contact _____

Print name of person designated by Provider Agency with authorization to sign _____

Authorized Signature _____

For SDS Use:	Received	Grant # 607-309-17 _____	<input type="checkbox"/> Original
	Approved by	607-PA- _____	\$0.00
	Program Manager _____	PVN _____	
rev 8.5.16	SDS Financial _____	Date _____	<input type="checkbox"/> Amended
		Date _____	\$0.00