

# How to Submit a Claim

## *Special Milk Program*

Navigating CNMS Monthly Reimbursement Claims as a Special Milk Program School

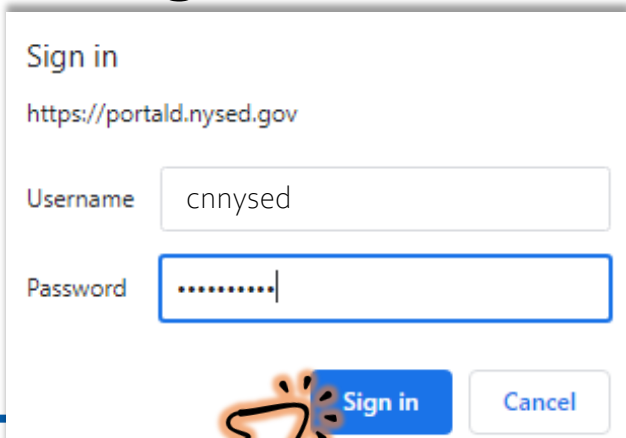
# Step One: Access CNMS

Go to Child Nutrition Knowledge Center ([www.cn.nysed.gov](http://www.cn.nysed.gov))



The screenshot shows the top navigation bar of the NYS ED website. It features a blue header with links for 'NYS ED.GOV', 'Board of Regents', 'News', and 'Index A-Z'. Below the header, the NYS ED logo is displayed on the left, followed by the text 'New York State EDUCATION DEPARTMENT' and 'CHILD NUTRITION KNOWLEDGE CENTER'. On the right, the CNMS logo is shown with the text 'CHILD NUTRITION Management System' and a 'Log In' button. A hand cursor icon is positioned over the 'Log In' button.

Log into the Child Nutrition Management System (CNMS)



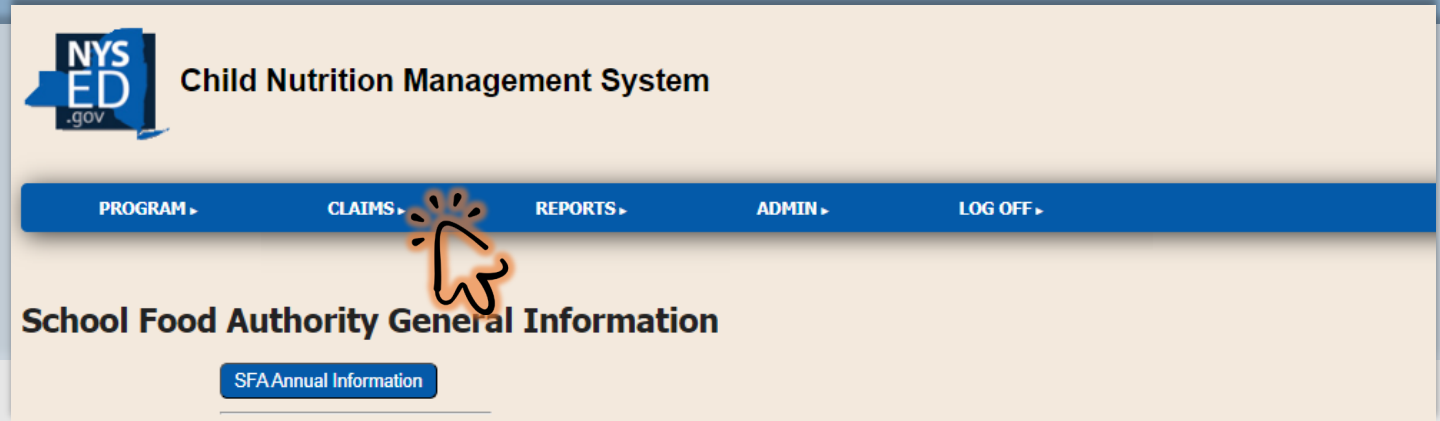
The screenshot shows a login form titled 'Sign in' with the URL 'https://portald.nysed.gov'. It includes a 'Username' field containing 'cnnysed' and a 'Password' field with masked characters. At the bottom, there are 'Sign in' and 'Cancel' buttons. A hand cursor icon is positioned over the 'Sign in' button.

**Child Nutrition Management System**

**Welcome to CNMS**

# Step Two: Access New Claim Page

Click “Claims”  
On Top Menu Bar



NYS ED .gov Child Nutrition Management System

PROGRAM CLAIMS REPORTS ADMIN LOG OFF

School Food Authority General Information

SFAAnnual Information

Enter all criteria to query Claims

School Year: 2023-24

Program Name: Milk

View/Adjust or New: New

Find

Clear

Select: School Year,  
“Milk”, and “New”

Click “Find”

# Step Three: Start a New Claim

RA Claims									
Recipients		Included Below					Additional Information		
Name	LEA Code	Free	Reduced	Paid	Summer 22 SSO	Total	Hold Info	Prov. Info	
Elementary School	8888888888					<a href="#">New</a>			



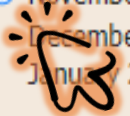
Click “New” Next to the Appropriate Recipient Agency (RA)

**City CSD**  
**8888888880**

Select a Claim Period for the 2023-24 Milk Program  
for Elementary School  
**8888888888**

<input type="radio"/> September 2023	<input type="radio"/> February 2024
<input type="radio"/> October 2023	<input type="radio"/> March 2024
<input checked="" type="radio"/> November 2023	<input type="radio"/> April 2024
<input type="radio"/> December 2023	<input type="radio"/> May 2024
<input type="radio"/> January 2024	<input type="radio"/> June 2024

\* Indicates that the claim is under a lockdown period. Click [here](#) for more information



Select The Month To File The Claim

# Step Four: Insert Monthly Claim Information

City CSD  
8888888880

RA Claim Entry  
2023-24 Milk

Elementary School  
8888888888

[Return to SFA claim](#)

Enter values for new record


Claim Month: Nov

Entered: 01/31/24 Status: WORKING

Days of Service:  Free Elig:

Free Milks:  Paid Milks:

Total Milks:

    
[Return to SFA claim](#)

Enter:

↳ Days of Service

↳ Free Elig (*Eligibles*)

↳ Free Milks (*See Next Slide*)\*

↳ Paid Milks

↳ Total Milks

Click “Insert”

*(this will bring you back to the previous page)*

# \*SFAs Claiming Free Milk Must Enter Milk Avg Cost

## SFA Claim Roll-up

To modify, select an RA above. The changes made to the RA will then be incorporated in the SFA roll-up claim below.

Claim Month	Nov		
Entered	01/31/24	Status	WORKING
Days of Service	16	Free Elig	425
Free Meals	400	Paid Meals	50
Total Meals	450	Milk Avg Cost	.35
Submitted	<input type="text"/>		

## Avg Milk Cost = Cost/Number Purchased

↳ Divide the total cost of milk purchased for the claim period by the total number of milks purchased during the same claiming period

### Example:

**450 Total Milks Purchased for a Total Cost of \$157.50**

↳ **\$157.50/450 Milks = \$0.35 Avg Milk Cost**

*Milks claimed as Paid are reimbursed at the published rate*

# Step Five: Submit the Monthly Claim

Complete and Insert New Claims for Additional RAs

RA Claims								
Recipients		Included Below					Additional Information	
Name	LEA Code	Free	Paid	Summer 2022 SSO	Total		Hold Info	Prov. Info
Elementary School	8888888888	400	50	0	450	Edit		
High School	8888888889					New		



City CSD  
8888888880  
November 2023 Milk

Submit Claim



Verify All Claims are Inserted and Accurate

Click "Submit" and "OK"

portald.nysed.gov says

I certify that all information submitted herein is true and correct. Please be advised that failure to submit accurate claims may jeopardize future participation in federal and state Child Nutrition Programs, including but not limited to the assessment of fiscal sanctions and penalties and potential termination of program participation. In addition, 7 CFR 210.26 provides that, whoever embezzles, willfully misapplies, steals, or obtains by fraud any funds, assets, or property provided under this part whether received directly or indirectly from the Department, shall if such funds, assets, or property are of a value of \$100 or more, be fined

OK

Cancel



## 2023-24 Milk Claims

Claim Period	Enrollment	Free	Paid	Summer 22 SSO	Total	DOS	ADP	Summer 22 SSO DOS	Summer 22 SSO ADP	Status	Claim Profile
<a href="#">Nov</a>	0	400	50	0	450	16	.000	0	0	Submit	<a href="#">View</a>
Total		400	50	0	450						

## 2023-24 Milk Claims

Claim Period	Enrollment	Free	Paid	Summer 22 SSO	Total	DOS	ADP	Summer 22 SSO DOS	Summer 22 SSO ADP	Status	Claim Profile
<a href="#">Nov</a>	0	400	50	0	450	16	.000	0	0	Working	<a href="#">View</a>
Total		400	50	0	450						

Claims With a “Submit” Status are Processed for Reimbursement

\*Claims Displaying a “Working” Status Have Not Been Submitted\*

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*Confirm all claims are accurate and reflect a submitted status.*