

# FLORIDA DEPARTMENT OF HEALTH SAVING AND SUBMITTING SCREENS

### Bureau of Child Care Food Programs Florida Department of Health



### SAVING AND SUBMITTING SCREENS

### This training will explain how to:

- Update your existing information in MIPS
- Submit your requested changes for approval
- Know when your information requires correction and resubmission
- Know when your changes have been approved



### ACCESSING YOUR APPLICATION SCREEN



- After logging into MIPS, click the 'Application' link on your MIPS menu to go to the Application screen
- In the next several slides, we will go over the process to save and submit changes to your MIPS Application screen.



### ACCESSING YOUR SITE/PROVIDER SCREENS



- Please note that the Submit and Save Process will work the same for the site screen and if making changes during renewal, the renewal screen.
- For example, Independent contractors can access the site screen by clicking on the site name on the MIPS menu to the left, or if already on one of the MIPS screens they can click the 'Site' tab at the top of the screen.
- Other types of contractors, including sponsors of multiple sites, will click on the word 'Sites' on the MIPS menu to the left, or if already on one of the MIPS screens they can click the 'Site List' tab at the top of the screen.



### WHAT CHANGES CAN YOU MAKE IN MIPS?

Application       Budget       Site       View Claim       Renewal       Notes       Contracts         APPROVED APPLICATION       Print Preview       Application Instructions       Application Instructions       Figure 4	lth.gc
You have Application(s), Budget(s) and/or Site(s) awaiting approval. Please <u>click here</u> to view the list.	<ul> <li>You can update and make changes</li> </ul>
Application was last approved on 4/2/2019.         I- 5703       Region: C ♥ RPS: 2       Fiscal Year: 2019 ♥ Sold Date: Image: Termination Date: Add'I Doc. Required: 4/2/2019         Add'I Doc. Required: 4/2/2019       ADR Reason: NEW CONTRACTOR         Select Disallowed Monthis       AI Months Are Albwed	to any of the white fields on this screen.
Created Date: 4/2/2019 Original Payment Start Date: 4/2019 Payment Start Date: 04/2019 Created Date: 04/2019	
1) Organization's Legal Identifying Information	
Federal Employer ID #(FEIN):         122323232         001         DUNS #:         292843822	
Legal Name (per IRS/Sunbiz):	
D/B/A (Doing Business As) Name: ANY PLACE LEARNING CENTER ×	
If changing legal name or FEIN, submit new IRS documentation and proof of new corporation registered in Sunbiz for further evaluation by DOH. changing DBA name, submit proof of new fictitious name registered in Sunbiz. If changing DUNS number, submit Dun & Bradstreet documentation also shows DBA name or legal name. Upbad Document Browse Submit File Name: Upbaded Date: User:	uf h that



# WHAT CAN YOU NOT CHANGE IN MIPS?

8) Is the organization a non-profit entity or a non-federal governmental entity that expended \$750,000 or more	
in federal funds during its most recent fiscal year?	
If yes, the organization must meet the requirements of the Single Audit Act (OMB Circlular No. A-133).	• You cannot update
9) Does the organization or any of its principals (i.e., owners, officers, board members, and/or managers) participate in the CCFP under any other authorization number(s) with the Bureau of Child Care Food OYes IN Programs?	any fields that are greyed out, such
10) Does the organization have a contract to participate in the Child Care Food Program in any state(s) other than Florida?	as the fields you see circled.
11) The organization accepts all participants regardless of race, color, age, sex, disability, or national origin. 🧶 💿 Yes 🔿 №	
12) For this fiscal year, the organization prefers to receive:  Cash-In the organization prefers to receive: Cash-In the of Commodities CuSDA Donated Foods (commodities)	<ul> <li>If you need to update this information, contact</li> </ul>
13) Month(s) the organization and all sites will <i>NOT</i> operate the Child Care Food Program in this fiscal year: 🧐	CCFP and ask to
☑ October ☑ November ☑ December ☑ January ☑ February □ March         □ April □ May □ June □ July □ August □ September	speak to a policy specialist.



### UPDATING AND SAVING YOUR INFORMATION

4)	CCFP P	rogra	am Man	age	r Inforn	nation <u>V</u>	<u>Vho sha</u>	ould be	e listed h	ere?		
	Salutation:	MISS	3	Ƴ Fi	rst Name:	SAMANTHA	L	ast Nam	e: SMITH			
	Position Ti Email:		DIRECT(		Firs	it, type over a	ny outdat	ted or in	correct info	rmation	Date of Birth -	: 🥝 05/31/1996 🧾
	(The phone Phone:		er listed b )888-8888	_	must be dif Ext:	ferent from pl		· ·	ded in sectio (727)777-77		e.)	
	Applicatio	on	Budget	Site	File Cla	aim Revi	se Claim	Vi	ew Claim	Renewa	al	
A	PPROVE	d A	PLICA	TIO	N	Print P	review	6	Print Ins	truction	<u>s</u>	
	ave Sut	omit	Ne	xt, cli		of the blue s s places on			ınd at			



# ONCE YOU HAVE CLICKED 'SAVE'

Application Budget	Site List	File Claim	Revise Claim	View Claim	Renewal		
PENDING APPLICAT	ION (NO	r Submitt	ED) Print Prev	iew 🖨 Pri	nt Instruc	tions	
Your Application w necessary.	<del>as saved. Al</del> l	<del>changes will b</del>	e in pending status	s until submitted	. You may c	continue to make additional of	chi
Save Submit							

- If you have successfully saved your changes, a green message will appear as pictured. The application is now in a "Pending" status and it is "Not Submitted."
- Clicking 'Save' does not submit your changes to FDOH. If you do not submit your changes, then no action can be taken by DOH.

You have a pending Application that needs to be submitted. Please <u>Click here</u> to open the Application.

• If you have a screen that you have saved changes to but not submitted, there will be a blue message on the main MIPS screen telling you that the screen needs to be submitted.



### ADDITIONAL CHANGE YOU WILL NOTICE WHEN YOU HAVE SAVED:

	<mark>4)</mark>	CCFP Program Manager Information Who should be listed here?
		Salutation: MRS. 🗸 First Name: UZA Last Name: JONES
•		Position Title: @ DIRECTOR Date of Birth: @ 08/02/1987
		Emai: liza@anyplace.com
-		(The phone number listed below must be different from phone number provided in section #3 above.) Phone: (727)888-8888 Ext: Fax: (727)777-7777
	5)	Type of Organization: 🧐 FOR-PROFIT 🗸
	_	
,	•	The changes made to a screen will be highlighted in gold.
	_	



#### IF YOU HAVE NOT SUBMITTED AND WANT TO UNDO CHANGES, YOU CAN:

- If you have saved changes that you wish to delete, you may do so by clicking the 'Clear Pending Changes' button at the button of the screen. However, be aware that this will delete ALL of the changes you have saved.
- The other way to remove an incorrect change is to simply type over it with the correct information and save your new changes.
- Once you have submitted your changes to FDOH, you will no longer be able to delete any changes.





### AFTER SAVING, BUT BEFORE SUBMITTING THE CHANGES:



- After you have saved all the changes to a screen, the next step is to enter the 'Requested Change Effective Date' at the bottom of the screen. The 'Requested Change Effective Date' refers to the month and year that you would like the changes to take effect.
- You may enter the **'Requested Change Effective Date'** by clicking on the calendar icon and selecting the month and year, or you may type in the month and year in the format two digit month/four digit year, for example 07/2021 for July 2021.



# SUBMITTING YOUR CHANGES TO FDOH

After entering your 'Requested Change Effective Date,' click on the green 'Submit' button. This will bring up a dialog box asking you if you are sure you want to submit.

If you are sure, then click 'OK.' If you weren't ready to submit, then click 'Cancel' instead.







### ERROR MESSAGES CAN OCCUR

Application	Budget	Site	File Claim	Revise Claim	View Claim	Renewal	
APPROVED A	PPLICA	TION	N <u>P</u>	Print Preview	Print Inst	ructions	
Request	ted Chan	ge Eff	ective Date	is a required fiek	l (Located at b	ottom of so	een).

• Sometimes after clicking **'Save'** or **'Submit,'** you may get one or more red error messages, which tells you something is incomplete and/or incorrect. After you have made all necessary corrections, then click the applicable button again to either save or submit.



### OTHER MESSAGES AFTER CLICKING 'SUBMIT'

Application	Budget     Site     File Claim     Revise Claim     View Claim     Renewal
APPROVED	PLICATION Print Preview 🖨 Print Instructions
Save Submi	
	Program Manager data has changed, please go into your site and update your information as well
I- 5157	Region Add'I D
	After clicking OK, you must click Submit again in order to submit your changes.
Created Date:	22/20: OK
1) Organiz	ion's L <del>ogar Laonarying Enformation</del>

 Other times after clicking 'Submit,' you may get a white message box to alert you that something else may need to be updated. The white message box may require you to click 'OK' and then click 'Submit' again. In this case, if you don't click 'Submit' again, your screen will not be submitted and DOH will be unable to approve any changes.



### SUBMITTED MESSAGES





### APPROVAL MESSAGE



In addition to getting the green confirmation message in MIPS, the Program Manager listed in #4 on the application screen will also receive an approval email.



# MIPS ON-SCREEN BUTTONS RECAP



- SAVE = Saves keyed in changes & uploaded documents
- SUBMIT = Submit to DOH for review & approval
- VIEW HISTORY = See a list of the submitted changes in the fiscal year
- CLEAR PENDING CHANGES = Remove <u>all</u> changes on the screen that have not been submitted to DOH



### IMPORTANT TO REMEMBER....

- Saving your changes on the screen does **not** submit them to DOH.
- If you do not submit your changes, no action can be taken by DOH.



# **RETURN TO CONTRACTOR STATUS**



Use the area above to respond to the Contractor Action Needed item(s) OR to make comments regarding the application screen

If any of the screens have been retuned to you for correction, you may be required to Reply to your Approver before you can resubmit.

Use the text box below the red Contractor Action Needed box to type your response.

Remember to make any of the required corrections, re-enter the 'Requested Change Effective Date', then click the Resubmit button at the bottom of the screen.



### SAVING AND SUBMITTING SCREENS

### For any questions, contact: Bureau of Child Care Food Programs 850.245.4323

