
Child Foster Care Report Claim Examples

How are Child Foster Care Claim Amounts Calculated?

- This handout includes examples and background information for values obtained and/or calculated on a Child Foster Care Claim.

Definitions for Values Used to Calculate Amounts

All calculations for the defined values below are based on current information in SSIS that is in effect for the service dates at the time the Child Foster Care report is generated. Since claims generate later, changes to information in SSIS may cause the amount calculated to be different from the Vendor Payment Amount, for example:

- Client Date of Birth is changed in SSIS after Payment made – the Basic per diem is different
- Higher or Lower MAPCY approved after Payment made
- Higher or Lower DOC Assessment entered after Payment made



Hint: When the Maximum Allowed is higher than the Vendor Payment amount an adjustment payment may be needed using Special cost code 19 – MAPCY Adjustment.

Maximum Basic per diem

- Maximum Basic per diem is determined by the age of the client, service dates from the payment and placement classification for the client

Maximum Supplemental per diem

- Maximum Supplemental per diem is determined by the service dates from the payment and placement classification for the client
 - Approved MAPCY Level is used for Northstar placements
 - DOC points are used for Legacy placements

Monthly Basic Amount

- Monthly Basic Amount is only used for payments with Service 188 - Supervised Independent Living (18 up to 21) and clients with a placement setting Supervised Independent Living
- Monthly Basic Amount is the Daily Basic Rate times 31 days regardless of how many days are in the month of service.

Monthly Supplemental Amount

- Monthly Supplemental Amount is only used for payments with Service 188 – Supervised Independent Living (18 up to 21) when the client is in a Supervised Independent Living placement setting.
- The placement classification of the client determines the Monthly Supplemental Amount calculation. As with the Monthly Basic Amount, 31 days is always used in the calculation regardless of how many days are included in the month of service.
 - Approved MAPCY Level is used for Northstar placements
 - The Monthly Supplemental Amount when there is a MAPCY Assessment is calculated using the formula below:
 - MAPCY Daily Supplemental Rate x 31 days
 - DOC points are used for Legacy placements
 - The Monthly Supplemental Amount when there is a DOC Assessment is calculated using the formula below:
 - (Eligible DOC Points x DOC rate) x 31 days



Hint: Monthly rates are not used to calculate the Maximum allowed for the first and last month of Supervised Independent Living. The first and last month are partial months and the Maximum Allowed calculates using the Maximum Basic per diem and Maximum Supplemental per diem times the number of days paid.

Approved per diem

- Approved per diem is determined by the rates found in the Title IV-E Group Provider Search
- Only used for claims generated from payments with services:
 - 171 – Child Shelter
 - 180 – Treatment Foster Care, only with Special cost code 14 – Rule 4 admin (intake and planning)
 - 181 – Child Family Foster Care, only with Special cost code 14 – Rule 4 admin (intake and planning)
 - 183 – Children’s Group Residential Care
 - 185 – Correctional Facilities
 - 483 – Children’s Residential Treatment

Provider Name:	Children's Residential Treatment Center (VOA)	
License #:	1004840	IV-E Sub Code: A
Rule Code:	5 - Child residential facility - MH cert.	
City:		State:
Rate Group:	Group 1 - Children's Group Residential - Mental Health Cert.	
Lead Agency:	Hennepin	
Contract Start Date:	01/01/2015	Contract End Date: 12/31/2015

Rate Effective Date	Rate Expiration Date	Expiration Reason	Approved Per Diem	Approved IV-E Mtn %	Approved IV-E Intake / Plan %	Approved IV-E Trng %	Approved MA %
01/01/2015	12/31/2015		\$322.65	45.48%	1.28%	0.00%	49.69%

Additional Fields and calculations Used in Child Foster Care Claims**IV-E Maintenance Amount**

- Eligible Amount x IV-E Approved Maintenance %
- This amount is used to determine the FFP Maintenance Amount

IV-E Intake & Plan Amount

- Eligible Amount x IV-E Approved Intake & Plan %
- This amount is used to determine the FFP Intake & Plan Amount

IV-E Training Amount

- Eligible Amount x IV-E Approved Training %
- This amount is used to determine the FFP Training Amount
- Only Rule 4 – Child placing agencies will have a value in this field

FFP Rate for FFP Type

- FFP rates are used to calculate the FFP amounts
- FFP rate is determined by FFP type and whether the calculation is for maintenance, intake and planning, or training
- The FFP rates are determined and published by Financial Operations Division (FOD) annually
- FFP types include:
 - Minnesota (standard rate for Minnesota counties)
 - Leech Lake Band of Ojibwe
 - Mille Lacs Band Tribe
 - Red Lake Tribe
 - White Earth Band of Ojibwe

Previously Claimed

- Service 188 – Supervised Independent Living (18 up to 21)
 - If multiple claims exist for the same month, the additional claims are included in the calculations when determining the monthly Eligible Amount
- Initial Clothing
 - If multiple claims exist, the additional claims are included in the calculations when determining the Eligible Amount

The next section of this handout includes examples of common situations and the generated Child Foster Care Claims.

Child Foster Care Claim - Example #1

- Service 180/181 and no Special cost code on Payment
- Service Dates: 02/01/15 – 02/28/15
- MAPCY Level Approved = E
- FFP Type = Leech Lake Band of Ojibwe
- IV-E Claim = Yes, Northstar Claim = Yes

Fields on Claim	Calculations
Vendor Payment Amount	Amount from Payment \$892.92
Maximum Allowed	$\begin{array}{l} \text{Maximum Basic per diem} \\ + \text{Maximum Supplemental per diem} \\ \text{Maximum Approved per diem} \\ \times \text{Units on Payment} \\ \hline \text{Maximum Allowed} \end{array}$ $\$22.03 + \$9.86 = \$31.89 \times 28 \text{ days} = \892.92
Eligible Amount	Lesser of Maximum Allowed OR Vendor Payment Amount \$892.92
Paid Over Maximum	$\begin{array}{l} \text{Vendor Payment Amount} \\ - \text{Eligible Amount} \\ \hline \text{Paid Over Maximum} \end{array}$ $\$892.92 - \$892.92 = \$0.00$
Total IV-E Amount	$\begin{array}{l} \text{IV-E Maintenance Amount} \\ + \text{IV-E Intake \& Plan Amount} \\ + \text{IV-E Training Amount} \\ \hline \text{Total IV-E Amount} \end{array}$ $\$892.92 + \$0.00 + \$0.00 = \892.92
IV-E Non-Reimbursable Amount	$\begin{array}{l} \text{Eligible Amount} \\ - \text{Total IV-E Amount} \\ \hline \text{IV-E Non-Reimbursable Amount} \end{array}$ $\$892.92 - \$892.92 = \$0.00$
Total FFP Amount	$\begin{array}{l} (\text{FFP Rate for FFP Type} \times \text{IV-E Maintenance Amount}) \\ + (\text{FFP Rate for FFP Type} \times \text{IV-E Intake \& Plan Amount}) \\ + (\text{FFP Rate for FFP Type} \times \text{IV-E Training Amount}) \\ \hline \text{Total FFP Amount} \end{array}$ $(.83 \times \$892.92) + (.50 \times \$0.00) + (.75 \times \$0.00) = \741.12
Northstar Amount	$\begin{array}{l} \text{Eligible Amount} \\ - \text{Total FFP Amount} \\ \hline \text{Northstar Amount} \end{array}$ $\$892.92 - \$741.12 = \$151.80$
Total Non-Reimbursable Amount	$\begin{array}{l} \text{Paid Over Maximum} \\ + \text{IV-E Non-Reimbursable Amount} \\ \hline \text{Total Non-Reimbursable Amount} \end{array}$ $\$0.00 + \$0.00 = \$0.00$

Child Foster Care Claim - Example #2

- Service 180/181 and no Special cost code on Payment
- Service Dates: 02/01/15 – 02/28/15
- MAPCY Level Approved = E
- FFP Type = Minnesota
- IV-E Claim = No, Northstar Claim = Yes

Fields on Claim	Calculations
Vendor Payment Amount	Amount from Payment \$892.92
Maximum Allowed	$\begin{array}{l} \text{Maximum Basic per diem} \\ + \text{Maximum Supplemental per diem} \\ \text{Maximum Approved per diem} \\ \times \text{Units on Payment} \\ \hline \text{Maximum Allowed} \end{array}$ $\$22.03 + \$9.86 = \$31.89 \times 28 \text{ days} = \892.92
Eligible Amount	Lesser of Maximum Allowed OR Vendor Payment Amount \$892.92
Paid Over Maximum	$\begin{array}{l} \text{Vendor Payment Amount} \\ - \text{Eligible Amount} \\ \hline \text{Paid Over Maximum} \end{array}$ $\$892.92 - \$892.92 = \$0.00$
Total IV-E Amount	$\begin{array}{l} \text{IV-E Maintenance Amount} \\ + \text{IV-E Intake \& Plan Amount} \\ + \text{IV-E Training Amount} \\ \hline \text{Total IV-E Amount} \end{array}$ $\$0.00 + \$0.00 + \$0.00 = \0.00
IV-E Non-Reimbursable Amount	$\begin{array}{l} \text{Eligible Amount} \\ - \text{Total IV-E Amount} \\ \hline \text{IV-E Non-Reimbursable Amount} \end{array}$ $\$892.92 - \$892.92 = \$0.00$
Total FFP Amount	$\begin{array}{l} (\text{FFP Rate for FFP Type} \times \text{IV-E Maintenance Amount}) \\ + (\text{FFP Rate for FFP Type} \times \text{IV-E Intake \& Plan Amount}) \\ + (\text{FFP Rate for FFP Type} \times \text{IV-E Training Amount}) \\ \hline \text{Total FFP Amount} \end{array}$ $(.50 \times \$0.00) + (.50 \times \$0.00) + (.75 \times \$0.00) = \0.00
Northstar Amount	$\begin{array}{l} \text{Eligible Amount} \\ - \text{Total FFP Amount} \\ \hline \text{Northstar Amount} \end{array}$ $\$892.92 - \$0.00 = \$892.92$
Total Non-Reimbursable Amount	$\begin{array}{l} \text{Paid Over Maximum} \\ + \text{IV-E Non-Reimbursable Amount} \\ \hline \text{Total Non-Reimbursable Amount} \end{array}$ $\$0.00 + \$0.00 = \$0.00$

Child Foster Care Claim - Example #3

- Service 180/181 and no Special cost code on Payment
- Service Dates: 02/01/15 – 02/28/15
- MAPCY was approved at Level F with Effective Date 02/01/15 for service dates after the original Payment was made using MAPCY Level D
- Claim generated after the new MAPCY was approved
- FFP Type = Minnesota
- IV-E Claim = Yes, Northstar Claim = Yes

Fields on Claim	Calculations
Vendor Payment Amount	Amount from Payment \$801.08
Maximum Allowed	$\begin{array}{l} \text{Maximum Basic per diem} \\ + \text{Maximum Supplemental per diem} \\ \text{Maximum Approved per diem} \\ \times \text{Units on Payment} \\ \hline \text{Maximum Allowed} \end{array}$ $\$22.03 + \$13.15 = \$35.18 \times 28 \text{ days} = \985.04
Eligible Amount	Lesser of Maximum Allowed OR Vendor Payment Amount \$801.08
Paid Over Maximum	$\begin{array}{l} \text{Vendor Payment Amount} \\ - \text{Eligible Amount} \\ \hline \text{Paid Over Maximum} \end{array}$ $\$801.08 - \$801.08 = \$0.00$
Total IV-E Amount	$\begin{array}{l} \text{IV-E Maintenance Amount} \\ + \text{IV-E Intake \& Plan Amount} \\ + \text{IV-E Training Amount} \\ \hline \text{Total IV-E Amount} \end{array}$ $\$801.08 + \$0.00 + \$0.00 = \801.08
IV-E Non-Reimbursable Amount	$\begin{array}{l} \text{Eligible Amount} \\ - \text{Total IV-E Amount} \\ \hline \text{IV-E Non-Reimbursable Amount} \end{array}$ $\$801.08 - \$801.08 = \$0.00$
Total FFP Amount	$\begin{array}{l} (\text{FFP Rate for FFP Type} \times \text{IV-E Maintenance Amount}) \\ + (\text{FFP Rate for FFP Type} \times \text{IV-E Intake \& Plan Amount}) \\ + (\text{FFP Rate for FFP Type} \times \text{IV-E Training Amount}) \\ \hline \text{Total FFP Amount} \end{array}$ $(.50 \times \$801.08) + (.50 \times \$0.00) + (.75 \times \$0.00) = \400.54
Northstar Amount	$\begin{array}{l} \text{Eligible Amount} \\ - \text{Total FFP Amount} \\ \hline \text{Northstar Amount} \end{array}$ $\$801.08 - \$400.54 = \$400.54$
Total Non-Reimbursable Amount	$\begin{array}{l} \text{Paid Over Maximum} \\ + \text{IV-E Non-Reimbursable Amount} \\ \hline \text{Total Non-Reimbursable Amount} \end{array}$ $\$0.00 + \$0.00 = \$0.00$

Child Foster Care Claim - Example #4

- Service 180/181 and no Special cost code on Payment
- Service Dates: 02/01/15 – 02/28/15
- Payment issued with 100 DOC Points. The worker entered a new DOC Assessment for 75 points with an Effective date on or before the Payment Service Start Date after the Payment went out.
- Claim generated after the new DOC Assessment was entered
- FFP Type = Minnesota
- IV-E Claim = Yes, Northstar Claim = Yes

Fields on Claim	Calculations
Vendor Payment Amount	Amount from Payment \$1223.32
Maximum Allowed	$\begin{array}{l} \text{Maximum Basic per diem} \\ + \text{Maximum Supplemental per diem} \\ \text{Maximum Approved per diem} \\ \times \text{Units on Payment} \\ \hline \text{Maximum Allowed} \end{array}$ $\$21.69 + \$16.50 = \$38.19 \times 28 \text{ days} = \1069.32
Eligible Amount	Lesser of Maximum Allowed OR Vendor Payment Amount \$1069.32
Paid Over Maximum	$\begin{array}{l} \text{Vendor Payment Amount} \\ - \text{Eligible Amount} \\ \hline \text{Paid Over Maximum} \end{array}$ $\$1223.32 - \$1069.32 = \$154.00$
Total IV-E Amount	$\begin{array}{l} \text{IV-E Maintenance Amount} \\ + \text{IV-E Intake \& Plan Amount} \\ + \text{IV-E Training Amount} \\ \hline \text{Total IV-E Amount} \end{array}$ $\$1069.32 + \$0.00 + \$0.00 = \1069.32
IV-E Non-Reimbursable Amount	$\begin{array}{l} \text{Eligible Amount} \\ - \text{Total IV-E Amount} \\ \hline \text{IV-E Non-Reimbursable Amount} \end{array}$ $\$1069.32 - \$1069.32 = \$0.00$
Total FFP Amount	$\begin{array}{l} (\text{FFP Rate for FFP Type} \times \text{IV-E Maintenance Amount}) \\ + (\text{FFP Rate for FFP Type} \times \text{IV-E Intake \& Plan Amount}) \\ + (\text{FFP Rate for FFP Type} \times \text{IV-E Training Amount}) \\ \hline \text{Total FFP Amount} \end{array}$ $(.50 \times \$1069.32) + (.50 \times \$0.00) + (.75 \times \$0.00) = \534.66
Northstar Amount	$\begin{array}{l} \text{Eligible Amount} \\ - \text{Total FFP Amount} \\ \hline \text{Northstar Amount} \end{array}$ $\$1069.32 - \$534.66 = \$534.66$
Total Non-Reimbursable Amount	$\begin{array}{l} \text{Paid Over Maximum} \\ + \text{IV-E Non-Reimbursable Amount} \\ \hline \text{Total Non-Reimbursable Amount} \end{array}$ $\$154.00 + \$0.00 = \$154.00$

Child Foster Care Claim - Example #5

- Service 188 and no Special cost code on Payment
- Service Dates: 02/01/15 – 02/28/15
- MAPCY Level Approved = Basic (Level B)
- FFP Type = Minnesota
- IV-E Claim = Yes, Northstar Claim = Yes

Fields on Claim	Calculations
Vendor Payment Amount	Amount from Payment (Rent) \$1000.00
Maximum Allowed	$\begin{array}{l} \text{Monthly Basic Amount} \\ + \text{Monthly Supplemental Amount} \\ \hline \text{Maximum Monthly Allowed} \\ (\$25.97 \times 31 \text{ days}) + (\$0.00 \times 31 \text{ days}) = \$805.07 \end{array}$
Eligible Amount	Lesser of: Maximum Monthly Allowed – Previously Claimed OR Vendor Payment Amount $\$805.07 - \$0.00 = \$805.07 \quad \text{OR} \quad \1000.00
Paid Over Maximum	$\begin{array}{l} \text{Vendor Payment Amount} \\ - \text{Eligible Amount} \\ \hline \text{Paid Over Maximum} \\ \$1000.00 - \$805.07 = \$194.93 \end{array}$
Total IV-E Amount	$\begin{array}{l} \text{IV-E Maintenance Amount} \\ + \text{IV-E Intake \& Plan Amount} \\ + \text{IV-E Training Amount} \\ \hline \text{Total IV-E Amount} \\ \$805.07 + \$0.00 + \$0.00 = \$805.07 \end{array}$
IV-E Non-Reimbursable Amount	$\begin{array}{l} \text{Eligible Amount} \\ - \text{Total IV-E Amount} \\ \hline \text{IV-E Non-Reimbursable Amount} \\ \$805.07 - \$805.07 = \$0.00 \end{array}$
Total FFP Amount	$\begin{array}{l} (\text{FFP Rate for FFP Type} \times \text{IV-E Maintenance Amount}) \\ + (\text{FFP Rate for FFP Type} \times \text{IV-E Intake \& Plan Amount}) \\ + (\text{FFP Rate for FFP Type} \times \text{IV-E Training Amount}) \\ \hline \text{Total FFP Amount} \\ (.50 \times \$805.07) + (.50 \times \$0.00) + (.75 \times \$0.00) = \$402.54 \end{array}$
Northstar Amount	$\begin{array}{l} \text{Eligible Amount} \\ - \text{Total FFP Amount} \\ \hline \text{Northstar Amount} \\ \$805.07 - \$402.54 = \$402.53 \end{array}$
Total Non-Reimbursable Amount	$\begin{array}{l} \text{Paid Over Maximum} \\ + \text{IV-E Non-Reimbursable Amount} \\ \hline \text{Total Non-Reimbursable Amount} \\ \$194.93 + \$0.00 = \$194.93 \end{array}$

Child Foster Care Claim - Example #6

- Service 188 and no Special cost code on Payment
- Service Dates: 02/01/15 – 02/28/15
- DOC Assessment for 37 points in effect
- FFP Type = Minnesota
- IV-E Claim = No, Northstar Claim = Yes

Fields on Claim	Calculations
Vendor Payment Amount	Amount from Payment \$1200.00
Maximum Allowed	Monthly Basic Amount + <u>Monthly Supplemental Amount</u> Maximum Monthly Allowed (\$25.84 x 31 days) + ((37 DOC points x \$.22) X 31 days) = \$1053.38
Eligible Amount	Lesser of: Maximum Monthly Allowed – Previously Claimed OR Vendor Payment Amount \$1053.38 - \$0.00 = \$1053.38 OR \$1200.00
Paid Over Maximum	Vendor Payment Amount - <u>Eligible Amount</u> Paid Over Maximum \$1200.00 - \$1053.38 = \$146.62
Total IV-E Amount	IV-E Maintenance Amount + IV-E Intake & Plan Amount + <u>IV-E Training Amount</u> Total IV-E Amount \$0.00 + \$0.00 + \$0.00 = \$0.00
IV-E Non-Reimbursable Amount	NA \$0.00
Total FFP Amount	NA \$0.00
Northstar Amount	Eligible Amount - <u>Total FFP Amount</u> Northstar Amount \$1053.38 - \$0.00 = \$1053.38
Total Non-Reimbursable Amount	Paid Over Maximum + <u>IV-E Non-Reimbursable Amount</u> Total Non-Reimbursable Amount \$146.62 + \$0.00 = \$146.62

Child Foster Care Claim - Example #7

- Service 188 and no Special cost code on Payment
- Service Dates: 02/01/15 – 02/01/15
- MAPCY Level Approved = Level C
- FFP Type = Minnesota
- IV-E Claim = Yes, Northstar Claim = Yes

Fields on Claim	Calculations
Vendor Payment Amount	Amount from Payment \$1000.00
Maximum Allowed	Monthly Basic Amount + Monthly Supplemental Amount Maximum Monthly Allowed $(\$25.97 \times 31 \text{ days}) + (\$3.29 \times 31 \text{ days}) = \907.06
Eligible Amount	Lesser of: Maximum Monthly Allowed – Previously Claimed OR Vendor Payment Amount $\$907.06 - \$0.00 = \$907.06$ OR $\$1000.00$
Paid Over Maximum	Vendor Payment Amount - Eligible Amount Paid Over Maximum $\$1000.00 - \$907.06 = \$92.94$
Total IV-E Amount	IV-E Maintenance Amount + IV-E Intake & Plan Amount + IV-E Training Amount Total IV-E Amount $\$907.06 + \$0.00 + \$0.00 = \907.06
IV-E Non-Reimbursable Amount	Eligible Amount - Total IV-E Amount IV-E Non-Reimbursable Amount $\$907.06 - \$907.06 = \$0.00$
Total FFP Amount	(FFP Rate for FFP Type x IV-E Maintenance Amount) + (FFP Rate for FFP Type x IV-E Intake & Plan Amount) + (FFP Rate for FFP Type x IV-E Training Amount) Total FFP Amount $(.50 \times \$907.06) + (.50 \times \$0.00) + (.75 \times \$0.00) = \453.53
Northstar Amount	Eligible Amount - Total FFP Amount Northstar Amount $\$907.06 - \$453.53 = \$453.53$
Total Non-Reimbursable Amount	Paid Over Maximum + IV-E Non-Reimbursable Amount Total Non-Reimbursable Amount $\$92.94 + \$0.00 = \$92.94$

Child Foster Care Claim - Example #8

- Service 188 and Special cost code 16 – EFC-SIL – Additional Maintenance Expenses on Payment
- Service Dates: 02/01/15 – 02/28/15
- MAPCY Level Approved = Basic (Level B)
- FFP Type = Minnesota
- IV-E Claim = Yes, Northstar Claim = Yes

Fields on Claim	Calculations
Vendor Payment Amount	Amount from Payment \$400.00
Maximum Allowed	Monthly Basic Amount + Monthly Supplemental Amount Maximum Monthly Allowed $(\$25.97 \times 31 \text{ days}) + (\$0.00 \times 31 \text{ days}) = \805.07
Eligible Amount	Lesser of: Maximum Monthly Allowed – Previously Claimed OR Vendor Payment Amount $\$805.07 - \$600.00 = \$205.07$ OR $\$400.00$
Paid Over Maximum	Vendor Payment Amount - Eligible Amount Paid Over Maximum $\$400.00 - \$205.07 = \$194.93$
Total IV-E Amount	IV-E Maintenance Amount + IV-E Intake & Plan Amount + IV-E Training Amount Total IV-E Amount $\$205.07 + \$0.00 + \$0.00 = \205.07
IV-E Non-Reimbursable Amount	Eligible Amount - Total IV-E Amount IV-E Non-Reimbursable Amount $\$205.07 - \$205.07 = \$0.00$
Total FFP Amount	(FFP Rate for FFP Type x IV-E Maintenance Amount) + (FFP Rate for FFP Type x IV-E Intake & Plan Amount) + (FFP Rate for FFP Type x IV-E Training Amount) Total FFP Amount $(.50 \times \$102.54) + (.50 \times \$0.00) + (.75 \times \$0.00) = \102.54
Northstar Amount	Eligible Amount - Total FFP Amount Northstar Amount $\$205.07 - \$102.54 = \$102.53$
Total Non-Reimbursable Amount	Paid Over Maximum + IV-E Non-Reimbursable Amount Total Non-Reimbursable Amount $\$194.93 + \$0.00 = \$194.93$

Child Foster Care Claim - Example #9

- Service 183 and no Special cost code on Payment
- Service Dates: 02/01/15 – 02/28/15
- FFP Type = Minnesota
- IV-E Claim = Yes, Northstar = No



Hint: Only Services 180, 181 & 188 are valid for Northstar claims.

Fields on Claim	Calculations
Vendor Payment Amount	Amount from Payment \$6216.00
Maximum Allowed	$\frac{\text{Approved per diem} \times \text{Units on Payment}}{\text{Maximum Allowed}}$ $\$222.00 \times 28 \text{ days} = \6216.00
Eligible Amount	Lesser of Maximum Allowed OR Vendor Payment Amount \$6216.00
Paid Over Maximum	$\frac{\text{Vendor Payment Amount} - \text{Eligible Amount}}{\text{Paid Over Maximum}}$ $\$6216.00 - \$6216.00 = \$0.00$
Total IV-E Amount	$\text{IV-E Maintenance Amount} + \text{IV-E Intake \& Plan Amount} + \text{IV-E Training Amount}$ Total IV-E Amount $\$5294.79 + \$491.69 + \$0.00 = \5786.48
IV-E Non-Reimbursable Amount	$\frac{\text{Eligible Amount} - \text{Total IV-E Amount}}{\text{IV-E Non-Reimbursable Amount}}$ $\$6216.00 - \$5786.48 = \$429.52$
Total FFP Amount	$\frac{(\text{FFP Rate for FFP Type} \times \text{IV-E Maintenance Amount}) + (\text{FFP Rate for FFP Type} \times \text{IV-E Intake \& Plan Amount}) + (\text{FFP Rate for FFP Type} \times \text{IV-E Training Amount})}{\text{Total FFP Amount}}$ $(.50 \times \$5294.79) + (.50 \times \$491.69) + (.75 \times \$0.00) = \2893.25
Northstar Amount	NA \$0.00
Total Non-Reimbursable Amount	$\frac{\text{Paid Over Maximum} + \text{IV-E Non-Reimbursable Amount}}{\text{Total Non-Reimbursable Amount}}$ $\$0.00 + \$429.52 = \$429.52$

Child Foster Care Claim - Example #10

- Service 483 and Special cost code 17 – Rule 5 Room & Board only on Payment
- Service Dates: 02/01/15 – 02/28/15
- FFP Type = Minnesota
- IV-E Claim = Yes, Northstar = No

Fields on Claim	Calculations
Vendor Payment Amount	Amount from Payment \$2800.00
Maximum Allowed	Approved per diem <u>x Units on Payment</u> Maximum Allowed \$222.00 x 28 days = \$6216.00
Eligible Amount	Lesser of Maximum Allowed OR Vendor Payment Amount \$2800.00
Paid Over Maximum	Vendor Payment Amount <u>- Eligible Amount</u> Paid Over Maximum \$2800.00 - \$2800.00 = \$0.00
Total IV-E Amount	IV-E Maintenance Amount + IV-E Intake & Plan Amount <u>+ IV-E Training Amount</u> Total IV-E Amount \$2,520.00 + \$71.12 + \$0.00 = \$2591.12
IV-E Non-Reimbursable Amount	Eligible Amount <u>- Total IV-E Amount</u> IV-E Non-Reimbursable Amount \$2800.00 - \$2591.12 = \$208.88
Total FFP Amount	(FFP Rate for FFP Type x IV-E Maintenance Amount) + (FFP Rate for FFP Type x IV-E Intake & Plan Amount) <u>+ (FFP Rate for FFP Type x IV-E Training Amount)</u> Total FFP Amount (.50 x \$2520.20) + (.50 x \$71.12) + (.75 x \$0.00) = \$1295.56
Northstar Amount	NA \$0.00
Total Non-Reimbursable Amount	Paid Over Maximum <u>+ IV-E Non-Reimbursable Amount</u> Total Non-Reimbursable Amount \$0.00 + \$208.88 = \$208.88



Hint: If you make a payment using Special cost code 17 – Room and Board Only, the IV-E Maintenance % and the IV-E Intake & Plan % are both adjusted to reflect that you are only paying the room and board.

For example:

$\text{IV-E Maintenance \%} = \text{Approved IV-E Maintenance \%} / (1 - \text{Approved MA \%})$
$\text{IV-E Maintenance \%} = .4548 / (1 - .4969)$
$\text{IV-E Maintenance \%} = .4548 / .5031$
$\text{IV-E Maintenance \%} = .90$

$\text{IV-E Intake \& Plan \%} = \text{Approved IV-E Intake/Plan \%} / (1 - \text{Approved MA \%})$
$\text{IV-E Intake \& Plan \%} = .0128 / (1 - .4969)$
$\text{IV-E Intake \& Plan \%} = .0128 / .5031$
$\text{IV-E Intake \& Plan \%} = .0254$