



FOSTER CARE OVERPAYMENT NOTIFICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN AND FAMILY SERVICES-FOSTER CARE

SFN 839 (11-2024)

Children and Family Services Foster Care and Subsidized Adoption Eligibility Unit (CFS FCSA Eligibility Unit) must document all foster care overpayments created in the payment system. This form must be completed after the payment is entered in the payment system, in advance of collecting a refund and prior to submitting reimbursement to NDHHS Fiscal Administration.

A foster care overpayment has occurred for:

Child's Name	Client Number	Overpayment Amount
Custodian	Provider	License Number

The overpayment occurred as a result of:

- ☐ Change to dates affecting payment (placement, court order or provider license)
☐ Eligibility worker data entry error
☐ Billing error If Nexus-PATH: ☐ Corrected Bill Received ☐ Corrected Bill Required
☐ Other (specify): _____

Overpayment Details:

Service Month	Payment Code	Amount	Service Month	Payment Code	Amount
Service Month	Payment Code	Amount	Service Month	Payment Code	Amount

Provider placement history and overpayment action:

The eligibility worker must verify the type of provider and if the provider has a current placement in the placement history of the payment system. The auto recoupment is only allowed from the same license number in which the overpayment exists. Family foster home auto recoupments are limited to the standard check write only and therapeutic and agency/facility refunds can be recouped during any check write in the month.

Provider Setting:

- ☐ Family Foster Home ☐ Supervised Independent Living (SIL)
☐ Therapeutic Agency Foster Home ☐ Qualified Residential Treatment Program (Q RTP)

Repayment Method:

Overpayments will be set up for auto-recoupment on future payments unless special circumstances exist and an alternate method of repayment is pre-approved by the FCSA Eligibility Unit supervisor.

Repayment is due as follows:

- ☐ Auto-recoup for the full amount of \$ _____
☐ Auto-recoup a partial amount of \$ _____
☐ Provider responsible for direct repayment in the amount of \$ _____ (Direct repayment is required for providers that do not have a current placement or for the balance of an overpayment that cannot be auto recouped.)
☐ Other (specify): _____

Direct Repayment to NDHHS:

Please send a check payable to the NDHHS and mail to our office for processing at:

Children and Family Services

Attn: FCSA Eligibility Unit

600 East Boulevard Ave Dept. 325

Bismarck, ND 58505

Please contact our office with questions.

Eligibility Worker Signature	Date
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DISTRIBUTION

Eligibility Worker Must Issue Notice To:

- ☐ CFS FCSA Eligibility Unit ☐ Family Care Provider ☐ Custodial Case Manager
☐ Nexus-PATH: Finance Office, NPH-FCPayments@nexuspath.org (Nexus-PATH licensed providers only)
☐ Other: _____