



# FOSTER CARE OVERPAYMENT NOTIFICATION

NORTH DAKOTA DEPT OF HUMAN SERVICES  
CHILDREN AND FAMILY SERVICES/FOSTER CARE  
SFN 839 (3-2021)

Children and Family Services Foster Care and Subsidized Adoption Eligibility Unit (CFS 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 NDDHS 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

### 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
- Therapeutic Agency Foster Home
- Supervised Independent Living (SIL)
- Qualified Residential Treatment Program (QRTP)

#### Placement Status:

- PROVIDER HAS A CURRENT PLACEMENT - auto-recoupment is the preferred method of repayment. Partial repayments may be considered when the overpayment is over \$500, unless special circumstances exist and partial repayment is pre-approved by the CFS Eligibility Unit supervisor.
  - Auto-recoup full overpayment amount from future payment.
  - Auto-recoup partial payment of \$ \_\_\_\_\_ from future payments until fully satisfied.
  - Submit a full reimbursement to the agency - Do not auto-recoup.
- PROVIDER DOES NOT HAVE A CURRENT PLACEMENT - direct repayment is required; auto recoup is not an option.

### Direct Repayment to NDDHS:

Please send a check payable to the NDDHS 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
- Family Care Provider
- Custodial Case Manager
- Nexus-PATH: Finance Office, [PATH-AR@nexus-yfs.org](mailto:PATH-AR@nexus-yfs.org) (Nexus-PATH licensed providers only)
- Other: \_\_\_\_\_