STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
PO BOX 9501 OLYMPIA WA 98507-9501

Client Overpayment Notice

1. CLIENT NAME AND ADDRESS

2. Date:	3. OFA / Audit No:

4. Payment System: Select one.

5. Reporting Unit: _____ or AFRS Org Index:

6. * Payment System's Client ID Number:

7. Date of Birth:

8. Select one of the following:
   a. ☐ SSPS. Must attach DSHS 18-399 SSPS Client / Provider Overpayment Computation Sheet.
   b. ☐ Non-SSPS. Must attach DSHS 18-399A Non-SSPS Client / Vendor / Provider Overpayment AFRS Coding Computation.

9. ACES AU ID Number:

10. Authorization Number:
    Line: _____ Suffix: _____

12. We overpaid you $ _____ from _____ to _____ .

11. ** Service Description:
    ** See instructions for "Multiple."

* **Please use the Client ID Number on all payments, correspondence, attachments, and**

13. This happened because:

14. Cause of overpayment: ☐ Client ☐ Department
14.a. Ignore over-gross rule: ☐ Yes ☐ No

If you have questions about the <u>amount</u> or the reason <u>why</u> you were overpaid, please call:

15. Worker's Name:	16. Worker's Telephone Number:
	Email:

A. Send your check or money order, made payable to "**DSHS / OFR**", for the amount you were overpaid to:

    Department of Social and Health Services (DSHS)
    Office of Financial Recovery (OFR)
    Client Enforcement Unit (CEU)
    PO Box 9501 MS 45862
    Olympia, WA 98507-9501

B. If you would like to discuss a payment plan, call the DSHS Office of Financial Recovery, Client Enforcement Unit, at:

    (360) 664-5700 (Olympia)
    1-800-562-6114 (Toll Free) Ext. 16183
    1-800-833-6388 (TTY Washington State Relay Service)

C. If you do not pay we can still collect from you. For example, we can garnish money from your paycheck, file a lien in your name that will appear on your credit report, and/or garnish money from your bank account(s).

D. If you do not agree with why you were overpaid, you have the right to ask for an administrative hearing, but only by written request. You have the period of ninety (90) days from the receipt of this notice to request a hearing. Send your written request, with the Client ID Number on each and every page, by Certified Mail Return Receipt Requested (CMRRR) or other trackable delivery service, to: Office of Administrative Hearings, PO Box 42489, Olympia WA 98504-2489.

E. If your overpayment was decreased or increased due to the outcome of an Administrative Hearing, you no longer have hearing rights thru the Office of Financial Recovery. Refer to your Final Order for Appeal Rights. If your overpayment was increased due to a change made by the Department, you do have hearing rights on the amount of the increase only.

Instructions for Completing the Client Overpayment Notice, DSHS 18-398

A complete client overpayment packet must include: a) form DSHS 18-398, Client Overpayment Notice; **and** b) form DSHS 18-399, Social Service Incorrect Payment Computation **or** form DSHS 18-399A, Non-SSPS Client / Vendor / Provider Overpayment Notice AFRS Coding Computation. All forms are available online at https://forms.dshs.wa.lcl/. Please type all forms online and send as an email attachment to: clientop@dshs.wa.gov **or** print and send via State mail service to the Office of Financial Recovery (OFR) at MS 45862 **or** by United States Postal Service (USPS): OFFICE OF FINANCIAL RECOVERY, PO BOX 9501, OLYMPIA WA 98507-9501.

If you have any questions or need any other assistance, send an email to: clientop@dshs.wa.gov

A.   Completing the Overpayment Forms

Must be typed. Completion of all fields is mandatory. DSHS notices should represent the State of Washington in a professional manner. The notices must be legible for OFR's input needs and for the clients as a notice of the debt.

<u>**DO NOT**</u> **send, or give, a copy of the overpayment to the Client. OFR will properly notify them of the debt, after OFR has established it.**

1. <u>Client's Name and Address</u>: Provide the client's name and address as it appears in payment system.
2. <u>Date</u>: Enter the date that the DSHS 18-398 is filled out.
3. <u>OFA / Audit Number</u>: Enter any OFA / Audit number that is applicable to this overpayment.
4. <u>Payment System</u>:   Enter the acronym for the payment system that was used to make the original payment. For example: **SSPS** (Social Service Payment System), **IPOne** (Individual ProviderOne), **SSBP** (Social Service Billing and Payment System) or **P1Med** (ProviderOne Medical).
5. <u>Reporting Unit or AFRS Org Index</u>: Enter the reporting unit or the AFRS organization index of the office that authorized the payment.
6. <u>Payment System's Client ID</u>: Enter the Client's ID number under which the overpayment was incurred.
7. <u>Date of Birth</u>: Enter the client's date of birth in the mm/dd/yyyy format.
8. Select the check box for either SSPS or Non-SSPS and include the related computation sheet (18-399 or 18-399A).
    a. <u>SSPS </u>- Check this box if SSPS made the payment; DSHS form 18-399 Social Service Incorrect Payment Computation must be attached.
    b. <u>Non-SSPS</u> - Check this box if SSPS <u>did not</u> make the payment; DSHS form 18-399A Non-SSPS Client / Vendor / Provider Overpayment Notice AFRS Coding Computation for non-SSPS overpayments must be attached.
9. <u>ACES AU ID Number</u>: Enter the ACES AU ID if available.
10. <u>Authorization Number</u>: Enter the authorization number from the system that made the payment. Enter the word "Multiple" if more than one authorization is involved in the overpayment and list them all on the related computation sheet (18-399 or 18-399A).
    <u>Authorization Line Number</u>: Enter the authorization line number from the system that made the payment if applicable.
    <u>Authorization Suffix</u>: Enter the authorization suffix number from the system that made the payment if applicable.
11. <u>Service Description</u>: Provide a description of the service provided. Enter the word "Multiple" if more than one service description is involved in the overpayment and list them all on the related computation sheet (18-399 or 18-399A).
12. <u>Amount and Overpayment Service Period</u>: Enter the amount and the beginning and ending time-periods the overpayment occurred.
13. <u>Explanation of Overpayment</u>: Provide a brief explanation of what caused the overpayment.
14. <u>Cause of Overpayment Error</u>: Check who caused the overpayment either "Client" or "Department."
14.a. <u>Ignore over-gross rule</u>: If the client overpayment is a result of retroactive increase in client responsibility determination and the increase is not reflected in ACES and ProviderOne, select "Yes" otherwise select "No."
15. <u>Worker's Name</u>: Type your name in this box.
16. <u>Worker's Telephone Number</u> and <u>Email Address</u>: Include your direct phone number and email address.

B. Overpayment Modification(s)

When modifying an overpayment, <u>DO</u> <u>NOT</u> write "Cancel" or any other handwritten information on or across the old Notice of Overpayment form. Complete a new form by following the instructions in section A. above. Use today's date.

In Box 13 type: "<u>This is a modification of an overpayment dated: mm/dd/yyyy</u>", then explain why the overpayment is being modified. This information will make it clear to OFR staff which debt to modify, and will be a helpful explanation to the client.