



*Request for Adjustment to Foster Care Assistance Payment*  
**Instruction Sheet: CPPS Counties**

Complete Contact information for Local DSS Agency:	Provide information for Local DSS Agency and Contact person who can answer specific questions concerning the adjustment. E-mail contact information is required.
Determine Adjustment Type of Request	Overage Request - This request is to return reimbursement funds received in error Retroactive Request - A request to receive funding reimbursements for payments not previously recorded/processed, due to problems with entry, capacity, licensure, etc.
Document Client Information	Clients Name and Data of birth - As indicated in the system. Client's SIS or State Identification number Funding source: IVE, SFH, TEA, FCEZ, FCEX, KINS - From Reimbursement OR intended correction
Document claim information	Service Month - <b>Both month AND year required</b> Gross Claim - The gross claim amount should be the correcting amount. Net Claim - The net claim is the adjustment after funding percentages apply Facility Identification number for the placement - <b>Required field</b>
Provided adequate descriptive and supporting documentation for claim.	Documentation should <b>support and justify the actual request</b> and always include a clear description. Descriptions should include information on the payment made, the payment claimed, what the correct payment should be, and a review of the actual reimbursement, along with any additional information for calculation of the claim. Items could include: Signed Statement of Funding eligibility, Reimbursement History, Copies of Payment Vouchers, etc. <b>Submitted documents should support the change or adjustment being requested.</b> Always review the payment history, closing reports and any notations to ensure the claim is appropriate. Always review the payment history along with the description to ensure the documentation supports the claim.
Submit claim and documentation to the State Division of Social Services.	Large claims with 10 or more pages (claim and documentation) should be mailed to the Financial Resource Coordinator. Small Claims with less than 10 pages (claim and documentation) can be e-mailed to the Financial Resource Coordinator.
Counties should mail claims to:	Amy Oathout, Financial Resource/SMF Coordinator - Post Office Box 187, Apex, NC 27502 or Amy.Oathout@dhhs.nc.gov
	Incomplete claims or inaccurate claims may be returned or denied without notice.