

REQUEST FOR ADJUSTMENT TO FOSTER CARE ASSISTANCE PAYMENT

Claimant Information

Agency: _____ CCI? [REDACTED]
 Name: _____
 Date: _____
 Phone: _____
 E-Mail: _____

<u>Over</u>	<u>Retro</u>	<u>Child's Name</u>	<u>DOB</u>	<u>State ID (SIS)</u>	<u>Fund</u>	<u>Service Month</u>	<u>Gross Claim Amount</u>	<u>Net Claim Amount</u>	<u>Facility ID#</u>

Over = Overage: To return funds received in error
Retro = Retroactive: To receive payments denied

FUNDS: IVE, SFH, TEA, IVEW

DESCRIPTION: _____

Documentation Required:
 5094 Form or PQA Report
 Payment History
 Supporting Justification

Mail Claim and Documentation to:
 DSS Child Welfare Services
 Tina Bumgarner
 Post Office Box 127
 Icard, NC 28666

Request for Adjustment to Foster Care Assistance Payment

Instruction Sheet

Step 1 Complete Claimant information:

- Provide information for contact person who can answer specific questions concerning the adjustment.
- Indicate if the claim is filed by a Child Care Institute (Provider agency)

Step 2 Determine Adjustment Type of Request

- Overage Request - This request is to return funds received in error
- Retroactive Request - A request to receive payments not previously paid due to problems with entry or licensure

Step 3 Document Client Information

- Name
- Date of birth
- State identification number (SIS)
- Funding source: IVE, SFH, TEA or IVEW

Step 4 Document claim information

- Service Month
- 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

Step 5 Provided adequate descriptive and supporting documentation for claim.

- Description should include information on the payment made in error and what the correct payment should be along with any additional information for calculation of the claim
- Include a copy of the current 5094 form.
- All retroactive requests should include supporting documentation concerning the actual county payment and documentation certifying client eligibility, for the requested period.
- Include payment information (reports or client payment history from state system)
- Include justification for adjustment with a description of the actual versus the reported amounts

Step 6 Submit claim and documentation to the State Division of Social Services.