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 Select one	
5. Reporting Unit: or AFRS Org Index:	
6. * Payment System's Client ID Number:	
7. Date of Birth:	
8. Must attach DSHS 18-399A Non-SSPS Client / Vendor / Provider Overpayment AFRS Coding Computation.	
9. ACES AU ID Number:	
10. Authorization Number: Line: Suffix:	
11. ** Service Description: ** See instructions for "Multiple."	

12. We overpaid you $ from to .

*** Please use the P1 Client ID Number on all payments, correspondence, attachments, and telephone calls.**

13. Explanation of Overpayment:

14. Cause of overpayment: ☐ Client ☐ Department Administrative

14.a. Ignore over-gross rule: ☐ Yes ☐ No

14.b. Benefit type: ☐ Client Direct Payment ☐ Client goods and services benefit ☐ Client Responsibility

If you have questions about the amount or the reason why 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) Option 4
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 through 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 / Do not include this page when submitting Overpayment Notice

A complete client overpayment packet must include: a) form DSHS 18-398, Client Overpayment Notice; **and** b) form DSHS 18-399A, Non-SSPS Client / Vendor / Provider Overpayment 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.

DO NOT 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. Client's Name and Address: Provide the client's name and address as it appears in payment system.
2. Date: Enter the date that the DSHS 18-398 is filled out.
3. OFA / Audit Number: Enter any OFA / Audit number that is applicable to this overpayment.
4. Payment System: If the payment was made from a system other than ProviderOne then select "other" and specify the alternate payment system in the comment in section 13 "Explanation of Overpayment".
5. Reporting Unit or AFRS Org Index: Enter the reporting unit or the AFRS organization index of the office that authorized the payment.
6. Payment System's Client ID: Enter the Client's ProviderOne ID number.
7. Date of Birth: Enter the client's date of birth in the mm/dd/yyyy format.
8. Because these are non-SSPS payments, DSHS form 18-399A Non-SSPS Client / Vendor / Provider Overpayment AFRS Coding Computation must be attached.
9. ACES AU ID Number: Enter the ACES AU ID if available.
10. Authorization Number: 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 (18-399A).
    Authorization Line Number: Enter the authorization line number from the system that made the payment if applicable. Enter the word "Multiple" if there are multiple line numbers involved in the overpayment and list them on the related computation sheet (18-399A).
    Authorization Suffix: Enter the authorization suffix number from the system that made the payment if applicable. Enter the word "Multiple" if there are multiple suffixes involved in the overpayment and list them on the related computation sheet (18-399A).
11. Service Description: 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 (18-399A).
12. Amount and Overpayment Service Period: Enter the total overpayment amount and the beginning and ending dates the overpayment occurred.
13. Explanation of Overpayment: Provide a brief explanation of why or how the overpayment occurred.
14. Cause of Overpayment Error: If the cause of the overpayment was due to the client or client's authorized representative misstating or failing to reveal a fact affecting eligibility or failing to timely report a required change, check the box for "Client". If the cause the overpayment is due to Department error (for example clerical or calculation), check the box for "Department".

14.a. Ignore over-gross rule: 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."

14.b Benefit type: Select "Client Direct Payment" if the client received a check or direct deposit/EFT. Select "Client goods and services benefit" if the OP is due to the client receiving goods or services that are paid to a provider. Select "Client Responsibility" if the OP is the result of a change in the determined amount of CR.

15. Worker's Name: Type your name in this box.
16. Worker's Telephone Number and Email Address: Include your direct phone number and email address.

B. Overpayment Modification(s)

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

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