

**DMCPS OVERPAYMENT DETAIL SHEET**

\_\_\_\_\_  
**PROVIDER NAME**

**DMCPS SITE:** \_\_\_\_\_

\_\_\_\_\_  
**PROVIDER ADDRESS**

**WisACWIS Provider ID#:** \_\_\_\_\_

\_\_\_\_\_  
**CITY, STATE, ZIP**

**SSN or FEIN ID#:** \_\_\_\_\_

Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay

The following is a detailed listing of your DMCPS overpayment information:

	<u>Child(ren) Name(s)</u>		<u>Date of Overpayment(s)</u>		<u>Service</u>	<u>Case ID#</u>	<u>Amount Owed</u>
	LAST	FIRST	BEGIN DATE	END DATE	OP Type	(WisACWIS)	
1	.	.	.	.	.	.	.
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20	.	.	.	.	.	.	.

**TOTAL** \$0.00

**REASON FOR OVERPAYMENT:**

\_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_



Governor Scott Walker  
Secretary Eloise Anderson  
Division of Milwaukee  
Child Protective Services

[Redacted]

Provider ID#: [Redacted]

.  
. .  
. .

Dear Provider:

According to Division of Milwaukee Child Protective Services records, an overpayment has been made to you for the following child(ren): [Redacted]

[Redacted] ..  
[Redacted] ..  
[Redacted] ..  
[Redacted] ..  
[Redacted] ..

[Redacted] ..  
[Redacted] ..  
[Redacted] ..  
[Redacted] ..  
[Redacted] ..

The reason(s) for the overpayment is attached.

**APPEALS PROCESS**

Any person aggrieved by a Department action taken under s. 49.34, Wis. Stats., has the right to an administrative hearing under s. 227.44, Wis. Stats. Pursuant to Wisconsin Administrative Code § HA 1.04(3) **your written request must be sent directly to and filed at the Division of Hearings and Appeals no later than thirty (30) days from the date of this notice**; please attach a copy of this notice to your request for a hearing. Send all appeals to:

Division of Hearings and Appeals  
Department of Administration  
5005 University Avenue, Suite 201  
P. O. Box 7875  
Madison, Wisconsin 53707-7875  
or via facsimile at (608) 264-9885

**FAILURE TO RETURN**

If you wish to repay the amount overpaid to you please review the attached repayment options. Please be advised that if you disagree with this overpayment determination you must either request a hearing as set forth above or contact our agency to discuss this matter within thirty (30) days. If you fail to do either we will forward this matter to collections. If you have any questions please feel free to contact: [Redacted] at [Redacted]

Sincerely,

Division of Milwaukee Child Protective Services

**OP Notice Mailing History:**

**1st Notice:** mm/dd/yy  
**2nd Notice:** mm/dd/yy  
**Final Notice:** mm/dd/yy

### Division of Milwaukee Child Protective Services INSTALLMENT AGREEMENT TO REPAY DEBT TO DCF

Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay.

Date: \_\_\_\_\_

SSN/FEIN: \_\_\_\_\_

Name: \_\_\_\_\_

Provider ID: \_\_\_\_\_

Address: \_\_\_\_\_

Debt Amount: \_\_\_\_\_ \$0.00

City, State Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Check# / EFT ID#: \_\_\_\_\_

Date: \_\_\_\_\_

**Debt Description:** WiSACWIS /Division of Milwaukee CPS Provider Overpayment

**REPAYMENT OPTIONS:** Please choose one of the following options for recoupment of this overpayment.

- I agree to return the ORIGINAL uncashed State of Wisconsin check for the total amount.
- I request that the entire amount of the overpayment be automatically reduced from my next check.
- Please reduce future checks by \_\_\_\_\_ until the total overpayment has been repaid in full. (\$50 minimum or 12 month maximum unless otherwise negotiated)
- I agree to repay the overpayment in mutually agreed upon monthly installments by sending in a check or money order in the amount of \_\_\_\_\_ each month until the entire overpayment is paid in full. (\$50 minimum or 12 month maximum unless otherwise negotiated)  
**(THIS OPTION NOT AVAILABLE TO FOSTER CARE CPA's)**
- I agree to issue a check or money order to DCF for the **TOTAL** amount of the overpayment.

**REPAYMENT TERMS:**

1. I understand that this agreement is valid only if I **sign and return to the address listed below within 30 days of receiving this agreement.**  
**NOTE:** No payment will be required to be sent with this agreement if automatic reduction of payment is chosen
2. I understand that if I do not pay according to this agreement, OR miss 3 consecutive monthly payments, OR fail to make other arrangements with DMCPS, my debt will be considered to be in default. In addition, the remaining balance of this debt shall be immediately due and owing to DCF if I am in default, and DCF may refer the unpaid balance of my debt to the Wisconsin Department of Revenue (DOR) for collection purposes with no further notice to me.
3. Payment in full is **EXPECTED** within 12 months. If the total amount due is **NOT** paid in full within 12 months, a new payment arrangement may be requested. If approved, a new arrangement will be re-negotiated and a new installment agreement will be signed in order to continue repayment of the remaining balance. **NOTE:** Approval of a 2nd installment agreement is not guaranteed and is not able to be appealed if the request is denied. If denied, the remaining balance will be due immediately.
4. Please make check or money order payable to the **Department of Children & Families (or DCF)** and mail with the original signed agreement if applicable to:

**DMCPS - CHW Community Svcs**  
**620 S 76th Street - Suite 120**  
**Milwaukee WI 53214**

5. Following the return of this signed agreement, **payments will be due every 30 days hereafter** until the debt is paid in full. If you have further questions or wish to make arrangements other than the options listed, please contact:

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date





## **DMCPS Provider Overpayment Recoupment Process**

- 1** Provider overpayment created in WiSACWIS (automatically or manually)
- 2** DMCPS Vendors (CSSW, SaintA, PSG) will attempt to contact providers and recoup monies within their allotted time period and DMCPS Policy parameters
- 3** If collection attempt by Vendor is unsuccessful, DMCPS Vendor completes DMT-921(FC or KIN) for referral of overpayment to STAR Accounts Receivable System (ARS)
- 4** DMT-921 received by DCF-WiSACWIS Fiscal Processing Coordinator
  - A** Overpayment verified as legitimate by DCF-WiSACWIS Fiscal Processing Coordinator
  - B** DMT-921 signed by DCF-WiSACWIS Fiscal Processing Coordinator
  - C** Fiscal note entered in WiSACWIS noting referral to ARS by DCF-WiSACWIS Fiscal Processing Coordinator as needed
  - D** Status of overpayment changed from **"Outstanding" to "Sent to Collections"** by DCF-WiSACWIS Fiscal Processing Coordinator
  - E** DMT-921 delivered to DCF-Finance Accounts Receivable Staff for entry into STAR Accounts Receivable System (ARS)
- 5** Overpayment entered into STAR and processed through receivable cycle by DCF-Finance ARS Staff
  - A** ARS Staff will send appropriate notices and provide periodic reports to WiSACWIS Fiscal Processing Coordinator listing any payments received via ARS
  - B** Amounts received through ARS will be reduced in WiSACWIS to keep STAR and WiSACWIS overpayment dollar amounts in sync
  - C** If deposits are sent to DCF-WiSACWIS Fiscal Processing Coordinator by DMCPS Vendors to be applied to WiSACWIS overpayments that have already had their status updated to **"Sent to Collections" or "Uncollectible"**, the monies received will be turned over to the DCF Cashier for deposit into the appropriate accounts and the amount of the payment will be manually reduced from the overpayment in WiSACWIS.
- 6** After full receivable processing cycle has run, if receivable has still has not had any amount collected, the overpayment will be prepared for transfer to Dept of Revenue for collection via tax offset by DCF-Finance ARS Staff
- 7** ARS Staff will provide a list of any DMCPS accounts being transferred to Dept of Revenue (DOR)
  - A** Status of overpayments being referred to Dept of Revenue will be changed in WiSACWIS from **"Sent to Collections" to "Uncollectible"**
  - B** Fiscal note entered in WiSACWIS noting referral to DOR by DCF-WiSACWIS Fiscal Processing Coordinator
- 8** If at any point (after STEP 4) the provider requests an appeal, DMCPS Staff will send the notification to DCF-WiSACWIS Fiscal Processing Coordinator
  - A** DCF-Finance ARS Staff will be given any appeal request information (Hearing Notice etc.) received from DMCPS Staff
  - B** If receivable has not yet been referred to DOR for collection, it will be "held" by DCF-Finance ARS Staff until outcome of appeal has been decided
  - C** If receivable has already been transferred to DOR prior to the appeal being requested, DCF-Finance ARS Staff will withdraw collection request from DOR and receivable will have to be re-submitted if appeal is overturned and DMCPS Staff is allowed to continue to collect the debt.
  - D** DMCPS Staff will notify WiSACWIS Fiscal Processing Coordinator of appeal decision. If appeal is upheld, DMCPS Staff will cancel the associated overpayment in WiSACWIS.
  - E** If appeal is upheld, debt will be cancelled in ARS by DCF-Finance ARS Staff and no further action will be taken; if appeal is overturned DCF-Finance ARS Staff will resume the collection process beginning from whatever point it was put on hold from.