

Iowa Department of Human Services
DEMAND LETTER FOR CHILD CARE ASSISTANCE PROVIDER ERROR OVERISSUANCE

Date:
 Provider No.

Mail to:
 Iowa Department of Inspections & Appeals
 Overpayment Recovery Unit 3rd Fl
 321 E 12th Street
 Des Moines IA 50319-0083

If you have any questions on how your overpayment was figured, contact your DHS Worker.

If you have questions about repayment, call 1-800-572-3945 (toll free) or, for local calls, 281-5714.

Your household received \$ _____ more in Child Care Assistance (CCA) payments than you were eligible to receive during the month(s) of _____

This overpayment was the result of a provider error because _____

If you agree that an overpayment occurred, complete and sign the Repayment Agreement below for the overpaid CCA and return it to the Iowa Department of Inspections and Appeals within 30 days of the date of this letter.

If you disagree that an overpayment occurred, or if you disagree with the amount, dates, or reason for the overpayment, you must appeal within 30 days of the date of the first demand letter you get about overpayment. (See Appeal Rights on the back of this form.) The Department worker will give you further information, including worksheets showing how we figured the overpayment, at your request.

You may pay us in cash all at once, part now and the rest in monthly payments, or all in monthly payments of a satisfactory amount. **IF YOU CHOOSE MONTHLY PAYMENTS**, you must agree to pay us at least 10% of the full amount of CCA payment for the child(ren) you received the overpayment for.

If you do not make a satisfactory agreement, we may take other actions as described on the back of this form. We take these actions in accordance with 441 Iowa Administrative Code 170.9(234); 13-G, Overpayment Recovery.

Please sign and date the agreement. Detach it at the dotted line and return it in the enclosed envelope. Be sure to put a stamp on the envelope.



CHILD CARE ASSISTANCE REPAYMENT AGREEMENT	
Provider Name: _____	Provider No: _____
In consideration of the Department not bringing a civil suit for the overpayment in the amount of \$ _____, I, _____ agree to pay by the following method checked below.	
<input type="checkbox"/> Full Amount now. Date: _____	
<input type="checkbox"/> Make monthly payments of \$ _____ Starting Date: _____	
<input type="checkbox"/> Partial payment now of \$ _____ ; Balance in monthly payments of \$ _____ thereafter.	
<ul style="list-style-type: none"> ● I understand that the monthly payment or partial payment now plus the monthly payments may not be less than the total balance due divided by 60. Therefore, I must pay the balance due within a five-year period. ● I understand that I will be sent a bill showing the amount I agree to pay beginning the month after this agreement begins. ● I UNDERSTAND THAT IF I SIGN THIS AGREEMENT BUT DO NOT FOLLOW ITS TERMS, IT WILL BE A BREACH OF THE AGREEMENT. OTHER COLLECTION ACTION WILL THEN BE TAKEN. (See the back of this form for actions that DHS may take.) 	
PROVIDER SIGNATURE _____ DATE _____	

For Office Use Only
 SIGNED _____ DATE _____ TITLE _____

FEDERAL RULES REQUIRE THAT THE IOWA DEPARTMENT OF HUMAN SERVICES COLLECT ALL OVERPAYMENTS

ACTIONS THAT MAY BE TAKEN ON OVERPAYMENTS

When you receive an overpayment, your case is referred to the Department of Inspections and Appeals (DIA), Overpayment Recovery Unit, 321 E 12th Street, 3rd Floor, Des Moines, Iowa 50319-0083. The DIA takes one or more of the following actions depending on the situation:

1. Withholds a percentage of your assistance grant (if your case is active), or
2. Bills you directly for the overpayment (if your case is closed), or
3. Refers your case for prosecution (if the department has reason to believe that you intentionally withheld information in order to receive benefits to which you were not entitled), or
4. Files a civil suit to collect the overpayment.
5. Issue a Distress Warrant for collection of overpayment debts by garnishment of wages or other property you may have.
6. Refers your case to Centralized Collection Unit.

You must appeal within **30 days** (see **Time Limits** below) of the **first** demand letter sent to you about any individual claim or you may lose the right to a hearing on the overpayment. Your worker will supply you with information showing how the overpayment was figured, if you request it.

Although you must appeal the existence of this overpayment within 30 days of this notice, you will be able to appeal the method of collection when a notice is issued to reduce your FIP or RCA grant for recovery of this overpayment.

APPEAL RIGHTS

If you disagree that you have received an overpayment or disagree with the amount, dates or reason for the overpayment, you have the right to appeal. Your appeal rights and procedures for hearing are explained in the Iowa Administrative Code, 441 - Chapter 7.

How to Appeal. You must appeal in writing. Send or take your appeal to the Department of Human Services (DHS) office in your county. There is no fee or charge for an appeal. Your county DHS office will assist you in filing an appeal if you ask them.

Time Limits. To get a hearing you must file your appeal for this claim within 30 calendar days of the date the first demand letter was sent to you. When the appeal is filed later than this but less than 90 calendar days after the date of the **first** demand letter for this claim, the Director of the Iowa Department of Human Services must approve whether a hearing will be held, based on good cause for late filing. If the appeal is filed more than 90 calendar days from the date of the **first** demand letter for this claim there will be no hearing.

Granting a Hearing. The DHS will determine whether or not an appeal may be granted hearing. If a hearing is granted, you will be notified of the time and place. If a hearing is not granted, you will be notified in writing of the reason, and the procedures for challenging that decision.

Presenting Your Case. If an appeal hearing is granted, you may explain your disagreement with the overpayment or have someone else, like a relative or friend, explain your disagreement for you. You may be represented by an attorney, but the DHS will not pay for the attorney. Your county DHS office has information about legal services available to you that are based on your ability to pay. You may also phone Legal Services Corporation of Iowa at 1-800-532-1275. If you live in Polk County, phone 243-1193.

NOTE: If your family's income changes, you may ask to change your repayment agreement.

POLICY ON NONDISCRIMINATION

This action was taken without regard to race, color, creed, sex, age, physical or mental disability, religion, national origin or political belief. If you have reason to believe that you have been discriminated against for any of the reasons stated above, you may file a complaint with the Iowa Department of Human Services (DHS) by completing a Discrimination Complaint form. Any DHS office, institution, or the DHS Diversity Programs Unit can give you a form. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were treated differently **because** of your race, creed, color, national origin, sex, religion or disability) or the United States Department of Health and Human Services, Office for Civil Rights.

IOWA DEPARTMENT OF HUMAN SERVICES
Diversity Programs Unit 1st Fl
1305 E Walnut St
Des Moines IA 50319-0114

IOWA CIVIL RIGHTS COMMISSION
211 E Maple St
Des Moines IA 50309-1858

US DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office for Civil Rights Region VII
Federal Bldg Rm 248
601 E 12th St
Kansas City MO 64106-2808
(FIP, Medicaid and other services only)