

INDIANA BURIAL ASSISTANCE PROGRAM

August 2021



FSSA BURIAL ASSISTANCE PROGRAM

Purpose and Funding

- Defray the costs of funeral/burial expenses for eligible deceased Indiana residents
 - 100% State funded
 - Not a Federal mandated program
 - The FSSA burial policy can be found online at https://www.in.gov/fssa/ompp/files/Medicaid_PM_4800.pdf



What Indiana Medicaid assistance categories are eligible?

- **MA D (disabled)**
- **MA B (blind)**
- **MA A (aged)**
- **MADW (disabled working)**
- **MASI (on SSI for disabled)**
- **MA R (residential care assistance program)**

A recipient must be in an eligible category at the time of death or have applied for Medicaid prior to death and later determined categorically eligible





How much can be claimed with the Burial Assistance Program?

- The max amount we can offer to help defray burial costs is
 - \$1200 for funeral services
 - \$800 for cemetery services



Is there a limit to the amount of contributions that can be collected?

A family should contribute as much as they would like for the services they desire.

There is no limit on the dollar amount of contributions that can be collected.

The claim must be filled out accordingly with the full amounts contributed.

While we encourage a family to contribute as much as they would like, contributions in excess of \$ 2,500 for funeral or \$1,000 for cemetery may reduce the amount that the Burial Assistance can provide.



What is the generally anticipated turnaround time for claims, assuming Burial Claims Office receive all information necessary at the time of submission?

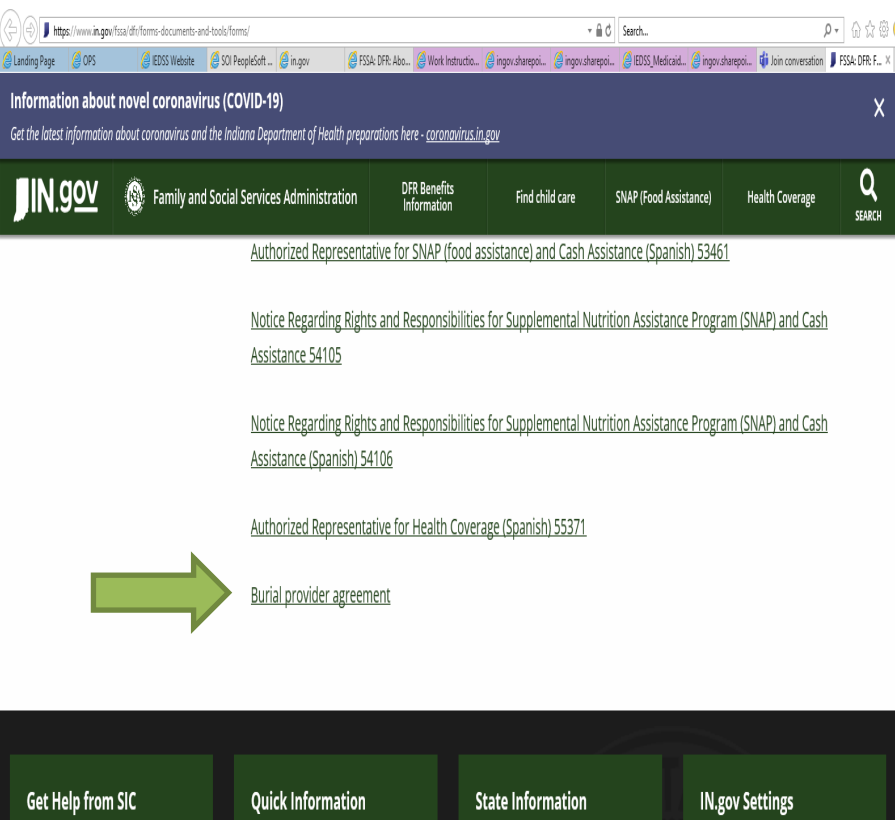
- The Burial Claims Office process claims in order received.
- Once processed fully, Accounts Payable further processes the claim and invoices for payment
 - Invoices are paid 30 days in arrears

Our suggestion is to wait to check on payment and processing for at least 90 days after submitting the claim



Only funeral homes/cemeteries with a signed provider agreement may file a claim on the behalf of the deceased

New burial form and provider agreement link
<https://www.in.gov/fssa/dfr/2689.htm>

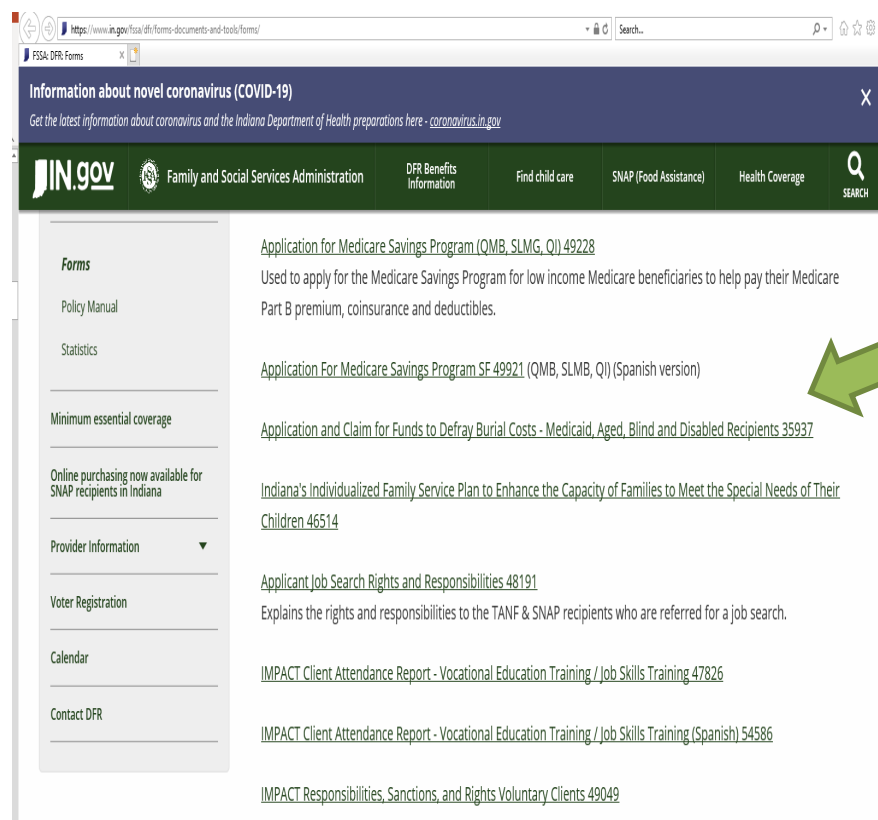


Information about novel coronavirus (COVID-19)
Get the latest information about coronavirus and the Indiana Department of Health preparations here - [coronavirus.in.gov](https://www.in.gov/coronavirus)

IN.gov Family and Social Services Administration DFR Benefits Information Find child care SNAP (Food Assistance) Health Coverage SEARCH

- [Authorized Representative for SNAP \(food assistance\) and Cash Assistance \(Spanish\) 53461](#)
- [Notice Regarding Rights and Responsibilities for Supplemental Nutrition Assistance Program \(SNAP\) and Cash Assistance 54105](#)
- [Notice Regarding Rights and Responsibilities for Supplemental Nutrition Assistance Program \(SNAP\) and Cash Assistance \(Spanish\) 54106](#)
- [Authorized Representative for Health Coverage \(Spanish\) 55371](#)
- [Burial provider agreement](#)

Get Help from SIC Quick Information State Information IN.gov Settings



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Forms

- Policy Manual
- Statistics
- Minimum essential coverage
- Online purchasing now available for SNAP recipients in Indiana
- Provider Information
- Voter Registration
- Calendar
- Contact DFR

- [Application for Medicare Savings Program \(QMB, SLMG, QI\) 49228](#)
Used to apply for the Medicare Savings Program for low income Medicare beneficiaries to help pay their Medicare Part B premium, coinsurance and deductibles.
- [Application For Medicare Savings Program SF 49921 \(QMB, SLMB, QI\) \(Spanish version\)](#)
- [Application and Claim for Funds to Defray Burial Costs - Medicaid, Aged, Blind and Disabled Recipients 35937](#)
- [Indiana's Individualized Family Service Plan to Enhance the Capacity of Families to Meet the Special Needs of Their Children 46514](#)
- [Applicant Job Search Rights and Responsibilities 48191](#)
Explains the rights and responsibilities to the TANF & SNAP recipients who are referred for a job search.
- [IMPACT Client Attendance Report - Vocational Education Training / Job Skills Training 47826](#)
- [IMPACT Client Attendance Report - Vocational Education Training / Job Skills Training \(Spanish\) 54586](#)
- [IMPACT Responsibilities, Sanctions, and Rights Voluntary Clients 49049](#)

WHERE TO FIND STATE FORM 35937

- State form 35937 is online at IN.gov forms <http://www.in.gov/fssa/forms.htm>
- Type in the form number 35937
- Select Search
- Click on Download form (highlighted in blue)
- Form is electronically fillable
- It does not have the ability for electronic signature
- Once complete it can be saved and attached in an email or a fax.
- Old forms ceased to be accepted after July 2020

[Forms.IN.gov - Full Catalog](#) >> Family & Social Services Administration

Form Number: Equals

Form Title:

Form Description:

Language:

Division Name:

Form Group:

Search Criteria | Form Number: 35937

Forms are Maintained and Managed by the Indiana Commission on Public Rec

- Family & Social Services Administration
 - Administrative Services
 - All
 - 35937 - Application and Claim for Funds to Defray Burial Costs Medi Aged, Blind and Disabled Recipients (FM 0033)
[Download Form: 35937 \(Fillable PDF\)](#)



FSSA BURIAL ASSISTANCE PROGRAM

- Funeral/Burial Claims packets must be received by the Burial Claims Office (BCO) within **90 days of death** -The Claim Form is all we require within 90 days of death in order to process.
- The state will determine allowance based on total expenses compared to total received contributions which will be retrieved from completed form.
- All claims may be subject to an audit at the state's discretion





A W-9 form and a Direct Deposit must be
Sent to Auditor of State

Forms are located at:

<https://www.in.gov/auditor/forms/>



Payment Confirmation and Notification

Automated Direct Deposit Authorization Agreement

State form 47551

SECTION 3

SECTION 3: E-MAIL ADDRESS TO RECEIVE ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS **Required*

(Please contact vendors@auditor.in.gov to add more than four addresses.)

All future notices of EFT deposits to the bank account specified above will be sent to the following e-mail addresses:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

By checking this box, I authorize the information provided on this form to be accurate and I agree with the provisions on the reverse side of this form. I also authorize the State of Indiana to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request.

NAME *(type)* TITLE TELEPHONE

AUTHORIZED SIGNATURE* DATE *(month, day, year)*

* Under [IC 26-2-8-106](#), your electronic signature on this form represents the same legal authority as your written signature.

If you want to add or change an e-mail address to receive electronic notifications of EFT deposit, please contact vendors@auditor.in.gov



FSSA BURIAL ASSISTANCE PROGRAM



Claimant must complete, sign and date form. Submit to Family Social Service Administration Division Family Resources Funeral Cemetery Claims Office within 90 days of date of death. Instructions on how to complete and submit form are on page 2.

Section 1 RECIPIENT INFORMATION		
Name of Recipient (last, first, middle)	Case Number	Date of Birth (mm/dd/yyyy)
Last Residence (number and street, city, state, ZIP code, county)		
Date of Death (mm/dd/yyyy)	Date Remains received	Date of Burial (mm/dd/yyyy)
Section 2 FUNERAL/ CEMETERY EXPENSES		
Claim Type - Funeral	Claim Type - Cemetery	
Total Cost \$	Total Cost \$	
Section 3 CONTRIBUTIONS AND RESOURCES		
Claim Type - Funeral	Claim Type - Cemetery	
Total Contributions \$	Total Contributions \$	
Contributor name/s for each	Phone Number	
Section 4 CLAIMANT AFFIRMATION STATEMENT		
Name of Funeral Home and/or Cemetery	Fax Number	Phone Number
Amount Claimed – Funeral \$	Amount Claimed – Cemetery \$	Total Requested State Assistance \$
Pursuant to the provision of IC 5-11-10-1(e). I certify that the foregoing account is true and correct, that the amount requested () is legally due, after allowing all just credits; and that no amount has been paid.		
Signature Funeral / Cemetery	Federal ID Number	Date Signed (mm/dd/yyyy)
Section 5 STATE TO COMPLETE		
Medicaid Effective Date	Region Number	
Medicaid Category <input type="checkbox"/> MA A <input type="checkbox"/> MA D <input type="checkbox"/> MA B <input type="checkbox"/> MASI <input type="checkbox"/> MADW <input type="checkbox"/> MA R		
I hereby certify that this claim covering burial expenses is in proper form; that the deceased recipient in whose behalf payment is to be made has been found to eligible for such services under the provisions of IC 12-14-17, and that this claim in the amount of \$ _____ is being recommended for payment.		
Signature of Authorized Designee		Date Signed

- Instructions are on the back
- Do not need last 4 SSN
- Need DOB
- No longer itemizing charge.

← • **Make sure address is also entered in the box for Name of Funeral Home and/or Cemetery.**

← • Still need signature and Fed ID

- State completes section 5



INSTRUCTIONS TO COMPLETE THE MEDICAID RECIPIENTS CLAIM TO DEFRAY BURIAL COSTS

Section 1 Recipient Information- What to enter

- Recipient Name (the deceased) Last, First, MI
- Medicaid 10- digit case number
- Last known complete address of the deceased including county
- Date of birth
- Date of death
- Date remains are received at your facility
- If filing cemetery expenses need date of burial (not date of cremation)



INSTRUCTIONS TO COMPLETE THE MEDICAID RECIPIENTS CLAIM TO DEFRAY BURIAL COSTS

Section 2 Funeral/Cemetery Expenses

- Claim type Funeral and Claim type Cemetery each have a column
- Claim Type Funeral - Enter total final expenses (do not subtract any monies from contributions, resources or discounts received or expect to receive from the state)
- Claim Type Cemetery - Enter total final expenses (do not subtract any monies from contributions, resources or discounts received or expect to receive from the state)



INSTRUCTIONS TO COMPLETE THE MEDICAID RECIPIENTS CLAIM TO DEFRAY BURIAL COSTS

Section 3 Contributions and Resources

- Funeral and cemetery each have a column
- Contributions- enter total amount of monies received (do not include given discounts or amount expected from the state)
- Each contributor name and phone number needs to be reported. Attach additional pages if space is needed



INSTRUCTIONS TO COMPLETE THE MEDICAID RECIPIENTS CLAIM TO DEFRAY BURIAL COSTS

Section 4 Claimant Demographics and amount claimed from the state

- Enter company's name, address, fax number and phone number
- Amount claim funeral- enter amount of assistance expected from the state
- Amount claim cemetery- enter amount of assistance expected from the state
- Total- add both amounts of assistance expected from the state, enter that total
- Funeral and/or cemetery authority needs to sign the form
- Enter your Federal ID number
- Enter date the form was signed

Section 5

- **The burial claims office will complete this section**



Helpful Tips and Tricks 😊

- ✓ Please keep/archive all correspondence and emails between yourself and Indianaburialclaims@fssa.in.gov
- ✓ Please wait for a FAX CONFIRMATION SHEET to ensure that the transmission was completed with date and time. This benefits you the provider when it comes to timely reimbursement determination.
- ✓ If multiple claims, Please fax one at a time.
- ✓ Do not fax or email same form more than once. If confirmation of fax or email receipt received on your end, we have the form



In Conclusion

Please see the steps below for Burial Claim submission and processing.

- Step 1: Call 800-403-0864 press PROMPT 7 to verify Medicaid case number and Medicaid category information to complete the claim form.
- Step 2 : Submit claim by fax at 317-234-5075 or email to IndianaBurialClaims@FSSA.in.gov for processing by the DFR Burial Unit.
- Step 3: Burial assistance claim is reviewed and processed and sent to accounts payable.
- Step 4: FSSA Accounts Payable reviews and processes invoice.
- Step 5: Invoices are then paid 28-30 days after invoicing.



**For More Information Available
on:
Indiana Burial Assistance
Program Website**

<https://www.in.gov/fssa/dfr/5277.htm>



CONTACT INFORMATION

Burial Claims office:

- Call 1-800-403-0864 prompt 7
 - They will give you the case # and category type
- Fax- 317-234-5075
- Email -Indianaburialclaims@fssa.in.gov
- Phone- 317-234-1412 for inquiries about submitted claim or general program inquiries



Contact Information

Accounts Payable:

- ClaimsInfo.fssa@fssa.in.gov
- Contact FSSA accounts payable:
 - payment inquiries
 - submitting or updating a W-9 form
 - reporting the receipt of additional monies or to submit overpayments

Estate Recovery:

- Estaterecovery@fssa.in.gov
- Contact FSSA estate recovery with questions on funeral trusts or prepaid funerals





If you have issues that you are unable to resolve through the Burial Claims Office, please contact CC@fssa.in.gov.

FSSA BURIAL CLAIMS DIVISION

**Division of Family Resources continues to value the partnership
and appreciates your commitment servicing our Medicaid Recipients**

Amy Ross RN, MSN, CPN

Burial Claims Manager

