

Dear Family or Friend of the Deceased Recipient:

In appropriate circumstances, deceased recipients who were receiving public and/or medical assistance may be eligible for the partial or total payment of funeral, burial, and/or cremation expenses. This letter is intended to help you understand the state policy concerning such dispositions. While there are some details not explained in this letter, general rules are that state contribution toward such expenses may be made if: (1) the allowable maximum combined charges by providers do not exceed \$2,500; and, (2) the amount of money available from the recipient's estate (i.e., property owned by the recipient at time of death) and from persons responsible for the recipient's support (i.e., a spouse, or the parents of a recipient under age 18) is insufficient to pay for all or part of such expenses.

In order to apply for a contribution of state funds for this purpose, a relative or friend of the deceased recipient must contact the county DSS where the recipient was approved for public/medical assistance. On the basis of information about the amount of money available from the recipient's estate, family, and friends, the county DSS will determine whether and to what extent a state contribution may be made.

The choice of disposition (i.e., burial or cremation) is initially given to the recipient or his/her family. However, if they make no choice, the decision is left to the county department. Under the revised law, where the recipient's estate and family are unable to pay for the disposition, the maximum state contribution for the disposition of a deceased Old Age Pension (OAP) client can go as high as \$1,500. State contributions for OAP dispositions are paid from the Old Age Pension Fund which does not depend upon the yearly legislative appropriation. Dispositions of deceased clients in the so-called "AND categories" of assistance ("AND" stands for "Aid to the Needy Disabled"), however, depend upon a yearly appropriation by the state legislature. A maximum state contribution of only \$1,000 has been established for such cases, in an effort to stretch the available legislative appropriation for AND dispositions. For the dispositions of OAP clients and other categories of recipients other than AND clients, \$1,500 is the maximum state contribution possible.

In order to reduce the chances that the AND legislative appropriation will be exhausted, we hope you will consider taking the following steps in making arrangements for the disposition of a deceased friend or family member who was in an AND category of assistance:

- (1) Please consider choosing alternative methods of disposition (i.e., cremation or direct burial without a funeral service) so as to minimize the total charges which are incurred.
- (2) Please consider contributing to the cost of the disposition, even if you are not required by law to do so. Encourage other family members and friends to do the same.
- (3) If you are willing to contribute to the expenses of the disposition but do not have ready cash available, please consider signing a promissory note with the mortuary or cemetery, or borrowing from a financial institution.

Our department is aware that taking the above steps may not be pleasant or easy for you and other family or friends of the recipient. However, please keep in mind that every dollar that is contributed from state funds for this purpose must be raised from Colorado tax revenues. Obviously, the allowable maximum combined charges of \$2,500 will not purchase an elaborate disposition. However, whenever possible, please use the above methods to minimize the total combined charges and state contribution which are approved for the disposition of a deceased AND recipient. Unfortunately, if appropriated state funds for this purpose are exhausted, it appears likely that the burden of disposing of deceased recipients will fall upon county governments.

If you wish to discuss this letter, please the County Department of Social Services. Thank you for your cooperation and assistance.

Very truly yours,

Douglas

County Department of Social Services.

**APPLICATION FOR FUNERAL, BURIAL, OR CREMATION
BENEFITS FOR DECEASED RECIPIENT OF
PUBLIC OR MEDICAL ASSISTANCE**

Please complete this form as thoroughly as possible. This form will be used to determine the state and county contribution toward the funeral, burial and/or cremation expenses.

County providing assistance to decedent: _____ Name of deceased: _____

State I.D. #: _____ Household number: _____

Date of Birth: _____ Date of Death: _____

Name of applicant: _____ Address: _____

Circle the type of assistance received by the decedent: OAP AND AFDC Medicaid

List all resources from the decedent's estate and the responsible party:

Type of Resource	Decedent	Responsible Party
Cash (personal needs, bank account, burial funds)	\$	\$
Property and other resources (Please describe) _____ _____ _____	\$	\$
Funeral or Burial Plans/Contribution List _____ _____ _____	\$	\$
Burial Space (Please name) _____	\$	
Voluntary Payment (for responsible parties with less than \$2,000 in resources a person and \$3,000 a couple)		\$

over

When completing and signing this application, I certify that information supplied herein is accurate and complete to the best of my knowledge and belief.

Signature of Applicant

Date

Address of Applicant

Relationship of Applicant to
Deceased

CHOICE OF DISPOSITION BY RECIPIENT'S FAMILY MEMBER

26-2-129 (5) of the Colorado Revised Statutes gives certain relatives the right to choose the manner of disposition (i.e. burial or cremation) of a deceased recipient of public/medical assistance . If the decedent did not state their burial /funeral/cremation preference an appropriate family member should complete the statement below indicating a choice for the decedent.

I _____, state that I am related to _____ who was a recipient of public and/or medical assistance through the _____ County Department of Social Services. My family relationship to the deceased recipient is as follows: (i.e. husband, wife, father, mother, son, daughter, brother, sister) _____.

I hereby express the following preference for the disposition of the decedent's body:

_____ Funeral/memorial service _____ Burial _____ Cremation

Describe additional details, if any.

Signature of family member

Date

Address of family member

Telephone Number

The undersigned hereby affirms that s/he witnessed the preceding signature by the recipients family member and appeared to be mentally competent to understand and exercise the choice of disposition.

Signature of witness

Date

Address of witness

Telephone Number

**COLORADO DEPARTMENT OF HUMAN SERVICES
DEATH REIMBURSEMENT CLIENT/PROVIDER AGREEMENT**

In accordance with CRS 26-2-29 a contribution of state funds is not permitted unless the total, combined, reasonable charges (including those paid by the decedent's estate, family, state, funds or any other source of funds) for services, property and supplies does not exceed \$2,500. The following steps must take place (1) The county department of social services in the county the decedent resided will determine the estate's and responsible party's contribution. (2) The county department will determine the amount of the county's and state's death reimbursement, and ensure funds are dispersed equitably after the provider bills for funeral/burial/cremation charges and submits them to the county department. (3) In the event two providers are offering services for the decedent, both providers must negotiate and agree on the amount each will collect from the estate, the responsible parties, and the portion of the death reimbursement payment that will go to each provider. (4) The Provider's Proposed Charges for Funeral/Burial.Cremation Of Deceased Recipient of Public Assistance or Medicaid (IM-101) form must be completed and signed by both providers. (5) If an agreement on the percentage of the death reimbursement payment is not attached or indicated on the IM-101 form, the county death reimbursement payment will be paid based on a 60% - 40% split. This means that mortuary expenses will be reimbursed at a rate of 60% or actual cost whichever is less. The cemetery will be reimbursed at a rate of 40% or actual cost whichever is less. (6) Providers must give the county department of social services their state tax I.D. number to ensure proper payment. Below is an (estimate/verified) amount of the death reimbursement payment.

ESTATE AND RESPONSIBLE PARTY CONTRIBUTION

It has been determined the Estate and Responsible party's (name) _____ will pay \$ _____ towards the burial, funeral, cremation cost.

Applicant Signature _____ Date _____

COUNTY/STATE DEATH REIMBURSEMENT (ESTIMATE/VERIFIED AMOUNT)

State/County Maximum Allowable	\$
Less client's estate, family contribution	\$
Estimated County Death Reimbursement	\$

Providers must complete the following and return an agreement to the county department if a 60 - 40% split of the death reimbursement payments is not acceptable

Mortuary /Crematorium Estimated Reimbursement (Provider A)	\$
Cemetery Estimated Reimbursement (Provider B)	\$

THE COUNTY/STATE WILL NOT PROVIDE DEATH REIMBURSEMENT BENEFITS IF THE TOTAL CHARGES FOR THE FUNERAL/BURIAL/CREMATION EXCEED \$2,500.00

Name of Mortuary /Crematorium _____ Address _____

City _____ County _____ State _____ Zip _____

Signature/Title _____

Name of Cemetery _____ Address _____

City _____ County _____ State _____ Zip _____

Signature/Title _____

COLORADO DEPARTMENT OF HUMAN SERVICES

AUTHORIZATION OF TOTAL CHARGES AND STATE CONTRIBUTION TOWARD THE FUNERAL, BURIAL, AND/OR CREMATION EXPENSES OF A RECIPIENT OF PUBLIC/MEDICAL ASSISTANCE

Name of Deceased Recipient _____
County DSS Providing Assistance _____
State ID _____ Category of Assistance _____ Household # _____

Mortuary/Crematorium Apportionment of Total Charges and State contribution Among Providers

Name of Provider: _____
Address: _____
State Tax ID.: _____
\$ _____ Is the amount of the total charges which is authorized for the above provider, to be in accordance with the itemization below or on the attached form (attach the providers signed, itemized proposal, if there is any)
_____ Yes _____ No
\$ _____ Is the amount of the state and county contribution which is authorized toward the above providers total charges.
_____ Yes _____ No

Cemetery Apportionment of Total Charges and State contribution Among Providers

Name of Provider: _____
Address: _____
State Tax ID.: _____
\$ _____ Is the amount of the total charges which is authorized for the above provider, to be in accordance with the itemization below or on the attached form (attach the providers signed, itemized proposal, if there is any)
_____ Yes _____ No
\$ _____ Is the amount of the state and county contribution which is authorized toward the above providers total charges.
_____ Yes _____ No

OVER

AUTHORIZATION OF TOTAL CHARGES AND STATE CONTRIBUTION
TOWARD THE COMPONENTS OF DISPOSITION:

Total Charges Authorized For All Providers: _____

Total State and County Contribution Authorized to All Providers: _____

SOURCES OF PAYMENT TOWARD THE TOTAL CHARGES OF RECIPIENT'S DISPOSITION	
SOURCE	AMOUNT _____

Estate of the Deceased Recipient _____
Persons Responsible for Recipient's Support _____
State and County Contribution _____
Total (must not exceed \$1500 for OAP, AFDC, \$1000 for AND) _____

The undersigned certifies that the total charges for the recipients disposition do not exceed \$1,500.00 (taking into account, where applicable, the exceptions in Staff Manual Vol. 3.150.6) and that the county DSS has thoroughly investigated and determined that , at the time o this authorization, the alternative sources of payment are insufficient to cover the total charges of disposition. Accordingly, the undersigned hereby approves the contribution of state funds to each provider as described above.

Signature _____ Date _____

_____ County DSS

FUNERAL, BURIAL, CREMATION WORKSHEET

FUNERAL, BURIAL CREMATION SERVICES	AMOUNT
Total Cost of Funeral, Burial, or Cremation	\$
If cost exceeds \$2,500, deny the application	\$
If less than \$2,500, proceed go to Step A.	\$
A. Value of Deceased Recipient's Estate	\$
B. Mandatory Participation of Responsible party (resources in excess of \$2,000 for an individual and \$3,000 for a couple)	\$
C. Maximum County and State Death Reimbursement \$1,500 OAP and AFDC, and \$1,000 AND	\$
D. Total (A + B)	\$
E. State and County Death Reimbursement Benefit (C - D)	\$
F. 1. One Provider (Enter amount shown on line E.)	\$
2. Two Providers (Multiply line E x .60 for the mortuary if different arrangements have not been made)	\$
G. 1. One Provider (Stop, you are finished)	
2. Two Providers (Subtract line F2 from the amount of money noted on line E)	\$

Check one

_____ One Provider - Line E is the State and County Death Reimbursement. It is \$1,500 or less.

_____ Two Providers - Line F2 + G2 = E

