

INDIANA BURIAL ASSISTANCE PROGRAM



FSSA BURIAL ASSISTANCE PROGRAM

- Purpose of the program and how it is funded
 - Defray the costs of funeral/burial expenses for eligible deceased Indiana residents
 - 100% State funded
- 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
- Not a Federal mandated program
- Only funeral homes/cemeteries with a signed provider agreement with FSSA may file a claim on the behalf of the deceased
- Either the funeral home or cemetery can submit for burial expenses; not both on the same decedent



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- The FSSA burial policy can be found online at http://www.in.gov/fssa/files/Medicaid_PM_4800.pdf
- Funeral/ Burial Claims packets must be received by the Burial Claims Office within **90 days of death**
- A signed Provider Agreement on file with the state's BCO prior to reimbursement- obtain blank form at BCO- Starts July 1 2020
- A W-9 form must be on file with FSSA Accounts Payable Office
- Notify claimsinfo@fssa.in.gov within 90 days of receipt of any unreported contributions received post claim submission
- The state will determine allowance based on total expenses compared to total received contributions
- Paper claims will be accepted until June 30, 2020
- New form will go into use on July 1, 2020
- All claims may be subject to an audit at the state's discretion



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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 (<i>last, first, middle</i>)	Case Number	Date of Birth (<i>mm/dd/yyyy</i>)
Last Residence (<i>number and street, city, state, ZIP code, county</i>)		
Date of Death (<i>mm/dd/yyyy</i>)	Date Remains received	Date of Burial (<i>mm/dd/yyyy</i>)
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 (<i>mm/dd/yyyy</i>)
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 be 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 charges
- Do not need your address
- Just name, fax and phone
- Still need signature and Fed ID
- State completes section 5



WHERE TO FIND STATE FORM 35937

- State form 35937 is on line 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

[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 Recc

- 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 \(Fillable PDF\)](#)



CONTACT INFORMATION

Burial Claims office:

- Phone- 317-234-1412
- Eligibility questions call 800-403-0864 prompt 1 then prompt 8
- They will give you the case # and category type
- Fax- 317-234-5075
- Email [-Indianaburialclaims@fssa.in.gov](mailto:Indianaburialclaims@fssa.in.gov)
- Contact the FSSA burial claims office for questions on how to complete the form or to submit a claim

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

More Information Available on: Indiana Burial Assistance Program Website

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



If you have issues receiving information when checking Health Coverage on the 800-403-0864 phone number, 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

Rebecca Vance, Burial Claims Director

2020

