



# Indiana Burial Assistance Program

August 2024

### **Purpose and Funding**

- The purpose of the FSSA burials program is to defray the costs of funeral/burial expenses for eligible deceased Indiana residents.
- This program is 100% State Funded and is **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](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 Disability)
- MA R (Residential Care Assistance Program)

\*Please Note: 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 maximum amount we offer to 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?**

- There is no limit on the dollar amount of contributions that can be collected.
- Contributions of more than **\$2600** for funerals and **\$1100** for cemetery will reduce the amount that the Burial Assistance can provide.
- The claim must be filled out with the full amounts contributed.

**What is the generally anticipated turnaround time for claims? (Assuming Burials Claims receive all information necessary at the time of submission)**

- Our suggestion is to wait to check on payment and processing for at least 90 days after submitting the claim. (Please keep any confirmation email or fax after submitting the claim. This will aid in finding an accurate turnaround time, if requested.)

**What forms need to be sent in before filing a claim?**

- A W-9 form, and a Direct Deposit Form (State Form 47551) must be sent to the Auditor of the State. The forms are located at <http://www.in.gov/auditor/forms/>
- Please send the forms to [claimsinfo.FSSA@fssa.in.gov](mailto:claimsinfo.FSSA@fssa.in.gov)
- If you want to add or change an e-mail address to receive electronic notifications of EFT deposit, please contact [vendors@auditor.in.gov](mailto:vendors@auditor.in.gov)

### **What are the steps to submit a Burial Claim?**

- Step 1: Call 800-403-0864 press PROMPT 7 to verify Medicaid case number and Medicaid category information.
- Step 2: Submit Claim by email to [Indianaburialclaims@fssa.in.gov](mailto:Indianaburialclaims@fssa.in.gov) or fax at 317-234-5075  
(Please send in one claim per email/fax)
- Step 3: Burial assistance claim is reviewed and processed, then sent to accounts payable.
- Step 4: FSSA Accounts Payable reviews and processes invoice.
- Step 5: Invoices are paid within 28-30 days after invoicing.

## **How do I fill out a claim?**

New claim forms can be obtained online at <https://www.in.gov/fssa/forms.in.gov/> . Search for form number 35937.



### **CLAIM TO DEFRAY FUNERAL AND CEMETERY EXPENSES**

State Form 35937 (R6 / 4-22)  
Approved by State Board of Accounts, 2022

**Claimant must complete, sign and date form. Submit to Family and Social Services Administration (FSSA), Division of Family Resources (DFR), within ninety (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)	Medicaid Case Number	Date of Birth (mm / dd / yyyy)
Last Residence (number and street, city, state, and ZIP code)		County
Date of Death (mm / dd / yyyy)	Date Remains Received (mm / dd / yyyy)	Date of Burial (mm / dd / yyyy)
SECTION 2 - FUNERAL / CEMETERY EXPENSES		
Claim Type - Funeral	Claim Type - Cemetery	
Total Expenses \$	Total Expenses \$	
SECTION 3 - CONTRIBUTIONS AND RESOURCES		
Claim Type - Funeral	Claim Type - Cemetery	
Total Contributions \$	Total Contributions \$	
Contributor Name(s)	Telephone Number ( )	
SECTION 4 - CLAIMANT AFFIRMATION STATEMENT		
Name of Funeral Home and/or Cemetery	Fax Number ( )	Telephone Number ( )
Amount Claimed Funeral \$	Amount Claimed Cemetery \$	Total Requested State Assistance
Pursuant to the provisions 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 part of the same has been paid.		
Signature of Funeral Home / Cemetery Representative		Date Signed (mm / dd / yyyy)
Printed Name		Federal Tax Identification Number (EIN)
SECTION 5 - TO BE COMPLETED BY THE STATE		
Medicaid Effective Date (mm / dd / yyyy)	State 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 funeral and cemetery expenses is in proper form; that the deceased recipient on whose behalf payment is to be made has been found 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 DFR Representative		Date Signed (mm / dd / yyyy)

### **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 (Claims must be submitted within 90 days of date of death)
- Date remains are received at your facility
- If filing cemetery expenses need date of burial (Not date of cremation)

### **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 state.)
- Claim Type Cemetery- Enter total final expenses (do not subtract any monies from contributions, resources, or discounts received or expect to receive from state.)

### **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's name and phone number need to be reported. Attach additional pages if space is needed.

### **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 (Cannot exceed \$1200)
- Amount claim cemetery- Enter amount of assistance expected from the state (Cannot exceed \$800)
- Total- add both amounts of assistance expected from the state and enter that total (Cannot exceed \$2000)
- Funeral and/or cemetery authority needs to sign the form
- Enter Federal ID number
- Enter date the form was signed

**Section 5 will be completed by Burials Claims Office**

**The Claims must be received by the Burial Claims Office with 90 days of death. The claim form is all we require within 90 days of death 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**

## **Contact Information**

- Call 800-403-0864 prompt 7: They will give the members case # and category type
- Fax: 317-234-5075
- For inquiries about submitted claim or general program inquires email: [indianaburialclaims@fssa.in.gov](mailto:indianaburialclaims@fssa.in.gov) or call 317-234-1412
- Contact accounts Payable regarding payment inquiries, submitting or updating W-9 form, and reporting the receipt of additional monies or to submit over payments. Email: [claimsinfo.fssa@fssa.in.gov](mailto:claimsinfo.fssa@fssa.in.gov)

Contact FSSA estate recovery with questions on funeral trusts or prepaid funerals at [estaterecovery@fssa.in.gov](mailto:estaterecovery@fssa.in.gov)

If you have issues that you are unable to resolve through the Burial Claims Office, please contact [cc@fssa.in.gov](mailto:cc@fssa.in.gov)

### **Helpful Tips and Tricks**

- Please keep/archive all correspondence and emails between yourself and [Indianaburialclaims@fssa.in.gov](mailto: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 the same form more than once. If confirmation of fax or email receipt received on your end, we have the form

### **FSSA BURIAL CLAIMS DIVISION**

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

Jessica Jones

Burial Claims Manager