



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston MA 02111

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Field Operations Memo 99-16
July 1, 1999

To: Transitional Assistance Office Staff

From: Joyce Sampson, Assistant Commissioner for Field Operations

Re: Payment of Funeral and Burial Expenses

Background

The Massachusetts General Laws (Chapter 117A, Section 9) specify that the Department is responsible for paying funeral and burial expenses for:

- a person whose identity is unknown and found dead, or
- any person who was without sufficient resources or financially responsible relatives to pay for funeral and burial expenses. This includes, but is not limited to, TAFDC, EAEDC and SSI recipients and DMA MassHealth members with less than \$1,500 in assets at the time of death.

Note: Funeral and burial expenses may include the cost of cremation.

**Applications
for
Recipients**

A separate application does not need to be completed for payment of funeral and burial expenses on behalf of an individual who, at the time of death was: (1) an active TAFDC, EAEDC, SSI-A or SSI-D recipient, or (2) a pending TAFDC or EAEDC applicant opened with Action Reason 03.

The request for payment of funeral and burial expenses should be processed by the Transitional Assistance Office that has the active or pending case.

**Applications
for Non-
Recipients**

The *Application for Payment of Funeral and Burial Expenses* (F&B-1) form (see Attachment A) has been developed to collect the necessary information to determine eligibility for payment of funeral and burial expenses for deceased individuals who were not TAFDC, EAEDC, or SSI recipients at the time of death.

The F&B-1 may be submitted to **any** Transitional Assistance Office:

- on behalf of any deceased person who was **not** an active TAFDC, EAEDC, or SSI recipient, or pending TAFDC or EAEDC applicant at the time of death.
 - by a relative, friend, funeral director, medical examiner or other person who is able to complete the application process and provide any necessary verifications.
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**Verification
of Funeral
and Burial
Expenses**

In all instances of requests for payment of funeral and burial expenses, the funeral director must:

- (1) submit an itemized bill,
- (2) submit a signed statement that the total cost of the funeral and burial does not exceed \$1,500, and
- (3) report any money paid or to be paid by sources other than the Department.

The Department will **not** pay any funeral and burial expenses if the total cost exceeds \$1,500.

Assets

The TAFDC and EAEDC asset **limits** do not apply to applications solely for payment of funeral and burial expenses. A decedent's and/or financially responsible relative's assets must be less than \$1,500.

Assets include, but are not limited to, savings and other bank accounts, life insurance, RSDI and Veterans' Administration death benefits, and personal needs accounts of nursing home or other long-term-care decedents. In all instances, death benefits and other resources must be explored before funeral and burial expenses are authorized.

**Assets
(cont.)**

Important: Veterans' death benefits will not be paid once the Department authorizes the payment of the funeral and burial expense; therefore it is important that this benefit be explored before approving the payment.

Any assets available from the decedent or a financially responsible relative must be deducted from the maximum allowable cost (\$1,500); the Department then pays the balance, if any, up to \$1,100.

Example #1: Mr. Black was a resident in a long-term-care facility. His only asset at the time of his death was a personal needs account of \$600. The funeral and burial expenses are \$1,500. Deduct \$600 from the maximum allowable cost of \$1,500 and authorize a funeral and burial payment of \$900.

Example #2: Mr. White's only asset at the time of his death was a bank account with \$300. The funeral and burial expenses were \$1,500. Deduct \$300 from the maximum allowable cost of \$1,500. Although there is a balance due of \$1,200, the authorization for the funeral and burial payment may not exceed \$1,100.

Example #3: Mr. Green's wife is a financially responsible relative. At the time of Mr. Green's death, Mrs. Green had a bank account with \$1,800. Since her assets exceed the \$1,500 maximum allowable funeral and burial cost, Mr. Green is not eligible to have any of his funeral and burial expenses paid by the Department. The application must be denied.

**Payment of
Funeral and
Burial
Expenses**

Send an NFL-9, approving or denying payment for funeral and burial expenses, to the person who made the request on behalf of the decedent.

An individual who was an active **TAFDC, EAEDC, SSI-A or SSI-D recipient** at the time of death and who is approved for funeral and burial expenses must be processed as a Category 2, 4, 1 or 3 respectively. After the payment for the funeral and burial expenses has been made, close the deceased recipient with Action Reason 49.

**Payment of
Funeral and
Burial
Expenses
(cont.)**

An individual who was a pending (Action Reason 03) **TAFDC or EAEDC applicant** at the time of death and who is approved for payment of funeral and burial expenses must be processed as a Category 2 or 4 respectively. After the payment for the funeral and burial expenses has been made, close the deceased applicant/case with Action Reason 70.

Any other deceased individual, (who was **not** an active TAFDC, EAEDC, or SSI case or a pending TAFDC or EAEDC applicant at the time of death) who is approved for payment of funeral and burial expenses must be opened/reopened on PACES as a Category 4 with Action Reason 03. After the payment for the funeral and burial expenses has been made, close the deceased recipient with Action Reason 70.

Funeral and Burial Expenses are paid through the Special Services Payment System (SSPS). See *Systems User's Guide: Volume III, SSPS User's Guide*.

Policy

The policy governing funerals and burials is found in the Transitional Cash Assistance Programs: Related Benefits - 106 CMR 705.700-705.710.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline at (617) 348-8478. For system-related questions, call the Customer Service Center at (617) 348-5290.



Massachusetts Department of Transitional Assistance
Application for Payment of Funeral and Burial Expenses

Approval/Denial Date _____

Application Date _____

Decedent's Name _____ SSN _____
First Middle Last

Address _____
Street City ZIP

Date of Birth _____ Date of Death _____ Sex Male Female Race _____

Marital Status Single Married (Maiden Name) _____ Separated Divorced Widowed

Prior Aid in Massachusetts yes no If yes, where and when _____ Type of Assistance TAFDC EAEDC SSI MassHealth

Name and address of person completing application on behalf of the decedent

Name _____ Relationship _____
First Middle Last

Address _____ Telephone _____
Street City ZIP

Assets of Deceased or Financially Responsible Spouse or Parent

List and describe all personal property, such as cash, bank accounts, personal needs accounts, government bonds, stocks, automobiles, trailers, boats, credit union shares, trusts, and real estate owned in whole or in part by the decedent. Verification must be submitted with application.

Type of Property	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all life insurance coverage for the decedent.

Name of Policy Owner	Insurance Company	Policy Number	Value
_____	_____	_____	_____
_____	_____	_____	_____

Is there a Veteran's death benefit? yes no If yes, amount \$ _____

Is there a Social Security death benefit? yes no If yes, amount \$ _____

Is there any other death benefit? yes no If yes, amount \$ _____ type of benefit _____

I certify, under penalty of perjury, that the information I have given is correct, true, and complete to the best of my knowledge.

I understand that this application is subject to review, and that I must submit required verifications of what I have stated.

I understand that the Department of Transitional Assistance will investigate all facts relating to eligibility for payment of funeral and burial expenses. I further consent to assign to the Department of Transitional Assistance any benefits from insurance or third party, as required by state law, if death was a result of an accident.

Signature of person completing the application

Date

Signature of TAO Worker

Date