

# Des Moines Valley Health and Human Services Final Disposition/Funeral Payment Policy Policy DV 9000

---



## Des Moines Valley Health and Human Services *Serving Cottonwood & Jackson MN Counties*

### Jackson Location

Human Services/Public Health | 405 4<sup>th</sup> St., Bldg. 4 | PO Box 67 | Jackson, MN 56143 | (507) 847-4000

### Windom Locations

Human Services | 11 4<sup>th</sup> St. | PO Box 9 | Windom, MN 56101 | (507) 831-1891  
Public Health | 235 9<sup>th</sup> St. | Windom, MN 56101 | (507) 831-1987

Fax: (507) 847-5616  
[www.dvhhs.org](http://www.dvhhs.org)

---

### **Purpose:**

Des Moines Valley Health and Human Services (DVHHS), joint powers of Cottonwood and Jackson Counties, provides financial assistance for eligible recipient's funeral or final disposition as required by Minnesota Statutes M.S. 261.035.

### **Policy:**

The family or funeral home is responsible for contacting Des Moines Valley Health and Human Services when county paid burial or disposition assistance may be necessary. **All county paid dispositions requires prior approval. Application must be completed and authorization given to the funeral director prior to services being rendered. DVHHS is not responsible for making or coordinating any burial or disposition arrangements**

**Cremation services will be the method of disposition.** <sup>(1)</sup>

County paid burial or disposition assistance is limited to maximum payment amounts established in this policy. DVHHS reserves the right to file a claim against the estate of the deceased for any funds expended on behalf of the deceased.

### **Request for Assistance**

- A request for county paid burial or disposition assistance must be made upon death and prior to funeral/disposition arrangements. If extenuating circumstances occur which do not allow prior approval, the agency must be contacted on the first working day following the arrangements.

### **Application and Determination**

- An application for county paid burial or disposition assistance must be completed by a family member or other interested party.
- The Financial Assistance Supervisor or Eligibility Lead Worker will verify eligibility and notify the funeral director by phone, fax or email of the approval.

## **Resource Determination**

- Resources owned by the deceased or surviving spouse at the time of death are considered available to help defray the burial costs. A *responsible relative* is defined as the surviving spouse.
- Resources include, but are not limited to: pre-paid burial arrangements, bank accounts (including joint accounts), life insurance, trust accounts, vehicles, real estate, nursing home trust funds, social welfare funds, and any death benefits, including Veterans benefits and Social Security death benefit.
- The homestead or primary residence is excluded as an available resource if it is occupied by a surviving spouse, a child under 18, or a child of any age who is disabled.
- Any crowdfunding sources such as benefits, fundraisers or online sources such as GoFundMe accounts, solicited to pay for burial expenses, will be considered an available asset(s) to offset the disposition costs. Crowdfunding benefits raised to help pay for medical expenses of a deceased recipient of Medical Assistance will be considered available if the Medical Assistance Program covered all medical expenses. Any outstanding medical bills of the deceased that are not covered by Medical Assistance may be paid by a crowdfunding source as an allowable expense, however any remaining balance in the crowdfunding source will be considered an available asset to help offset the disposition costs. Any funds being raised via crowdfunding, benefits or fundraisers may be subject to recovery for reimbursement of the county paid burial or disposition costs.

## **Estate Recovery**

- The Eligibility Worker will complete the estate form and forward it to the DVHHS Collections Unit, for potential recovery from all bank accounts and/or other available assets.

## **Invoice Submission**

- The funeral home must submit a detailed itemized invoice for approved services to DVHHS within 5 business days of the funeral or disposition.

## **Authorization and Payment**

- The Financial Assistance Supervisor will review and authorize the invoice and forward it to the Fiscal Department for payment to the funeral home in accordance with established guidelines.

## **Authorized Services**

- If the agency assumes financial responsibility for final disposition, the arrangements **cannot** exceed the agency limits.

- Agency payment must be accepted as payment in full for DVHHS agency funded disposition. An agency funded disposition is not intended to supplement other monies available for disposition services.
- ***A responsible relative or another person cannot pay privately for any additional services above the agency approved. Those funds would instead go to pay the entire cost of the disposition. This includes visitation and/or funeral services.***

### **DVHHS Limits for Final Disposition**

***(1) Exceptions to the cremation requirement may be granted based on religious or cultural beliefs and approval of written request.***

#### **Direct Cremation**

- Amount not to exceed \$3,800.00 for professional services which may include:
  - Memorial service at a location customary to the family
- Allowable additional expenses include:
  - Interment of cremains only if family does not want to take possession
  - Minimum value urn at cost + 5%
  - Mileage @ \$2.50 per loaded mile
- Non-allowable expenses include:
  - Embalming
  - Upgrade in Urn
  - Weekend or holiday service
  - Flowers, memorial cards, honorariums, obituary notices, church/facility rentals, or other items

#### **Traditional Burial**

- Amount not to exceed \$3,800 for professional services which may include:
  - Memorial service at a location customary to the family
- Allowable additional expenses include:
  - Minimum value casket at cost + 5%
  - Minimum value vault at cost + 5%
  - Actual cost of opening and closing of grave site
  - Actual cost of burial plot
  - Mileage @ \$2.50 per loaded mile
- Non-allowable expenses include:
  - Weekend or holiday service
  - Upgrade in casket or vault
  - Flowers, memorial cards, honorariums, obituary notices, church/facility rentals, or other items

**DVHHS COUNTY BURIAL APPLICATION**

<b>Name of Deceased</b>	
<b>DOB:</b>	
<b>Date of Death:</b>	
<b>SSN:</b>	
<b>Name of Applicant</b>	
<b>Address of Deceased prior to death.</b>	
<b>Place of death:</b>	
<b>Funeral Home Name and Address</b>	
<b>Name, Phone Number and Address of living spouse and or responsible relative</b>	
<b>Was the deceased receiving public assistance benefits and if Yes, Which programs:</b>	
<b>Does the deceased have a pre-paid burial fund or other burial benefit plan?</b>	
<b>Does the deceased have a burial plot and if so where?</b>	

<b>Is the deceased eligible for Veteran's burial benefits?</b>	
<b>Does the deceased have access to insurance or other burial benefits through any organizations such as the VFW, American Legion, Moose, Elks, etc.? If so, please list:</b>	
<b>Monthly Income of the Deceased: Please list monthly amount.</b>	Wages: Social Security: Retirement/Pension: Other Earned/Unearned Income:
<b>Life Insurance: Name of Company, Amount and Beneficiary</b>	
<b>Savings Account: Name and Address of Bank, Account Number and Account Balance</b>	
<b>Checking Account: Name and Address of Bank, Account Number and Account Balance</b>	
<b>Other Assets: (Stocks, Bonds, CD's, Etc.)</b>	
<b>Real Estate/Property</b> Address and Location of Properties  Year, Make and Model of Vehicles	Home/Homestead:  Rental Property:  Non-Homestead Property:  Vehicles:

***Signing this form gives DVHHS permission to share information about eligibility for publicly funded burial with the funeral provider listed.***

***I agree that the assets determined available towards payment for funeral/burial costs will be paid promptly to DVHHS.***

***To the best of my knowledge all the above statements are true and correct. Any information supplied on this application can be verified.***

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Revision Dates: 08/15/2022