




HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Brent Earnest, Secretary
Mary Brogdon, Deputy Secretary

Manual Revision Memorandum

ISD-MR 18-44

TO: ISD Employees
FROM:  Mary Brogdon, Division Director, Income Support Division
RE: Forms Manual Revision – Funeral Expenses Payment Request (FAP 217e) & Funeral Expenses Payment Eligibility Worksheet (FAP 218)
DATE: August 9, 2018

The *Funeral Expenses Payment Request (FAP 217e) & Funeral Expenses Payment Eligibility Worksheet (FAP 218)* forms have been merged and revised into one form for clarification and ease of use this will make the FAP 218 obsolete. It will only be accessible on the Forms drive, not in ASPEN. Additionally, a space for the case number and to identify the type of ISD benefit group assistance has been added.

Form Instructions:

- The following are to be filled out by the ISD County office:
 - Section 1 – Case Information: Fill out all sections including the County Office name, worker name and date information is entered into recipient's case comments.
 - Section 2 – Resources: The information in these sections will be provided by the person applying on behalf of the deceased.
 - Section 3 – Providers: The information in these sections will be provided by the person applying on behalf of the deceased.

- The following are to be filled out according to below:
 - Section 4 - Provider Information: Should be completed and signed by the Funeral Care Provider (s) the family is receiving assistance from.
 - The Funeral Care Provider (s) can supply verification of the type and cost of the services in lieu of completing section 4; however a signature in section 4d is will required.
 - Section 5 - Payment Determination: Is to be left blank and will be filled out by Policy and Program Development Bureau (PPDB).

- The County Office will send the completed form, it must include both pages of the request and any verification that may have been received from the Funeral Care Provider (s), by one of the following methods: mail, electronically **or** scanned into ASPEN.
 - Mailing address: HSD-ISD ATTN: PPDB PO Box 2348 Santa Fe, NM87504-2348
 - Email: HSD-ISD PC, HSD HSD-ISD.PC@state.nm.us
 - **IF scanned** email HSD-ISD.PC@state.nm.us to inform PPDB that the form and documentation is out there in ECF.

Replace all previous versions of the forms listed below. All previous versions of the form listed in this MR must be removed from any current stock.

Delete – FAP 217e, Funeral Expenses Payment Request, FAP 217e revised 07/23/2008 (replaces ISD 217)

Obsolete- FAP 218 Funeral Expenses Payment Eligibility Worksheet, FAP 218 Revised 12/12/2011

Replace FAP 217e, Funeral Expenses Payment Request, FAP 217e revised 08/09/2018

If you have questions regarding this MR, please contact Andrea Wheeler at (505) 827-7268 or via e-mail at andrea.j.wheeler@state.nm.us.

FUNERAL EXPENSES PAYMENT REQUEST

Instructions: **Section 1** will be completed by the ISD County Office. **Section 2 & 3** will be completed by the person applying on behalf of client. **Section 4** is to be completed by the Funeral Care Provider(s). Form must have all required signatures as requested. **Once Sections 1-4** are completed, the ISD County Office will send the forms password protected in an e-mail to HSD-ISD.PC@state.nm.us. **Section 5** will be completed by PPDB.

1. Case Information

Recipient Name		ASPEN Case Number	ASPEN Individual #	Date of Death
Date of Request	County Office	ISD Worker	Entered into Case Comments	Date sent to PPDB
			Yes/No: Date:	

Person Applying on Behalf of Deceased	Relationship to Deceased
Address (of person applying on behalf)	Phone Number (of person applying on behalf)
	() -

2. Resources – Indicate whether any of the following were available to the deceased **prior or at the time** of death by either checking the NONE box or placing an amount in the amount column.

	None	Amount
Cash available to the deceased at the time of death	<input type="checkbox"/>	\$
Insurance benefits designated for use in meeting the funeral cost	<input type="checkbox"/>	\$
Death or Burial Benefits (available through the VA, Social Security Adm. or Railroad Retirement) <i>Application for these benefits is a prerequisite</i>	<input type="checkbox"/>	\$
The estate of the deceased	<input type="checkbox"/>	\$
Legally responsible relatives	<input type="checkbox"/>	\$
Gifts, contributions or written commitments by non-legally responsible relatives	<input type="checkbox"/>	\$
Other (enter total amount from Page 2, section 4b)	<input type="checkbox"/>	\$
Total		

3. Providers – List the Business name(s) and phone numbers of all Funeral Care Providers from whom the family is receiving services below:

Name of Funeral Care Provider (s)	Phone number
	()
	()
	()

By signing below I attest that the information above is correct to the best of my knowledge. I also understand that if the Funeral Care provider balance is paid prior to ISD disbursing the benefit amount, the benefit money will not be released and no reimbursement will be paid. Per NMAC 8.106.502.8 G

Signature:	Date:
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4. Funeral Provider Information- This section is to be completed by the funeral provider.

Business Name:	Telephone Number: () -
Address:	Federal Tax I.D. Number:
Contact Name:	

4a. Funeral Expenses – List the services/items provided and the charge or attach verification of services and expenses.

	\$
	\$
	\$
	\$
	\$
Total:	\$

4b. Credits- List any payments that have been made, are pending, or expected to your knowledge from any source to meet any of the expenses of this funeral. If there are none leave blank and proceed to the next section.

	\$
	\$
	\$
Total:	\$

4c. Agreement-

I hereby certify that the above charges are correct, true and complete and that all payments received and/or pending, to my knowledge, have been indicated. I agree to immediately report to the Income Support Division any payments, not herein above indicated, that I receive in satisfaction of this claim, and to promptly refund to the Income Support Division such additional amounts as may be received, refunds being limited to no more than the amount of the Income Support Division payment. I am aware that pursuant to Section 13-1-22.1 NMSA 1953, I may be held liable for double the amount of the Income Support Division payment if I fail to report such additional payments.

Signature of Provider _____ Title _____ Date _____

Please return completed form to the Income Support Division office to be processed. Thank you.

Income Support Division: County office please review that all is filled out and signatures are present where needed. Then please e-mail the entire form to HSD-isd.pc@state.nm.us with the title of "Funeral Expenses Payment Request" in the subject line.

5. Payment Eligibility- This section to be completed by the Policy & Program Development Bureau (PPDB).

Documents Provided:	<input type="checkbox"/> FAP 217	<input type="checkbox"/> Other Documents: _____ Example: Funeral Home Expenses
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<p>Does the client have a balance for a funeral expense?</p> <p><input type="checkbox"/> Yes Funeral home balance of \$ _____ as of Date: _____</p> <p>OR</p> <p><input type="checkbox"/> No balance, it is paid in full.</p>	<p>If yes, continue.</p> <p>If no, deny per 8.106.502.8A NMAC.</p>
<p>Per page 1 Section 2. Resources, does the client have any resources?</p> <p><input type="checkbox"/> Yes, _____ (Please list)</p> <p><input type="checkbox"/> No.</p>	<p>If yes, continue.</p> <p>If no, approve for the maximum amount of \$200.</p>
<p>The total amount of resources claimed is \$ _____.</p>	<p>If total is \$600 or more, then deny per 8.106.502.8C NMAC.</p> <p>If total is \$599 or less, then continue.</p>
<p>Subtract total resources \$ _____ from \$600 = \$ _____.</p>	<p>Continue</p>
<p>Is the above total less than \$200?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, pay the difference from above.</p> <p>If no, pay the maximum amount of \$200.</p>
<p>Verify the balance in the Burial Fund. At this time what is the running balance in the account? \$ _____.</p> <p>Are there monies available? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES, continue.</p> <p>If NO, deny due to funds not available at this time.</p>

6. Funeral Expense Verification - Verify balance noted in Section 4

Funeral Provider name of contact:	
Phone Number:	
Verified Funeral Balance owed:	\$ _____ Date: _____

7. Determination – This section to be completed by the Policy & Program Development Bureau (PPDB).

DETERMINATION	<input type="checkbox"/> Delay Notice Sent Reason: _____	<input type="checkbox"/> Approved for \$ _____	<input type="checkbox"/> Denied Reason: Policy: _____ NMAC
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8. Review notes – for PPDB use only

PPDB reviewer Name	Decision Date	Decision Letter Mailed
Date Payment Voucher Requested	Entered into Spreadsheet <input type="checkbox"/> YES <input type="checkbox"/> NO	Date scanned into ASPEN /ECF