

IM-101 Form - Provider Charges, Authorized State Contribution, and County Authorization for Cremation or Burial

Purpose of the Form:

This form is used for three (3) purposes:

- 1) To obtain written, signed proposals of the charges for the disposition of the recipient (decedent);
- 2) To authorize the State contribution amount; and
- 3) For the County to authorize the cremation or burial when:
 - a) No written choice of the manner of disposition was made by the decedent; or
 - b) No authorized relative has been located; or
 - c) No authorized relative of the decedent has made a written choice within seven (7) days of the death and the county has determined the most cost-effective option for disposition.

General Information:

A contribution of State funds is not permitted unless the total combined, reasonable charges (including those paid by the decedent's estate, family, friends, state funds, or any other source) for services, property, and supplies does not exceed \$2,500. The maximum State contribution cannot exceed \$1,500. This provision is in accordance with Colorado Revised Statute 26-2-129. The following steps must take place:

- 1) All payments from a decedent's estate, payments from legally responsible persons, and contributions from any other person or persons who make a contribution to burial services shall be paid directly to the provider(s) of services. After the provision of all services, the providers shall bill the county department directly for reimbursement for appropriate costs that have not been covered by the resources from or contributions made by the decedent's estate, legally responsible persons, or any other person or persons who make a contribution to burial services. The county department shall reimburse the appropriate providers directly, based upon the statement of agreement.
- 2) The county department of human/social services where the decedent resided will determine the estate's and responsible party's contribution and will determine the amount of the State's contribution and ensure funds are dispersed equitably after the provider(s) submits a bill for the funeral/burial/cremation charges;
- 3) The Mortuary/Crematorium Provider's Information and Charges and the Cemetery Provider's Information and Charges (s) of this form must be completed and signed by the provider(s) as applicable;
 - a) In the event two providers are offering services for the decedent, both must negotiate and agree on the amount of the death benefit payment that will go to each provider by:
 - i) Signing and indicating the negotiated amount on this form; or
 - ii) If a different agreement is reached, a signed copy of that agreement is provided.

- b) If the providers have not signed and agreed on the amount of payment to each provider, and an alternative signed agreement is not provided, the death benefit payment may be split (60% to the mortuary and 40% to the cemetery or actual cost whichever is less).
- 4) Providers must provide the county department of human/social services with an active EFT payment number to receive payment.

Provider Charges, Authorized State Contribution, and County Authorization for Cremation or Burial

Deceased Recipient Information	
Name:	CBMS #:
Date of Birth:	State ID:
Date of Death:	Category: <input type="checkbox"/> AND <input type="checkbox"/> OAP <input type="checkbox"/> Medicaid <input type="checkbox"/> CW

_____ County Department of Human/Social Services (*estimates or has verified*) the death reimbursement will be \$ _____ providing total costs of the burial, funeral, and/or cremation do not exceed \$2,500. The maximum State contribution cannot exceed \$1,500.

Mortuary/Crematorium Provider's Information and Charges		
Name of Business:		
Address:		
City:	State:	Zip Code:
EFT Provider #:	State Tax ID #	
Total Charges (please attach itemized statement):	\$	
Negotiated/Agreed Amount:	\$	
Signature:	Title:	Date:

Cemetery Provider's Information and Charges		
Name of Business:		
Address:		
City:	State:	Zip Code:
EFT Provider #:	State Tax ID #	
Total Charges (please attach itemized statement):	\$	
Negotiated/Agreed Amount:	\$	
Signature:	Title:	Date:

The above-submitted charges must be negotiated and agreed upon prior to submitting to the county department. If there is no agreement, the county department may pay the mortuary 60% and the cemetery 40% of the death reimbursement benefit or the actual cost, whichever is lower. If a different agreement is reached, please attach the terms to this form.

Sources and Amounts of Payment(s) Toward the Total Charges of Recipient's Disposition	
Estate of the Deceased Recipient	\$
Person(s) Responsible for Recipient's Support	\$
State Contribution	\$
Total (must not exceed \$1,500)	\$

The undersigned certifies that the total charges for the recipient's disposition do not exceed \$2,500.00 (in accordance with Rule Section 3.570.43 F 4) (9 CCR 2503-5) and that the county department has thoroughly investigated and determined that, at the time of this authorization, the alternative sources of payment are insufficient to cover the total charges of disposition. Accordingly, the undersigned hereby approves the contribution of State funds to each provider as described.

Signature Title Date

Authorization of Cremation or Burial by County Department of Human/Social Services

Authorization is hereby given to _____
to cremate or bury the body of _____ who is a deceased recipient of public and/or medical assistance. The Undersigned certifies that:

- (1) The _____ County Department of Human/Social Services has not discovered any evidence that the recipient made a written choice of the manner of disposition, and
- (2) Reasonable, good faith efforts have been made to contact a relative authorized to make such a choice under 26-2-129 (9) (a) (II), C.R.S. (Check below as appropriate)
 - No authorized relative has been located.
 - No authorized relative of the recipient has made a written choice within seven (7) days of the recipient's death.

In accordance with the Colorado Revised Statutes, the _____ County Department of Human/Social Services has chosen cremation burial (check one) as the least costly means of disposition.

Name of Authorized County Representative Signature

Title Date

Note: 26-2-129 (11), C.R.S., provides that "Notwithstanding any other provision of the law to the contrary, any person who, in good faith, disposes of a deceased recipient or the remains of a deceased recipient in accordance with this section shall be immune from any civil or criminal liability".