

## EXECUTIVE DIRECTIVE



<b>Title: Funeral and Burial Expenses for an Indigent Inmate</b>	<b>OPS Directive Number: OPS.270.0002</b>
<b>Related MD Statute/Regulations: Correctional Services Article §9-604; Human Services Article §5-415, Annotated Code of Maryland; Health General Article, §5-406, Annotated Code of Maryland; COMAR .07.03.20 and COMAR 12.02.22</b>	<b>Supersedes: DOC 270.0002 dated 11/30/10 and DPDS.270.0002 dated 04/30/15</b>
<b>Related ACA Standards: 4-4395</b>	<b>Responsible Authority: <i>Pat Hains Johnson</i> Executive Director, Field Support Services</b>
<b>Related MCCS Standards: .02T</b>	<b>Effective Date: November 4, 2016 Number of Pages: 4</b>

**Stephen T. Moyer**  
Secretary

**J. Michael Zeigler**  
Deputy Secretary  
for Operations

### **.01 Purpose.**

This directive continues Department of Public Safety and Correctional Services (Department) policy and procedures related funeral and burial expenses for an indigent inmate.

### **.02 Scope.**

This directive applies to all Department units responsible for the care and custody of an individual confined under the authority of the Department.

### **.03 Policy.**

The Department shall comply with requirements of the Human Services Article, §5-415, Annotated Code of Maryland related to burial expenses for an indigent inmate.

### **.04 Definitions.**

A. In this directive, the following terms have the meanings indicated.

B. Terms Defined.

(1) Indigent Inmate.

(a) “Indigent inmate” means an inmate who:

(i) At intake, has less than a total of \$4 in the inmate’s account;

(ii) In the previous 30-days has not received pay for an assignment, and has less than a total of \$4 in the inmate’s account; and

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- (iii) For the sole purpose, of acquiring a birth certificate, at intake, has less than a total of \$12 in the inmate's account.
  - (b) "Indigent inmate" for the purpose of funeral and burial expenses, has the meaning stated under Correctional Services Article, §§9-604(a-d), Annotated Code of Maryland.
  - (c) "Indigent inmate" does not include an inmate who meets requirements under §B(1) of this directive, which is based on a pattern of spending funds in a 30-day period intending to qualify as indigent.
- (2) "Family" means an individual who is related to the inmate by blood or law, such as a spouse, parent, child, grandparent, sibling, or grandchild.

**.05 Responsibility/Procedure.**

- A. Upon the death of an inmate and in preparation for determining eligibility for State payments of the inmate's funeral and burial expenses, a managing official, or a designee, shall access the inmate's Maryland Offender Banking System (MOBS) account to verify the inmate is indigent before completing the deceased inmate section of the *Request for Payment of Funeral Expenses* form.
- B. If the inmate is determined to have been indigent at the time of death, the managing official, or a designee, shall:
  - (1) Complete a *Request for Payment of Funeral Expenses* form; and
  - (2) Deliver the form to an inmate's family member responsible for funeral and burial arrangements with instructions that the *Request for Payment of Funeral Expenses* form requires that appropriate portions of the form require completion by the:
    - (a) Mortuary representative providing the funeral and burial services; and
    - (b) State Department of Human Resources.
- C. A mortuary representative is required to complete the vendor section of the *Request for Payment of Burial Expenses* form and provide family with:
  - (1) An itemized statement of services provided the family member responsible for arranging the funeral and burial expenses for the decedent; and
  - (2) The purchase authorization and invoice form.
- D. The family member responsible for the funeral and burial of the decedent is required to register with the Department of Human Resources (DHR) for assistance with payment of the decedent's funeral and burial expenses if:
  - (1) The family legally responsible for the support of the decedent is unable to pay the expenses; and

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- (2) Other resources, including available death benefits from an estate or insurance are insufficient to pay the expenses.

E. A State Department of Human Resources employee shall:

- (1) Complete applicant section of the *Request for Payment of Burial Expenses* form;
- (2) Return the completed *Request for Payment of Burial Expenses* form by fax, mail, or email to Department's Director, Social Work according to information provided by the managing official at the time the *Request for Payment of Burial Expenses* form is delivered to the decedent's family.

F. Upon receipt of a *Request for Payment of Burial Expenses* form in accordance with §.05E(2) of this directive, the Director, Social Work shall:

- (1) Approve or disapprove the application;
- (2) Notify the decedent's family and the mortuary of the final decision;
- (3) Maintain a file of decedent paperwork; and
- (4) Submit the *Request for Payment of Funeral Expenses* form and related documentation to the:
  - (a) Director, Clinical Services; and
  - (b) Department finance office.
- (5) If the Director, Social Work under §.05F(1) of this directive approves the application, the mortuary may proceed with the funeral and burial based on the amount specified in the approved application.

F. Disposition of Unclaimed Body.

- (1) In accordance with Correctional Services Article, §9-604, Annotated Code of Maryland:
  - (a) A managing official, or a designee, may contact the State Anatomy Board (Board) to take control of a deceased inmate's unclaimed body for final disposition.
  - (b) The Board may remove a deceased inmate's body to a morgue in Baltimore City designated for that purpose.
  - (c) If the deceased inmate's family contacts the facility 48 hours after the death of the inmate, the family shall be referred to the Board as the body is under the exclusive control of the Board.
  - (d) The family may claim the body on payment to the Board of the Board's expenses for transporting and embalming the body.
  - (e) The Board may waive the Board's expenses if the family demonstrates a financial hardship.

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**.06 Attachment(s).**

A. *Request for Payment of Funeral Expenses*

**.07 History.**

This directive supersedes DOC.270.0002 dated 11/30/10; DPDS.270.0002 dated 04/30/15, and provisions of any other Department or unit directive with which it may be in conflict.

**.08 Distribution.**

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## Request for Payment of Funeral Expenses

<b>Deceased Inmate</b>
Name:
I.D. Number
Institution:
Date of Death:
Account Balance:

<b>Applicant</b>
Name:
Relationship: <span style="float: right;">Phone:</span>
Address:
DHR Registration Number:

<b>Mortuary Vendor</b>
Name:
Address:
Federal I.D. Number:
Contact Person:
Telephone:
Facsimile:

<b>Payment Calculation</b>
Funeral Expenses per Vendor's Statement (may not exceed \$2,000)
Less: Inmate Account Balance From MOBS Statement
Less: Total Family Resources To Pay the Expenses
Remaining Funeral Expenses to be Supplemented by State Funds:
<b>Payment Amount</b> (may not exceed \$900)

The above named inmate died while in custody of the Department being indigent as defined in the Department Funeral and Burial Expenses for an Indigent Inmate directive, and the applicant is the inmate's family as defined in the same directive. The applicant and mortuary vendor were advised: (1) the applicant must register with a local office of the Department of Human Resources for assistance with funeral and burial expenses; (2) family resources to meet the expenses must include funds from family and friends, death benefits, insurances, and donations; and (3) all family resources must be listed on the mortuary vendor statement. Based on the mortuary vendor statement and eligibility confirmation from the Department of Human Resources, the applicant appears to be eligible for State funds to pay inmate funeral expenses. The recommended payment amount from State funds may not exceed the lesser of \$900 or the remaining balance for funeral expenses. If application is approved, the State of Maryland Comptroller Office will submit approved payment to the mortuary providing funeral and burial services for the deceased inmate.

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Facility Designee	Date	Title	Telephone
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Mortuary Vendor	Date	Applicant	Date
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Approved/Payment Authorized By:	Title	Telephone	Date
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