

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
1 W. Wilson St.
Madison WI 53703

To: Wisconsin Funeral and Cemetery Aids Program Manual Users

From: Shawn Smith, Bureau Director
Bureau of Enrollment Policy and Systems

Re: **WFCAP Manual Release 13-01**

Release Date: 09/25/13
Effective Date: 09/25/13

EFFECTIVE DATE The following policy additions or changes are effective 09/25/13, unless otherwise noted. **Yellow** text denotes new text. Text with a strike through it denotes deleted text.

POLICY CLARIFICATIONS

1 Administration and Eligibility

The Department of Health Services (DHS or 'the Department') Enrollment Management Central Application Processing Operation (EM CAOP) administers the WI Funeral and Cemetery Aids Program (WFCAP). Milwaukee Enrollment Services (MILES) administers the program for Milwaukee County residents. ~~County/tribal (human and social service) agencies administer the WI Funeral and Cemetery Aids Program (WFCAP) locally on behalf of the Wisconsin Department of Health Services (DHS or "the Department"). Local Administration includes reimbursing funeral and cemetery service providers in accordance with the DHS approved reimbursement policies documented herein. DHS authorizes the disbursement of program funding to county/tribal agencies.~~ Within DHS, the Division of Health Care Access and Accountability (DHCAA) is responsible for monitoring local program administration.

1.1 Eligible Persons

The Department may reimburse cemetery and/or funeral expenses of a person who, on the date of death was any one of the following individuals:

See Chapter 7 Med Stats for a listing of medical status codes and potential eligibility for WFCAP.

4. Parent or caretaker relative receiving BadgerCare Plus with family income that does not exceed 50% of the federal poverty level.

BC+ Med Stat Codes

- ~~X6, X7, B9, B8~~
- ~~BL if income does not exceed 50% of the FPL.~~

6. Child under age 6 or pregnant woman receiving BadgerCare Plus with family income that does not exceed 185% of the federal poverty level.

BC+ Med Stat Codes (Child Under Six)

- ~~X6, X7, B8, B9, BE, BJ, BU~~
- ~~BK, NC, N1, and BC if income does not exceed 185% of FPL.~~

BC+ Med Stat Codes (Pregnant Woman)

- ~~B8, B9, X6, X7~~
- ~~BA, BS, BX, and BV if income does not exceed 185% of FPL~~

7. Child at least age 6, but not yet 19, receiving BadgerCare Plus with family

income that does not exceed 100% of the federal poverty level.

BC+ Med Stat Codes

- ~~B8, B9, X6, X7, BE,~~
- ~~NC and BU if income does not exceed 100% of FPL~~

9. All Home and Community Based Waiver recipients (Group A, B and C) includes IRIS, and community waiver, MAPW.
10. All Medicaid eligible Family Care recipients.
12. The fetus of a woman in a WFCAP eligible Medicaid or BadgerCare Plus category as identified in 1.1. #3, #4, #5, #6, #7, #9, #10, #11, #13, or #14.
15. Individuals who met a Medicaid deductible and also qualified as a group A community waiver or Family Care case under Group A rules at the time of death (Examples # 9 and 10).

The agency that administered the decedent's benefits (1.1 Eligible Persons #1-#14) prior to death is responsible for processing the WFCAP reimbursement request. If the decedent was a child certified for Katie Beckett Medicaid (1.1 #13) or an SSI case (1.1 #14), the county in which the decedent was living at the time of death is responsible for processing the reimbursement request.

See 7 BC+ Med Stats for a listing of BC+ medical status codes and potential eligibility for WFCAP.

WFCAP requests for residents of Milwaukee County will be processed by Milwaukee Enrollment Services (MiES). WFCAP requests for residents outside of Milwaukee County will be processed by EM CAPO at DHS.

1.1.1 Interagency Placements

~~When a~~ **if a** county 51.42 board, 51.437 board, human services department or social services department places a person in a congregate care facility that is located in another **Milwaukee** county, the ~~placing county remains~~ **EM CAPO will be** responsible for processing the WFCAP reimbursement request. ~~in accordance with established policy.~~ **If Milwaukee County places a person in a congregate care facility located in another county, MiES is responsible for processing the WFCAP reimbursement request in accordance with established policy.** A congregate care facility is a:

1.2 Ineligible Persons

The Department will not reimburse cemetery and/or funeral expenses for individuals not listed in (1.1) ~~#1-#14~~ nor will it reimburse cemetery/funeral expenses for a fetus if at the time of the fetus's death the mother was not in a WFCAP eligible Medicaid category. WFCAP eligible Medicaid categories are identified in 1.1 ~~#3, #4, #5, #6, #7, #9, #10, #11, #13 or #14.~~

The Department will not reimburse cemetery/funeral expenses for a person who on the date of death was receiving or qualified for:

~~3. Non-Medicaid Family Care~~

7. Persons who are Medicaid recipients by virtue of meeting a Medicaid deductible do not qualify for reimbursement of their funeral/cemetery expenses, unless they fall under another eligibility category, such as being waiver-eligible (See 1.1).

Deductible

~~Persons who are Medicaid recipients by virtue of meeting a Medicaid deductible do not qualify for reimbursement of their funeral/cemetery expenses.~~

Note: An exception is made for someone who met a Medicaid deductible and also

~~qualified as a group A community waiver or Family Care case under Group A rules at the time of death.~~

1.3 Confirming Eligibility Providers are encouraged to contact local agencies ~~the EM CAPO or MiES via phone, fax, or email~~ to confirm **potential** program eligibility before submitting a reimbursement request. ~~Local agencies are authorized by the Department to provide advance confirmation of potential program eligibility.~~ **WFCAP eligibility is determined at the time the request is processed.**

1.4 Healthcare Application This subsection is new with this release.

If an application for healthcare must be processed prior to determining eligibility for WFCAP, the consortium or Tribal IM agency is responsible for processing that healthcare application (Operations Memo 11-76). Contact information for the appropriate agency/consortium is available at <http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm>.

2.1 Claim Form for Reimbursement Total funeral and cemetery expenses must be reported by the funeral home, cemetery or crematory, using the F-10141 "Wisconsin Funeral and Cemetery Aids Program Reimbursement Request" form. ~~Local Agencies~~ **EM CAPO/MiES** should accept only this form. Deny reimbursement requests not submitted on the proper form.

In order to issue payments, DHS requires a W-9 form ([Request for Taxpayer Identification Number](#)) to be on file for each funeral, crematory, or cemetery business.

2.2 Who May Request Reimbursement ~~Local agencies~~ **The EM CAPO and MiES** may accept reimbursement requests only from funeral homes, cemeteries and crematories. **Family members and other non-providers may not submit these requests. (See 2.9 Denying Requests)**

~~Deny reimbursement requests from family members or other non-providers of goods or services. Deny reimbursement requests from providers of goods or services that are not funeral homes, cemeteries or crematories.~~

2.3.1 Reporting Total Funeral Expenses The funeral home must also report total actual charges associated with goods/services provided by others but, for which, the funeral home pays. Such "cash advances" are generally not counted toward the total funeral expense cap (2.5.4), however, they must still be reported as part of the reimbursement request and clearly identified as cash advances. ~~Funeral homes are not responsible for reporting charges associated with goods and services provided by others that are not cash advanced.~~

Where goods and services are directly provided by others (not "cash advanced"), including items bought by the decedent or their family through a third party (see examples 3 and 4), funeral homes are not required to report these charges. The cost of these goods or services is neither applied toward the total funeral expense cap (2.5.4), nor are they eligible for reimbursement.

If more than one funeral home provides goods/services and submit separate request, the combined total funeral expenses are subject to the total funeral expense cap of \$4500 (2.5.4).

Examples 1 through 5 have been updated.

2.3.2 Reporting Total Cemetery Expenses Example 6 has been updated.

2.3.3 FTC Statement A copy of the Statement of Funeral Goods and Services Selected must accompany the Wisconsin Funeral and Cemetery Aids Program Reimbursement Request. ~~Deny~~

~~the request for reimbursement of funeral expenses if the Statement is not submitted. See 2.9 Denying Requests.~~

2.5.4 Cash Advances

Examples 10, 11, and 12 are new with this release.

2.7 Special Circumstances

Special circumstances must be documented by the provider and submitted to the local agency **Department of Health Services**, along with the reimbursement request form.

Fax the form and all related documentation to:

~~608-261-6864~~ **608-267-3381** attention Funeral and Cemetery Aids Program

~~DHS will notify the local agency of its decision within 10 calendar days of receipt.~~

2.8 Time Limit

Reimbursement under the WFCAP must be requested within 12 months of the date of death. This means that the request must be received by ~~the local agency~~ **DHS or MilES** no later than the end of the 12th calendar month following the month of death.

No reimbursement can be approved or issued if the goods/services have not yet been provided.

2.9 Denying Requests

This subsection is new with this release. The changes are too numerous to list.

2.10 Provider Appeals

Providers may appeal the outcome of their reimbursement request. **The only way to preserve a provider's right to appeal a decision is to submit a claim.**

Requests should include: provider's name and mailing address, a brief description of the problem, ~~which county or state agency took the action or denied the service~~, and provider's social security number and signature.

3.1 Self-Declaration

Executor or Family Representative

The reimbursement request form must be signed by the person representing the deceased with whom the funeral home or cemetery is working to arrange the funeral and burial. If the provider is working with an out-of-state family member to make the arrangements, then the out-of-state family member is the person who must sign the form. ~~If the provider is working directly with the local agency to make the arrangements because~~ If there is absolutely no one else to represent the deceased, then and only then, would it be appropriate for an agency representative to sign the form.

Provider

In signing the reimbursement request form, the Provider certifies that:

1. The charges indicated represent the total actual charges for goods/services provided, **including cash advances and fees, if applicable, and**
2. Funds to which the Provider is entitled as the beneficiary of a pre-arranged burial agreement, including but not limited to burial trusts, burial insurance, and life insurance funded burial contracts and burial funds are included in the "Paid by Estate/Other" amounts.

~~If the reimbursement form is not signed by the provider(s) and either the executor or a family representative, deny the reimbursement request.~~

4 Discretion in Approving Payments

~~Discretion on the part of the local agency in approving payments is limited to whether payment will be by:~~

- ~~1. Check, or~~
- ~~2. Vendor, or~~

3. ~~Voucher.~~

~~All other matters regarding local administration of the WFCAP are governed by the policies documented herein.~~

The local agency **Department of Health Services** must not require prior authorization, such as approval prior to the funeral, as a condition of payment or that the services of a particular funeral home or cemetery association, ~~as selected by the local agency,~~ be used.

5 Instructions for Processing the Reimbursement Request

Note: Local agencies **EM CAPO/MiIES** must use the F-10143 "Wisconsin Funeral and Cemetery Aids Program Reimbursement Notice" to communicate the outcome of all requests for reimbursement, under the WFCAP.

5.1 Processing the F-10141

Section 1 - Decedent Information

1. Check CARES and/or MMIS, as appropriate, to determine whether the decedent is eligible for benefits under the Wisconsin Funeral and Cemetery Aids Program.
 - When requesting reimbursement for the fetus of a MA recipient, write "Fetus of" prior to MA recipient's name. Provide all required demographic information of the MA recipient.
 - See 1.0 Administration and Eligibility for information on eligibility requirements. Document eligibility, or ineligibility, in Section 6 (Office Use Only) of the reimbursement request form.
 - **Check to see whether burial assets were indicated at the time of eligibility determination.**
2. Deny the reimbursement request if any of the following apply and document the denial reason in Section 6 of the reimbursement request form:
 - **The Date of Service is listed as a future date.**
 - **CARES indicates that burial assets were declared when the deceased applied for Medicaid, and those assets were not indicated on the reimbursement request.**

Section 4 – Reimbursement Request

1. Total Funeral Charges: Compare the total funeral charges documented in Section 3 to the total charges indicated in Section 4. Assure that cash advance items are not included in the total funeral charges unless the funeral home **requires reimbursement in an amount that exceeds the advance charges an additional service fee.** Always count cash advances for cemetery goods and services toward total cemetery charges. If the funeral home indicates on the "Statement" that it provided a good or service because the good or service is not sold by the cemetery, (e.g. outer burial vault, opening/closing of the grave, etc.) count the good or service as a cemetery expense, not a funeral expense. If this is not indicated on the "Statement," count the good or service as a funeral expense. Make corrections to total funeral charges as necessary, based on policy and the documentation submitted by the funeral home.
 - Deny the reimbursement request if the total funeral charges cannot be determined. Document the denial reason in Section 6 of the reimbursement request form.
3. **If there is not enough information to determine eligibility, deny the request. Document the denial reason in Section 6.**

Section 6 – Office Use Only (to be completed by local agency Department of Health Staff)

1. Indicate the date that the reimbursement request was received by the local agency **EM CAPO or MiIES.**

6 County/Tribal Reporting Requirements

This chapter has been marked as reserved.

7 BC+ Eligible Med Stat codes

The table has been updated. The changes are too numerous to list.

8 Recently Asked Questions

This chapter has been marked as reserved.