

**Wisconsin Funeral and Cemetery
Aids Program Manual Release 10-01
December 08, 2010**

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1 ADMINISTRATION AND ELIGIBILITY

1.1 Eligible Person

[1.1.1 Interagency Placements](#)

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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:

1. Wisconsin Works (W-2) participant (paid placement only).
2. Child for whom a Caretaker Supplement (CTS) or Kinship Care benefit was being made on their behalf.
3. Categorically needy EBD related Medicaid recipient.
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.
5. Child receiving foster care or adoption assistance.
 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
8. Eligible for categorically or medically needy Institutional Medicaid at the time of death.
9. All Home and Community Based Waiver recipients (Group A, B and C).
10. All Medicaid eligible Family Care recipients.
11. Recipients of Tuberculosis (TB) related Medicaid services
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.
13. Child certified for Katie Beckett Medicaid.
14. Supplemental Security Income (SSI) or SSI State Supplement (SSI-SSP) or SSI MA recipient who was a Wisconsin resident.

Note: Funeral and cemetery expenses for any individual who does not meet at least one of the above criteria will not be reimbursed by the Department.

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.

1.1.1 Interagency Placements

When 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 county, the placing county remains responsible for processing the WFCAP reimbursement request in accordance with established policy. A congregate care facility is a:

1. Child Care institution
2. Group home.
3. Foster home.
4. Nursing home.
5. Adult Family Home (AFH).

6. Community Based Residential Facility (CBRF).
7. Any other like facility.

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:

1. Refugee Medical Assistance benefits,
2. Medicaid Purchase Plan (MAPP),
3. Non-Medicaid FamilyCare,
4. Well Woman Medicaid,
5. Any limited benefit Medicaid program (except TB related Medicaid see [1.1](#)),
Note: For a description of limited benefit Medicaid programs, see [MEH 21.3](#).
6. SeniorCare recipients (unless they happen to also be in one of the non-Medicaid WFCAP eligible categories as detailed in [1.1 Eligible Persons](#)),
or
7. BadgerCare Core Plan Childless Adults/transitional Core Plan members.

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 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.

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2 REIMBURSEMENT

[2.1 Claim Form for Reimbursement](#)

[2.2 Who May Request Reimbursement](#)

[2.3 Total Expenses](#)

[2.3.1 Reporting Total Funeral Expenses](#)

[2.3.2 Reporting Total Cemetery Expenses](#)

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[2.6 Reimbursement for Cemetery Expenses](#)

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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 should accept only this form. Deny reimbursement requests not submitted on the proper form.

Funeral homes, cemeteries and crematories are encouraged, but not required, to submit a single reimbursement request form covering both funeral and cemetery expenses for an individual. The funeral home or the cemetery may submit the reimbursement request form for cemetery and funeral charges.

If it is not possible to coordinate the submission of a single form separate forms may be submitted.

For Instructions on how to complete the F-10141, see [F-10141A](#) "Wisconsin Funeral and Cemetery Aids Program Reimbursement Request Instructions."

2.2 Who May Request Reimbursement

Local agencies may accept reimbursement requests only from funeral homes, cemeteries and crematories.

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 Total Expenses

"Total Funeral and Cemetery Expenses" are defined as actual charges, not estimates, for all funeral and cemetery goods/services provided (i.e., sold) by the funeral home, cemetery or crematory, whether provided before or after death.

Note: Throughout this manual, "provided" means "sold."

2.3.1 Reporting Total Funeral Expenses

The funeral home must report the total actual charges associated with the goods/services that it, or other funeral homes in the same corporation, provided whether those goods/services were provided before death or after death. 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.

Example 1: Funeral Home A and Funeral Home B are both owned by the XYZ Corporation.

Mr. F, a categorically needy Medicaid recipient, has died. Funeral Home B transports the deceased to Funeral Home A, which provides the remainder of the funeral services.

Funeral Home A must include the actual charges associated with Funeral Home B's transportation services, as part of the total funeral expenses.

Example 2: On behalf of the family of the deceased, Funeral Home A purchases flowers, pays for the obituary notice, reimburses the pastor and purchases an outer burial container from the XYZ Vault Co. Funeral Home A charges the family exactly what has been advanced. Funeral Home A must report the associated charges as a cash advance, but these charges will not be counted toward the \$4500 total funeral expense cap.

Example 3: After discussions with the director of Funeral Home B, the family of the deceased purchases flowers on its own, pays for the obituary notice and reimburses the pastor for presiding over the service. Funeral Home B does not provide or cash advance any of these services. Funeral Home B is not

responsible for reporting the charges associated with these services as part of the total funeral expense.

Example 4: Mr. and Mrs. D purchase their coffins over the internet and store them in the garage pending their deaths. Mr. D, a categorically needy Medicaid recipient, dies. Funeral Home A is not responsible for reporting the charges associated with Mr. D's coffin as part of the total funeral expense, because Funeral Home A did not provide the coffin.

Example 5: Mr. and Mrs. Q purchase their coffins from Funeral Home A. Mr. Q, a categorically needy Medicaid recipient, dies. Funeral Home A must report the charges associated with Mr. Q's coffin as part of the total funeral expense because Funeral Home A provided the coffin.

2.3.2 Reporting Total Cemetery Expenses

Cemeteries and crematories must report total actual charges associated with the goods/services that they provide, whether those goods and services are provided before death or after death.

Example 6: Mr. and Mrs. Z purchase their burial plots from Cemetery A. Two years later, Mr. Z enters a nursing home, becomes eligible for Medicaid, subsequently dies and is buried at Cemetery A. Cemetery A provided the burial plot and therefore, must report the actual charges associated with the plot as part of the total cemetery expenses.

Example 7: Mr. and Mrs. Z commission a renowned sculptor to create their headstones. Two years later, Mr. Z enters a nursing home, becomes eligible for Medicaid, subsequently dies and is buried at Cemetery A. Cemetery A is not responsible for reporting the charges associated with Mr. Z's headstone as part of the total cemetery expense because Cemetery A did not provide the headstone.

2.4 Determining Whether it is a Funeral or Cemetery Expense

Funeral expenses are subject to the total funeral expense cap and reimbursement limit (see [2.5](#)). Cemetery expenses are subject to the total cemetery expense cap and reimbursement limit (see [2.6](#)) (If the funeral home sets up a crematory as a stand-alone business, then the goods/services provided by the crematory may be counted as a cemetery expense.)

Accurate reimbursement depends on knowing whether an expense is a funeral or cemetery expense.

2.4.1 Who Provides the Service

If the good/service is provided by a funeral home (including cremation), consider the expense to be a funeral expense. If the good/service is provided by a cemetery or crematory, consider the expense to be a cemetery expense. If a good/service is provided by an entity other than a funeral home, cemetery, or crematory and cash advanced by the funeral home, apply the cash advance policy in [2.5.4](#).

Exception: There is one exception to this policy. Many small, rural cemeteries rely on a funeral home to provide certain goods and services on their behalf (e.g. The outer burial vault, opening and closing of the grave, etc.)

Under this circumstance, and only this circumstance, count the good or service as a cemetery expense, even though it is provided by a funeral home. Funeral homes should document this circumstance on the "Statement of Funeral Goods and Services Selected." If there is no indication that this is indeed the case, do not apply the policy exception and, instead, count the good or service as a funeral expense.

2.5 Reimbursement for Funeral Expenses

Apply the following policies in determining correct reimbursement of funeral expenses.

2.5.1 Total Funeral Expense Cap

If the total funeral expenses exceed \$4,500, do not reimburse any of the funeral expenses, unless DHS has found that there are special circumstances (see [2.7](#)).

Example 8: Total expenses for the funeral charged by the funeral home are \$4,700. The estate is able to pay \$3,700. Do not reimburse the provider for any of the funeral home expenses, unless DHS finds that there are special circumstances.

2.5.2 Funeral Expense Reimbursement Limit

Reimburse the funeral home whichever is less:

1. \$1,500, or
2. Any amount for which the estate of the deceased is insufficient to pay and that is not paid by other persons.

Example 9: Total expenses charged by the funeral home are \$3,000. The estate is able to pay \$2,200 toward the funeral expenses. Reimburse the provider for \$800 of the funeral expenses.

2.5.3 FTC Statement

The US Federal Trade Commission (FTC) requires funeral directors, nationwide, to use a "Statement of Funeral Goods and Services Selected," as a way of indicating to their customers what is being purchased and their charges. The FTC does not mandate a specific format for the "Statement of Funeral Goods and Services Selected". FTC requires certain information be included on the Statement. Additional information regarding the Statement, as well as many other federal requirements that apply to the funeral business is available at the following website.

<http://www.ftc.gov/bcp/edu/pubs/consumer/products/pro26.pdf>

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.

2.5.4 Cash Advances

"Cash advances" are goods/services obtained by a funeral home from a third party that are paid for by the funeral home on behalf of and subject to reimbursement from a person purchasing services from the funeral home. Cash advances are commonly made by funeral homes for services such as cemetery or crematory services, pallbearers, public transportation, clergy honoraria, flowers, musicians or vocalists, nurses, obituary notices, gratuities and death certificates. Cash advances are not limited to these goods/services.

Usually, the funeral home asks the family to reimburse it an amount equal to what was advanced. A funeral home can, however, charge additional sums for the service of making cash advances on behalf of the family of the deceased.

For example, a funeral home may advance a \$175 payment for an obituary charge to the local newspaper; when billing the family, the funeral home adds a \$20 service fee for a total of \$195. By FTC rule, whenever the funeral home bills for more than the actual amount of the cash advance, it must identify this to the purchaser/family with a standard phrase added to the Statement of Funeral Goods and Services Selected; the phrase is "We charge you for our services in obtaining..."

When the funeral home requests the family to reimburse it for cash advances in the same amount as the advance that was made, do not count the advance toward the \$4500 funeral cap.

Note: Cash advances made by the funeral home for cemetery expenses must still be counted toward the \$3,500 cemetery cap.

If the funeral home charges an amount greater than the advance, count the cash advance, plus the amount in excess of the advance against either the \$4,500

funeral expense cap, or the \$3,500 cemetery expense cap, or both, as appropriate.

If a cash advance is not counted toward the total funeral expense limit, then it is not part of the total charges and will not be reimbursed.

2.6 Reimbursement for Cemetery Expenses

Apply the following policies in determining correct reimbursement of cemetery expenses:

2.6.1 Total Cemetery Expense Cap

If the total cemetery expenses exceed \$3,500, do not reimburse any of the cemetery expenses, unless DHS has found that there are special circumstances (see [2.7](#)).

Example 10: The total cemetery expenses are \$3,800. The estate is able to pay \$2,900, leaving \$900 still owed. Do not reimburse the provider for any of the cemetery expenses as the expenses exceed the \$3,500 cap (unless DHS has found that there are special circumstances).

2.6.2 Cemetery Expense Reimbursement Limit

Reimburse the cemetery or crematory whichever is less:

1. \$1,000
2. Any amount for which the estate of the deceased is insufficient to pay and which is not paid by other persons.

2.7 Special Circumstances

Under certain circumstances (e.g., over-sized casket, transporting the deceased over long distances), the total expense caps ([2.5.1](#) and [2.6.1](#)) as well as the reimbursement limits ([2.5.2](#) and [2.6.2](#)) may be exceeded. The Department of Health and Family Services determines whether circumstances justify exceeding these limits.

Unless DHS determines that special circumstances exist:

- 1. Never issue reimbursement when the total expense caps have been exceeded, and**
- 2. Never issue reimbursement above the specified reimbursement limits.**

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

Fax the form and all related documentation to:
608-261-6861, attention **Funeral and Cemetery Aids Program** or

Forward the form and all related documentation to DHS at the following address:

Department of Health Services
Division of Health Care Access and Accountability
Bureau of Enrollment Policy and Systems
Attention: Funeral and Cemetery Aids Program
P.O. Box 309
Madison, WI 53701-0309

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.

Example 11: Mrs. Smith was receiving SSI during June 2003, when she died. The funeral home requests reimbursement in January 2004. The reimbursement request is timely.

Example 12: Mr. Jones was receiving SSI when he died May 15, 2003. On June 1, 2004 the local cemetery requests reimbursement. The request for reimbursement is late. Deny the request.

2.8.1 Time limit for Claim adjustments

Claim adjustments made within the 12 month filing deadline should be considered for payment. Claim adjustments are subject to existing reimbursement policy.

2.9 Provider Appeals

Providers may appeal the outcome of their reimbursement request. Requests for a hearing must be made in writing to:

Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

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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.

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3 VERIFICATION

[3.1 Self-Declaration](#)

[3.2 Verification of Cash Advances](#)

Reimbursement under the WFCAP (s. 49.785 Wis. Stats.) is appropriate only when the estate of the decedent and other funding sources are insufficient to pay for his/her funeral, burial and cemetery expenses.

3.1 Self-Declaration

Executor or Family Representative

In signing the reimbursement request form [F-10141](#) "Wisconsin Funeral and Cemetery Aids Program Reimbursement Request", the Executor, or Family Representative, certifies that the "Paid by Estate/Other" amounts indicated represent the total funds available from the estate and other funding sources to cover funeral and cemetery expenses of the decedent. "Paid by Estate/Other" must include burial trusts, burial insurance, life insurance funded burial contracts, and burial funds designated as "exempt burial assets" during the Medicaid application process.

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 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; **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, 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.

Require no further verification of estate/other resources.

File reimbursement requests and attachments so that they can be made available to the Department upon request.

3.2 Verification of Cash Advances

"Cash advances" are goods or services obtained by a funeral home from a third party that are paid for by the funeral home on behalf of and subject to reimbursement from a person purchasing services from the funeral home.

Adequate verification of all cash advances is required. Deny requests for reimbursement when cash advances are reported, but adequate verification is not provided.

A receipt from the third party vendor is the preferred method of verification.

If it is not possible to obtain a receipt, indicate the following on the Statement (or a separate document):

- The third party vendor's name and telephone number,
- The purchase date,
- The amount of the cash advance and service fee if any.

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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 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.

There is no requirement that a funeral home or cemetery charge expenses at a wholesale amount, including those for outer burial containers. The funeral home or cemetery may charge wholesale or retail expenses. Regardless of the choice, the **total expense caps** will apply subject to the policies documented here.

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5 INSTRUCTIONS FOR PROCESSING THE REIMBURSEMENT REQUEST

[5.1 Processing the F-10141](#)

[Section 1 - Decedent Information](#)

[Section 2 - Provider Information](#)

[Section 3 - Total Funeral and Cemetery Expenses](#)

[Section 4 - Reimbursement Request](#)

[Section 5 - Signatures](#)

[Section 6 - Office Use Only \(to be completed by Local Agency\)](#)

Note: Local agencies 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 "r;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.
2. Deny the reimbursement request if any of the following apply and document the denial reason in Section 6 of the reimbursement request form:
 - A record for the decedent is found on CARES and/or MMIS, but the decedent did not meet eligibility requirements on the date of death.
 - A record for the decedent cannot be found on CARES and/or MMIS.
 - The reimbursement request does not contain sufficient identification information to allow a query of CARES and/or MMIS.
 - The reimbursement request is received more than one year after the date of death.
 - The reimbursement request was not submitted on the proper form.

Section 2 - Provider Information

1. Deny the reimbursement request if the Name, Address, or Phone Number is missing. Document the denial reason in Section 6 of the reimbursement request form.
2. Deny the reimbursement request if the type of service provider is not indicated. Document the denial reason in Section 6 of the reimbursement request form.
3. Deny the reimbursement request if it was not submitted by a funeral home, cemetery or crematory. Document the denial reason in Section 6 of the reimbursement request form.

Section 3 - Total Funeral and Cemetery Expenses

1. Deny the reimbursement request if funeral expenses are claimed, but the "Statement of Funeral Goods and Services Selected" is not submitted. Document the denial reason in Section 6 of the reimbursement request form.
2. Deny the reimbursement request if the "Statement of Funeral Goods and Services Selected" indicates cash advances, but adequate verification is not submitted. Document the denial reason in Section 6 of the reimbursement request form.
3. Deny the reimbursement request if cemetery expenses are claimed, but not documented in this section. Document the denial reason in Section 6 of the reimbursement request form.

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. 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.
2. Deny the reimbursement request if total funeral charges exceed \$4,500 unless special circumstances are indicated. Document the denial reason in Section 6.
 3. Assure that the "Reimbursement Request" is equal to the "Total Funeral Charges" minus the "Paid by Estate/Other" amount.
 4. Total Cemetery Charges: Compare the total cemetery charges documented in Section 3 to the total charges indicated in Section 4. Always count cemetery goods and services that were cash advanced by the funeral home toward total cemetery charges. Make corrections to total cemetery charges as necessary, based on policy and the documentation submitted by the cemetery, crematory, and funeral home. Deny the reimbursement request if the total cemetery charges cannot be determined. Document the denial reason in Section 6 of the reimbursement request form.
 5. Deny the reimbursement request if total cemetery charges exceed \$3,500 unless special circumstances are indicated. Document the denial reason in Section 6.
 6. Assure that the "Reimbursement Request" is equal to the "Total Cemetery Charges" minus the "Paid by Estate/Other" amount.

Section 5 - Signatures

1. Funeral Home: Deny the reimbursement request if reimbursement is requested for funeral charges but the funeral home representative and the executor or family representative have not signed and dated the form. Document the denial reason in Section 6.
2. Cemetery/crematory: Deny the reimbursement request if reimbursement is requested for cemetery charges, but the cemetery or crematory representative **and** the executor or family representative have not signed and dated the form. Document the denial reason in Section 6.

Section 6 - Office Use Only (to be completed by Local Agency)

1. Indicate the date that the reimbursement request was received by the local agency.
2. Indicate the worker's name.

WFCAP 5 Instructions for Processing Reimbursement Request

3. Indicate whether the decedent was a Medicaid recipient on the date of death and, if so, the category of Medicaid that makes him/her eligible for benefits under the WFCAP.
4. If the decedent was not a Medicaid recipient on the date of death, or was, but was not in an allowable Medicaid category, indicate whether the decedent was a W-2 participant or other qualifying individual.
5. Indicate the amount authorized for reimbursement of funeral and cemetery expenses, if any.
6. If funds are not authorized, indicate the reason.
7. If special circumstances are noted, check the "yes" box and submit documentation to the DHS for final approval.
8. Sign and date the form.
9. File reimbursement request and attachments so that they can be made available to the Department upon request.

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6 COUNTY/TRIBAL REPORTING REQUIREMENTS

[6.1 Required Format for Reporting WFCAP Data](#)

[6.2 Timeframe for Data Submission](#)

[6.3 DHS Contacts for WFCAP Data Submissions](#)

County and tribal agencies are required to provide data on WFCAP claims to the Department of Health and Family Services.

6.1 Required Format for Reporting WFCAP Data

Agencies must follow the instructions detailed in the WFCAP reporting [template](#) when reporting WFCAP data.

This [template](#) contains:

1. A spreadsheet template that must be used when reporting WFCAP data.

Note: 6 new data elements have been added to the WFCAP reporting template, including; agency type, decedents SSN and Date of Death, an Unnamed Newborn Indicator, Funeral provider, and Cemetery Provider. This new template must be used from February 2007 forward.

2. Instructions for completing the spreadsheet template.
3. Instructions for reporting expenses on new individuals.
4. Instructions for reporting cemetery expenses in a month after funeral expenses have been reported.
5. Instructions for reporting funeral expenses in the month after cemetery expenses have been reported.
6. Instructions for reporting expense adjustments.
7. Examples of how and when to use adjustments:
8. Useful tips for completing and submitting required data.

6.2 Timeframe for Data Submission

In order to receive payment on the next months' CARS run, WFCAP required data must be submitted to DHS no later than the last day of the month following the month the expenses were incurred. Any spreadsheets not received by DHS by the end of the month will be processed in the next months' CARS run.

Example: January expenses must be reported to DHS no later than February 28th to be processed on the March CARS run. January expenses reported to DHS after February 28th and before March 31st, will be processed on the April

CARS run.

DHS staff will process monthly expenses based on the spreadsheets submitted. These expenses will then be reimbursed on CARS profile 105 for counties or 66129 for tribes.

Reminder: Agencies must keep the completed WFCAP Reimbursement Request form ([F-10141](#)) as a back-up for audit purposes.

6.3 DHS Contacts for WFCAP Data Submissions

If you have questions about how to report your agency's WFCAP expenses using the attached spreadsheet, contact Steve Ploeser at steve.ploeser@dhfs.wisconsin.gov or 608-261-7794.

If you have questions about the effect of the new WFCAP reporting requirement on CARS reporting, please contact Jodi Ross at jodi.ross@dhfs.wisconsin.gov or 608-266-8409.

If you have WFCAP policy questions, please contact Scott Riedasch at Scott.Riedasch@dhfs.wisconsin.gov or 608-267-3524.

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7 BC+ MED STAT CODES

Medical Status Code	WFCAP Eligible
BA	Yes
AB	If income is <= 185% FPL, Yes
BB	No
AA	No
PS	No
PM	No
TP	No
TB	No
PA	No
BE	Yes
BJ	Yes
BF	No
C1	If income is <=185% FPL, Yes
C2	No
BC	If income is <=185% FPL, Yes
C3	No
BG	No
BH	No
TK	No
TC	No
BI	No
BK	If age <6 yrs, and income is <=185% FPL Yes
BL	If income is <=50%, Yes

BM	No
5B	No
BN	No
1B	No
2B	No
3B	No
B8	Yes
BO	No
4B	No
BY	No
BP	No
BQ	No
BR	No
B9	Yes
BS	If income is <=185, yes
BT	No
BX	If income is <=185%, yes
BZ	No
BU	If age < 6 yrs, yes or If age 6-18 yrs and income <=100% yes
BV	If income is <=185%, yes
BW	No
N1	Yes
N3	No
N4	If income is <=185%, Yes
NC	If < 6 yrs and income <=185%, yes

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	or If (age 6-18) and income <=100%, yes
X6	Yes
X7	Yes
X8	Yes
X9	Yes
AE	No
FB	No
FQ	No
FS	No
FT	No

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8 RECENTLY ASKED QUESTIONS

1. *Is the county responsible for distributing the new claim form and instructions to funeral homes and cemeteries?*

No. Funeral homes, cemeteries and crematories can access all of the WFCAP material on-line, allowing them to print the claim form and instructions themselves. If counties get phone calls from providers asking for forms, just refer them to this handbook.

The Department will not be printing supplies of the claim form, instructions, manual or notices because these are all available on-line.

2. *Is the new claim form required for all WFCAP reimbursement requests received on and after February 14, 2005, or is the form required if the death is February 14 or later?*

With regard to use of the new form, the date of death doesn't matter. What does matter is the date the county receives the request for reimbursement. Any WFCAP reimbursement request that the county receives on or after 2/14/05 must be on the new claim form. If it isn't, the request must be denied using the notice supplied on the website. If we had based the effective date on the date of death (given that providers have 12 months to file a claim), counties would be dealing with two different sets of policies and processes for up to a year.

3. *Are counties required to contact their providers to share the new WFCAP policies and procedures?*

Funeral homes and cemeteries were notified via their respective associations prior to implementation on February 14th. Counties are not required to notify anyone, but certainly may if they choose to do so.

4. *Who is responsible for submitting the reimbursement request forms, the funeral home or the cemetery?*

Ideally, we would like one form to be submitted for each deceased person, including funeral and cemetery charges. Either the funeral home or the cemetery could submit it, whatever works best for the providers involved. If it is not possible to coordinate the submission of a single form, it is certainly acceptable for the funeral home and cemetery to each submit separate forms, documenting their

respective charges and reimbursement requests.

5. *Section 3 of the new claim form has space where the cemetery enters dollar amounts for each item. Can you add a line for the grave liner? Since this is required in nearly all cemeteries, it is really a cemetery expense, although you understand there are instances where the cemetery might not sell the item and funeral homes act on their behalf.*

We will consider this for the first revision of the claim form.

6. *Section 3 on the new claim form has space to list cemetery expenses, but not funeral expenses. Is a Statement of Goods and Services adequate?*

Yes, the Statement is adequate and required for reimbursement.

7. *Can the claim form be faxed to the county?*

Faxes are fine, but for funeral homes, that means they'll have to fax the Statement of Funeral Goods and Services, along with any documentation related to verifying cash advances. Also, note that we have received reports from counties that Section 6 (i.e., the shaded "Office Use Only" section) does not always fax well. We intend to lighten up the shading, or remove it altogether, on the next version of the claim form.

8. *The family wants an urn and the funeral home supplies them, but this is not a required need. Is the county required to reimburse for it?*

The county does not determine whether there is a "required need" and this concept is not recognized in policy anyway (i.e., it is irrelevant). If the family wants something and it is provided by the crematory or cemetery, it will count toward the \$3500 cemetery expense limit. If it is provided by the funeral home, it will count toward the \$4500 funeral expense limit. Note that if something is cash advanced by the funeral home (i.e., they purchased it on behalf of the family and charged only what they paid for it), it would not count toward the \$4500 funeral expense limit.

9. *Should funeral homes and cemeteries call the county to check eligibility before submitting a claim form?*

Yes, that is advisable. We're not entirely sure how each county has handled this in the past, but it makes sense to check eligibility first before completing all the paperwork. It will save providers and counties time and resources. On the other hand, the only way to preserve a provider's right to appeal a county decision is to submit a

claim. For example, if you don't submit a claim form because the county tells you that a person is ineligible for the benefit, then you cannot appeal if you later learn that the person was in fact eligible.

(You could at that point, however, submit a claim and go on to appeal the county's determination if you were not satisfied, assuming you were still within the 12 month filing period.)

10. The policy says that "If the good/service is provided by a funeral home (including cremation), consider the expense to be a funeral expense." What if the funeral home creates a separate legal entity that only performs cremations? Would they then be able to bill for the cemetery expenses separately?

Yes. If the funeral home sets up a crematory as a stand-alone business, then the goods/services provided by the crematory would be counted as cemetery expenses.

11. Are there two separate \$3500 total expense limits, one for cemetery expenses and one for funeral expenses?

Yes. If total cemetery charges exceed \$3500, no reimbursement will be made for cemetery expenses unless special circumstances exist and are approved by the WI Department of Health and Family Services. If total funeral expenses exceed \$4500, no reimbursement will be made for funeral expenses unless special circumstances exist and are approved by the WI Department of Health and Family Services.

12. Section 3 - Total Funeral and Cemetery Expenses. Is there any way to document the need to verify all Cash Advances on the claim form and in the instructions?

Yes. We'll add text to both the claim form and the instructions when we do the first revision.

13. What is considered to be "adequate verification" of cash advance items?

A receipt from the third party vendor is the preferred method of verification. If it is not possible to obtain a receipt, indicating the following on the Statement (or a separate document) will be sufficient: the third party vendor name and telephone number, purchase date, amount of the cash advance and amount of the service fee, if any.

14. Why do cash advances need to be verified under the new procedures?

Some counties expressed concerns that the cash advance policy presented an opportunity for providers to circumvent the total funeral expense limit, since cash advance items are generally not counted. The new verification policy is in response to those concerns.

15. Some funeral homes have expressed concern about the requirement that funeral directors verify any additional funding sources.

There really is no such requirement. The following is what funeral homes agree to in signing the form:

"By signing below, the Provider certifies that: 1) the charges indicated here represent total actual charges for goods/services provided by the Provider, and 2) funds to which the Provider is entitled as the beneficiary of a pre-arranged burial agreement are included in the "Paid by Estate/Other" amounts."

Here is what the executor/family agrees to:

"By signing below, the Executor or Family Representative, certifies that the "Paid by Estate/Other" amounts indicated here represent the total funds available from the estate and other funding sources to cover funeral, burial and cemetery expenses of the decedent."

As such, the requirement relating to verification of funding sources is really placed on the executor/family, not the provider. In addition, note that verification is accomplished through a "self-declaration" by the family representative. There is no expectation that providers check up on what they are told by the family, but there is an expectation that providers report funds to which they have access as the result of a pre-need agreement. The Department will be looking at this issue on a post-reimbursement basis by taking random samples of claims and checking third party data sources relative to the deceased's available resources. If we learn that the "self declaration" policy is not effective, it will be changed.

16. Does the county reimburse cash advances that aren't counted toward the total expense limit as long as they are verified?

No. If a cash advance item is not counted toward the total funeral expense limit, then it is not part of the total charges. Reimbursement under this program is not made for something that is not included as part of the total charges.

17. Why have a policy that limits countable goods and services to only those provided by funeral homes, cemeteries and crematories? What about

people who purchase their caskets from someone other than a funeral home? You're missing out on these expenses.

Prior to implementing this policy, there was no policy. It was unclear what charges to count toward the limits and what charges not to count. The result was much confusion and inconsistent treatment of providers and families by counties throughout the state.

As such, we felt it was necessary to draw a line somewhere with regard to the goods, services and providers that would be considered for reimbursement under this program. We decided to draw that line around the main providers of services, i.e., funeral homes, cemeteries and crematories, as well as the services that they routinely provide.

We know we're missing out on some services, but it seems a small price to pay for having some clarity about what to count and what not to count.

18. Why have a policy that counts goods and services provided before death?

It seems reasonable to us to limit countable goods/services to those provided by funeral homes, cemeteries, and crematories. It also seems reasonable to expect these providers, to the extent they want to be reimbursed under this program, to report everything they provided, whether provided before or after death.

19. This question is regarding a funeral that took place before the new requirements went into effect in February 2005. The funeral home is just now submitting the reimbursement request and says it can't get the signature of the family member who represented the deceased because that person is out of state and correspondence sent to them has been returned with no forwarding address. Can the funeral director just sign for the family?

No. The county must get proof from the funeral home that they have tried unsuccessfully to reach the family representative. The funeral home must verify that they tried to get the family rep's signature on the claim form and failed to do so. In addition, assuming this verification is provided, someone from the county needs to sign the claim form as the family rep and make a note of the circumstances. The funeral home must not sign as the family representative.

20. Can funeral homes be reimbursed for cemetery expenses that they have cash advanced?

Yes. Cemetery charges that are cash advanced by the funeral home count toward the \$3500 total cemetery expense limit. Anything that

counts toward either the funeral or cemetery total expense limits may be considered for reimbursement. Since the cemetery has already been reimbursed for such charges by the funeral home (i.e., they have been cash advanced), the funeral home could be reimbursed the amount of their cash advance (assuming the \$3500 cemetery expense limit has not been exceeded). We will revise the form to make it easier to bill and process regarding this situation.

21. Can a denied request be resubmitted for payment one or more times as long as the resubmittal occurs within 12 months of the date of death?

Yes. See the next few questions for additional information.

22. A funeral home submits a claim for reimbursement for \$4,900. The services and charges are documented in detail on the Statement of Funeral Goods and Services Selected attached to the claim. The claim is denied because the total charges exceed \$4500. The funeral home adjusts the total charges and resubmits the claim. Should the claim be considered for payment?

Yes, it should be considered for payment, but not necessarily paid. If, for example, the adjustment was made to correct an error in the total charges (e.g., items were inadvertently counted toward total charges that were actually cash advanced with no service charge), or to reflect a change in goods or services selected, then the claim could be considered for payment and paid, if all other requirements were met.

23. I received a reimbursement request from a funeral home, along with the Statement of Goods and Services Selected. The Statement indicates that the coroner's fee and the cremation were cash advanced with no service charge, so I did not apply these charges to the \$4500 total expense limit and, as such, was not able to reimburse them for these items. Now, the funeral home is resubmitting the claim and has moved the coroner's fee and cremation from the "cash advance" section on the Statement to the "goods and services provided" section. Are they allowed to do that and should they now be reimbursed for those items?

They're allowed to correct mistakes, but if they verified the cash advances with the original claim (which they are required to do), then they are not allowed to "un-verify" them for the purpose of obtaining reimbursement through this program. If they did not verify the cash advances with the original claim, then the claim should have been denied for that reason.

24. Can counties accept reimbursement requests for additional payments once the initial payment has been made? For example, a funeral director receives a late bill from the florist. The county has already made payment

to him of \$1100.00 for the funeral costs. He now submits another request for reimbursement for the bill from the florist for \$300.00. Even with the \$300 request, the total funeral charges still do not exceed \$4,500. Can the county pay him?

As long as the claim adjustment is made within the 12 month filing deadline, it should be considered for payment, subject to all existing reimbursement policy.

25. Do assets specifically designated as burial assets for the purpose of applying for Medicaid, including "r;exempt burial assets," have to be used to pay for funeral and cemetery expenses?

Yes. "Burial trusts," "burial insurance," "life insurance funded burial contracts," and "burial funds" must be used to pay for funeral and cemetery expenses. If the funeral or cemetery provider is named as the beneficiary of any such agreement, they must indicate the amount of funding from the agreement in the "Paid by Estate or Other" section of the reimbursement request. In other words, such funds must be used to offset total funeral/cemetery charges. If county staff find evidence in CARES that burial assets were declared when the deceased applied for Medicaid, but those assets are not indicated on the reimbursement request, the reimbursement request will be denied and returned to the provider for clarification.

26. Sometimes, contributions have not been made to fully fund a burial asset (it is then not worth what the value appears to be on CARES), while in other instances the value far exceeds what is indicated in CARES, depending on when it was last verified by county staff. Has any consideration been given to requesting verification of burial assets as part of the reimbursement process, right along with verification of cash advances?

We are considering making this policy change.

27. Providers are asking counties what the "Statement of Goods and Services Selected" form is and where they can get it. What should we tell them?

Tell them that the "Statement of Goods and Services Selected" is not a State of WI form. Rather, it is mandated by the Federal Trade Commission (FTC) for all funeral homes to use with their customers. We require that it be included with the WFCAP reimbursement request form simply because it is essentially an itemized statement of the funeral goods and services provided or cash advanced&ldots;all of the information that we need in order to make proper reimbursement under WFCAP. We decided to require that the

Statement be submitted along with the claim form so that providers would not have to transcribe everything from the Statement to our claim form. The FTC does not mandate a specific format, only that certain information be present on the Statement. The result, of course, is that there are countless varieties of the Statement. All of that said, something called the "Statement of Goods and Services Selected" that itemizes goods, services and cash advance items must be submitted along with the claim form. Claims submitted without a Statement must be denied.

See the following website for additional information regarding the Statement, as well as many other federal requirements that apply to the funeral business:

<http://www.ftc.gov/bcp/edu/pubs/consumer/products/pro26.pdf>

28. Can the state provide a listing for providers of county WFCAP contacts?

We provide a website address on the claim form that lists general county contact information.

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