

**Wisconsin Funeral and Cemetery Aids  
Program Manual Release 13-01**

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# 1 ADMINISTRATION AND ELIGIBILITY

## [1.1 Eligible Person](#)

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The Department of Health Services (DHS or 'the Department') Enrollment Management Central Application Processing Operation (EM CAPO) administers the WI Funeral and Cemetery Aids Program (WFCAP). Milwaukee Enrollment Services (MilES) administers the program for Milwaukee County residents. Administration includes reimbursing funeral and cemetery service providers in accordance with the DHS approved reimbursement policies documented herein. Within DHS, the Division of Health Care Access and Accountability (DHCAA) is responsible for monitoring 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.

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.
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.
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.
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) includes IRIS, and community waiver, MAPW
10. All 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.

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.
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).

**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.

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

### 1.1.1 Interagency Placements

If any 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 Milwaukee County, the State (EM CAPO) will be responsible for processing the WFCAP reimbursement request. If Milwaukee County places a person in a congregate care facility located in another county, MilES is 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 [\(1.1\)](#) 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](#).

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. Well Woman Medicaid,

4. 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](#).
5. 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**
6. BadgerCare Core Plan Childless Adults/transitional Core Plan members.
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](#)).

### 1.3 Confirming Eligibility

Providers are encouraged to contact the EM CAPO or MILES via phone, fax, or email to confirm **potential** program eligibility before submitting a reimbursement request. WFCAP eligibility is determined at the time the request is processed.

### 1.4 Health Care Application

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>.

*This page last updated in Release Number: 13-01  
Release Date: 09/25/13  
Effective Date: 09/25/13*

## 2 REIMBURSEMENT

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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 Wisconsin Funeral and Cemetery Aids Program Reimbursement Request ([F-10141](#)) form. EM CAPO/MiIES 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 Wisconsin Funeral and Cemetery Aids Program Reimbursement Request Instructions ([F-10141A](#)).

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

The EM CAPO and MilES 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](#))

## 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 (see example 1).

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.

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 are 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](#)).

**Example 1:** Funeral Home A and Funeral Home B are both owned by the same corporation.

Mr. Davis has died and was receiving benefits that qualify him for WFCAP reimbursement. 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 for \$350, pays \$250 for the obituary notice, reimburses the pastor \$100, and

purchases copies of the death certificate for \$40 for a total of \$740 in cash advanced items. The funeral home charges the family \$740 for these arrangements. 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 (nor are they eligible for reimbursement).

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

**Example 5:** Mr. and Mrs. Davis purchase their coffins from Funeral Home A. Mr. Davis, a categorically needy Medicaid recipient, dies. Funeral Home A must report the charges associated with Mr. Davis' 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. Davis purchase their burial plots from Cemetery A. Two years later, Mr. Davis 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:

1. The actual charges associated with the plot as part of the total cemetery expenses, and
2. The amount paid for the plots in the "amount paid by the estate or other" section

**Example 7:** Mr. and Mrs. Davis commission a renowned sculptor to create their headstones. Two years later, Mr. Davis 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. Davis'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.). **See Example 12.**

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. **See 2.9 Denying Requests.**

### 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 Federal Trade Commission (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..." **See Example 10.**

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 (adds a service charge), 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. **See Example 11.**

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.

**Example 10:** A funeral home charges the family of a WFCAP eligible decedent \$1200 for basic services of the funeral director and staff. On behalf of the family, the funeral home cash advances the following:

Obituary Notice	\$97
Death Certificates	\$23
<u>Clergy</u>	<u>\$150</u>
Cash Advance Total	\$270

The funeral home charges the family \$270 for these cash advances. Since there is no service charge added, the cash advanced amount is not included in the 'total funeral charges' and is not reimbursed. The total funeral charges in this instance would be \$1200. The funeral home would be reimbursed \$1200 for funeral charges, less any contribution from the estate/other towards the funeral charges.

**Example 11:** A funeral home charges the family of a WFCAP eligible decedent \$1200 for basic services of the funeral director and staff. On behalf of the family, the funeral home cash advances the following:

Obituary Notice	\$97
Death Certificates	\$23
<u>Clergy</u>	<u>\$150</u>
Cash Advance Total	\$270

The funeral home indicates on the Statement of Goods and Services that it charges a 10% service charge on cash advance items so it charges the family \$297 for these cash advances. The total funeral charges in this instance would be \$1497. Since the cash advance was subject to a service charge, both the advanced amount and the

service charge are included in the 'total funeral expenses' amount and are eligible for reimbursement. The funeral home would be reimbursed \$1497 for funeral charges, less any contribution from the estate/other towards the funeral charges.

**Example 12:** A funeral home charges the family of a WFCAP eligible decedent \$2000 for basic services of the funeral director and staff and \$1200 for a coffin and \$900 for an outer burial container. On behalf of the family, the funeral home cash advances the following:

Opening/Closing of Grave	\$450
<u>Cemetery Lot</u>	<u>\$200</u>
Cash Advance Total	\$650

The funeral home indicates on the reimbursement request that the cemetery is in a rural area and requires an outer burial container but does not provide them. In this instance, the \$900 for the burial container is considered a cemetery expense even though it is provided by the funeral home. (See [2.4.1](#)) The funeral home charges the family \$650 for the cash advances of the cemetery's charges. The total funeral charges here are \$3200 and total cemetery charges are \$1550 (900+650=\$1550). The funeral home would be reimbursed the lesser of \$1500 or any amount for which the estate of the deceased is insufficient to pay and that is not paid by other persons for funeral. The funeral home would also be reimbursed the lesser of \$1000 or any amount for which the estate of the decedent is insufficient to pay and that is not paid by other persons for cemetery charges.

## 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 13:** 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. DHS 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 Department of Health Services, along with the reimbursement request form.

Fax the form and all related documentation to:

**608-267-3381**, 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

## 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 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.

**Example 14:** Mrs. Smith was receiving SSI during June **2012**, when she died. The funeral home requests reimbursement in January **2013**. The reimbursement request is timely.

**Example 15:** Mr. Jones was receiving SSI when he died May 15, 2012. On June 1, 2013 the local cemetery requests reimbursement. The request for reimbursement is late. Deny the request. The last possible date for this request to be considered timely was May 31, 2013.

### 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 Denying Requests

Requests can be denied for reasons including, but not limited to, the following (also in [Chapter 5](#)):

1. Request is received more than one year after the month of death
2. Insufficient information to determine eligibility
3. Decedent is not eligible.
4. Decedent information is incomplete.
5. Date of Service is a date in the future.
6. Provider information is incomplete.
7. Type of service provider is not indicated.
8. Incorrect form was submitted (outdated version, etc)
9. Request was not submitted by a funeral home, cemetery or crematory.
10. Funeral expenses are claimed, but the "Statement of Funeral Goods and Services Selected" is not submitted.
11. "Statement of Funeral Goods and Services Selected" indicates *cash advances*, but adequate verification is not submitted.
12. Cemetery expenses are claimed, but not documented in Section 3.
13. Reimbursement is requested for funeral charges but the funeral home representative and the executor or family representative have not signed and dated the form.
14. Reimbursement is requested by a cemetery/crematory, but the cemetery or crematory representative and the executor or family representative have not signed and dated the form.
15. Total funeral charges cannot be determined.
16. Total cemetery/crematory charges cannot be determined.
17. Total funeral charges cannot be determined or exceed cap.
18. Total cemetery/crematory charges cannot be determined or exceed cap.
19. CARES indicates that burial assets were declared when the deceased applied for Medicaid, and those assets are not indicated on the reimbursement request

## 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 for a hearing must be made in writing to:

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

Requests should include: provider's name and mailing address, a brief description of the problem and provider's social security number and signature.

*This page last updated in Release Number: 13-01  
Release Date: 09/25/13  
Effective Date: 09/25/13*

## 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 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, life insurance funded burial contracts and burial funds, are included in the "Paid by Estate/Other" amounts.

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 of Goods and Services Selected 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.

*This page last updated in Release Number: 13-01  
Release Date: 09/25/13  
Effective Date: 09/25/13*

## 4 DISCRETION IN APPROVING PAYMENTS

The 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 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.

*This page last updated in Release Number: 13-01  
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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:** 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:
  - 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.
  - 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 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 unless the funeral 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.

## WFCAP 5 Instructions for Processing Reimbursement Request

- Deny the reimbursement request if the total funeral charges cannot be determined. Document the denial reason in Section 6 of the reimbursement request form.
  - Deny the reimbursement request if total funeral charges exceed \$4,500 unless special circumstances are indicated. Document the denial reason in Section 6.
  - Assure that the "Reimbursement Request" is equal to the "Total Funeral Charges" minus the "Paid by Estate/Other" amount.
2. 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.
  - Deny the reimbursement request if total cemetery charges exceed \$3,500 unless special circumstances are indicated. Document the denial reason in Section 6.
  - Assure that the "Reimbursement Request" is equal to the "Total Cemetery Charges" minus the "Paid by Estate/Other" amount.
3. If there is not enough information to determine eligibility, deny the request. Document the denial reason in Section 6.

### 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 Department of Health Services Staff)

1. Indicate the date that the reimbursement request was received by the EM CAPO or MilES.

2. Indicate the worker's name.
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.

*This page last updated in Release Number: 13-01  
Release Date: 09/25/13  
Effective Date: 09/25/13*

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

## 7 ELIGIBLE MED STAT CODES

Code		Additional Conditions for WFCAP (if any)
1	SSI, aged	
2	SSI, aged, PL	
3	Aged, inst., cat ndy	
4	Aged, cat ndy	
5	Aged, med ndy	If open for Family Care
6	Aged, inst., med ndy	
7	503, inst., cat ndy	
8	SSI, blind, cat ndy, FC	
9	SSI, inst., cat ndy	
10	503, cat ndy	
11	SSI, blind, cat ndy	
12	SSI, blind, cat ndy, PL	
13	Blind, inst., cat ndy	
14	Blind, cat ndy	If open for Family Care
15	Blind, med ndy	
16	Blind, inst., med ndy	
17	SSI, blind, inst., cat ndy	
18	SSI, disabled, cat ndy, FC	
19	SSI, disabled, cat ndy	
21	SSI, disabled, cat ndy	
22	Disabled, cat ndy	
23	Disabled, med ndy	If open for Family Care
25	Disabled, inst., cat ndy	
26	Disabled, inst., med ndy	
28	SSI, disabled, inst., cat ndy	
30	Disabled child, Katie Becket Program, cat ndy	
33	Foster care, \$, cat ndy	
34	Foster care, \$, GPR-only, cat ndy	
37	Foster care, special needs, cat ndy	
43	IMD, <21, cat ndy	
44	CCI foster care, chapter 328, \$, cat ndy	



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45	Foster care, chapter 328, \$, cat ndy	
49	AFDC-related, inst., cat ndy	
51	Foster care, corrections, \$, cat ndy	
52	AFDC-related, inst., med ndy	
55	Foster care, special needs, inst., \$, cat ndy	
56	Subsidized Adoption, cat ndy	
59	Foster care, corrections, cat ndy	
6C	503, inst., med ndy	
6D	Disabled Adult Child (DAC), inst., med ndy	
7F	Child, ages 1-5, FPL > 150 - 185%	
7J	Child, < age 6, FPL > 133 - 150%	
7N	Child, Age < 1, FPL > 150 - 200%	Only if ≤185% FPL
7V	CEN, FPL > 133 - 150%	
7W	CEN, FPL > 150 - 200%	Only if ≤185% FPL
AB	preg woman, >100-200%, BC+ SP	Only if ≤185% FPL
B8	prnt/crtkr, >150-200%, SP/waiver	
B9	trans grndfather, >150-200%, SP/WVR	
BA	preg woman, up to 100%, BC+ SP	
BE	child, < 19, to 100%, BC+ SP	
BJ	child, < 6, >100-150%, BC+ SP	
BL	parents/caretakers, to 100%, BC+ SP	Only if ≤50% FPL
BS	pregnant immigrant, to 200%, BC+ SP	Only if ≤185% FPL
BX	pregnant inmate, to 200%, BC+ SP	Only if ≤185% FPL
DC	Disabled Adult Child (DAC), cat ndy	
DN	Disabled Adult Child (DAC), inst., cat ndy	
IC	IMD, on leave, cat ndy	
KC	SGWP for Foster Children, cat ndy	
L1	Widow/widower I, cat ndy	
L2	Widow/widower I, inst., cat ndy	
L3	Widow/widower II, cat ndy	
L4	Widow/widower II, inst., cat ndy	
L6	Widow/widower I, inst., med ndy	

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L8	Widow/widower II, inst., med ndy	
M5	MAPP, waivers, > 150%, premium	
M6	MAPP, waivers, to 150%, no premium	
M7	MAPP, brain injury waiver, >150%, premium	
M8	MAPP brain injury waiver, to 150%, no premium	
MC	MAPP/CLTS 0-150% FPL	
MR	MAPP/IRIS 0-150% FPL	
MS	MAPP/IRIS with Premium >150% FPL	
N1	Continuously eligible newborn (CEN), cat ndy	
N4	CEN, >100-200%, BC+ SP	Only if ≤185% FPL
NC	child, < 19, inst, < 200%, BC+ SP	Only if either younger than 6 years old and no more than 185% FPL or ages 6-18 and ≤100% FPL
NP	Pace Program Waiver inst	
NR	Partnership Program Waiver inst	
W2	CIP 2, cat ndy	
W3	SSI/Waiver, aged	
W4	SSI/Waiver, blind	
W5	SSI/Waiver, disabled	
W6	SSI/Waiver, 1619(a)(b)	
WA	CIP IA, cat ndy	
WB	CIP IB, cat ndy	
WC	CSLA, cat ndy	
WI	Brain Injury Waiver	
WK	Children's Waiver (CLTS)	
WP	Pace Program Waiver non-inst.	
WR	Partnership Program Waiver non-inst.	
WS	IRIS Waiver Program	
WW	COP Waiver, cat ndy	
X6	earnings ext, adult, >100%, BC+ SP	
X7	CS ext, adult, >100%, BC+ SP	
X8	earnings 12 mo ext, < 19, BC+ SP	
X9	CS 4 mo ext, child < 19, BC+ SP	

## WFCAP 7 Eligible Med Stat Codes

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

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*This page last updated in Release Number: 13-01  
Release Date: 09/25/13  
Effective Date: 09/25/13*