



**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

██████████  
██████████  
██████████

**DECISION**  
Case #: FCP - 220270

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**PRELIMINARY RECITALS**

Pursuant to a petition filed on October 2, 2025, under Wis. Admin. Code § DHS 10.55, to review a decision by the MY Choice Family Care regarding Medical Assistance (MA), a hearing was held on December 17, 2025, by telephone. The hearing was rescheduled from November 18, 2025.

The issue for determination is whether the Family Care Program's managed care organization correctly denied petitioner's request for mobility training, SSP services, and daily living skills training to be provided by the ██████████.

There appeared at that time the following persons:

**PARTIES IN INTEREST:**

Petitioner:

██████████  
██████████  
██████████

Respondent:

Department of Health Services  
201 E. Washington Ave.  
Madison, WI 53703

By:

MY Choice Family Care  
10201 Innovation Dr, Suite 100  
Wauwatosa, WI 53226

**ADMINISTRATIVE LAW JUDGE:**

Jason M. Grace  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner is a resident of Rock County. She is enrolled in the Family Care Program (FCP), with My Choice Wisconsin her managed care organization.

2. The petitioner has medical diagnoses that include: Arnold-Chiari syndrome, Fibromyalgia, mixed conductive and sensorineural hearing loss, unspecified visual loss, right eye cataract, history of displaced bimalleolar fracture right lower leg, incomplete rotator cuff tear right shoulder, metaphyseal dysplasia, pain in left and right wrist and right ankle, plantar fascial fibromatosis, other abnormalities of gait and mobility, and anxiety. She is legally blind.
3. The petitioner lives alone. She needs assistance with the activities of daily living (ADLs) of bathing, dressing, mobility, and toileting. She further needs assistance with instrumental activities of daily living (IADLs) of medication administration/management, meal preparation, laundry/chores, and transportation.
4. The petitioner's Family Care service plan includes supportive home care (SHC), transportation, lawn care services, and durable medical equipment that includes a Quad cane.
5. Petitioner currently receives 10 hours per month of SSP services from the [REDACTED] at no cost to her or the FCP.
6. The petitioner submitted a request to the MCO for three separate services to be provided by the [REDACTED]:
  - i. Mobility training was requested to assist with balance, utilizing her red/white cane and support cane, and independently navigate the community, including the use of the local bus system.
  - ii. SSP services was requested to assist in attending community activities.
  - iii. Daily living skills training was requested to assist with labeling food items in her home and generally organizing her home to make it accessible to her.
7. The MCO denied the services requested after conducting a RAD review.
8. The MCO denied the request for SSP services as she was already receiving 10 hours per month of SSP services from the [REDACTED]. It was also denied the request as:
 

...member is able to navigate in the community independently with the use of a Stellar Trek. Member is able to ask for assistance from friends or event organizers if she has difficulty hearing a conversation or wants to know who is present. Member also has an SHC provider who is taking her grocery shopping and can assist with describing locations and people and assisting member with understanding conversations.
9. The MCO denied the request for mobility training as petitioner "...has received services related to mobility training such as utilizing two canes, utilizing a Stellar Trek, and improving balance through both PT services and Stellar Trek training. PT is a card-service and member can request additional PT through Medicare or her supplemental provider [REDACTED]."
10. The MCO's denial of the request for daily living skills was based in relevant part on:
 

...Member currently has devices that could be used to identify foods in the home including the Stellar Trek which can read mail and bar codes on food items. Member could utilize masking tape to know where the bar code is to identify food. Member also has the Pen-friend which allows member to place labels on foods and the Pen can then be used to determine what the item is at a later date. Member has had training in utilizing both of these systems and documentation

notes that member is independent in using the devices. Labeling of food in order to utilize these pieces of technology could be completed with the assistance of SHC providers. SHC providers could also assist member in organizing her home as it is up to member to decide how she would like to have her home organized. Member has also had previous assistance in labeling/organizing her home in 2025 and can get assistance from SHC providers.

11. Petitioner sought review of the denials with the MCO's Grievance and Appeal Committee.
12. By decision dated July 25, 2025, the MCO's Grievance and Appeal Committee upheld the denial. The basis for the decision was, in relevant part, as follows:

...The reason for the decision is that the team followed applicable policies and procedures. The committee recognizes the difficulty of adjusting to the changes in your vision and hearing. The team has suggested contacting a provider for continued PT through your Forward Health card. The team has also offered to assist with scheduling transportation, [REDACTED], and Paratransit service is also available to assist with community activities. The care team also stated that the SSP services are currently funded by the [REDACTED] and My Choice Wisconsin is unable to provide duplicate services. The committee recommendations are as follows: 1. pursuing lower technology solutions to assist the member with labeling and organization. Technology is wonderful when it works but will often fail when most needed. 2. Continued utilization and training of current SHC care givers to provide the support needed. ...

13. On October 2, 2025, the petitioner filed an appeal with the Division of Hearings and Appeals.

### DISCUSSION

The Family Care Program (FCP) provides appropriate long-term care services for elderly or disabled adults. It is supervised by the Department of Health Services (Department), authorized by Wis. Stat. § 46.286, and comprehensively described in Chapter DHS 10 of the Wisconsin Administrative Code. The Department contracts with managed care organizations (MCOs) throughout the state to provide case management services to members. Case management services include the development of individual service plans (ISPs) and the authorization of allowable and appropriate long term care services. Wis. Admin. Code §DHS 10.44(f). The ISP must reasonably and effectively address all of the FCP recipient's long-term needs and outcomes, assist the recipient to be as self-reliant and autonomous as possible, and be cost effective when compared to alternative services or supports that could meet the same needs and achieve similar outcomes. Id.

The contracts between the Department and the individual MCOs require MCOs to determine appropriate long term care services by engaging in a "member-centered planning process" and, more specifically, by applying the "Resource Allocation Decision" (RAD) method. See Wisconsin Department of Health Services, Division of Medicaid Services Family Care Contract ("FCP Contract"), Article V, Sec. K (issued January 1, 2025) (available online at: <https://www.dhs.wisconsin.gov/familycare/mcos/fc-fcp-2025-contract.pdf>); see also OFCE Memo, Issued 6/26/2013 (Revised 02/2024) available on-line at <https://www.dhs.wisconsin.gov/familycare/mcos/communication/ta13-02.pdf>. MCOs may develop service authorization guidelines for use with the RAD. Such guidelines must be approved by the Department. *FCP Contract*, Article V., Sec. K.1.a.

Regardless of the particular service authorization policy utilized, the MCO is responsible for covering services as part of the FCP benefit package that cost-effectively addresses a member's diagnoses, achieve appropriate growth and development, maintain and regain functional capacity, affords access to the benefits of the community, and achieve person-centered goals. *FCP Contract*, Article VII, Sec. A., pg. 102. The MCO shall not deny a service that is reasonable and necessary, and in an amount, scope, and duration needed to cost-effectively support the member's long-term care outcomes. *FCP Contract*, Article V, Sec.K 2., pg. 87. While the client has input, the MCO does not have to provide all services the client desires if there are less expensive alternatives to achieve the same results. Wis. Admin. Code, §DHS 10.44(2)(f).

The MCO did not dispute that the services at issue in this case fall within the FCP benefits package. Its position was that the request for those services was not sufficiently supported.

The major issue with petitioner's appeal is that she did not present to the MCO for review or at hearing needed details about the services she requested. This included the amount of hours for each of the services requested, the duration of those services, and the ultimate cost of the services. When asked at hearing, she did not provide that information. This applies for each of the services at issue in the case that she sought to be provided by the [REDACTED]. Petitioner had a representative for the [REDACTED] appear at the hearing. Of note, it was indicated that the Center routinely conducts assessments for FCP members that identify service needs and sets forth formal recommendations that can be presented to the MCO for consideration. Such an assessment would provide the details missing in this case. That assessment was not done as it was not requested by petitioner. The petitioner indicated that she was first seeking general approval for the services to be provided by the [REDACTED]. She has put the proverbial cart before the horse. The assessment needs to come first not only to assist in identifying needed services, but to set forth the specific details absent in this case that a reviewing entity would need to consider, including amount, duration, and cost of the services.

I would also note that the petitioner did not show a need for SSP services beyond what she is already authorized to receive from the [REDACTED]. She currently receives 10 hours per month of SSP services from the Center at no cost to her or the FCP. When asked at hearing, she did not provide a specific amount of additional SSP hours she believed were needed. There is no indication that her current SSP hours are being terminated or that she even utilizes all allotted hours each month. Thus, her request for additional SSP hours to be funded by the FCP was not supported on additional grounds.

I would further note that petitioner was requesting daily living skills training to be provided for her SHC staff. The representative for the [REDACTED] believed that petitioner was actually requesting a different service program that the Center provides under Older Adult Services. That program would provide training to petitioner, not her SHC staff. Petitioner appeared to confirm that the Center's Older Adult Services program was what she was actually requesting. This further reinforces the need for an assessment to be completed in order to correctly identify what service or program petitioner is actually requesting.

Finally, I am unable to remand the matter to the MCO to fund an assessment by the [REDACTED] as petitioner did not previously present that request to the MCO to be reviewed through the RAD process. Thus, it is outside the scope of my review in this appeal. As dicta, I would indicate that petitioner and the representative from the [REDACTED] did present compelling testimony as to the appropriateness of conducting such an assessment due to changes in medical condition that impact hearing and vision. However, petitioner will need to submit a formal request to the MCO to fund an assessment by the [REDACTED]. If that request is denied, she can seek review by filing a new appeal with the Division of Hearings and Appeals.

**CONCLUSIONS OF LAW**

The petitioner did not demonstrate at hearing that the MCO incorrectly denied her request for mobility training, SSP services, and daily living skills training to be provided by the [REDACTED].

**THEREFORE, it is**

**ORDERED**

That petitioner's appeal is dismissed.

**REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 4822 Madison Yards Way, 5<sup>th</sup> Floor North, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

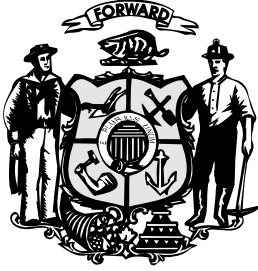
**APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 201 E. Washington Ave., **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,  
Wisconsin, this 22nd day of January, 2026

\s \_\_\_\_\_  
Jason M. Grace  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin \DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on January 22, 2026.

MY Choice Family Care  
Office of Family Care Expansion  
Health Care Access and Accountability