



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

██████████
██████████
██████████

DECISION
Case #: FCP - 220791

PRELIMINARY RECITALS

Pursuant to a petition filed on November 11, 2025, under Wis. Admin. Code § DHS 10.55, to review a decision by the Community Care Inc. regarding Medical Assistance (MA), a hearing was held on December 30, 2025, by telephone.

The issue for determination is whether the FamilyCare Managed Care Organization correctly denied the petitioner's request for full length bed rails.

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: Alisha Botts
Community Care Inc.
205 Bishops Way
Brookfield, WI 53005

ADMINISTRATIVE LAW JUDGE:

Kate J. Schilling
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a 53-year-old woman who is a resident of Dane County. She is enrolled in the Family Care program with Community Care as her Managed Care Organization (MCO).

2. The petitioner's medical history includes spastic quadriplegia, cerebral palsy, and osteoporosis. She uses a wheelchair for mobility and relies on caregivers to assist her with all activities of daily living. She currently lives in an adult family home with caregivers available 24/7.
3. On August 20, 2025, the petitioner requested a fully motorized hospital bed with full length bedrails due to her staff reporting that it hurt their backs to use the semi electric bed that she currently had.
4. On September 9, 2025, the MCO staff met with the petitioner at her home to discuss and evaluate her need for the requested equipment. The MCO staff explained that they would not approve a new hospital bed for the petitioner for staff convenience and they felt that her current bed met her needs.
5. On September 24, 2025, the petitioner clarified to the MCO staff that her request was for a fully electric hospital bed *or* full bed rails for her current bed. The petitioner had partial bed rails on her bed that extended approximately from her head to just above her waist. (Petitioner's Exhibit A). The MCO staff explained that it would not cover full length bed rails as it believed lesser restrictive options were available. The petitioner appealed the denial to the MCO.
6. On November 6, 2025, the MCO held a meeting with the grievance and appeal committee. The committee decided to uphold its original denial of the full length bed rails for the petitioner's bed. The committee cited the same rationale as for the original denial, namely, that lesser restrictive alternatives were available.
7. On November 11, 2025, the petitioner appealed the denial of the full length bed rails to the Division of Hearings and Appeals.

DISCUSSION

The Family Care Program is a Medical Assistance home and community based waiver program designed to provide long-term care services for individuals with physical and developmental disabilities and elderly individuals through a managed care service delivery model. See Wis. Stat. §46.286, Wis. Admin. Code ch. DHS 10, Family Care 1915(b) Waiver, and Family Care 1915(c) Home and Community-Based Services Waiver. The Department of Health Services ("the Department") contracts with managed care organizations (MCOs) throughout the state to provide services to Family Care members. See the Family Care / Partnership 2026 Contract (available online at <https://www.dhs.wisconsin.gov/familycare/mcos/contract.htm>).

In this case, the petitioner requested full length bed rails for her semi electric hospital bed. She testified at the hearing that she has osteoporosis and is at a high risk of falling due to her spastic quadriplegia. She stated that she frequently falls down towards the feet portion of her bed at night and worries that she will fall out of bed as there are no bed rails on the lower half of her bed.

The MCO testified that it denied the full length bed rails as there were other alternatives available. The MCO had suggested rearranging the furniture in the petitioner's bedroom, using bed bolsters, and a perimeter alarm. Staff at the MCO also expressed concern that there was a risk the petitioner could get entangled or somehow trapped in the bed rails at the foot of the bed. Finally, the MCO representative also testified that it could be considered a restrictive measure if the petitioner were to have full length bed rails as the petitioner could not remove them by herself.

At the hearing, the petitioner testified credibly that she understood the potential risk associated with full length bed rails, and that she felt strongly that falling out of bed presented greater risks to her health and independence than potential entanglement. The petitioner uses her right wrist and hand to steer her power wheelchair. (Petitioner's Exhibit 5) If she were to fall and break her arm, it would interfere with her ability to navigate her chair within her home and the community. Also, she testified that due to her osteoporosis, she is at higher risk of fracturing a bone if she were to fall out of bed.

The petitioner submitted two letters from her rehabilitation doctor in support of the full length bed rails as well as medical records from a recent consultation with her occupational therapist. Her rehabilitation medicine doctor stated that she believed the full length bed rails were a medical necessity for the petitioner for safety reasons, and that labeling them as a restrictive measure was inappropriate.

Due to the combination of involuntary spastic movements, decreased body awareness and inability to independently reposition or protect themselves during sleep, a hospital bed with full side raise is medically necessary for this patient's care and safety.

Importantly, bed alarms are not appropriate or clinically useful for this patient. Because the patient is physically unable to initiate independent movement out of the bed or to stand, a bed alarm would provide no meaningful safety benefit. Instead, the patient requires a physical safety barrier—full side rails—to prevent accidental falls or injury related to spasticity and limited motor control.

The purpose of the side rails is not to restrict the patient's freedom of movement, but rather to:

- Prevent falls or accidental rolling out of bed due to spasticity or lack of motor control.
- Provide a stable support surface during bed mobility and repositioning by caregivers.
- Create a safer sleep environment, minimizing risk of injury from entrapment, floor-level falls, or unsafe positioning during the night.

The classification of side rails as a "restraint" is not clinically appropriate in this case. The patient lacks the physical capacity to use the bed unsafely or to leave the bed without full assistance. Side rails in this context function as a mobility aid and protective measure, similar to grab bars in a bathroom setting or a wheelchair's lateral supports. This equipment is a standard component of care for adults with severe neuromotor disorders, and denying access increases the patient's risk of injury, emergency care, and long-term complications—all of which are avoidable with proper equipment.

(Petitioner's Exhibit 4). These letters make it clear that the petitioner's doctor feels that full length bed rails are medically necessary and a part of necessary safety equipment for the petitioner. The petitioner's occupational therapist agreed with the rehabilitation doctor's statements.

Full bed rails will provide her with protection and serve as a mobility aid, as [REDACTED] [REDACTED] previously stated as well. [REDACTED] will benefit greatly from this modification with urgency to optimize her safety.

(Petitioner's Exhibit 5) I agree with the petitioner's rehabilitation doctor and occupational therapist that full length bed rails are a medical necessity and safety issue in this case. Moreover, the alternatives listed by the MCO are insufficient to prevent an injury to the petitioner. A bed alarm would not prevent the petitioner from falling out of bed in the middle of the night. And the petitioner's rehabilitation doctor previously explained in a letter that a bolster was also not appropriate for this petitioner.

Bolsters have been suggested as an alternative. This would not be acceptable and potentially dangerous as the patient would have difficulty fitting in a bed with a bolster. The bolster could easily fall off the bed onto the floor, particularly while the patient is being turned. The bed gets moved frequently which would also potentially displace it. In addition, if she would get turned against it, it would pose a suffocation risk given her limited mobility.

(Petitioner's Exhibit 2). Finally, the petitioner's doctor also stated that full length bed rails are "a standard component of care for a person with severe neuromotor disorders." (Petitioner's Exhibits 3 and 4) For all of these reasons, I find that the petitioner has met her burden of proof that full length bed rails are medically necessary as safety equipment for her bed.

The MCO raised the issue at the hearing that approval from the Dept. of Health Services restrictive measures committee may need to be obtained prior to placement of full bed rails on the petitioner's bed, especially as the petitioner lives in a licensed adult family home. As was stated at the hearing, that process is handled separately from this decision and the Division of Hearings and Appeals is not a part of that process. However, I am not sure if that it is necessary given the following provision in the *Restrictive Measures Guidelines and Standards* policy manual.

DHS does **not** consider the following devices to be restrictive measures:

- Mechanical supports as defined in these guidelines
- Wheelchair seat belts or foot straps, **bed rails**, and other transportation safety devices such as stretcher belts intended to prevent an individual from accidentally falling or slipping during transport
- Motor vehicle seat belts or harnesses with buckle guards or similar devices in place to ensure a passenger is unable to remove the safety belt in a moving vehicle
- Professionally designed therapeutic devices to promote optimal motor functioning

(Emphasis added.) *Restrictive Measures Guidelines and Standards*, Appendix A, page 32, last updated January 2024.

CONCLUSIONS OF LAW

The petitioner has met her burden of proof that full length bed rails are a medical necessity as safety equipment for her bed.

THEREFORE, it is

ORDERED

That this case is Remanded to Community Care with instructions that it should rescind the 9/24/25 denial of the full length bed rails and issue a notice to the petitioner that it will cover the full length bed rails for the petitioner's bed. The agency shall do this within 10 days of the date of this decision.

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, 5th 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.

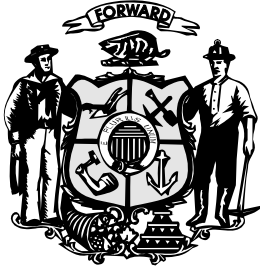
APPEAL TO COURT

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 27th day of January, 2026

\s _____
Kate J. Schilling
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 27, 2026.

Community Care Inc.
Office of Family Care Expansion
Health Care Access and Accountability