



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

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**DECISION**  
Case #: FCP - 221005

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**PRELIMINARY RECITALS**

Pursuant to a petition filed November 6, 2025, under Wis. Admin. Code, §DHS 10.55, to review a decision by Inclusa to reduce supportive home care services (SHC) under the Family Care Program (FCP), a hearing was held on January 20, 2026, by telephone. A hearing set for December 23, 2025 was rescheduled at the petitioner's request.

The issue for determination is whether the agency correctly reduced SHC by half.

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

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

By: Karlie Stadler  
Inclusa  
2801 Hoover Rd., Unit 3  
Stevens Point, WI 54481

**ADMINISTRATIVE LAW JUDGE:**

Brian C. Schneider  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner is a 64-year-old resident of Grant County.

2. Petitioner has a number of diagnoses, including anemia, arthritis, chronic pain particularly in the shoulder, dwarfism with ataxic gait and muscle weakness, anxiety, and depression. She is eligible for the FCP with Inlucsa as her managed care organization. She resides with two adult children, both of whom also require assistance with daily cares.
3. Until the agency action the FCP covered 65 hours weekly SHC. An annual care plan review was conducted in September, 2025. Agency staff requested that petitioner's two SHC caregivers fill out task assessment worksheets. However, they provided only summaries of their support and not specific tracking of their tasks. The assessor then updated the task assessment herself after discussions with petitioner and the caregivers, and a review of the Long-Term Functional Screen that had been completed in September, 2025. She concluded that the actual SHC time to be approved was 37.5 hours weekly.
4. By a notice dated September 25, 2025, Inlucsa informed petitioner that SHC would be reduced to 37.5 hours weekly effective October 12, 2025. Petitioner grieved the decision, but the grievance committee upheld the change by a letter dated October 23, 2025.
5. SHC hours were continued at 65 per week pending this decision.

### **DISCUSSION**

The Family Care program, which is supervised by the Department of Health Services, is designed to provide appropriate long-term care services for elderly or disabled adults. It is authorized in the Wisconsin Statutes, §46.286, and is described comprehensively in the Wisconsin Administrative Code, Chapter DHS 10.

The MCO must develop an Individual Service Plan (ISP) in partnership with the client. Wis. Admin. Code, §DHS 10.44(2)(f). The ISP must reasonably and effectively address all of the client's long-term needs and outcomes to assist the client to be as self-reliant and autonomous as possible, but nevertheless must be cost effective. 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(1)(f); DHS booklet, Being a Full Partner in Family Care, page 9. ISPs must be reviewed periodically. Admin. Code, §DHS 10.44(j)(5).

Wis. Admin. Code, §DHS 10.55(1) provides that a person may request a fair hearing to contest the denial of eligibility for the program, a cost share and financial eligibility, or the "entitlement" to the FCP. functional eligibility. In addition, the participant must file a grievance with the MCO over any decision, omission, or action of the MCO. The grievance committee shall review and attempt to resolve the dispute. If the dispute is not resolved to the participant's satisfaction, she may then request a hearing with the Division of Hearings and Appeals. Wis. Admin. Code, §DHS 10.55(2).

FCP policies are found primarily in the Department's standard contract with the FCP MCOs. The contract is found on-line at <https://www.dhs.wisconsin.gov/familycare/mcos/fc-fcp-2025-contract.pdf>. Supportive home care is defined in Addendum VI, Benefit Package Service Definitions, at page 413:

Supportive home care (SHC) is the provision of services to directly assist members with daily living activities and personal needs and to assure adequate functioning and safety in their home and community.

- a. Services include the following:

- i. Providing support necessary for member safety at home and in the community, including observation and cueing of the member, to ensure that the member safely and appropriately completes activities of daily living and instrumental activities of daily living.
  - ii. Routine housekeeping and cleaning activities performed for a member, consisting of tasks that take place on a daily, weekly, or other regular basis. These tasks may include: washing dishes, doing laundry, dusting, vacuuming, cooking, shopping, cleaning, and similar activities that do not involve hands-on care of the member.
  - iii. Intermittent major household tasks that must be performed seasonally or in response to some natural or other periodic event for reasons of health and safety or the need to assure the member's continued community living....
- b. This service also includes personal care services including;
- i. Hands-on assistance with activities of daily living such as dressing/undressing; bathing; eating; toileting; assistance with mobility/ambulation/transferring (including the use of a walker, cane, etc.); carrying out professional therapeutic treatment plans; and personal hygiene/grooming, such as care of hair, teeth or dentures. This may also include preparation and cleaning of areas that are used during provision of personal assistance such as the bathroom and kitchen.
  - ii. Direct assistance with instrumental activities, such as meal preparation and serving, medication management and treatments that are normally self-administered, care of eyeglasses or hearing aids, money management, telephone/internet use, personal assistance on the job and in non-employment community activities, and using transportation.

The agency team decided to delve into the number of care hours after questions were raised about the need for 65 hours per week SHC, particularly after the September functional screen made petitioner appear to be more capable of handling herself than previously reported. The team asked petitioner to provide specific tracking information showing tasks provided and time necessary to complete them. Instead of the detailed tracking requested, petitioner provided only a general summary of support being provided. The team then took charge by evaluating tasks that were clearly necessary for petitioner's care and comparing them to time allotted in the Department's recommended task assessment worksheet. See page 29 of Inclusa's hearing submission.

To date petitioner and her caregivers still have not provided any specific accounting of the tasks provided to petitioner and how much time the tasks take. In a hearing submission they complained about statements in the Inclusa documents, and they reported generally that they cannot get tasks done in the proposed allotted time, but they still have not justified the need for 65 hours weekly SHC.

I note that the Department does not cover supervision as an SHC service. A review of the allowed SHC services listed above shows that only direct, hands-on services are covered, or observation and cueing to allow the person to do activities of daily living on her own. SHC does not cover time for being present in case the person might need unspecified assistance.

I conclude that Inclusa correctly reduced the SHC hours for petitioner because she did not show the need for 65 hours per week despite requests to justify the need.

**CONCLUSIONS OF LAW**

The agency correctly reduced weekly SHC to 37.5 hours based upon Department guidelines because petitioner did not justify the need for more hours.

**THEREFORE, it is**

**ORDERED**

That the petition for review is hereby 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.

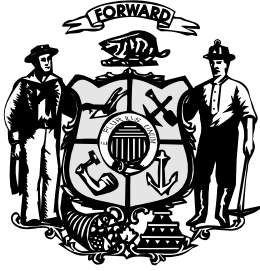
**APPEAL TO COURT**

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 26th day of January, 2026

\s \_\_\_\_\_  
Brian C. Schneider  
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 26, 2026.

Inclusa Inc/Community Link  
Office of Family Care Expansion  
Health Care Access and Accountability