



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

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In the Matter of

██████████  
██████████  
██████████  
██████████

**DECISION**  
Case #: FCP - 221429

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**PRELIMINARY RECITALS**

Pursuant to a petition filed on January 8, 2026, 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 January 28, 2026, by telephone.

The issue for determination is whether the agency correctly determined petitioner's cost share.

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: Kyra Oberg, Income Maintenance, and Mary Jo Noyes  
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 ██████████. She is enrolled in the Family Care program with My Choice Wisconsin, her managed care organization.

2. On or about [REDACTED], 2025, the Petitioner became eligible for Medicare Part A and B.
3. Petitioner was required to complete her health care renewal by November 31, 2025. She completed that renewal on November 10, 2025.
4. By notice dated November 11, 2025, the petitioner was informed that she was enrolled in Community Waivers as of December 1, 2025. The notice also indicated that she had a monthly cost share of \$728.27, as of December 1, 2025. This was based on gross income of \$2,373.00 from social security. She was provided deductions consisting of a personal maintenance allowance of \$1,459.72; health insurance premiums of \$185.00; and medical remedial expenses of \$0.01.
5. By notice dated December 8, 2025, the petitioner was informed that her monthly cost share increased to \$750.27 starting January 1, 2026. This was based on gross income of \$2,439.90 from social security. She was provided deductions consisting of a personal maintenance allowance of \$1,486.72; health insurance premiums of \$202.90; and medical remedial expenses of \$0.01.
6. On January 8, 2026, the petitioner filed an appeal seeking to contest her cost share as of December 2025.

### DISCUSSION

The Family Care (FC) Program 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. Wis. Admin. Code §DHS 10.44(f).

Petitioner had been enrolled in the Family Care with no cost share as she was a Group A Medicaid member under the Widow/Widower Group. Medicaid Eligibility Handbook (MEH), §§ 25.3 (503 Group), 25.4 (Widow/Widower Group), and 28.6 (Group A, Group B, and cost share). She became ineligible for Widow/Widower Group in April 2025 when she started to receive Medicare Part A. Id. She remained eligible for Family Care but her status changed to a Group B Medicaid member. Id. As such, she was required to pay a cost share amount toward the cost of her waiver services. Id and Wis. Admin. Code, §DHS 10.34. The cost share amount is calculated in agency's computer system by applying the cost share deductions to members' gross income. Id. The possible deductions include the personal maintenance allowance, family maintenance allowance, health insurance, special exempt income, and MREs. MEH, §§ 28.6.3 Admin. Code, §DHS 10.34.

In determining the December cost share, the agency found petitioner had total gross monthly income of \$2,373.00. The agency found petitioner had total permitted deductions of \$1,644.73, consisting of a personal maintenance allowance of \$1,459.72; health insurance premiums of \$185.00; and medical remedial expenses of \$0.01. It found she had a monthly cost share of \$728.27 (\$2,373.00 - \$1,644.73). The petitioner did not contest these calculations.

The petitioner had a change in income, resulting in an increase in her cost share starting January 1, 2026. The agency found petitioner's total gross monthly income increased to \$2,439.90. The agency found petitioner had total permitted deductions of \$1,689.63, consisting of a \$1,486.72 personal maintenance allowance, \$202.90 health insurance premiums, and medical/remedial expenses of \$.01. It found she had

a monthly cost share of \$750.27 (\$2,439.90 - \$1,689.63). The petitioner did not contest these calculations. Based on the record before me, I find that the agency correctly determined the cost share.

**CONCLUSIONS OF LAW**

The agency correctly determined petitioner’s cost share.

**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.

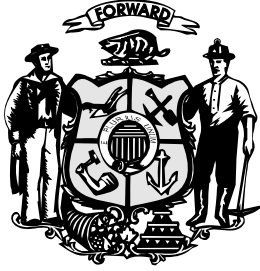
**APPEAL TO COURT**

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 26th day of March, 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 March 26, 2026.

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