

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF WISCONSIN

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CODY FLACK,  
SARA ANN MAKENZIE,  
MARIE KELLY, AND  
COURTNEY SHERWIN,

Plaintiffs,

v.

Case No. 18-CV-0309

WISCONSIN DEPARTMENT OF  
HEALTH SERVICES and  
LINDA SEEMEYER, in her official  
capacity as Secretary of the Wisconsin  
Department of Health Services,

Defendants.

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**DECLARATION OF LAURA TRILLER**

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I, **LAURA TRILLER**, pursuant to 28 U.S.C. § 1746, declare as follows:

1. I am employed as a Speech Therapy Consultant for the State of Wisconsin Department of Health Services (DHS), Division of Medicaid Services (DMS), Bureau of Benefits Management. I have held a position as a speech therapy consultant for DHS since June 15, 2015.

2. In my position as a Speech Therapy Consultant for DMS, I am the primary contact for state adjudication of health maintenance organization (HMO) grievances regarding prior authorizations for augmentative communication devices and speech therapy. I am the

secondary contact for HMO grievances regarding prior authorizations for audiology services and hearing aids.

3. This declaration is based on my personal knowledge.

4. On October 1, 2018, I authored a state adjudication of an HMO grievance regarding a prior authorization request for speech therapy from Bradley Sherwin to Dean Health Plan. Attached as Exhibit A to this declaration is a true and correct copy of this state adjudication of Bradley Sherwin's HMO grievance.

I declare under penalty of perjury that the forgoing is true and correct.

Executed on November 15, 2018.

s/ Laura Triller  
LAURA TRILLER

Scott Walker  
Governor



DIVISION OF MEDICAID SERVICES

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Linda Seemeyer  
Secretary

State of Wisconsin  
Department of Health Services

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State Adjudication of HMO Grievance

Name: Bradley Sherwin  
Member ID: [REDACTED]  
Case #: [REDACTED]  
Requested service: Speech Therapy  
HMO: Dean Health Plan

October 1, 2018

Health maintenance organizations (HMOs) contractually rely on fee-for-service Medical Assistance (MA) policy to set the minimum level of coverage for their MA eligible members. As part of a member grievance or appeal, the State is asked to comment as to whether the denied service would be covered in the fee-for-service Medicaid program.

Speech and language therapy services are covered by ForwardHealth when the service is medically necessary as legally defined in DHS 101.03(96m), serves a functional purpose, requires the skills of a speech-language pathologist, and is not duplicate to other services available to the member. Speech and language therapy services require prior authorization (PA) from the Department for all services after the member's initial 35 treatment days.

Each PA is reviewed on its own merits. The provider has the responsibility to provide a truthful, accurate, timely, and complete prior authorization request. See Wisconsin Administrative Code § DHS 106.02(9)(e)1. The determination of medical necessity is based on the documentation submitted by the provider. It is essential that the information be complete, accurate, and specific to the Member's current condition and needs to justify the service requested.

HMO documentation reviewed for this case indicates that the request for voice therapy was denied for member Bradley Sherwin. The SLP provider states that the member has a diagnosis of mild to moderate dysphonia (R49.0) characterized by mild strain, hoarseness and inefficient vocal mechanics which contribute to vocal quality.

The request for individual speech and language therapy services was denied by the HMO citing DHS 107.18 (4) Non-covered services. The following services are non-covered services:

- (a) Services which are of questionable therapeutic value in a program of speech and language pathology. For example, charges by speech and language pathology provider for "language development – facial physical, "voice therapy – facial physical" or "appropriate outlets for reducing stress";

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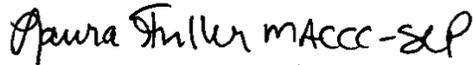
**Exhibit A**

Page 2 of 2  
October 1, 2018

In this case the member has a diagnosis of dysphonia which is an impairment of the speaking or singing voice and is within the scope of medically acceptable services that can be treated by a speech and language pathologist. The diagnosis of dysphonia alone would not be considered of questionable therapeutic value in a program of speech and language pathology.

However, review of all available documentation with this grievance identified that the provider did not submit an initial evaluation completed by the speech and language pathologist to support the diagnosis of dysphonia and to determine medical necessity of services. Without a comprehensive speech and language evaluation, voice therapy would not be authorized in the fee-for-service program. The PA would be returned to the SLP provider for a comprehensive evaluation to support treatment. Therefore the Department recommends the provider submit additional clinical documentation in order to determine whether or not the HMO's denial was clinically appropriate.

Sincerely,

Handwritten signature of Laura Triller in cursive script.

Laura Triller, MA CCC-SLP  
Speech-Language Pathology Consultant  
Clinical Policy Section  
Bureau of Benefits Management  
Division of Medicaid Services  
Wisconsin Department of Health Service