

## FORWARDHEALTH PRIOR AUTHORIZATION / THERAPY ATTACHMENT (PA/TA) INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

ForwardHealth members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. Per Wis. Admin. Code § DHS 104.02(4), this information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member ID number.

Under Wis. Stat. § 49.45(4), personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

The use of this form is mandatory when requesting PA for certain services. If necessary, attach additional pages if more space is needed. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth to make a reasonable judgment about the case.

Each provider must submit sufficient detailed information. Sufficient detailed information on a PA request means enough clinical information regarding the member to meet ForwardHealth's definition of "medically necessary." "Medically necessary" is defined in Wis. Admin. Code § DHS 101.03(96m). Each PA request is unique, representing a specific clinical situation. Therapists typically consider a number of issues that influence a decision to proceed with therapy treatment at a particular frequency to meet a particular goal. Those factors that influence treatment decisions should be documented on the PA request. ForwardHealth's therapy consultants will consider documentation of those same factors to determine whether or not the request meets ForwardHealth's definition of "medically necessary." ForwardHealth's consultants cannot "fill in the blanks" for a provider if the documentation is insufficient or unclear. The necessary level of detail may vary with each PA request and within the various sections of a PA request.

These directions are formatted to correspond to each required element on the Prior Authorization/Therapy Attachment (PA/TA), F-11008. The **bold** headings directly reflect the name of the element on the PA/TA. The following text reflects instructions, hints, examples, clarification, etc., that will help the provider document medical necessity in sufficient detail.

Attach the completed PA/TA to the Prior Authorization Request Form (PA/RF), F-11018, and send it to ForwardHealth. Providers should make duplicate copies of all paper documents mailed to ForwardHealth. Providers may submit PA requests by fax to ForwardHealth at 608-221-8616 or by mail to the following address:

ForwardHealth  
Prior Authorization  
Ste. 88  
313 Blettner Blvd.  
Madison WI 53784

### SECTION I – MEMBER / PROVIDER INFORMATION

#### Element 1: Name – Member

Enter the member's last name, followed by their first name and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or the spelling of the name on the ForwardHealth ID card and the EVS do not match, use the spelling from the EVS.

#### Element 2: Member ID Number

Enter the member ID. Do not enter any other numbers or letters.

#### Element 3: Age – Member

Enter the age of the member in numerical form (for example, 16, 21, 60).

**Element 4: Name and Credentials – Therapist**

Enter the treating therapist's name and credentials. If the treating therapist is a therapy assistant, enter the name of the supervising therapist and the name of the therapy assistant.

**Element 5: Therapist's National Provider Identifier**

Enter the treating therapist's National Provider Identifier (NPI). If the treating therapist is a therapy assistant, enter the NPI of the supervising therapist. Rehabilitation agencies do not indicate an NPI.

**Element 6: Telephone Number – Therapist**

Enter the treating therapist's phone number, including area code and extension (if applicable). If the treating therapist is a therapy assistant, enter the phone number of the supervising therapist.

**Element 7: Name – Referring / Prescribing Physician**

Enter the referring or prescribing physician's name.

**Element 8: Requesting PA for Physical Therapy, Occupational Therapy, Speech and Language Pathology**

Check the appropriate box on the PA/TA for the type of therapy service being requested.

**Element 9: Total Time Per Day Requested**

Enter the anticipated number of minutes a typical treatment session will require. It is expected the requested minutes per session will be consistent with the member's history, age, attention span, cognitive ability, medical status, treatment goals, procedures, rehabilitation potential, and any other intervention the member receives. Intensity of intervention is determined by rate of change, rather than level of severity.

**Element 10: Total Sessions per Week Requested**

Enter the number of treatment days per week requested. It is expected the requested number of treatment days per week will be consistent with the member's history, medical status, treatment goals, rehabilitation potential, and any other intervention the member receives. Intensity of intervention is determined by rate of change, rather than level of severity.

**Element 11: Total Number of Weeks Requested**

Enter the number of weeks requested. The requested duration should be consistent with the member's history, medical status, treatment goals, rehabilitation potential, and any other intervention the member receives. The requested duration should correspond to the number of weeks required to reach the goals identified in the plan of care (POC). Intensity of intervention is determined by rate of change, rather than level of severity.

**Element 12: Requested Start Date**

Enter the requested start date for this PA request in mm/dd/ccyy format.

Be sure:

- The member's name corresponds with the member ID listed.
- The member ID has all digits correctly listed.
- The member is currently enrolled for ForwardHealth.
- The provider's name and NPI match.

**Note:** All of the information in this section must be complete, accurate, and exactly the same as the information from the EVS and on the PA/RF before the PA request is forwarded to a ForwardHealth consultant. **Incomplete or inaccurate information will result in a returned PA request.**

**SECTION II – PERTINENT DIAGNOSES / PROBLEMS TO BE TREATED**

**Element 13: Provide a description of the member's current treatment diagnosis, any underlying conditions, and problem(s) to be treated, including dates of onset.**

Indicate the pertinent medical diagnoses that relate to the reasons for providing therapy for the member at this time **and** any underlying conditions that may affect the POC or outcome (for example, dementia, cognitive impairment, medications, attention deficits). Include dates of onset for all diagnoses. If the date of onset is unknown, state "unknown."

If this documentation is on a previous PA request and is still valid, indicate “this documentation may be found on PA No. XXXXXXXXXXX.” (Provide the correct number for new PAs.) Providers should review this information for accuracy each time that they submit a PA request.

**Note:** Avoid copying the same information on subsequent PA requests without verifying that the information continues to be accurate. A PA request may be returned if it appears as if there has been no change documented under Section II, but other sections of the PA suggest there have been some changes to the member’s medical/functional condition/need.

**Example 1:** A member without cognitive impairment may attain a goal to learn a task in one to three visits. However, achieving the same treatment goal for a cognitively impaired member may require additional visits. Knowledge of the member’s cognitive abilities is critical to understanding the need for the requested additional visits.

**Example 2:** When the member has a medical diagnosis, such as Parkinson’s disease or a pervasive developmental disorder, it is necessary to document the medical diagnosis **as well as** the problem(s) being treated. Listing the problem(s) to be treated without a medical diagnosis, or vice versa, is insufficient.

### **SECTION III – BRIEF PERTINENT MEDICAL / SOCIAL INFORMATION**

**Element 14: Include referral information, living situation, previous level of function, any change in medical status since previous PA request(s), and any other pertinent information.**

The ForwardHealth consultant needs to understand the complete “picture” of the member and take into consideration the member’s background, personal needs, status, change in status, etc. Sufficient, but pertinent, documentation of a member’s medical/social status may include:

- Conditions that may affect the member’s outcome of treatment.
- Evidence that this member will benefit from therapy at this time.
- Reasons why a ForwardHealth-reimbursed service is being requested at this time. (This is helpful when this is not a new diagnosis or is a continuing episode of care for this member.)

The provider’s documentation must include the factors considered when developing the member’s POC, such as:

- Reasons for referral
- Referral source (for example, a second opinion, nursing staff having difficulty with carry-over program, school therapist referred because school does not have equipment to make orthotics)
- Reason(s) the member’s medical needs are not met under current circumstances
- Recent changes (for example, change in medical status, change in living status) with reference dates
- Member’s goal (for example, member’s motivation to achieve a new goal may have changed)
- Member’s living situation
- Residence (for example, nursing home vs. independent living)
- Caregiver (who is providing care [specific name not required], how frequently is the caregiver available, does the caregiver have the ability to follow through with instructions, etc.)
- Level of assistance required, amount of assistance required, type of assistance required (if caregiver is required)
- Degree of family support
- Equipment and/or environmental adaptations used by the member
- Brief history of the member’s previous functional status
- Prior level of function
- Level of function after last treatment episode with reference dates
- Cognition/behavior/compliance
- Any other pertinent information that indicates a need for therapy services at this time

### **SECTION IV – PERTINENT THERAPY INFORMATION**

**Element 15: Document the chronological history of treatment provided for the diagnoses (identified under Section II), dates of those treatments, and the member’s functional status following those treatments.**

Summarize previous episodes of care, if applicable, in the chart provided in this section. If this is a new patient, include history taken from the member, the member’s caregivers, or the patient file. Include knowledge of other therapy services provided to the member. (For example, if requesting a PA for speech and language pathology, include any occupational therapy or physical therapy the member may have received as well.) Be concise, but informative.

**Element 16: List other service providers that are currently accessed by the member for those treatment diagnoses identified under Section II (that is, home health, school, behavior management, home program, dietary services, therapies). Briefly document the coordination of the therapy treatment plan with these other service providers. Documentation may include telephone logs, summarization of conversations or written communication, copies of plans of care, staffing reports, or received written reports.**

Document the coordination of the therapy treatment plan with other service providers that may be working to achieve the same, or similar, goals for the member. If there are no other providers currently treating the member, indicate "not applicable" in the space provided.

**For school-aged members (ages 3 up to 21):** This element is not required to be completed for the initial PA request for an episode of therapy services for school-aged members (ages 3 up to 21). An episode of therapy services lasts until the member is discharged from the current POC.

Submit written attestation of coordination with school-based services on subsequent PAs when a member is receiving both community-based services and school-based services in the same treatment discipline (for example, outpatient speech therapy and group-based speech therapy in the school).

Submit documentation of coordination of care with other community-based service providers on subsequent PA requests.

**Element 17: Check the appropriate box (on the PA/TA) and circle the appropriate form, if applicable:**

- The current Individualized Education Program (IEP) / Individualized Family Service Plan (IFSP) / Individual Program Plan (IPP) is attached to this PA request.**
- The current IEP / IFSP / IPP is attached to PA number \_\_\_\_\_.**
- There is no IEP / IFSP / IPP because \_\_\_\_\_.**
- Cotreatment with another therapy provider is within the POC.**
- Referenced report(s) is attached (list any report[s]) \_\_\_\_\_.**

This element is not required to be completed for the initial PA request for an episode of therapy services for school-aged members (ages 3 up to 21). An episode of therapy services lasts until the member is discharged from the current POC.

The IEP, IFSP, and IPP are reports used as follows:

- IEP – A written plan for a 3- to 21-year-old child who receives exceptional education services in school.
- IFSP – A written plan for a 0- to 3-year-old child who receives therapy services through the Birth to 3 Program.
- IPP – A written active treatment plan for individuals who reside in an intermediate care facility for individuals with intellectual disabilities.

This section is included as a quick reference to remind providers to attach the necessary documentation materials to the PA request and to remind providers to document cotreatment, if applicable, in their POC.

Cotreatment is when two therapy types provide their respective services to one member during the same treatment session. For example, occupational therapists and physical therapists treat the member at the same time or occupational therapists and speech-language pathologists treat the member at the same time. It is expected that the medical need for cotreatment be documented in both providers' POC and that **both** providers indicate the intent to provide cotreatment on their respective PA requests.

Other "referenced reports" may be swallow studies, discharge summaries, surgical reports, dietary reports, or psychology reports. These reports should be submitted with the PA request when the information in those reports influenced the provider's treatment decision making and were referenced elsewhere in the PA request. PA requests submitted without the required or referenced documentation attached to the PA request will be returned to the provider.

## SECTION V – EVALUATION (COMPREHENSIVE RESULTS OF FORMAL / INFORMAL TESTS AND MEASUREMENTS THAT PROVIDE A BASELINE FOR THE MEMBER’S FUNCTIONAL LIMITATIONS)

**Element 18: Attach a copy of the initial evaluation or the most recent evaluation or re-evaluation, or indicate with which PA number this information was previously submitted.**

- Comprehensive initial evaluation attached. Date of initial comprehensive evaluation \_\_\_\_\_.
- Comprehensive initial evaluation submitted with PA number \_\_\_\_\_.
- Current re-evaluation attached. Date of most current evaluation or re-evaluation(s) \_\_\_\_\_.
- Current re-evaluation submitted with PA number \_\_\_\_\_.

A copy of the comprehensive evaluation for the current episode of care (for the current problem being treated) must be included with the PA request or submitted previously with another PA request, regardless of when treatment was initiated, and regardless of the reimbursement source at the time of the comprehensive evaluation. An evaluation defining the member’s overall functional abilities and limitations with baseline measurements, from which a POC is established, is necessary for the ForwardHealth consultant to understand the member’s needs and the request.

The initial evaluation must:

1. Establish a baseline for identified limitations – The evaluation should provide baseline measurements that establish a performance (or ability) level, **using units of objective measurement that can be consistently applied when reporting subsequent status**. It is very important to use consistent units of measurement throughout documentation or be able to explain why the units of measurement changed.

**Example 1:** If the functional limitation is “unable to brush teeth,” the limiting factor may be due to strength, range of motion, cognition, sensory processing, or equipment needs. The baseline should establish the status of identified limiting factors. Such factors may include:

- Range of motion measurements in degrees
- Eye-hand coordination as measured by a testing tool or units of speed and accuracy
- Oral sensitivity as measured by an assessment tool or type of reaction to specific kinds of textures or temperatures at specific oral cavity/teeth location
- Grasp deficits including type of grasp and grip strength

Later on, subsequent progress must be described using the same terms (for example, grip strength increased by 2 pounds).

**Example 2:** If the functional limitation is “unable to sit long enough to engage in activities,” indicate “the member can short sit for two minutes, unsupported, before losing their balance to the left.” Later on, progress can be documented in terms of time.

2. Relate the functional limitations to an identified deficit – The evaluation must be comprehensive enough that another, independent clinician would reasonably reach the same conclusion regarding the member’s functional limitation.

**Example 1:** The member is referred to therapy because “they don’t eat certain types of foods.” The evaluation should clearly indicate the reason for not eating those certain foods. A deficit has not been identified if testing indicates the member only eats Food “B.” Some deficit examples (for not eating a variety of foods) are: cleft palate, oral defensiveness, lip closure, tongue mobility, an aversion to food, aspiration, attention span, member is G-tube fed and is, therefore, not hungry. The identified deficit must be objectively measured and quantified (that is, a baseline must be established – refer to step 1 above).

**Example 2:** The member is referred to therapy because “they cannot go up and down stairs safely.” The evaluation should clearly indicate the reasons for this functional limitation. A deficit has not been identified if the results of testing indicate the member can only step up 3 inches. Strength, range of motion, balance, sensory processing, motivation, etc., must be assessed and documented to identify the deficit causing the functional limitation (that is, objectively tested, measured, and quantified on the evaluation).

A re-evaluation is the process of performing selected tests and measures (after the initial evaluation) in the targeted treatment area(s) to evaluate progress, functional ability, and treatment effectiveness, and/or to modify or redirect intervention. The re-evaluation must be submitted with the PA request whenever it is necessary to update the member's progress/condition. Using the same tests and measurements as used in the initial evaluation is essential to reviewing status/progress. If new tests or measurements are used in the re-evaluation, explain why a different measurement tool was used.

## SECTION VI – PROGRESS

**Element 19: Describe progress in specific, measurable, objective, and functional terms (using consistent units of measurement) that are related to the goals / limitations, *since treatment was initiated or last authorized*.**

(If this information is concisely written in other documentation prepared for the provider's/therapist's records, attach and write "see attached" in the space provided.)

Document the goal or functional limitation in the left column on the PA/TA. Indicate the corresponding status for that goal or limitation **as of the previous PA request or since treatment was initiated (whichever is most recent)** in the middle column on the PA/TA. Indicate the corresponding status of that goal or limitation **as of the date of the current PA request** (do not use "a month ago" or "when last seen" or "when last evaluated") in the third column of the PA/TA. Progress relates to the established baseline, previous goals, and identified limitations. Use the same tests and measurements as those units of measurement used in the baseline description.

The following information is necessary to evaluate the medical necessity of the PA request:

- Progress that is documented in specific, measurable, and objective terms.
- Use of words that are specific, measurable, or objective. Words such as "better," "improved," "calmer," "happier," "pleasant," "less," "more," "not as good," "not as reliable," "longer," "more prolonged," and "goal not met" are not specific, measurable, or objective. These do not convey to the ForwardHealth consultant if, or how much, progress has been achieved. The following examples are specific, measurable, and objective.

**Example 1:** Strength increased from **poor** to **fair**, as determined with a Manual Muscle Test.

**Example 2:** Speech intelligibility improved from 30 percent to 70 percent, per familiar/unfamiliar listener rating.

- Consistent use of the same tests and measurements and units of measurement.

**Example:** A progress statement that notes the member can now eat hamburgers does not correlate to their goal of articulation and the baseline established for articulation.

- Progress that demonstrates the member has learned new skills and, therefore, has advanced or improved in function **as a result of** treatment intervention. "If treatment of underlying factors, such as increase in endurance, strength or range of motion or decrease in pain does not improve the performance of functional activities, then improvement is not considered to be significant" (Acquaviva, p. 85).

"Significant functional progress: Must result from treatment rather from maturation or other uncontrolled factors, must be real, not random, must be important, not trivial" (Bain and Dollaghan).

- For continued therapy PA approval, significant functional progress demonstrated within the past six months. PA requests for treatment when the member has not advanced or improved function within six months cannot be approved, per Wis. Admin. Code §§ DHS 107.16(3)(e)1, 107.17(3)(e)1, and 107.18(3)(e)1.
- For PA requests for maintenance therapy, demonstrated functional purpose (medical necessity) of treatment, as "progress" is not necessarily applicable to maintenance programs. The ForwardHealth consultant will look for evidence that there is a continued functional purpose for the member as a result of skilled therapeutic intervention, in accordance with the Wisconsin Administrative Code and applicable service-specific publications.

## SECTION VII – POC

**Element 20: Identify the specific, measurable, objective, and functional goals for the member (to be met by the end of this PA request) and both of the following:**

- 1. Indicate the therapist-required skills / treatment techniques that will be used to meet each goal.**
- 2. Designate (with an asterisk[\*]) which goals are reinforced in a carry-over program.**

If the POC is concisely written in other documentation prepared for the member's records, attach and write "see attached" in the space provided.

Examples for this section include:

- 1. Goal:** Client will be 80 percent intelligible in conversation as judged by an unfamiliar listener.  
**POC:** Environmental cues, articulation drills.
- 2. Goal:** Client will increase vocabulary with five new words as reported by parent.  
**POC:** Sing songs, read books, and use adjectives and adverbs in conversation.\*
- 3. Goal:** Client will ascend stairs reciprocally without assistance.  
**POC:** Gastrocnemius and gluteus medius strengthening.
- 4. Goal:** Client will transfer into and out of tub with verbal cues.  
**POC:** Prepare bathroom and client for transfer; provide consistent verbal cues as rehearsed in PT.\*
- 5. Goal:** Client will demonstrate ability to button ½-inch button on dress shirt independently using any pinch pattern.  
**POC:** Graded finger grasp/pinch strengthening, eye-hand coordination, and bilateral hand use.
- 6. Goal:** Client will catch/throw a 10" ball.  
**POC:** Practice play catch while sitting using a variety of objects, for example, Nerf ball, plastic ball, beach ball, volleyball, or balloon.\*

It is very important to:

- Use consistent units of measurement.
- Document those elements of a treatment plan that only a skilled therapist could implement (such as examples 1, 3, and 5 above).
- Designate (with an asterisk [\*]) those goals or interventions the provider has instructed other caregivers or the member to incorporate into the member's usual routine in their usual environment (such as examples 2, 4, and 6 above where kicking a ball, jumping, throwing a ball, building endurance, performing rote activities, asking or answering who/what/where questions, using appropriate pronouns, choosing new foods, etc., are part of the overall POC).
- Write goals consistent with functional limitations and identified deficits as described in the evaluation and status statements (Section V) or progress section (Section VI).

**Example:** The evaluation identified the functional limitations and deficits corresponding to the above examples.

Examples of limitations and deficits may include:

1. The client is not intelligible in conversation due to poor tongue control.
2. The 24-month-old client cannot express his needs because he has the vocabulary of a 16-month-old.
3. The client cannot get to his bedroom independently because of **poor** muscle strength.
4. The client cannot safely get into the bathtub because he has poor short-term memory and is easily distractible.
5. The client cannot dress independently because of decreased fine-motor skills as tested on the Peabody, and he lacks all functional pinch patterns.
6. The client cannot use hands/arms bilaterally because of poor left upper-extremity proximal stability.

## SECTION VIII – REHABILITATION POTENTIAL

**Element 21: Complete the following sentences based upon the professional assessment.**

These specific questions are asked to avoid one-word responses (for example, "good"). Information beyond a one-word response provides the ForwardHealth consultant with additional detail that supports the justification that therapy services are necessary to meet the member's goals. ForwardHealth recognizes that the statements in this section are considered professional judgments and may not reflect the actual outcome of treatment.

- 1. Upon discharge from this episode of care, the member will be able to**

Describe what the member will be able to **functionally do** at the end of this episode of care (not necessarily the end of the PA request) based upon the professional assessment. Discharge planning begins at the initial evaluation. At the initial evaluation, the therapist should be able to determine the amount/type of change the member is capable of making based upon all the factors presented at the evaluation. Statements such as "will be age appropriate," "will

resume prior level of function,” “will have effects of multiple sclerosis minimized,” or “will eat all foods” are vague and frequently are not achievable with the patient population therapists encounter. More member-specific or definitive statements of prognosis would be the following examples:

- “The member will return to home to live with spouse support.”
- “The member will communicate basic needs and wants with her peers.”
- “The member will go upstairs to his bedroom by himself.”
- “The member will get dressed by herself.”
- “The member will walk in the community with stand-by assistance for safety.”
- “The member will walk to the dining room with or without assistive device and the assistance of a nurse’s aide.”
- “The member will swallow pureed foods.”

**2. Upon discharge from this episode of care, the member may continue to (list supportive services)**

Indicate what community or therapy services the member may continue to require at the end of this episode of care. Examples include:

- “The member will continue range of motion program by caregivers.”
- “The member requires infrequent (be specific) screening by therapist to assure maintenance of skills.”
- “The member requires a communication book.”
- “The member will continue behavior management services.”
- “The member requires dietary consultation.”
- “The member requires supervision of (a task) by a caregiver.”

**3. The member / member’s caregivers support the therapy POC by the following activities and frequency of carryover**

Describe what activities the member and/or caregivers do or do not do with the member that will affect the outcome of treatment.

Per professional best practice standards, ForwardHealth requires the creation and implementation of home exercise programs (HEPs) with the member or the member’s parent, guardian, or caregiver. HEPs must be retained in the member’s records. Providers are not required to submit HEPs on the initial PA of an episode of care. Providers are required to submit written attestation of members’ HEPs with subsequent PA requests.

If the primary purpose of the PA is to create an HEP, a detailed HEP and implementation plan may be requested.

**4. It is estimated this episode of care will end (provide approximate end time)**

Establish an anticipated time frame for the member to meet their realistic functional goals (for example, two weeks, two months, two years).

**Element 22: SIGNATURE – Providing Therapist**

The providing therapist’s signature is required at the end of the PA/TA.

**Element 23: Date Signed**

Enter the month, day, and year the PA/TA was signed (in mm/dd/ccyy format) by the providing therapist.

**Element 24: SIGNATURE – Member or Member Caregiver (optional)**

The member’s or member caregiver’s signature is optional at this time but is encouraged (as a means to review what has been requested on the member’s behalf on the PA request).

**Element 25: Date Signed**

Enter the month, day, and year the PA/TA was signed (in mm/dd/ccyy format) by the member or member’s caregiver (if applicable).

If the required documentation is missing from the request form, the request will be returned to the provider for the missing information.

**Reminder: The PA/RF must be filled out completely (that is, all sections completed). Attach the completed PA/TA and any other documentation to the PA/RF.**



**REFERENCES**

Acquaviva, J.D., ed. (1992). Effective Documentation for Occupational Therapy. Rockville, Maryland, The American Occupational Therapy Association, Inc.

Bain and Dollaghan (1991). Language, Speech and Hearing Services in Schools, 13

Moyers, P.A. (1999). "The Guide to Occupational Therapy Practice." American Journal of Occupational Therapy (Special Issue), 53 (3)

American Physical Therapy Association, 2001, Guide to Physical Therapist Practice, Physical Therapy, 81 (1)

American Physical Therapy Association, 1997, Guide to Physical Therapist Practice, Physical Therapy, 77 (11)

American Speech-Language and Hearing Association, 1997, Cardinal Documents

American Occupational Therapy Association Standards of Practice

American Physical Therapy Association Standards of Practice

American Speech-Language and Hearing Association Standards of Practice

Wisconsin Administrative Code