

**Essential
Coverage:**

**Rehabilitative
and
Habilitative
Services
and
Devices**



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

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Introduction

The Patient Protection and Affordable Care Act (ACA) requires all non-grandfathered health insurance plans offered in the small group and individual markets, both in and outside of the marketplace, to provide benefits in 10 essential health benefit (EHB) categories. Rehabilitative and habilitative services and devices is one of the EHB required categories.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 182,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. ASHA is dedicated to improving access to the services provided by our members. Audiologists assess and treat hearing, balance, and related disorders and must complete a doctoral degree in audiology. Speech-language pathologists evaluate and treat speech, language, swallowing, and cognitive disorders and must have a master's degree to practice.

As the national association for the professions of audiology and speech-language pathology, ASHA is collaborating with ASHA-recognized speech-language and hearing associations in each state and the District of Columbia to advocate for consistent, fair, and comprehensive coverage of rehabilitative and habilitative services and devices in each state's marketplace.

This document *Essential Coverage: Rehabilitative and Habilitative Services and Devices* explains the integral role audiologists and speech-language pathologists have in providing services to clients who require rehabilitation and habilitation services. It also provides clinical examples for which audiology and speech-language pathology services are medically necessary under the rehabilitative and habilitative services and devices benefit category.

ASHA and its' state association partners are committed to working with stakeholders to ensure that consumers have access to medically necessary audiology and speech-language pathology services required by the rehabilitative and habilitative services and devices essential benefit category.

Model Benefits for Habilitation and Rehabilitation

Audiology and Speech-Language Pathology Services

The U.S. Department of Health and Human Services (HHS) formally adopted the National Association of Insurance Commissioners (NAIC) definitions for *habilitation* and *rehabilitation* for the consumer glossary of insurance terms created pursuant to the ACA.

Habilitation services and devices: Cover health care services and devices that help a person keep, learn, or improve skills and functioning for daily living (habilitative services). Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.¹

State benefit mandates enacted to define habilitative services are part of the benefit—states do not defray the cost.

Rehabilitation services: Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy and speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

¹ <https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-03751.pdf>

Devices for rehabilitation and habilitation are covered and must be included. ASHA supports the federal definition as finalized by HHS and NAIC but would suggest the inclusion of audiology as an example of other covered services within both rehabilitative and habilitative services definitions.

Audiology and speech-language pathology services, as components of rehabilitation and habilitation benefits, are described in this document to assist state regulators and legislators, state marketplaces, health plans, and other stakeholders in determining coverage.

Understanding Audiology and Speech-Language Pathology Services

Who provides hearing loss/balance/tinnitus evaluations and speech-language treatment?

Audiologists are experts in providing services in the prevention, diagnosis, and treatment of hearing, balance, and tinnitus disorders for people of all ages. Through personalized services, audiologists minimize the negative impact of these disorders, lead to improved outcomes and quality of life for clients. Audiologists are uniquely qualified to provide an individualized plan of care to support enhanced functional communication outcomes for their clients. Audiologists hold a master's or doctoral degree in audiology from an accredited program and are licensed in all states and the District of Columbia.

Speech-language pathologists identify, assess, diagnose, and treat speech-language disorders, swallowing deficits, and cognitive disorders. Speech-language pathologists are the professionals who engage in clinical services, prevention, counseling, administration, and research in the areas of communication and swallowing disorders across the lifespan, from infancy through old age. Speech-language pathologists hold a master's or doctoral degree in speech-language pathology from an accredited program and are licensed in all states and the District of Columbia.

What conditions require audiology and/or speech-language pathology treatment?

Audiologists identify, assess, diagnose, counsel, and treat clients with hearing, balance, and tinnitus disorders. Services include determining candidacy for and selection, fitting, programming, and verification and validation of hearing devices and cochlear implants and audiologic (re)habilitation. Audiologists also provide cerumen management, monitoring for ototoxicity of the auditory and vestibular systems, electrophysiologic monitoring, and neurophysiologic interoperative monitoring, as well as tinnitus and balance management/counseling for individuals with cochlear implants.

Hearing impairments can be related to medical conditions such as diabetes, hypothyroidism, chronic renal disease, cardiovascular disease, and Alzheimer's, as well as ototoxic medications such as aminoglycoside antibiotics, loop-inhibiting diuretics, certain cancer chemotherapeutics, and pain management medications. In addition, certain syndromes—including Reyes, Usher's, Waardenburg, and Treacher's Collins—are linked to hearing loss.

Devices that aid hearing loss/balance/tinnitus disorders include hearing aids, cochlear implants, osseointegrated devices, tinnitus sound therapy, assistive listening devices (aka, Hearing Assistive Technology [HATs]) and are included as essential health benefits.

Speech-language pathologists treat speech sound and motor speech disorders, stuttering, voice disorders, aphasia and other language impairment, cognitive disorders, social communication disorders, and swallowing (dysphagia) deficits. These impairments can be related to conditions such as autism spectrum disorder, traumatic brain injury, cleft palate, Parkinson's disease, amyotrophic lateral sclerosis, epilepsy, cancers of the head and neck, stroke, cerebral palsy, multiple sclerosis, congenital and other neurogenic conditions, or can be impairments without a known medical etiology.

Devices that aid speech include durable medical equipment, augmentative and alternative communication (AAC) devices, such as speech-generating devices and voice amplification systems, and are included as essential health benefits.

Why cover audiology and speech-language pathology services?

These services are vital in helping clients with speech, language, cognitive, swallowing, and hearing/balance/tinnitus disorders achieve, acquire, maintain, or regain skills to improve functional communication outcomes. Treatment leads to enhanced social, emotional, educational, and employment opportunities that increase the likelihood of independent living and may even halt or slow the progression of a disability—ultimately resulting in an improved quality of life. An individual's overall health status improves when hearing/balance/tinnitus and speech-language needs are met.

ASHA is committed to evidence-based practice and provides ample documentation supporting the effectiveness of hearing and speech-language pathology treatment. (See Evidence Maps, p. 8).

- 80% of stroke clients with receptive and expressive language disorders achieved one or more levels of progress on a standardized measurement scale with speech and language therapy.
- Two thirds of preschoolers with autism spectrum disorder showed gains in spoken language on a standardized measurement scale following services from a speech-language pathologist.
- Clients suffering from traumatic brain injury who received speech-language pathology services made significant gains in memory (81% of clients improved), attention (82% improved), and pragmatics (83% improved).
- Two thirds of adults with diseases of the central nervous system (e.g., Parkinson's disease, multiple sclerosis) who were unintelligible at the outset of speech-language treatment progressed to a level of increased communicative independence.

- Children whose hearing loss is identified by the age of 3 months and who start intervention by 6 months have the same language abilities as their peers by the time they enter kindergarten.
- Swallowing treatment provides improvements in swallowing safety (reduced aspiration), nutrition, and efficiency.
- More than 100 studies of adults who stutter concluded that significant improvement typically occurs as a result of treatment in 60% to 80% of cases.
- Adults receiving group audiologic rehabilitation show benefits in terms of reduction of perceived hearing handicap, improved quality of life, better use of hearing aids, and communication strategies.
- A number of studies show that the benefits of cochlear implantation are superior to the risks and demonstrate an improvement in the quality of life of implanted children.

When should these treatments be provided?

Audiology and speech-language pathology services can be provided throughout the lifespan and are often most effective when disorders are first detected and early intervention is initiated. Services are provided at various levels of intensity and duration, depending on the severity of the condition and functional impairment present.

Where are hearing and speech-language services provided?

Services and devices are provided in an array of settings, including inpatient and outpatient settings, rehabilitation facilities, group practices, community and university clinics, the offices of independent practicing audiologists and speech-language pathologists, and client homes.

Sample Habilitation and Rehabilitation Vignettes: Audiology Services

These vignettes help explain what some typical clients requiring audiology habilitation/rehabilitation services may look like.

Habilitation Services for Infants and Children

Hearing Screening

Consistent with the state mandate for infant hearing screening, Gavin received a newborn hearing screening test in the hospital 48 hours after he was born. The newborn hearing screening indicated a possible hearing loss, and according



to the state protocol, he was referred for a repeat outpatient hearing screening. The results of the outpatient screening indicated the need for further testing; therefore, he was referred to a pediatric audiologist for a comprehensive diagnostic evaluation.

The results of the evaluation confirmed a moderate sensorineural hearing loss in both ears. The family chose an auditory/oral approach for speech and language development for Gavin. He was fitted with binaural hearing aids at 3 months of age and referred to the state Early Intervention (EI) program. The initial recommendations from EI were biweekly early intervention services provided by an audiologist and speech-language pathologist (SLP) in the home, beginning at 4 months of age that focus on parent education, auditory/listening skills, and language development.

After 3 years of consistent hearing aid use and regular habilitation treatment services, Gavin entered preschool with normal receptive and expressive language, on par with his normal hearing peers.

Cochlear Implants

Olivia was identified with a permanent, sensorineural severe-to-profound hearing loss at 6 months of age and currently wears hearing aids in both ears. Her family chose an auditory/oral communication approach. Olivia is receiving a cochlear implant evaluation from an interdisciplinary team—including a surgeon, an audiologist, an SLP, and a social worker—at a hospital 3 hours away. An EI SLP has been providing habilitation services in the home since Olivia's hearing loss was diagnosed. The audiologist and SLP have been collaborating with the cochlear implant team on habilitative treatment and will continue to provide services locally to the family following the cochlear implantation. This professional collaboration will help the audiologist in programming the cochlear implant to maximize the hearing benefit. A collaborative plan of treatment is critical for developing speech and language skills following implantation.

Habilitation Services for Adults

Cochlear Implants



Raul was diagnosed with congenital hearing loss as a young child, but did not have access to hearing aids until age 10. He attended a school for the deaf and hard of hearing, and his primary language is American Sign Language. As an adult, Raul decided to undergo cochlear implant surgery and learn spoken language.

He works with an audiologist and SLP on open-set speech recognition with amplification. The prognosis from the interdisciplinary cochlear implant team—based on Raul’s motivation, progress in therapy, and use of lip-reading and technology—is fair for receptive language abilities. His cochlear implant and related new skills will assist him with communication in the workplace and community.

Rehabilitation Services for Adults

Aural Rehabilitation



John was diagnosed with a mild-to-moderate sensorineural hearing loss that affected his ability to discriminate speech at work, at home, and in social settings. An audiologist recommended hearing aids and audiologic rehabilitation to teach him to identify and recognize high-frequency fricative sounds and to learn the appropriate device settings for various situations. His goals with amplification are to enhance communication to

- improve family life,
- perform better at work with his hearing loss,
- make the best use of his hearing aids,
- explore hearing assistive technology that might help him manage conversations in challenging situations.

John is receiving rehabilitation treatment from an audiologist—first as individual treatment sessions one time per week for 3 months, then later in small-group settings twice a month.

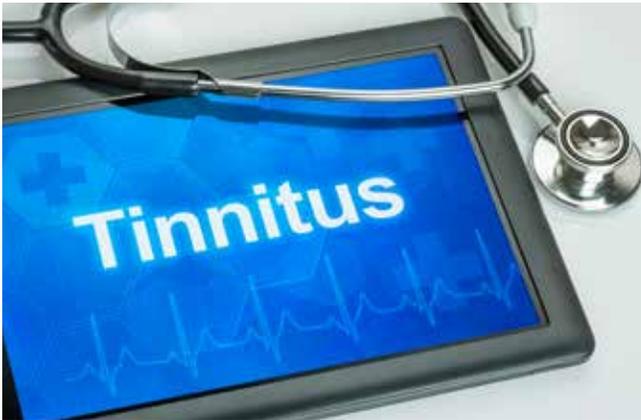
Aural Rehabilitation: Cochlear Implants

Mary has severe-to-profound hearing loss in both ears and has worn hearing aids her entire life. She uses oral communication and hearing assistive technology (i.e., t-coil/loop and amplified telephone), but still continues to struggle to understand conversations in a group setting and in noisy backgrounds. During an audiology evaluation, Mary scored 12% in open-set recognition with the best aided listening condition, which confirmed her struggle. As a result, Mary received cochlear implants and is now beginning ongoing aural rehabilitation, including programming of the cochlear implants as well as auditory training to identify sounds, recognize and understand speech through the devices, and lip-reading to experience the greatest benefit from the cochlear implants. Her goal is to be able to discriminate speech in various settings and follow and participate in conversations more easily with her family in order to improve interpersonal relationships with them.

Benign Paroxysmal Positional Vertigo Rehabilitation

Mary is a 57-year-old woman who recently began suffering from dizziness every time she rolls over in bed. Her primary care physician referred her to an audiologist for a full audiologic evaluation and vestibular assessment. The hearing thresholds were within normal limits, and the vestibular evaluation revealed that she has benign paroxysmal positional vertigo (BPPV) in the left ear. The audiologist performed a canalith repositioning maneuver, which provided some relief from the dizziness. However, after 2 weeks, Mary experienced a short episode of disequilibrium when turning over in bed. She returned to the audiologist, who repeated the canalith repositioning maneuver and instructed her on habituation exercises. He counseled Mary about the nature of BPPV and taught her how to perform this maneuver at home if the dizziness returned. A follow-up appointment with the audiologist was made for 1 month to monitor her dizziness and self-treatment using the prescribed maneuver.

Tinnitus



Joe worked in a machine shop for 35 years and is an avid hunter. He has never worn hearing protection. He reported bilateral tinnitus—constant ringing in his ears that disrupts his sleep and distracts him from focusing on daily activities. He also reported trouble understanding speech in the presence of background noise. His primary care physician referred him to an audiologist for a hearing evaluation and management of his tinnitus. The hearing test revealed moderate-to-severe bilateral high frequency sensorineural hearing loss above 2000 Hz, which is consistent with years of noise exposure.

Joe received bilateral hearing aids with tinnitus maskers. Initially, he had trouble adjusting to new sounds, but subsequently reported improved speech understanding in challenging listening situations. The annoyance of the tinnitus was also reduced while he was using the devices. His audiologist initiated an auditory rehabilitation treatment plan that included communication and coping strategies, education on adjusting to tinnitus, and auditory training to accept the presence of amplified sounds. Joe returns monthly for rehabilitation and counseling to talk about his progress. The tinnitus is still bothersome when he is trying to fall asleep. As part of his treatment, the audiologist recommended a sound-generating device to use in the quiet bedroom. The device will mask the tinnitus at bedtime.

He was also fitted with custom earplugs to use at his noisy workplace and while hunting to prevent

further damage of his hearing from loud noise exposure. After 9 months, Joe reported that he has accepted the tinnitus and the devices have improved communication function and overall quality of life.

Sample Habilitation and Rehabilitation Vignettes: Speech-Language Pathology Services

These vignettes help explain what some typical clients requiring speech-language pathology habilitation/rehabilitation services may look like.

Habilitation Services for Infants and Children

Cleft Palate



Jessica is a 2-year-old child with a bilateral cleft palate that was surgically repaired at 11 months of age. She presents with speech sound production errors and excessive nasality that impair her ability to communicate. Jessica's care is coordinated by a cleft palate/craniofacial team that includes a plastic surgeon, an orthodontist, an SLP, a pediatrician, and additional providers. The SLP assesses articulation, language, voice, and resonance and determines the presence of articulation deficits and nasal emission that requires speech-language treatment weekly. Treatment goals focus on correct articulatory placement to address sound errors, nasality of speech, and oral airflow. With appropriate speech-language treatment, Jessica will learn techniques to improve her speech intelligibility, allowing her to communicate with others at an age-appropriate level. Professional collaboration with the craniofacial

team and a coordinated care plan ensure that Jessica achieves maximum functional communication.

Stuttering Disorder

James is a 7-year-old child who has stuttered since he was in preschool. His speech dysfluencies, blocks, and facial grimaces impact his ability to verbally express himself in school, at home, and during social interactions. His pediatrician referred James for a speech-language evaluation for stuttering and the increasing anxiety that James experiences when speaking. During the speech-language evaluation, the frequency, duration, and type of stuttering were measured and the presence of secondary behaviors, such as eye blinking, were identified by administering standardized fluency test measures. Treatment was recommended and will focus on developing strategies to improve speech through rate control, continuous phonation, easy onset of speech, and light articulatory contact. Reducing physical tension and desensitization strategies were also treatment goals to reduce speaking anxiety. With appropriate speech-language treatment, James can become a more fluent and confident speaker.

Rehabilitation Services for Adults Cognitive Rehabilitation Following a Stroke



David is a 54-year-old man who suffered a cerebrovascular accident, or stroke, that resulted in cognitive deficits, including impaired attention and memory, executive function deficits, and social pragmatic communication deficits. Acquired brain injury—whether from traumatic brain injury, stroke, or brain disease—impacts a person’s ability to function at work and at home, which is the

case for David. An SLP evaluated David’s speech-language and cognitive abilities using standardized testing to determine how his deficits affect his cognitive function and job performance. A plan of care was established to improve and maximize David’s cognitive functioning, with the goal of returning him to his previous job, though with modified duties. Interdisciplinary collaboration ensures that David’s multiple needs are met and coordinated among providers, including the psychologist and physician. The speech-language pathologist focuses treatment on using existing cognitive strengths to implement compensatory strategies that address deficit areas.

Model Statutory Language for Habilitation

Definition: Rehabilitation refers to health care services and devices that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy and speech-language pathology and other services, such as audiology, for people with disabilities in a variety of inpatient and/or outpatient settings.

Habilitation refers to health care services and devices that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services, such as audiology, for people with disabilities in a variety of inpatient and/or outpatient settings.

Provision: Insurers, nonprofit hospital and medical service plan corporations, health benefit plans provided to state government employees, and managed care organizations transacting health insurance or providing other health coverage in this state shall offer and make available coverage for medically necessary habilitation and rehabilitation services subject to the same durational limits, deductibles and coinsurance factors as other covered services in such policies or contracts.

Audiology and speech-language pathology services shall be provided by an audiologist or speech-language pathologist certified by the American Speech-Language-Hearing Association and licensed in the state in which services are provided. Such providers shall act within the scope of their license and certification.

Nothing in this section shall prohibit the insurance company or not-for-profit health service corporation from including any coverage for habilitation or rehabilitation services as standard coverage in their policies or contracts, but the same shall not contain terms contrary to this section.

Note: Insurance laws vary considerably from state to state in the format and detail required. This model bill may need to be modified significantly to meet individual state practices.

ASHA Resources

Evidence Maps

Evidence maps are intended to provide clinicians, researchers, clients, and caregivers with tools and guidance to engage in evidence-based decision making. These maps highlight the importance of the three components of evidence-based practice (EBP): external scientific evidence, clinical expertise/expert opinion, and client/caregiver perspectives. Website: www.ncepmaps.org/

Speech-Language Pathology Medical Review Guidelines

The purpose of the medical review guidelines for speech-language pathology is to serve as a resource for health plans to use in all facets of claims review and policy development. The guidelines provide an overview of the profession of speech-language pathology, including speech-language pathologist qualifications, standard practices, descriptions of services, documentation of services, and treatment efficacy data.

Website: www.asha.org/uploadedFiles/SLP-Medical-Review-Guidelines.pdf

Model Benefits

These model benefit plans for audiology and speech-language pathology services and devices were developed by ASHA to provide a document that offers guidance as to appropriate coverage levels.

Website: www.asha.org/public/coverage/model-benefits/

Contact Information

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This document was developed by the American Speech-Language-Hearing Association in collaboration with state speech-language-hearing associations to educate insurance decision-makers.

Speech and Hearing Association of Alabama
www.alabamashaa.org/

Alaska Speech-Language-Hearing Association
www.aksha.org/

Arizona Speech-Language-Hearing Association
www.arsha.org/

Arkansas Speech-Language-Hearing Association
www.arksha.org/

California Speech-Language-Hearing Association
www.csha.org/

Colorado Speech-Language-Hearing Association
www.cshassoc.org/

Connecticut Speech-Language-Hearing Association, Inc.
www.ctspeechhearing.org/

Delaware Speech-Language-Hearing Association
www.dsha.org/

District of Columbia Speech-Language-Hearing Association
www.dcscha.org/

Florida Association of Speech-Language Pathologists and Audiologists
www.flasha.org/

Georgia Speech-Language-Hearing Association
www.gsha.org/

Hawaii Speech-Language-Hearing Association
www.hsha.org/

Idaho Speech, Language and Hearing Association, Inc.
www.idahosha.org/

Illinois Speech-Language-Hearing Association
www.ishail.org/

Indiana Speech-Language-Hearing Association
www.islha.org/

Iowa Speech-Language-Hearing Association
www.isha.org/

Kansas Speech-Language-Hearing Association
www.ksha.org/

Kentucky Speech-Language-Hearing Association
www.ksha.info/

Louisiana Speech-Language-Hearing Association
www.lsha.org/

Maine Speech-Language-Hearing Association
www.mslha.org/

Maryland Speech-Language-Hearing Association
www.mdslha.org/

Massachusetts Speech-Language-Hearing Association
mshahearsay.org/

Michigan Speech-Language-Hearing Association
www.michiganspeechhearing.org/

Minnesota Speech-Language-Hearing Association
www.msha.net/

Mississippi Speech-Language-Hearing Association
www.mshausa.org/

Missouri Speech-Language-Hearing Association
www.showmemsha.org/

Montana Speech-Language-Hearing Association
www.mshaonline.org/

Nebraska Speech-Language-Hearing Association
www.nslha.org/

Nevada Speech-Language-Hearing Association
www.nvsha.org/

New Hampshire Speech-Language-Hearing Association, Inc.
nhslha.org/

New Jersey Speech-Language-Hearing Association
www.njsha.org/

New Mexico Speech and Hearing Association
www.nmsha.net/

New York State Speech-Language-Hearing Association, Inc.
www.nysslha.org/

North Carolina Speech, Hearing and Language Association, Inc.
www.ncshla.org/

North Dakota Speech-Language-Hearing Association
www.minotstateu.edu/ndslha

Ohio Speech-Language-Hearing Association
www.ohioslha.org/

Oklahoma Speech-Language-Hearing Association
www.oslha.org/

Oregon Speech-Language and Hearing Association
www.oregonspeechandhearing.org/

Pennsylvania Speech-Language-Hearing Association
www.psha.org/

Rhode Island Speech-Language-Hearing Association
www.risha.info/

South Carolina Speech-Language-Hearing Association
www.scscha.com/

South Dakota Speech-Language-Hearing Association
www.sdslha.org/

Tennessee Association of Audiologists and Speech-Language Pathologists
www.taaslp.org/

Texas Speech-Language-Hearing Association
www.txsha.org/

Utah Speech-Language-Hearing Association
www.ushaonline.net/

Vermont Speech-Language-Hearing Association, Inc.
www.vsha.us/

Speech-Language-Hearing Association of Virginia, Inc.
www.shav.org/

Washington Speech and Hearing Association
www.wslha.org/

West Virginia Speech-Language-Hearing Association
www.wvsha.org/

Wisconsin Speech-Language Pathology & Audiology Association
www.wisha.org/

Wyoming Speech-Language-Hearing Association
www.wyomingspeechlanguagehearingassociation.org/

