

## 4.28 - Allied Health Services (Type II)

### Applicable Levels

LI, LII, LIII, PTCI, PTCII

### PRQ Question Text *[Field Type]*

- \*1. Describe your center's respiratory therapy coverage. *[Text box]*
- \*2. Describe your center's nutrition support coverage. *[Text box]*
- \*3. Describe your center's speech therapy coverage. *[Text box]*
- \*4. Describe your center's social work coverage. *[Text box]*
- \*5. Describe your center's occupational therapy coverage. *[Text box]*
- \*6. Describe your center's physical therapy coverage. *[Text box]*