ADMISSION & DISCHARGE IN SPEECH-LANGUAGE PATHOLOGY

Determining when to start, adjust, or end speech-language pathology services is a key part of treatment planning. These decisions are made across settings and service delivery models, and they affect people of all ages who have communication, cognitive, social interaction, or feeding and swallowing needs.

The Decision Lifecycle

This resource guides decision-making for when it is appropriate to begin, adjust, or end services across the duration of the services provided and across their lifespan. It also explains that outside rules—like insurance and administrative policies—can influence decisions but do not replace individualized, person-centered clinical care.

Stage 1: Begin

Is there a communication, cognitive, social, or feeding/swallowing need that SLP services can address?

Stage 2: Modify

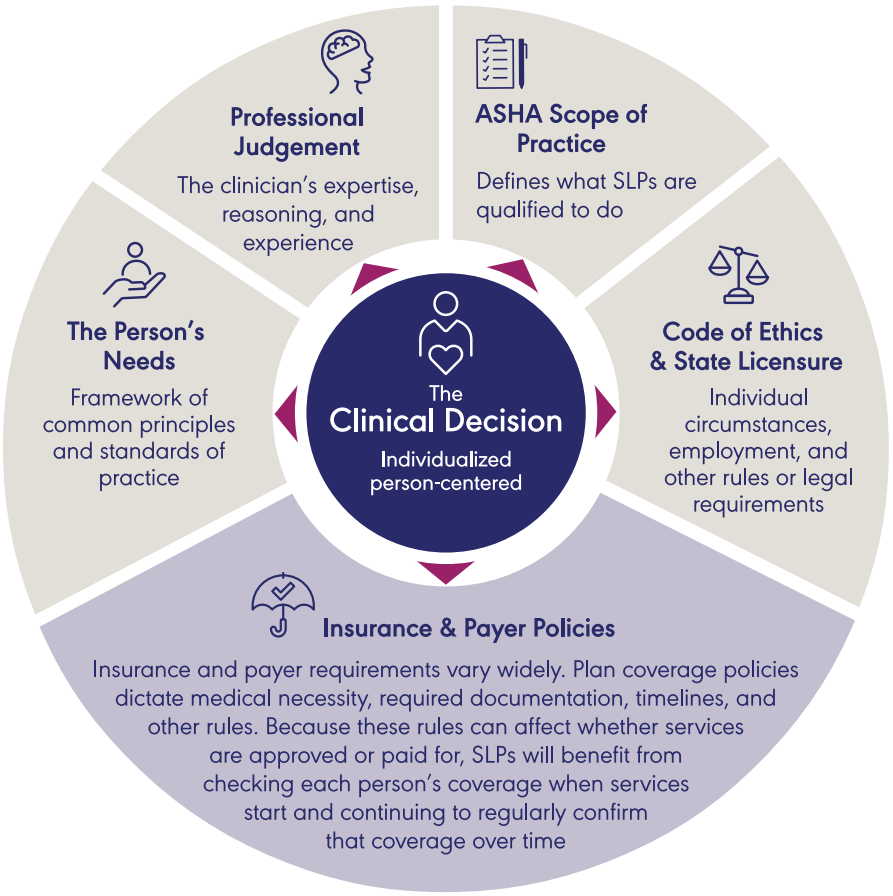
Has the person's status, goals, or response to treatment changed in ways that call for a different approach?

Stage 3: End

Have goals been met, or has continued service no longer beneficial?

What Guides Every Decision

Speech-language pathologists (SLPs) make admission and discharge decisions by using their professional judgment while considering the person's needs, employment, and other rules or legal requirements. These decisions are also guided by the ASHA Scope of Practice, applicable codes of ethics, and state licensure.



When to Begin Services

Admission and Discharge Criteria in Speech-Language Pathology

Speech-language pathology services may be appropriate when a person has—or may at some point have—a communication, cognitive, social interaction, or feeding and swallowing problem. The problem is one that affects independence, safety, or participation in meaningful activities or daily routines.

Reasons SLP Services May Be Provided

Speech-language pathology services are appropriate to help the person achieve the following outcomes:

- help prevent the start of a disorder;
- improve a person's functioning and disability related to communication, cognition, social interaction, or feeding and/or swallowing skills;
- maintain a person's safety or quality of life:
- reduce the effects of a new or ongoing condition
- slow or prevent a decline;
- support the person's recovery during temporary changes in function (e.g., delirium)

Factors That Support Starting Services

Speech-language pathologists (SLPs) make decisions to begin services with the person receiving services and, when appropriate, their family or representative. Clinical judgment, the person's goals, and the context of service delivery guide these decisions.

The following factors support the decision to start services:

- a referral from any source (e.g., physician, care partner, teacher, nurse, self-referral)
- a standardized screening tool showing the need for more assessment
- a communication, cognitive, or feeding and/or swallowing disorder confirmed by an slp
- skills and abilities that differ from those of other individuals who are of a similar age, gender, culture, or language background—as shown through appropriate tests or data
- functional limitations—across environments or with different partners—that affect a person's school, work, social interaction, health, safety, or well-being
- feeding and/or swallowing concerns that affect a person's nutrition, hydration, respiratory health, or quality of life
- a person's expressed desire to improve function or participate in services

> **Note:** SLPs are advised to confirm insurance or funding requirements at the start of care and then continue checking throughout the course of care to avoid gaps in coverage or unexpected denials.

Preventative and Maintenance Services

In addition to treating existing disorders, speech-language pathology services may also be provided proactively. These services can take two forms:

1 Pre-habilitation

Services that help prevent a problem before it begins—for example, preparing for surgery, a medical treatment, or a major life change that could affect communication, cognition, or swallowing.

2 Maintenance

Services that help prevent an existing or already diagnosed disorder from (a) declining, (b) contributing to further loss of function, or (c) causing complications rather than achieving new improvement.

Both types of services support health, independence, and participation across the lifespan, and both require clear clinical justification and documentation of their impact.

- **Maintain function** for people at risk of losing skills that support independence, safety, or participation in daily activities—such as work, education, and community life.
- **Prevent decline** in people with chronic or progressive conditions.
- **Prevent complications** from communication, cognitive, or feeding and/or swallowing challenges—for example, aspiration pneumonia, social isolation, loss of employment, or care partner stress.
- **Support skill development or adaptation** when life circumstances change—such as aging with a developmental disability, moving to independent living, or adapting to new work or social expectations.

> **Documentation:** These services should be clinically justified, time limited, and supported by documentation showing their impact or the likely consequences of not providing them. Coverage for preventative or maintenance services varies by payer, so SLPs should understand the applicable policies for each person's payer when planning or advocating for care.

Understanding External Requirements

In addition to clinical need, other factors can influence the decision about when services can begin. One such factor is the rules set by early intervention programs, schools, employers, laws and regulations (e.g., Individuals with Disabilities Education Act [IDEA], and Early Hearing Detection and Identification programs [EHDI]), or health care payers (e.g., Medicare, Medicaid, or private insurance). These regulations may include eligibility criteria, documentation requirements, timelines, or limits on how services are delivered.

The sections below describe how these requirements apply within key service settings:

Early Intervention Programs

Each state has its own eligibility rules. These rules often include the stipulation that there must be a documented developmental delay, a diagnosed condition likely to cause such a delay, or evidence from informed clinical opinion when test scores do not fully show the child's needs. These services are planned by implementing an individualized family service plan (IFSP) with the family or care partner and follow state and federal rules.

Health Care and Private Practice

Some insurance companies require prior authorization before therapy can start. Employers and payers often require documentation of medical necessity, which usually means showing evidence of a functional limitation and a reasonable expectation that skilled services will make a meaningful difference. For preventative or maintenance services, documentation should show the impact on daily functioning, safety, or health outcomes. SLPs are encouraged to verify each person's benefits and coverage before services start and ensure that coverage continues throughout the course of care.

Schools

A student must have a communication disorder or a feeding and/or swallowing disorder that adversely affects their ability to learn. Eligibility is determined by the individualized education program (IEP) team—which consists of the student, their family or care partner, the school SLP, and school teachers and staff—in line with federal, state, and local regulations.

When to Modify Services

Admission and Discharge Criteria in Speech-Language Pathology

Speech-language pathology services are flexible, and the type, frequency, or way in which services are delivered may change as a person's needs and goals change.

Common Adjustments to Service Delivery

Adjustments may include:

- changing how often visits happen;
- pausing direct therapy while the person follows a home program; and
- changing the services model (e.g., moving from individual to group sessions or from in-person sessions to telepractice).

Planned Pauses & Episodic Care

Speech-language pathologists (SLPs) may stop services for a planned short time period (e.g., an episodic care model) for some individuals, when clinically appropriate.

> In these cases, there is a clear plan for when services may resume—for example, when priorities, skills, or outside conditions change.

Modifications for Life Transitions

Modifications can also help with important transitions—such as moving from early intervention to preschool, shifting from school-based services to adult services, or transitioning from inpatient care to community living. Services may stop temporarily—with a clear plan for resuming when skills, priorities, or external conditions change.

Shared Decisions & Documentation

Persons with communication disorders and their care partner(s) are active participants in decisions about their care. Adjustments are guided by research on effective dosing (e.g., how many services to provide, how often to provide them) and must also follow employer, state, and/or federal rules.

Documentation should explain:

- the reason for changes,
- describe the plan for resuming or further adjusting services,
- and stipulate how this care remains connected to the person's goals.

When to End Services

Admission and Discharge Criteria in Speech-Language Pathology

Speech-language pathology services end when treatment is no longer needed, is no longer effective, or no longer fits the person's goals. These decisions are based on the speech-language pathologist's (SLP's) clinical judgment; measurable progress; and shared decision making with the person and, when appropriate, their family or representative.

Conditions That Make Discharge Appropriate

Other factors affect service length as well—such as the requirements mandated by insurance companies, schools, employers, or regulatory agencies. These programs may limit coverage or may require certain documentation before authorizing services to continue.

Discharge may be appropriate when any of the following conditions have been met:

- Goals are met: The person has achieved all established treatment goals and objectives.
- Feeding and swallowing needs are met: The person can eat and/or drink in a way that meets their personal goals or that otherwise meets their nutritional and hydration needs.
- Skills are age or culturally appropriate: The person's skills are in line with those of other individuals of similar age, gender, culture, or language background.
- Skills have improved: The communication, cognition, or feeding and swallowing disorder has resolved, or the person's abilities meet their daily needs.
- There is no ongoing impact on function: Skills no longer interfere with learning, work, social interaction, well-being, or health and safety.
- Personal expectations are satisfied: The person and/or their care partners feel that their daily needs and quality of life are being met.
- Strategies are effective: The person and/or their care partners use augmentative or alternative communication (AAC), cueing, or other strategies effectively across settings and with different partners.
- Self-discharge: The person and/or their care partners or representatives choose to stop services.

Barriers to Progress and Participation

Services may also end when barriers prevent progress, even when goals are not yet met. A key consideration is whether there is a reasonable expectation of benefit. This means the person is or can be expected to show meaningful progress that can be measured and linked to therapy goals. If meaningful change is not happening, then it may be appropriate to revise the plan or end services.

Before ending services, the SLP should review all aspects of care—including goals, methods, data, supports, and outside factors such as social determinants of health—to determine whether adjustments could improve outcomes.

Discharge may be appropriate if any of the following situations affect progress or service delivery:

- The person is showing no measurable improvement: The person is not making documentable progress, and further skilled services are not likely to help following multiple trials and adjustments. The SLP may consider reevaluation later if circumstances change.
- The person poses safety concerns: The person's behavior creates safety risks for themselves, the clinician, or others involved in their care, and the clinician, care team, and family or care partners cannot adequately reduce those risks.
- Behaviors that are unrelated to the underlying diagnosis: Such as making threats or sexually harassing staff. Such behaviors are not compatible with a safe therapeutic environment.

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- Behaviors that are unrelated to the underlying diagnosis: Such as making threats or sexually harassing staff. Such behaviors are not compatible with a safe therapeutic environment.
- Behaviors that are linked to a diagnosis or medical condition: Such as hitting, biting, or showing agitation to express distress. In these cases, the SLP and team should evaluate whether they can reduce risk through approaches such as environmental changes, strategies, or supports. If the team cannot manage the risk to establish a therapeutic context, then discharge may be appropriate.
- The person cannot consistently participate in therapy: A medical, psychological, or social factor interferes with participation and the SLP cannot sufficiently address it in the current plan of care.
- The person's needs extend beyond the SLP's personal competence: The person's needs fall outside the SLP's scope or competence, requiring the SLP to refer the person to another qualified provider.
- The person and/or care partner decline services: The person and/or care partner or representative chooses not to participate or withdraws consent for services.
- Administrative requirements are not met: Discharge may occur when a person does not follow organizational policies—such as attendance, no-show, or payment requirements—provided these policies are applied consistently, without discrimination, and the person has been given adequate notice. Before discharge, the SLP makes and documents good-faith attempts to contact the person or their representative.

Legal & Ethical Considerations

The SLP and care team do not make discharge decisions solely on a person's diagnosis, the dynamics they have with their family members or care partners, or difficult interactions. Such decisions should align with disability rights laws such as the Americans with Disabilities Act [ADA] Section 504 and IDEA.

Conflict or tension with family members or care partners is not, by itself, a reason to end services. However, discharge may be appropriate—with clear documentation and referrals—if:

- A situation creates ongoing risk to the safety or well-being of the person receiving services or the clinician.
- The care team cannot reduce those risks.

When Provider Availability Affects Continuity of Care

Sometimes, services end for reasons that have nothing to do with the person's progress—the provider may leave, staffing may change, or the organization may lose its funding or no longer offers a needed service. In these situations, the organization and the clinician are responsible for managing the transition in an ethical way.

ASHA's Issues in Ethics: Client Abandonment states that ending care without arranging an appropriate alternative goes against the duty to "hold paramount the welfare of persons they serve professionally."

Both the SLP and their employer share responsibility for preventing client abandonment. Two key expectations support this responsibility:

- The SLP provides reasonable notice. Leaving a position without giving the employer adequate notice limits the organization's ability to cover services and may lead to allegations of client abandonment.
- The organization ensures continuity during leave or staffing gaps. SLPs' time off or staffing gaps are not considered valid reasons to end services. If a person still needs skilled care, then services cannot simply stop because a clinician is on leave or because an organization is experiencing staff turnover. Organizations must make every reasonable effort to ensure continuity of care—even when staff members are off or positions are vacant.

When services end for any reason, the SLP is advised to document:

- The rationale.
- The person's status related to their goals.
- Changes over time.
- The effectiveness of strategies or supports.
- Any remaining needs.
- The clinician and person's expected outcomes of ending care.
- Any recommendations for future or follow-up services.

Some impairment may remain even after the person has met their goals or has attained standardized test scores that fall within typical limits. If impairment no longer interferes with a person's daily functioning or safety, and if further skilled intervention is unlikely to bring meaningful change, then discharge is appropriate.

Understanding External Requirements

Just as rules can shape the decision as to when services should begin, the same rules can also affect when services should end. School districts, early intervention programs, employers, and insurers may set discharge requirements.

In School Districts

SLPs may discharge a student when that student no longer needs services to support their learning. The IEP team determines discharge in line with federal, state, and local regulations.

In Early Intervention Settings

SLPs determine discharge criteria by considering the child's age, progress toward IFSP goals, and state eligibility criteria.

In Health Care and Private Practice

Payers may stop coverage when (a) documentation shows little or no progress toward functional goals or (b) the person has reached their maximum number of authorized visits or duration of care. Some plans allow additional visits if the person's care team can show medical necessity. The SLP can check with the person's insurance plan or plan manager about the process of requesting additional visits or appealing coverage determination.

> **Note:** Although these policies may affect payment, they do not replace clinical judgment. When services end because of external rules, SLPs should document the circumstances and, when appropriate, advocate for continued care based on the person's needs and potential for benefit.

Planning for Next Steps

From the beginning, SLPs plan services with discharge in mind. This end goal helps the clinician ensure that therapy stays focused, goal directed, and aligned with the person's changing needs. In some cases, discharge from skilled services does not mean that the person no longer has needs. Sometimes, it means that skilled services are not driving meaningful progress and that other supports may be more appropriate. Services may resume later if conditions change.

At discharge, the SLP considers what support the person may need next, such as:

- a home program or care partner–led strategies to maintain or generalize skills;
- referrals to community resources or other professionals; and
- guidance about
  - what signs or changes should trigger re-entry into services or
  - when to return under an episodic care model.

Changes in health, environment, life course, motivation, or access to care create new opportunities for intervention. Planning for follow-up helps set the expectation that services may resume when needed—and reinforces that discharge is not always permanent.

About This Resource

This guidance replaces ASHA's previous Admission/Discharge Criteria in Speech-Language Pathology document—which the Ad Hoc Committee on Admission/Discharge Criteria developed and which the ASHA Executive Board approved in 1994. The Legislative Council revised this document in 2003.

This updated version reflects current practice expectations and aims to support clinicians, payers, educators, and the public in understanding how SLPs decide how and when to start, modify, and end services. Although this is not a formal policy document, it is meant to guide clinicians and stakeholders in making informed, consistent service decisions.

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