

# The Value of Speech-Language Pathology in the Skilled Nursing and Long-term Care Settings

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Inservice Presentation

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- *This template is consensus-based, is provided as a resource for ASHA members, and does not represent official ASHA policy.*

# What SLPs Do

The SLP's role is to help patients with the following functions:

- **communication**
- **thinking**
- **swallowing**

SLPs evaluate and treat patients **based on individual needs and goals.**

# Who SLPs help

SLPs are commonly consulted when patients have:

- **neurological** conditions—like stroke, Parkinson's disease, or dementia
- **medical/surgical events**—like head/neck surgery or intubation
- **chronic** conditions—like chronic obstructive pulmonary disease (COPD)
- **developmental or congenital** conditions—like cerebral palsy

# Where SLPs work

SLPs can work in a variety of health care settings:

- **hospitals** (acute care)
- **acute rehabilitation**
- **skilled nursing facilities** (SNFs)
- **long-term care** (LTC)
- **long-term acute-care hospitals** (LTACHs)
- **home health**
- **outpatient rehabilitation**

# When to Consult an SLP

Refer a patient to an SLP when a patient tells you—or you see for yourself—that **they are having trouble with communication, cognition, or swallowing.**

Use a **referral guideline** or a **screening tool** to identify when a comprehensive speech-language pathology evaluation may be indicated.

- For example, see ASHA's [SLP Health Care Referral Guidelines](#).

# Normal Swallowing

**Normal swallowing** occurs when the food or liquid is moved from the mouth down the esophagus without complications.

The two videos below demonstrate what normal swallowing looks like :

- [Normal Swallow](#)
- [Lateral-View Swallow Study Using MBSS/VFSS](#)



# Understanding Swallowing and Dysphagia

**Dysphagia** is a swallowing disorder, which can lead to any of the following conditions:

- malnutrition
- dehydration
- aspiration pneumonia
- compromised general health
- chronic lung disease
- choking
- death

Adults with dysphagia may also experience **less interest** or enjoyment, **embarrassment**, and/or **isolation** related to eating or drinking.

# How is Swallowing Assessed?

Swallowing assessments include the following components:

- The **Clinical Swallow Evaluation (CSE)**—also called the “bedside evaluation.”
- Instrumental assessments—including the following:
  - **MBSS/VFSS** = Modified Barium Swallow Study / Videofluoroscopic Swallowing Study
  - **FEES** = Fiberoptic Endoscopic Evaluation of Swallowing
  - Without imaging procedures like MBSS and FEES, it is insufficient to infer specific information related to laryngeal, pharyngeal, or upper esophageal anatomy and physiology required to develop effective treatment options (Garand et al., 2020).

# Clinical Swallow Evaluation (CSE)

The CSE includes the following components:

- medical chart review
- screening of cognition and communication
- oral-motor exam
- positioning for feeding
- food and liquid trials, as appropriate

# Instrumental MBSS/VFSS

MBSS/VFSS is an imaging procedure that

- evaluates swallowing anatomy and function and
- screens esophageal structure and function.

## MBSS/VFSS

- is completed by the SLP and the radiologist or radiology technician\* and
- requires access to a radiology suite—thus, often requiring transportation to an off-site facility.

*\*Depending on state regulations as well as payer and facility policies.*

# Instrumental Assessments: FEES

FEES is an imaging procedure that

- evaluates oropharyngeal swallowing function;
- is completed by the SLP;\* and
- can be performed on-site—at the bedside.

For example, see the following video, which shows what this imaging procedure entails.

- [FEES Swallowing Study](#)

*\*State licensure regulations may require additional personnel present during the FEES exam.*

# Goals of Instrumental Assessments

When conducting instrumental assessments, the SLP has several goals in mind:

- Identify key anatomy.
- Evaluate the oral and pharyngeal stages of the swallow.
- Conduct various food and liquid texture trials.
- Administer trials of various compensatory techniques.
- Determine the patient's response to treatments.
- Determine the patient's response to issues like food residue, penetration, and/or aspiration.

# Swallowing Therapy

- **Restoration**

- Engaging in exercises that focus on strengthening the muscles—goal is to improve swallowing and airway protection muscles.

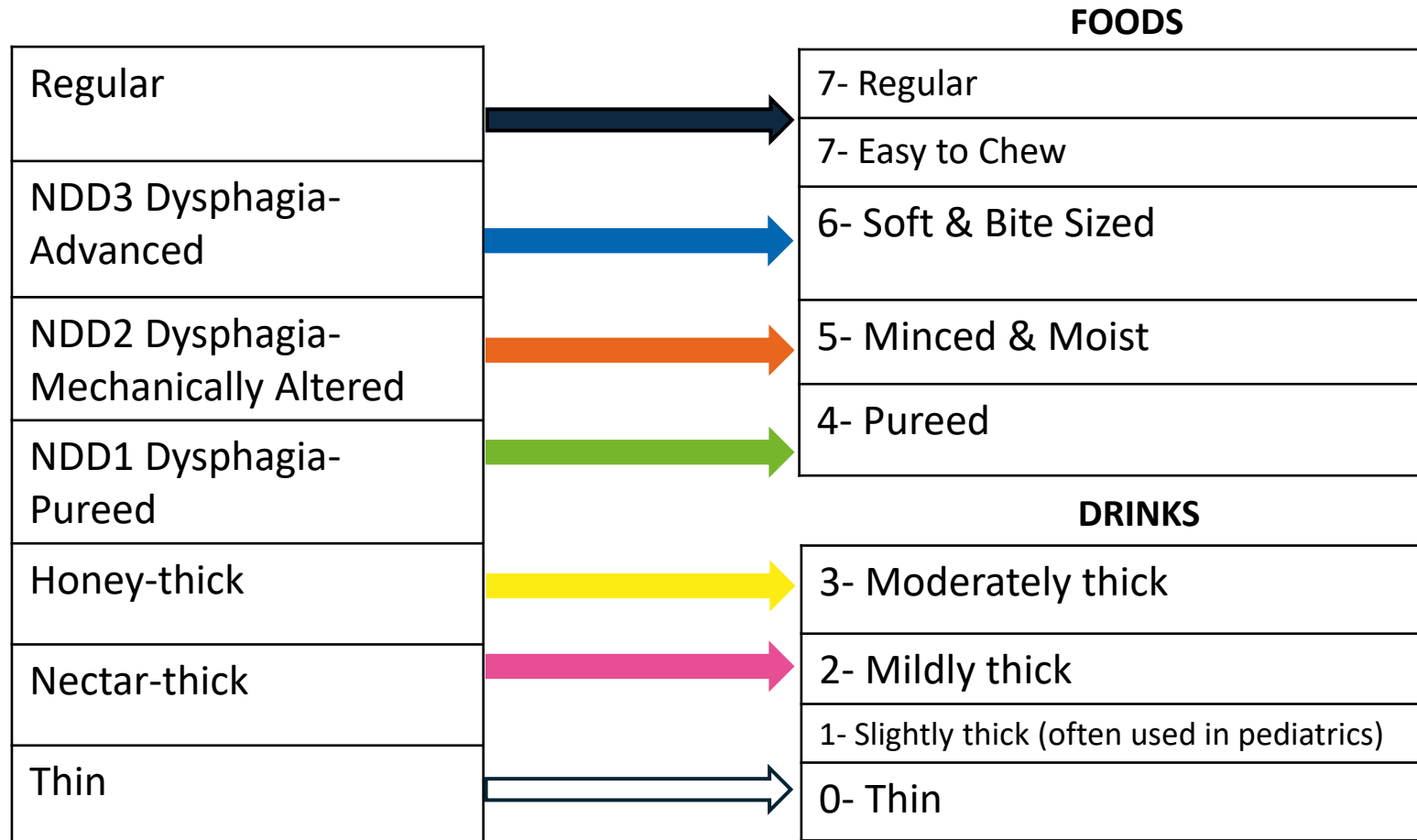
- **Compensation**

- Adjusting how foods and liquids are consumed—like using a cup that controls sip size or taking small bites.
- Changing food or liquid consistencies.
- Using specific techniques—like a chin tuck, head turn, or effortful swallow—based on the patient's needs.

- **Patient / Care Partner Education**

# Dysphagia Diet Textures

**Dysphagia diet textures** vary by individual facility—although there are widespread efforts to shift from national standards (e.g., NDD) to international standards (e.g., IDDSI).





# International Dysphagia Diet Standardisation Initiative (IDDSI)

- The **IDDSI framework** is designed to avoid the confusion created by variable terminology and definitions to describe modified diets around the world.
- The goal is to improve safety and care for all individuals with dysphagia.

# Thickened Liquids

- Without instrumental assessments (MBSS/FEES), SLPs cannot determine:
  - How thickened liquids compare to thin liquids when swallowed
  - If there's aspiration with any texture
  - Which strategies might best improve swallowing safety and efficiency
- Thickened liquids may help some patients with swallowing, but they can also cause problems like decreased fluid intake and other health issues if the thickener is aspirated.
- Thickened liquids are recommended based on *individual needs*.
  - SLPs consider the patient's overall health, preferences, and current research to before making recommendations and obtains informed consent from the patient or decision-maker.

# Cognition

## **Changes in thinking skills, including**

- memory,
- attention,
- problem solving, and
- executive functioning.

## The following conditions may impact cognition:

- stroke
- dementia
- traumatic brain injury (TBI)
- Parkinson's disease

# Cognition (cont'd)

SLPs help with **screening, assessment, diagnosis, and treatment** of cognitive difficulties.

Cognitive treatment may include

- trying to **restore function**;
- trying to **compensate** with things like environmental changes and visual aids; and
- **providing education** to patients and their care partners.

# Speech

- Speech disorders can be **developmental or acquired** and include:
  - Dysarthria
  - Apraxia of speech
- Speech disorders may occur alongside other conditions, like **aphasia or cognitive difficulties**.

# Speech (cont'd)

SLPs can help improve speech using these methods:

- strategies like **adjusting loudness** or changing the **rate of speech**
- **prompts and cues** for accuracy and efficiency
- **care partner training** to support effective communication
- **augmentative and alternative communication (AAC)**—using gestures, communication boards, or speech devices, if indicated

# Language

Many conditions can affect language skills, including these:

- stroke
- TBI
- dementia
- multiple sclerosis (MS)
- intellectual disability (ID)

SLPs help patients with language by doing the following things:

- Teaching **communication strategies**.
- Finding the best way to communicate with each specific patient—like **speaking, writing, or using AAC**.
- **Training care partners** to support the patient's language skills.

# Voice

**Voice disorders** are changes to the quality, pitch, or loudness of a person's voice—which may make it hard for that person to communicate.

SLPs can help patients to try and **restore and/or compensate** in treatment.



# Restorative Nursing Programs

The Centers for Medicare & Medicaid Services (CMS) defines ***restorative services*** as follows:

“Nursing interventions that promote the resident’s ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning.” *(Centers for Medicare & Medicaid Services [CMS], 2024)*

# Restorative Nursing Programs

SLPs provide training and education to nursing teams to establish **restorative nursing programs**.

Speech-language pathology–focused restorative nursing programs may address **speech, language, cognition, voice, and/or swallowing**.

# PDPM and the SLP's Impact

Under PDPM, payment for patients with speech-language pathology needs are determined by **the presence of the following five case-mix factors:**

- the patient's primary diagnosis
- the presence of one or more of 12 comorbidities\*
- a mechanically altered diet
- a swallowing disorder
- a cognitive impairment

*\*These 12 co-morbidities include aphasia; CVA, TIA, or stroke; hemiplegia or hemiparesis; TBI; experiencing tracheostomy care while a resident; having ventilator or respirator while a resident; laryngeal cancer; apraxia; dysphagia; ALS; oral cancers; and speech and language deficits.*

# Identifying and Coding Patient Needs

SLPs can help to

- **identify patients who need** skilled speech-language pathology services and
- **provide accurate, complete coding for reimbursement** of (1) diagnoses and (2) co-morbidities.

Improved coding accuracy **provides Medicare with more complete data** on the conditions that SLPs treat—which can support advocacy efforts to improve payment policy changes.

# Supporting Accurate MDS Completion

- SLPs contribute to relevant sections of the MDS
  - Section K: Swallowing and Nutritional Status
    - K0100A Loss of liquids/solids from mouth when eating or drinking
    - K0100B Holding food in mouth/cheeks or residual food in mouth after meals
    - K0100C Coughing or choking during meals or when swallowing medications
    - K0100D Complaints of difficulty or pain with swallowing
    - K0100Z None of the above
    - K0510C2 Mechanically Altered Diet While a Resident

# Supporting Accurate MDS Completion

- SLPs contribute to relevant sections of the MDS cont'd
  - Sections B & C: Cognition
    - BIMS
      - C0200 Repetition of three words
      - C0300 Temporal orientation
      - C0400 Recall
    - CFS
      - B0100 Coma and completely dependent or ADL did not occur
      - C1000 Severely impaired cognitive skills (C1000 = 3)
      - B0700, C0700, C1000
        - Two or more of the following:
          - B0700 >0 Problem being understood;
          - C0700 =1 STM problem;
          - C1000>0 Cognitive skills problem; and
        - One or more of the following:
          - B0700 >=2 severe problem being understood;
          - C1000 >=2 severe cognitive skills problem

# Supporting Accurate MDS Completion

- SLPs contribute to relevant sections of the MDS cont'd
  - Sections I & O: Clinical Category
    - I4300 Aphasia
    - I4500 CVA, TIA, Stroke
    - I4900 Hemiplegia or Hemiparesis
    - I5500 Traumatic Brain Injury
    - I8000 Laryngeal Cancer
    - I8000 Apraxia
    - I8000 Dysphagia
    - I8000 ALS
    - I8000 Oral Cancers
    - I8000 Speech & Language Deficits
    - O0100E2 Tracheostomy Care While a Resident
    - O0100F2 Ventilator or Respirator While a Resident

# Improving Quality and Compliance

**SLPs support quality programs by taking the following steps:**

- Reducing hospital readmissions.
  - Example: Assessing and treating swallowing disorders that could lead to aspiration pneumonia or other health complications.
- Improving quality scores (e.g., QRP, VBP).
- Promoting compliance with the [survey and certifications standards](#).
  - Ensuring that effective communication strategies are in place for patients with communication disorders to avoid F-tags.
- Helping facilities avoid financial penalties.



# Interdisciplinary Team Support

SLPs offer **interdisciplinary team support** in the following ways:

- Educate and support the care team in effective communication for patients who have communication and/or cognitive difficulties.
- Identify facility-wide concerns related to the clinical areas of speech-language pathology and collaborate with the care team to improve through a Quality Assurance Performance Improvement (QAPI) project
- Present in-services and provide training to their colleagues, educating them on the various areas in which SLPs can help.

# Questions?

Email [healthservices@asha.org](mailto:healthservices@asha.org) and let us know how we can support you.

# Additional Resources

## ASHA Resources

- [Speech-Language Pathologists in Health Care Settings](#)

- [Practice Portal](#)

*Contains comprehensive information about evaluation and treatment considerations on topics including adult dysphagia, aphasia, acquired apraxia of speech, cultural responsiveness, dementia, dysarthria, head and neck cancer, telepractice, TBI, and voice disorders.*

- [Evidence Maps](#)

*A searchable online tool designed to assist clinicians with making evidence-based decisions.*

- [Flexible Endoscopic Evaluation of Swallowing \(FEES\)](#)
- [Videofluoroscopic Swallow Study \(VFSS\)](#)
- [International Dysphagia Diet Standardisation Initiative](#)

# Additional Resources

## ASHA Resources (*cont'd*)

- [What SLPs Need To Know About the New Medicare SNF Payment Model](#)
- [Demonstrating the Value of Speech-Language Pathology Services in the PDPM](#)
- [PDPM Advocacy](#)
- [PDPM Brings Opportunities for Skilled Nursing Facilities](#)
- [The Role of the SLP in Maintaining Compliance with Medicare Survey and Certification Standards for Skilled Nursing Facilities](#)
- [Communication Access](#)

# Additional Resources

## CMS Resources

- [SNF PPS Resource Center](#)
- [PDPM Resource Center](#)
- [SNF PPS Payment Model Research](#)
- [\*MDS 3.0 RAI Manual\*](#)

# References

Centers for Medicare & Medicaid Services. (2024, October). *Minimum Data Set 3.0 Resident Assessment Instrument (RAI) Manual* (Version 1.19.1) [PDF]. U.S. Department of Health & Human Services. Retrieved June 30, 2025, from CMS website. [Minimum Data Set 3.0 Resident Assessment Instrument User's Manual v1.19.1](#)

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