

**WAC 246-828-105 Speech-language pathology—Minimum standards of practice.** Licensed speech-language pathologists are independent practitioners who provide a comprehensive array of services related to the identification, assessment, habilitation and rehabilitation, of communication disorders and dysphagia. Speech-language pathologists serve in a number of roles including but not limited to clinician, therapist, teacher, consultant, researcher, and administrator. Speech-language pathologists provide services in hospitals, clinics, schools, nursing facilities, care centers, private practice, and other settings in which speech-language pathology services are relevant. Speech-language pathologists provide services to individuals of all ages.

Services may be provided and products dispensed only when benefit can reasonably be expected. All services provided and products dispensed must be evaluated for effectiveness. A licensed speech-language pathologist must engage in and supervise only those aspects of the profession that are within the scope of their education, training, and experience. Speech-language pathologists must provide services appropriate to each individual in his or her care, which may include one or more of the following standard procedures:

- (1) Case history, including:
  - (a) Documentation of referrals.
  - (b) Review of communication, cognitive, or swallowing problems.
  - (c) Review of pertinent medical, pharmacological, social, and educational status.
- (2) Examination of the oral mechanism for the purposes of determining adequacy for speech communication and swallowing.
- (3) Screening to include: Speech and language.
  - (a) Hearing screening, limited to pure-tone air conduction and screening tympanometry.
  - (b) Swallowing screening. Children under the age of three years who are considered at risk are assessed, not screened;
- (4) Assessment may include the following:
  - (a) Language may include parameters of phonology, morphology, syntax, semantics, and pragmatics; and include receptive and expressive communication in oral, written, graphic, and manual modalities;
  - (b) Speech may include articulation, fluency, and voice (including respiration, phonation, and resonance). Treatment must address appropriate areas;
  - (c) Swallowing;
  - (d) Cognitive aspects of communication may include communication disability and other functional disabilities associated with cognitive impairment;
  - (e) Central auditory processing disorders in collaboration with other qualified professionals;
  - (f) Social aspects of communication may include challenging behaviors, ineffective social skills, and lack of communication opportunities;
  - (g) Augmentative and alternative communication include the development of techniques and strategies that include selecting and dispensing of aids and devices (excluding hearing instruments) and providing training to individuals, their families, and other communication partners in their use.
- (5) Habilitation and rehabilitation of communication and swallowing including:
  - (a) Treatment of speech disorders including articulation, fluency, and voice.

(b) Treatment of language disorders including phonology, morphology, syntax, semantics, and pragmatics, including receptive and expressive communication in oral, written, graphic, and manual modalities.

(c) Treatment of swallowing disorders.

(d) Treatment of the cognitive aspects of communication.

(e) Treatment of central auditory processing disorders in which there is evidence of speech, language, or other cognitive communication disorders.

(f) Treatment of individuals with hearing loss, including aural rehabilitation and related counseling.

(g) Treatment of social aspects of communication, including challenging behaviors, ineffective social skills, and lack of communication opportunities.

(6) All services must be provided with referral to other qualified resources when appropriate.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-105, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-105, filed 1/7/04, effective 2/7/04. Statutory Authority: RCW 18.35.161 (3) and (10). WSR 99-19-058, § 246-828-105, filed 9/15/99, effective 10/16/99; WSR 98-14-055, § 246-828-105, filed 6/26/98, effective 7/27/98.]