

Burgos, Alexander N

Subject: FW: [External] FW: Approval - 21 NCAC 64 .1003 Licensee Requirements

From: Catherine E. Lee <clee@hedrickgardner.com>
Sent: Tuesday, September 29, 2026 12:59 PM
To: Miller, Christopher S <christopher.miller@oah.nc.gov>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Rules, Oah <oah.rules@oah.nc.gov>
Subject: RE: [External] FW: Approval - 21 NCAC 64 .1003 Licensee Requirements

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Thank you.

Catherine E. Lee | Partner
Hedrick Gardner Kincheloe & Garofalo LLP.
2710 Wycliff Road, Suite 220 | Raleigh, NC 27607
Phone: 919-341-2639 | Fax: +19193412639
clee@hedrickgardner.com | www.hedrickgardner.com



From: Miller, Christopher S <christopher.miller@oah.nc.gov>
Sent: Tuesday, September 29, 2026 12:58 PM
To: Catherine E. Lee <clee@hedrickgardner.com>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Rules, Oah <oah.rules@oah.nc.gov>; Miller, Christopher S <christopher.miller@oah.nc.gov>
Subject: RE: [External] FW: Approval - 21 NCAC 64 .1003 Licensee Requirements

Caution! This message was sent from outside your organization.

Good afternoon, Ms. Lee.

For your awareness, we have received 10+ letters requesting legislative review pursuant to G.S. § 150B-21.3 for the Speech and Language Pathologists' rule, 21 NCAC 64 .1003. The letters will be posted to our website shortly.

Regards,
Chris

Chris Miller
Rules Review Commission Counsel
North Carolina Office of Administrative Hearings | Rules Division

1711 New Hope Church Road
Raleigh, NC 27609
(984) 236-1935

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Burgos, Alexander N

Subject: FW: [External] FW: Approval - 21 NCAC 64 .1003 Licensee Requirements
Attachments: NCBOESLPA_2026-04-06.pdf; Addendum to Impact Analysis for 21 NCAC 64 .1003.pdf

From: Catherine E. Lee <clee@hedrickgardner.com>
Sent: Friday, September 25, 2026 9:23 AM
To: Miller, Christopher S <christopher.miller@oah.nc.gov>; Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Rules, Oah <oah.rules@oah.nc.gov>
Subject: [External] FW: Approval - 21 NCAC 64 .1003 Licensee Requirements

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Mr. Miller – The NC Board of Examiners for Speech and Language Pathologists and Audiologists would like to make the attached addendum to its fiscal note for Rule 21 NCAC 64 .1003 available to the RRC in advance of the September 29 meeting, along with OSBM's correspondence below. The addendum has been placed on the Board's website at <https://ncboeslpa.org/announcement/2026-notice-of-proposed-rule-change-supervision-of-slp-assistants/>.

Thank you.

Catherine E. Lee | Partner
Hedrick Gardner Kincheloe & Garofalo LLP.
2710 Wycliff Road, Suite 220 | Raleigh, NC 27607
Phone: 919-341-2639 | Fax: +19193412639
clee@hedrickgardner.com | www.hedrickgardner.com



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Burgos, Alexander N

Subject: FW: [External] FW: Approval - 21 NCAC 64 .1003 Licensee Requirements
Attachments: NCBOESLPA_2026-04-06.pdf; Addendum to Impact Analysis for 21 NCAC 64 .1003.pdf

From: Ventaloro, Julie W <julie.ventaloro@osbm.nc.gov>
Sent: Thursday, September 24, 2026 3:43 PM
To: Ryan Mitiguy <rmitiguy@hedrickgardner.com>
Cc: Catherine E. Lee <clee@hedrickgardner.com>; McLenaghan, Ed <ed.mclenaghan@osbm.nc.gov>; Liebman, Brian R <brian.liebman@oah.nc.gov>
Subject: Fw: Approval - 21 NCAC 64 .1003 Licensee Requirements

Caution! This message was sent from outside your organization.

OSBM approved the NC Board of Examiners for Speech and Language Pathologists and Audiologists' analysis of amendments to Rule 21 NCAC 64 .1003 (Licensee Requirements) on April 6, 2026. After publication, the agency reviewed the fiscal note and prepared an addendum to consider potential effects of pending federal adjustments to Medicare reimbursement rates. OSBM has reviewed the addendum and acknowledges that it further clarifies and supplements the original analysis.

As a reminder, agencies subject to G.S. 150B-19.1(c) must post the revised fiscal note on their website as soon as practicable after the change is drafted.

Julie Ventaloro
Economic Analyst
NC Office of State Budget and Management
[Chat with me in Teams](#) 
984-236-0694



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From: Ventaloro, Julie W
Sent: Monday, April 6, 2026 9:38 AM
To: Catherine E. Lee <clee@hedrickgardner.com>
Cc: McLenaghan, Ed <ed.mclenaghan@osbm.nc.gov>; Liebman, Brian R <brian.liebman@oah.nc.gov>; Julie B. Eddins <julie.eddins@oah.nc.gov>; rmitiguy@hedrickgardner.com <rmitiguy@hedrickgardner.com>
Subject: Approval - 21 NCAC 64 .1003 Licensee Requirements

In accordance with G.S. 150B-21.4, OSBM has reviewed the proposed amendments to Rule 21 NCAC 64 .1003. The fiscal note is approved for publication. Please ensure that the state, local government, and substantial economic impacts are included in the Notice of Text and that the NC League of Municipalities, Association of County Commissioners, and the Fiscal Research Division of the General Assembly are notified. Note that this approval satisfies the requirement to obtain certification that the agency adhered to the regulatory principles set forth in G.S. 150B-19.1(a)(2), (5), and (6).

As a reminder, agencies subject to G.S. 150B-19.1(c) must post the fiscal note on their website no later than the publication date of the notice of text in the *North Carolina Register*.

Please let me know if you have any questions.

Julie Ventaloro

Economic Analyst

NC Office of State Budget and Management

[Chat with me in Teams](#) 

984-236-0694



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Addendum to Fiscal Note for 21 NCAC 64 .1003

Date: September 29, 2026

This addendum supplements the previously approved 2026 Fiscal Note analyzing the potential impacts of proposed amendments to 21 NCAC 64 .1003 (the “Rule”).

The Board believes the Rule is reasonably necessary based on the requirements of the Board’s practice act, specifically NCGS § 90-298.1. (“A licensed speech and language pathologist or a licensed audiologist may register with the Board an assistant who works under the licensee’s supervision”)

North Carolina currently has no minimum standard for supervision, except that assistants must be supervised. There is no rule determining a minimally adequate level of supervision of SLP-Assistants by an SLP. As such, in developing the Rule, the Board conferred with stakeholders in the regulated profession and reviewed regulatory frameworks in neighboring states to determine appropriate supervision oversight needed to protect patient health, safety, and welfare. In doing so, the Board concluded that several neighboring states utilize a recurring supervision requirement, allowing SLP’s to document time spent directly and indirectly supervising an SLP-Assistant. The Board understands that codifying parameters around minimally compliant supervision of an SLP-Assistant may impact the number of client sessions that SLP’s and SLP-Assistants may perform.

The Board is aware that proposed revisions to the federal Medicare reimbursement rate for speech-language sessions currently is underway. The American Medical Association (“AMA”) manages the library of Current Procedural Terminology (“CPT”) Codes, which are used by healthcare providers to uniformly describe medical, surgical, and diagnostic services for reimbursement and data tracking. The CPT Editorial Panel (the “Panel”) of the AMA completes an annual review of CPT Codes to make revision recommendations to the Centers for Medicare & Medicaid Services (“CMS”). This year, the Panel reviewed and made a recommendation for revision of the CPT Code for speech-language related disorders, 92507. The Panel reviewed the current reimbursement model in hopes of providing greater specificity in care by creating additional codes for various services related to speech-language disorders.

On July 14, 2026, based on the Panel’s recommendations, CMS issued a proposed rule that announces and solicits public comments on proposed policy changes for Medicare payments under the Physician Fee Schedule (“PFS”), and other Medicare Part B issues, which is projected to have an effective date on or after January 1, 2027.¹ On September 14, 2026, the public comment period to submit feedback to CMS for proposed policy changes ended. CMS still must promulgate a final rule to confirm the proposed changes in CPT Codes and federal reimbursement rates, which is not expected until November 2026, for an earliest effective date of January 2027.

In addition to reviewing current CPT Codes and reimbursements structures, CMS is required to

¹ CMS-2026-2377-0002; <https://www.regulations.gov/document/CMS-2026-2377-0002>

implement changes to federal law as enacted by Congress.² Beginning in Calendar Year (“CY”) 2026, there are two separate conversion factors: one for qualifying alternative payment model (“APM”) participants (“QP”) and one for physicians and practitioners who are not QPs. The update to the qualifying APM conversion factor for CY 2027 is +0.75% while the update to the non-qualifying APM conversion factor for CY 2027 is +0.25%. The changes to the PFS conversion factors for CY 2027 include these updates as required by statute and an estimated +0.53% adjustment necessary to account for proposed changes in work Relative value units (“RVU”) for some services.

In 2025, Public Law 119-21, which CMS refers to as the Working Families Tax Cut legislation, took effect and provided a one-year PFS conversion factor increase of 2.50% for CY 2026, which will no longer be in effect for CY 2027. This effectively means that rates promulgated for CY 2027 could cause a 2.50% reduction in Medicare payment under the PFS compared to CY 2026. The proposed CY 2027 qualifying APM conversion factor of \$33.17 represents a projected decrease of \$0.40 (-1.19%) from the current conversion factor of \$33.57. Similarly, the proposed CY 2027 nonqualifying APM conversion factor of \$32.84 represents a projected decrease of \$0.56 (-1.68%) from the current conversion factor of \$33.40.

Based on the current review and rule promulgation process of the AMA and CMS, the future economic and regulatory conditions expected after implementation of the rule are unknown, given: (1) procedural posture of the federal rulemaking discussed above; (2) the fiscal impact caused by Public Law 119-21; and (3) CMS annually may adjust and revise Medicare reimbursement rates going forward, based on recommendations from the Panel. However, using a baseline assumption that a variance between the current and projected federal reimbursement rate for SLP services may be approximately 1.19% and 1.68%, the Board continues to characterize the likely substantial economic impact as “likely but uncertain.”

The Board has appropriately forecasted the fiscal impact based on state law and OSBM standards. The Board has reviewed the prior public comments for this rule and further revised its fiscal analysis based on the information presented. The Board coordinated with OSBM in drafting the fiscal analysis and OSBM approved the fiscal note. The Board will continue to seek input from all stakeholders, including practitioners and the public, on the implementation of the Rule.

²<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2027-medicare-physician-fee-schedule-proposed-rule>

Fiscal Note for 21 NCAC 64 .1003

Agency: North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists

Rule Citation(s): 21 NCAC 64 .1003 Licensee Requirements

Agency Contact: C. Denise Brown
Executive Director
NCBOESLPA
dbrown@ncboeslpa.org
Telephone: 336-272-1828 x 104

Rulemaking Authority: G.S. 90-304(a)(3)

Impact Summary:

State Government: Yes
Local Government: Yes
Private Sector: Yes
Substantial Impact: Likely

1. Introduction and Purpose

The North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists (the “Board”) regulates the practice of speech and language pathology and audiology in North Carolina to protect public health, safety, and welfare. The General Assembly has found that regulation is necessary to protect the public from incompetent or unprofessional practitioners and to help ensure the availability of high-quality speech and language pathology and audiology services across the state.

The Board establishes licensing and practice standards, administers examinations, enforces ethical rules, investigates complaints, and disciplines individuals who violate Board rules or state law. The General Assembly has authorized the Board to adopt rules related to license applications, credentialing, and supervision to support these functions.

Note on public school practice: While the North Carolina State Board of Education requires a valid license from this Board as the primary professional credential for public school service, the Department of Public Instruction (DPI) handles school employment authorization and salary

placement. DPI monitors compliance with education laws but defers to this Board on clinical practice standards.

The purpose of the proposed amendments to 21 NCAC 64 .1003 is to codify minimum supervision requirements and related documentation standards for SLPs supervising Speech-Language Pathologist Assistants (SLP-Assistants), to improve quality of care and reduce negative client outcomes.

2. Description of Proposed Rule Changes

2.1 Overview

Rule 21 NCAC 64 .1003 governs the supervision of SLP-Assistants by primary supervising SLP licensees. Under current rule and practice, SLPs are responsible for supervising SLP-Assistants to ensure quality of care, but the rule does not specify a minimum level of supervision. The amended rule clarifies and codifies expectations for supervision, including routine observation, feedback, performance evaluation, task assignment, and documentation of the SLP-Assistant's implementation of treatment protocols.

2.2 Target Behavior Review

The amended rule requires supervising SLPs to update and recertify each patient's target behavior at least every 90 days. This periodic review is intended to confirm that treatment goals remain appropriate and clinically necessary, and to ensure that SLPs and SLP-Assistants are providing services aligned with the patient's current needs.

2.3 Competency Evaluation and Documentation

The amended rule requires supervising SLPs to evaluate SLP-Assistant competencies using a standardized Competency Rating Scale (Form D). Form D directs SLPs to assess multiple skill areas, including clerical skills, interpersonal skills, professional conduct, technical skills, and any other skills the supervising SLP deems necessary for safe and effective practice.

The amended rule also requires the supervising SLP to review and approve all documentation prepared by the SLP-Assistant at least once every 30 days. Regular competency and documentation reviews are intended to give supervising SLPs better insight into the SLP-Assistant's performance and to support consistent quality of care.

2.4 Minimum Supervision Hours

The amended rule establishes a minimum supervision standard over each 90-day period.

- A full-time SLP-Assistant must receive at least 6 hours of direct supervision and 6 hours of indirect supervision from the supervising SLP every 90 days.

- A part-time SLP-Assistant must receive at least 3 hours of direct supervision and 3 hours of indirect supervision every 90 days.

This equates to a total minimum supervision requirement of 12 hours per 90 days for a full-time SLP-Assistant, or approximately 0.9 hours (55 minutes) of supervision per week. The standard is intended as a floor; many SLPs are already providing more frequent or intensive supervision.

The Board developed the 90-day framework after reviewing supervision standards in neighboring and regional states. The Board endeavored to codify minimum supervision levels and balance the need for flexibility in scheduling and caseload management.

3. Comparison to Other States

North Carolina currently has no codified minimum supervision standard for SLP-Assistants in statute or rule, although SLPs must already provide some level of supervision to comply with N.C. Gen. Stat. § 90-298.1. The Board reviewed supervision requirements in several southeastern states and found that the proposed minimum is broadly consistent with regional practice.

Examples include:

- South Carolina requires an SLP to directly supervise an SLP-Assistant in a minimum of 1 in 7 therapy sessions per patient.¹ SLP's must provide indirect supervision of 5% of SLP-Assistant's sessions.² The SLP must conduct quarterly performance reviews of each SLP-Assistant's performance of the assigned service or task.³
- Virginia requires SLP's to directly supervise 2 SLP-Assistant client sessions every 30 days.⁴ The SLP shall personally deliver treatment and services to a client receiving some services from an SLP-Assistant every 30 days.⁵
- Tennessee requires SLP's to provide 15 hours of training to SLP-Assistants in the first 30 days of employment.⁶ SLP's must provide full supervision of an SLP-Assistant for the first 10 hours of patient contact.⁷ Subsequently, the SLP must provide direct supervision of an SLP-Assistant for 10% of the SLP-Assistant's time each week and the SLP must provide indirect supervision of an SLP-Assistant for 20% of the SLP-Assistant's time each week.⁸ If the SLP-Assistant fails to accurately record patient target behaviors over 2 consecutive sessions, the SLP-Assistant shall be retrained in the necessary skills and the SLP is required to supervise every SLP-Assistant session until the SLP-Assistant accurately records patient

¹ S.C. Code Ann. Regs. 115-2(G).

² S.C. Code Ann. Regs. 115-2(H).

³ S.C. Code Ann. Regs. 115-2(I).

⁴ 18VAC30-21-140(E)(2).

⁵ 18VAC30-21-140(A)(2)(b).

⁶ Tenn. R. & Regs. 1370-01-.14(f)(1).

⁷ Tenn. R. & Regs. 1370-01-.14(f)(4)(i).

⁸ Tenn. R. & Regs. 1370-01-.14(f)(4)(ii)-(iii).

target behaviors over 2 consecutive sessions.⁹

- Georgia requires SLP's to provide full supervision of an SLP-Assistant for the first 10 hours of patient contact.¹⁰ Subsequently, the SLP must provide direct supervision of an SLP-Assistant for 1 hour of SLP-Assistant's weekly patient contact.¹¹ The SLP-Assistant must meet a 90% accuracy in recording patient target behaviors.¹² If the SLP-Assistant fails to accuracy requirements, the SLP must retrain and increase supervision until 90% accuracy is achieved.¹³
- West Virginia requires a 2-hour course for SLP's to become an SLP supervisor.¹⁴ SLP's must provide full supervision of an SLP-Assistant for the first 3 hours of the SLP-Assistant's patient contact and a minimum on 1 direct observation for each subsequent 2-week period.¹⁵ In addition, the SLP must provide direct supervision for 20% of the SLP-Assistant's patient contact hours for the first 90 days.¹⁶ If the SLP-Assistant fails to meet a 90% accuracy in recording patient target behaviors in 3 consecutive direct observations, the SLP must retrain the SLP-Assistant and increase direct supervision to 50% of the SLP-Assistant's clinical sessions until 90% accuracy is achieved for 3 consecutive direct observations.¹⁷ If an SLP-Assistant provides services for a medically fragile patient, the SLP must provide direct supervision during every session.¹⁸

Across these states, the regional standard for full-time employment ranges from 30 to 40 hours per week, which aligns with N.C. Gen. Stat. § 90-295, defining full-time professional experience as at least 30 hours per week for nine months in a calendar year. The Board's proposed supervision minimum of 12 hours over 90 days (approximately 0.9 hours per week) falls within the range implied by these regional standards.

⁹ Tenn. R. & Regs. 1370-01-.14(f)(4)(vi).

¹⁰ Ga. Comp. R. & Regs. 609-6-.01(C)(6)(i).

¹¹ Ga. Comp. R. & Regs. 609-6-.01(C)(6)(ii).

¹² Ga. Comp. R. & Regs. 609-6-.01(C)(6)(iv).

¹³ Ga. Comp. R. & Regs. 609-6-.01(C)(6)(v).

¹⁴ W. Va. Code R. 29-2-4.1.2.

¹⁵ W. Va. Code R. 29-2-4.1.5.

¹⁶ W. Va. Code R. 29-2-4.1.7.

¹⁷ W. Va. Code R. 29-2-4.1.5.

¹⁸ W. Va. Code R. 29-2-4.1.7.

4. Affected Population and Baseline Assumptions

Each year the Board reviews the number of SLP's and SLP-Assistants that are under Board supervision. On September 30 of each year, the population of Board Supervised Licensees were as follows:

<u>Year</u>	<u>Number of SLP's</u>	<u>Number of SLP-Assistants</u>
2025	9,303	541
2024	9,151	507
2023	8,809	478
2022	8,689	419
2021	8,531	393

The analysis uses the current population of 541 SLP-Assistants figure as its primary baseline for estimating impacts, but all future SLP licensees and SLP-Assistants will also be subject to these supervision and documentation requirements as they enter practice. The Board's licensee population has shown growth and this trend is expected to continue. From 2021-2022 there was a 6.2% increase in SLP-Assistants; from 2022-2023 there was a 12.3% increase in SLP-Assistants; from 2023-2024 there was a 5.7% increase in SLP-Assistants; from 2024-2025 there was a 6.3% increase in SLP-Assistants. From 2021-2025 there was an overall increase in SLP-Assistants of 27.4%.

Medicaid is used as a proxy for billable hourly rates because private insurance and private-pay reimbursement rates vary by payer and provider and detailed data are not readily available. North Carolina Medicaid reimburses SLP and SLP-Assistant services at \$66.89 per half-hour session, or \$133.78 per hour. Private insurance rates are expected, on average, to be higher than Medicaid, so the Medicaid rate likely yields a low estimate of billable value.

For purposes of estimating annual supervision cost per SLP, the analysis assumes 52 weeks of potential billable services per year, recognizing that this likely overstates actual cost because it does not account for vacation or other non-billable time.

5. Economic Impact – Supervision Time

5.1 Cost of One Hour of Supervision per Week

If a supervising SLP devotes one hour per week to supervision that displaces otherwise billable services – an opportunity cost of \$133.78/hour at the Medicaid proxy rate -- the annual cost is:

- $\$133.78 \text{ (per hour)} \times 52 \text{ weeks} = \$6,956.56 \text{ per year per SLP-Assistant.}$

Under the proposed rule, a full-time SLP-Assistant must receive 12 hours of supervision over 90 days, equivalent to approximately 0.923 hours per week. Applying this factor:

- $\$6,956.56 \times 0.923 \approx \$6,420.91$ per year in supervision time per SLP-Assistant if all supervision displaced billable time.

5.2 Adjusting for Existing Supervision

SLPs are already required to provide supervision under N.C. Gen. Stat. § 90-298.1, and many are expected to be meeting or exceeding the proposed minimum in current practice. To reflect this, the analysis considers a sliding scale of the percentage of the amended requirement already being provided (10% to 90%), and calculates the incremental cost of moving up to 100% of the proposed minimum.

The table below illustrates the reduction in incremental annual impact as existing supervision approaches the proposed standard.

<u>Percent of Amended Requirement Already Provided</u>	<u>Number of Minutes per Week (Approx.)</u>	<u>Annual Incremental Cost per SLP-Assistant (Reduction from \$6,420.91)</u>
10%	5.54	\$642.09
20%	11.08	\$1,284.18
30%	16.61	\$1,926.27
40%	22.15	\$2,568.36
50%	27.69	\$3,210.46
60%	33.23	\$3,852.55
70%	38.77	\$4,494.64
80%	44.3	\$5,136.73
90%	49.84	\$5,778.82
100%	55.38	<u>\$6,420.91</u>

If an SLP is already providing 100% of the proposed supervision requirement, the incremental impact of the rule is zero for that SLP.

5.3 Focused Scenario – Assistants with Inadequate Supervision

The Board regularly receives and investigates consumer complaints stemming from SLP-Assistant misconduct, which is presumed to be largely due to lack of SLP supervision. The following information is based on the year the complaint was received, but the outcomes may not necessarily occur in the same year as the complaint.

<u>Year</u>	<u>Number of Complaints</u>	<u>SLP-Assistant Complaints</u>
2025	26	7
2024	16	4
2023	17	3
2022	27	10

Complaints data suggest that only a small subset of SLP-Assistants are likely to be receiving significantly less supervision than contemplated by the rule.

One scenario is to assume that complaints are received for approximately 2% of SLP-Assistants per year and that those supervisors are providing only 20% of the proposed minimum supervision. In that case, these supervisors would need to increase supervision by 80% of the 12-hour requirement over each 90-day period.

Under this scenario, the incremental annual supervision cost per affected SLP-Assistant is approximately \$5,136 (the 80% row in the table). For roughly 11 SLP-Assistants (2% of 541), the aggregate cost would be about \$56,507 per year. This estimate is likely somewhat low because not all under-supervised assistants may generate complaints, and the Medicaid-based rate likely understates supervisory opportunity cost, where private insurance or private pay rates are higher. As such, the \$56,500 per year focused scenario is best interpreted as an upper-bound estimate of supervision-related incremental costs under current conditions.

The average cost per complaint, including legal counsel, in-office personnel time, investigator time, and Board per diem is \$3,600 per complaint. At 11 SLP-Assistant complaints per year, the approximate total cost for Board enforcement would be \$39,600 per year.

Licensee comments and complaint patterns suggest that most SLP's are already providing supervision at or above the levels proposed in the amended rule. The amended rule codifies these common practices as a clear minimum standard, consistent with supervision norms across the southeastern United States. The Board anticipates that the amended rule will provide greater supervision of SLP-Assistants resulting in fewer consumer complaints and better client outcomes.

5.4 Sensitivity to Higher Billable Rates

The supervision cost estimates above are based on the Medicaid reimbursement proxy of \$133.78 per hour. Because many private-sector SLPs serve clients covered by private insurance or private pay, actual billable rates may be higher, which would proportionally increase the value of time spent on supervision.

To illustrate this sensitivity, if billable rates were 25% or 50% higher than the Medicaid proxy, the estimated annual cost of 12 hours of supervision per 90-day period for a full-time SLP-Assistant would scale as follows:

- At \$167.23 per hour (25% higher), the annual supervision cost equivalent to the proposed standard (0.923 hours per week) would be approximately \$8,026 per assistant ($\$167.23 \times 52 \times 0.923$).
- At \$200.67 per hour (50% higher), the annual supervision cost at the proposed standard would be approximately \$9,631 per assistant ($\$200.67 \times 52 \times 0.923$).

Similarly, the incremental cost for an SLP who must increase supervision from 20% to 100% of the proposed standard (the 80% scenario in Section 5.3) would increase from about \$5,137

per assistant per year at the Medicaid proxy rate to roughly \$6,421 at a 25% higher rate, and \$7,706 dollars at a 50% higher rate. These sensitivities illustrate that, in higher-rate settings, supervision-related costs and benefits (measured in foregone billable time) will be correspondingly larger.

5.5 Sensitivity to Higher Shares of Under-Supervised Assistants

The focused scenario in Section 5.3 assumes that 2% of SLP-Assistants (approximately 11 out of 541) are receiving only 20% of the proposed supervision standard and must increase supervision to 100%. To examine how the total impact changes if a larger share of assistants fall into this category, the same per-assistant incremental cost (approximately \$5,137 per year at the Medicaid rate) can be applied to different percentages:

- At 5% of assistants (about 27 individuals), the incremental supervision cost would be roughly \$139,000 per year.
- At 10% of assistants (about 54 individuals), the incremental supervision cost would be roughly \$278,000 per year.
- At 20% of assistants (about 108 individuals), the incremental supervision cost would be roughly \$557,000 per year.

These scenarios show that, if a larger portion of assistants is currently significantly under-supervised, total supervision-related costs could grow accordingly. The scenarios also imply that the potential benefits, of avoided client harm and reduced complaint and enforcement costs, would likely be larger in such scenarios, because more assistants would be moving from inadequate to adequate supervision.

5.6 Sensitivity to Mixed Supervision Patterns

In practice, SLP-Assistants are unlikely to fall neatly into a single category of “fully supervised” or “20% supervised.” Some may already be closer to the proposed standard. To illustrate, consider a mixed scenario in which:

- 2% of assistants (about 11 individuals) are currently at 20% of the proposed supervision standard and must increase by 80%; and
- An additional share (for example, 10% of assistants, or about 54 individuals) are currently at 50% of the standard and must increase by 50%.

In this example, the 2% group would each incur the higher incremental cost (approximately \$5,137 per assistant per year at Medicaid rates), while the 10% group would incur a lower incremental cost corresponding to the 50% scenario in the sliding-scale table (approximately \$3,210 per assistant per year). Multiplying those per-assistant figures by the number of affected assistants yields a total incremental supervision cost that falls between the 2% and 20% scenarios described in Section 5.5.

This type of mixed pattern is likely more realistic than assuming all under-supervised

assistants are at the same starting level, further underscoring that total supervision-related costs and associated benefits from improved supervision will depend heavily on how many assistants are currently below the proposed standard and by how much.

6. Economic Impact – Administrative Tasks and Paperwork

6.1 New or Clarified Administrative Requirements

The amended rule formalizes several administrative activities that may involve additional time for some SLPs:

- Completing and updating the target behavior forms every 90 days.
- Conducting and documenting competency evaluations using Form D.
- Reviewing and approving SLP-Assistant documentation at least every 30 days.

These activities are largely consistent with existing expectations for supervision, but they are now more clearly specified, standardized, and time-bound in rule.

6.2 Estimated Administrative Burden

For purposes of this analysis, the Board assumes that the clarified paperwork and administrative requirements will add modest, incremental time for supervising SLPs beyond current practice. Specifically, per SLP-Assistant:

- Target behavior review and recertification at least every 90 days is assumed to require an additional 10 minutes per quarter (0.16 hours) per patient, for a total of 0.68 hours per year, per patient. Each SLP-Assistant is estimated to have 35 patients under their care. The current rule requires SLP's to complete one target behavior review per patient per year, or 35 reviews total. Under the new rule, SLPs will complete four reviews per patient, or 140 reviews per year. At 10 minutes per review, this equals 23.33 hours annually. However, because one annual review is already required, the new rule adds only 17.5 additional hours per SLP per year.
- Completion of the Competency Rating Scale (Form D) is assumed to require 30 minutes per quarter (0.5 hours), for a total of 2.0 hours per year.
- The requirement to review and approve SLP-Assistant documentation at least every 30 days is assumed to require an additional 15 minutes per month (0.25 hours), for a total of 3.0 hours per year.

Under these assumptions, the clarified administrative requirements represent approximately 22.5 additional hours of SLP time per assistant per year. Using the Medicaid reimbursement proxy of \$133.78 per hour, this equates to an estimated annual administrative cost of about \$3,010.05 per SLP-Assistant (22.5 hours × \$133.78). This estimate is intentionally conservative and likely an upper bound on incremental administrative opportunity cost because:

- Many supervising SLPs already perform comparable reviews as part of good practice,

- meaning the incremental time spent due solely to the rule will be lower; and
- Some portion of these administrative tasks can be completed within the indirect supervision hours already required by the rule, rather than displacing additional billable sessions.

Aggregated across 541 SLP-Assistants, this upper-bound estimate would be approximately \$1.6M per year. In practice, however, the Board expects that only a fraction of the 22.5 hours per assistant per year will represent truly new time attributable to the rule amendments, with the remainder formalizing existing good practice activities.

7. State Government Impact

The Board is a state agency, and the rule will affect its operations by potentially reducing complaint volume and enforcement workload related to inadequate supervision over time.

In addition, some licensed SLPs and SLP-Assistants affected by the rule are employees of state agencies, including public schools and other state-operated programs. For these state employers, the rule may result in scheduling adjustments and some allocation of staff time to meet supervision and documentation requirements; these costs are expected to be modest and largely embedded within existing staffing and service delivery structures.

8. Local Government Impact

Local governments, particularly local education agencies (LEAs) and county programs, employ SLPs and SLP-Assistants who will be subject to the rule's supervision and documentation requirements. For these entities, the primary impact is the need to ensure that supervising SLPs have sufficient time in their schedules to meet the minimum supervision and documentation standards.

The rule does not impose new fees or payments on local governments. Any fiscal effect is expected to arise from staff time allocation and potential adjustments to caseloads or staffing patterns, which are anticipated to be minimal and consistent with the overarching goal of ensuring safe and effective service delivery.

9. Private Sector Impact

The rule primarily affects private sector SLPs and SLP-Assistants in clinics, hospitals, private practices, and other non-governmental settings. It will:

- Codify minimum supervision hours for SLP-Assistants.
- Standardize expectations for target behavior review, competency evaluation, and documentation review.
- Introduce some additional administrative tasks related to forms and recordkeeping.

On the cost side, private-sector SLPs may experience:

- **Incremental supervision time** (an opportunity cost of foregone billable services) where current supervision is below the proposed minimum. For the subset of SLP-Assistants whose supervisors are significantly increasing supervision to meet the rule, the incremental cost could be approximately \$5,000 - \$6,000 per assistant per year when valued at the Medicaid reimbursement proxy of \$133.78 per billable hour. However, complaint data and licensee feedback suggest that many SLPs are already meeting or exceeding the proposed standard, so this higher cost is expected to apply only to a relatively small share of licensees and represents an upper-bound estimate for those practices that are currently well below the proposed supervision standard.
- **Incremental administrative time** (an opportunity cost of foregone billable services) for activities such as updating target behavior forms every 90 days, completing the Competency Rating Scale (Form D), and reviewing and approving SLP-Assistant documentation at least every 30 days. Using conservative assumptions, these clarified requirements are estimated to add about 22.5 hours of SLP time per assistant per year. Valued at the Medicaid proxy rate, this equates to approximately \$3,010 per SLP-Assistant per year (22.5 hours × \$133.78). This time estimate is likely an upper bound, as many SLPs already perform similar tasks and can complete them within the indirect supervision time required by the rule, rather than displacing additional billable sessions. In the Board's expected scenario, only a portion of this estimated time is truly incremental, because much of the work formalizes existing supervision and documentation practices and can be completed within indirect supervision hours.

Taken together, the combined supervision and administrative impacts on the private sector will depend on each practice's baseline. In practices serving primarily privately insured or private-pay clients, where billable rates are higher than Medicaid, the dollar value of supervision and administrative time could be proportionally higher than the Medicaid-based estimates shown in this analysis. Practices already operating at or above the proposed supervision and documentation standards may see little to no incremental cost, while practices that must increase supervision and formalize paperwork may face higher, but still manageable, costs. These costs are partially offset by anticipated qualitative benefits to the private sector, including clearer expectations for supervisors and assistants, more consistent supervision practices, and a lower risk of supervision-related complaints, client harm, and associated legal or reputational costs. In addition, the incremental increase in administrative time will overlap with the SLP's time providing indirect supervision of the SLP-Assistant.

In settings where billable rates are higher than Medicaid (for example, private insurance), supervision and administrative costs could be 25-50% higher than the dollar figures presented here, though the underlying hours of supervision do not change.

Pass-through effects are expected to be minimal. Supervision costs are internalized by SLPs (whose time is already compensated via billable rates), with no evidence of wage pressure on assistants. SLP oversight enables SLP-Assistant caseloads (billable therapy hours that fund practices/LEAs). The 0.9 hours/week supervision minimum represents less than 3% of a 40-hour workweek and qualifies as indirect supervision, so service availability remains

unaffected.

10. Benefits

The primary intended benefits of the proposed rule are improvements in quality of care, reductions in negative client outcomes, and clearer expectations for SLPs and SLP-Assistants. While these benefits cannot be quantified with certainty, complaint and enforcement data provide evidence that inadequate supervision can lead to client harm and Board enforcement costs.

In 2024, the Board investigated 14 complaints and took disciplinary action against two licensees, resulting in two suspensions or revocations. In 2025, the Board investigated 34 complaints, seven of which involved SLP-Assistants; the Board suspended three SLP-Assistant registrations and issued six letters of instruction. The average cost per complaint, including legal counsel, staff time, investigator time, and Board per diems, is estimated at approximately \$3,600, resulting in a total enforcement cost of about \$25,200 for the seven SLP-Assistant complaints in 2025. If we assume an average of 11 SLP-Assistant complaints per year going forward, the approximate total cost for Board enforcement would be \$39,600 per year. A reduction of eight complaints per year (from 11 to 3) would yield an estimated enforcement cost savings of about \$28,800 annually (NPV $\approx$ \$116,000 over five years at a 7% discount rate).

Drawing on the agency's experience administering the licensure program, complaints involving SLP-Assistants typically arise in situations where supervising SLPs have limited visibility into day-to-day service delivery. The amended rule addresses this gap by requiring minimum direct and indirect supervision hours over each 90-day period, periodic target behavior review, standardized competency evaluation (Form D), and regular documentation review. These requirements are not primarily about increasing total hours of contact, but about ensuring **structured, predictable supervision and documentation**, which gives supervisors more opportunities to identify and correct performance issues before they result in client harm or complaints. For the relatively small subset of assistants who are currently under-supervised, moving from informal or sporadic oversight to a clear schedule of check-ins and documentation reviews is one plausible pathway to improve performance and reduce supervision-related complaints over time, even if the incremental opportunity cost per supervisor is modest.

Each avoided supervision-related incident could also save thousands to hundreds of thousands of dollars in potential employer liability (litigation or settlements for employers) plus lost productivity for families and schools from delayed therapy progress. With 541 assistants and 2-10% potentially under-supervised (per complaint data and sensitivity analysis), this creates substantial potential for avoided costs that meaningfully offset rule impacts, although the frequency, severity, and precise dollar value of such incidents remain inherently uncertain and will vary from year to year. Other unquantified benefits include greater clarity and transparency for SLPs and SLP-Assistants regarding supervision expectations, increased support of supervising SLP's in SLP-Assistant's goals, more consistent supervision practices across employment settings, improved alignment with supervision standards in other southeastern states, and enhanced protection for clients, particularly vulnerable or medically fragile populations.

The Board anticipates that explicit minimum supervision standards, regular target behavior review, and standardized competency and documentation review will reduce the frequency and severity of supervision-related complaints over time. However, the Board cannot definitively state that the rule will reduce complaints or improve outcomes by a specific amount, and the realized benefits will depend on how licensees implement and sustain the new requirements.

11. Alternatives Considered

Potential alternatives include:

- **No rule change (status quo):** Under this option, the Board would continue to rely on existing statute and general supervision language in rule without specifying a minimum number of supervision hours or explicit documentation and competency requirements. This alternative was rejected because recent complaint experience demonstrates that a lack of clear baseline expectations allows significant variation in supervision practices, including cases of inadequate supervision that have contributed to client harm and Board disciplinary actions. Maintaining the status quo would not address these identified risks or provide needed clarity to licensees.
- **Higher minimum supervision hours:** The Board considered requiring a higher minimum than 12 hours of supervision per 90 days for full-time SLP-Assistants. A higher standard could potentially provide additional protections but would also increase supervision-related costs, limit flexibility in staffing and scheduling, and move North Carolina beyond what is typical in the southeastern region. Given the absence of evidence that a higher numeric minimum would materially improve outcomes beyond those expected from the proposed standard, the Board concluded that this option would impose additional cost without a commensurate demonstrated benefit.
- **Lower minimum supervision hours:** The Board also considered setting a lower minimum supervision hour requirement, or adopting qualitative guidance (e.g., “adequate” or “appropriate” supervision) without specific numeric thresholds. A lower minimum could reduce opportunity costs, but it would not sufficiently address the supervision concerns reflected in recent complaints and would not align with the supervision levels observed in neighboring states. Qualitative guidance alone would not give licensees or the public a clear, enforceable benchmark.
- **Non-regulatory approaches (education and guidance):** As another alternative, the Board could have relied solely on non-binding guidance, training, or educational materials to encourage stronger supervision practices. Although the Board may continue to use these tools, it determined that guidance alone, without a clear minimum standard in rule, would not reliably prevent inadequate supervision or provide a consistent basis for enforcement.
- **Continuing Education:** The Board considered increasing the continuing education requirement outlined in 21 NCAC 64 .0218. Currently, SLPs are required to attend 30 hours of continuing education within 3 years. The Board considered increasing this amount for all SLPs or requiring SLP-Supervisors to attend supervisor specific

training. In addition, the Board considered requiring SLP-Assistants to attend minimum amount of continuing education. SLP-Assistants do not currently have a continuing education requirement, but are required to participate in continuing competence training, per 21 NCAC 64 .1005. Although the Board may continue to review continuing educational guidelines, it determined that education without supervision standards, would not reliably promote an increase in supervision or allow for consistent enforcement.

After weighing these options, the Board selected the proposed approach as a balance between improving supervision and client protection while allowing flexibility for licensees to structure supervision within their practice settings. The proposed approach establishes a clear, enforceable minimum standard for supervision and aligns broadly with regional norms and existing practice for many licensees.

12. Substantial Economic Impact and Net Present Value Analysis

Under N.C. Gen. Stat. § 150B-21.4(b1), "substantial economic impact" means an aggregate financial impact (*costs plus benefits*) of at least \$1,000,000 in a five-year period on all persons affected by the rule. The analysis therefore considers both estimated costs and potential benefits, recognizing that some impacts are inherently qualitative or uncertain.

The rule may generate two main opportunity costs: supervision time for the subset of 541 SLP-Assistants currently supervised below the proposed minimum (Section 5), and administrative time for target behavior reviews, Form D competency evaluations, and 30-day documentation review (Section 6).

Using the focused scenario where 2% of assistants (11 individuals) increase from 20% to 100% supervision, the incremental supervision cost is \$56,500/year. The estimated upper-bound administrative cost across all 541 assistants is \$1,628,000/year (22.5 hours per assistant at \$133.78/hour), but this assumes all of the clarified administrative time is new and displaces billable services. Licensee feedback and complaint patterns suggest that many supervising SLPs already perform most of these activities as good practice and can complete them within the indirect supervision hours required by the rule, so the average incremental administrative time is expected to be substantially lower.

As a realistic, but still conservative expected scenario, the Board assumes that:

- approximately 2% of assistants require substantial increases in supervision; and
- only 25% of the clarified administrative time represents truly incremental opportunity cost on average.

Under these assumptions, total incremental costs are approximately \$465,000 per year (about \$56,500 in supervision + \$407,000 in administrative time). This yields a 5-year new present value (NPV) of roughly \$1.9M at a 7% discount rate. For comparison, a more conservative upper-bound scenario, in which half of the administrative time is incremental, would result in annual costs of about \$856,000 and a 5-year NPV of approximately \$3.5 million. The Board

regards the \$465,000/year scenario as the most reasonable expectation, with higher figures representing deliberate upper bounds that likely overstate the true incremental impact because of existing supervision practices and administrative overlap with indirect supervision.

On the benefit side, the rule is expected to reduce supervision-related complaints, avoid some client harm, improve service quality, and lower employer risk exposure. Complaint data indicates that each SLP-Assistant complaint currently costs the Board about \$3,600 in legal counsel, staff time, investigator time, and Board per diems. A reduction of roughly eight complaints per year would yield Board enforcement savings of about \$28,800 annually (NPV $\approx$ \$116,000 over five years at a 7% discount rate). In addition, each avoided supervision-related incident at the practice level could save thousands to hundreds of thousands of dollars in potential liability and productivity losses, though the frequency, severity, and precise dollar value of such incidents are inherently uncertain and will vary from year to year.

Taken together, the expected cost range (centered around the \$1.9 million 5-year NPV scenario) and the combination of quantified enforcement savings and unquantified benefits (improved outcomes, reduced liability exposure, and clearer supervision expectations) make it likely that total costs plus benefits exceed \$1 million over five years. Because the Board's licensee population has been growing at approximately 5-6% per year and could reach 600-700 SLP-Assistants over the analysis period, both the costs and the associated benefits are likely to scale upward over time, so the NPV figures presented here should be viewed as conservative with respect to future growth.

13. Summary

The proposed amendments to 21 NCAC 64 .1003 clarify and codify the Board's expectations for SLP supervision of SLP-Assistants, including minimum supervision hours, periodic target behavior review, standardized competency evaluation, and regular documentation review. These changes are designed to enhance client protection, align North Carolina's standards with regional norms, and provide greater transparency and consistency in supervision practices across employment settings.

Most SLPs are expected to be at or near the proposed supervision standard already, so the incremental opportunity costs (foregone billable time) will primarily affect a relatively small subset of licensees currently providing substantially less supervision. Administrative and documentation-related impacts are expected to be modest on a per-SLP basis and can often be incorporated into the required indirect supervision time.

The Board anticipates that the rule will support better supervision, reduce supervision-related complaints and enforcement costs over time, and improve client outcomes. Using the current population of 541 SLP-Assistants as baseline (up 27.4% since 2021, growing 5-6% annually), the affected population could reach 600-700 over five years, proportionally scaling both costs

and benefits.

Expected opportunity costs (\$1.9M, 5-yr NPV) best represent the Board's expected impact, reflecting realistic (though likely still conservative) assumptions about current compliance and administrative overlap. For illustrative purposes, this equates to approximately \$860 per SLP-Assistant per year when spread evenly across the current population of 541 assistants (about 6.4 hours of SLP time at the Medicaid proxy rate of \$133.78/hour). In practice, new supervision costs will concentrate primarily among the smaller subset needing substantial increases, while administrative costs apply more broadly. The higher NPV figure (up to \$3.5M) reflects deliberate upper-bound assumptions that likely overstate the true incremental burden. The Board anticipates that the quantified enforcement savings plus unquantified benefits (better client outcomes, liability avoidance) will justify these opportunity costs across all scenarios, though precise magnitude and timing remain uncertain.

21 NCAC 64 .1003 is proposed for amendment as follows:

21 NCAC 64 .1003 LICENSEE REQUIREMENTS

- (a) Licensees who register an Assistant must have held a current, permanent license in North Carolina for two years or equivalent qualifications from another state. Temporary license holders shall not register Assistants.
- (b) Licensees who register an Assistant must demonstrate understanding of the ~~basic~~ elements of the registration and supervision process (scope of practice, ethics, written protocols, record keeping), and satisfactorily complete a knowledge demonstration on the registration/supervision process.
- (c) Licensees must submit the application and annual fee for registration of the Assistant to the ~~Board~~. Board, as required in Rule .1002(e) of this Section.
- (d) Licensees must assure that patients are informed when services are being provided by an ~~Assistant~~. an Assistant through the following methods:
 - (1) The Assistant must wear a badge that includes the job title: "SLP-Assistant."
 - (2) When services are to be rendered by an Assistant, the patient or family must be informed in writing. This notification form must be kept on file in the patient's chart, indicating the patient's name and date notified.
- (e) Tasks that are within the scope of responsibilities for an Assistant are listed in Rules .1004 and .1005 of this Section. The standards for all patient services provided by the Assistant are the full responsibility of the Supervising Licensee as defined in Rule .1001(b) and cannot be delegated. Therefore, the assignment of tasks and the amount and type of supervision must be determined by the Supervising Licensee to ensure quality of care considering: the skills of the Assistant, needs of the patient, the service-setting, the tasks assigned, and any other relevant factors.
 - (1) Before assigning a treatment tasks to an Assistant, the Primary Supervising Licensee must have first evaluated the patient, written a general treatment plan, and provided the Assistant with a written session protocol specifying the following for patient behaviors:
 - (A) eliciting conditions;
 - (B) target behavior; and
 - (C) contingent response.
 - (2) The Primary Supervising Licensee must document the Assistant's reliable and effective application of the treatment protocol with each patient. Each time a new protocol is introduced, the Supervising Licensee must assure and document that the Assistant is utilizing all three protocol elements (A, B, C) effectively.
 - (3) For every patient encounter (screening or treatment) in which an Assistant provides service, there must be legible signatures of the Assistant and one Supervising Licensee.
 - (4) These signed and dated patient encounter records must be retained as part of the patient's file for the time period specified in Rule .0209 of this Chapter and may be requested by the Board.
 - (5) The Board may do random audits of records to determine compliance with its rules.

- (6) When patient services are being rendered by an Assistant, the Primary Supervising Licensee must be accessible to the Assistant in order to assure that direct observation and supervision can occur when necessary.
- (7) The Primary Supervising Licensee shall provide direct supervision for each patient for whom the Assistant is providing services. Every 60~~90~~ days the Primary Supervising Licensee shall update and recertify the target behavior form. The Primary Supervising Licensee shall provide a minimum of six (6) hours of direct supervision such as observation of in-person or recorded therapy sessions, co-treatment with the Assistant, and/or modeling therapy techniques during a session. ~~And~~ six (6) hours of indirect supervision such as reviewing therapy notes, lesson planning, phone calls/emails, and/or providing written feedback every 90 days for each full-time Assistant under their supervision. For a part-time Speech-Language Pathology Assistant, the Primary Supervising Licensee shall provide a minimum of three (3) hours of direct supervision such as observation of in-person or recorded therapy sessions, co-treatment with the Assistant, and/or modeling therapy techniques during a session. ~~And~~ three (3) hours of indirect supervision, such as reviewing therapy notes, lesson planning, phone calls/emails, and/or providing written feedback every 90 days. The dates and amount of supervision provided shall be documented, dated, and ~~maintained in the Speech-Language Pathology Assistant's supervision file.~~ available upon Board request.
- (8) The Primary Supervising Licensee shall complete and maintain a Competency Rating Scale ("Form D") for each Assistant on a form prescribed by the Board that is available on the Board's website. The Primary Supervising Licensee shall record on the Form D his or her observations regarding the Assistant's skills, as set forth in this Rule. The Primary Supervising Licensee shall update the Form D through routine observation, feedback, and performance evaluation sessions. The Form D shall be available for Board review upon request. The Primary Supervising Licensee shall provide written feedback to each Assistant and provide evidence of written feedback to the Board upon annual registration of the Assistant, the discontinuation of supervision of the Assistant, or upon request by the Board. A completed Form D shall contain the following:
- (A) The name and registration number of the Assistant;
 - (B) The name and license number of the Primary Supervising Licensee;
 - (C) The Primary Supervising Licensee's rating of the Assistant's demonstrated competencies in the following skills:
 - (i) Clerical skills;
 - (ii) Interpersonal skills;
 - (iii) Professional conduct in the work setting;
 - (iv) Technical skills; and

- (v) Other skills decided by the Primary Supervising Licensee as necessary for the work performed by the Assistant.
- (D) The Primary Supervising Licensee's plan to encourage further growth of the Assistant's skills; and
- (E) The dated signature of the Primary Supervising Licensee and the Assistant.
- (9) The Primary Supervising Licensee shall review and approve all documentation prepared by the Assistant at least once every 30 days. This review shall be documented with the date of review and Primary Supervising Licensee's initials or signature. This review shall be maintained in the patient and Assistant supervision records.
- (f) The Primary Supervising Licensee shall assess the Assistant's competencies during the initial 60 days of employment using the performance-based competency assessment and orientation checklist provided by the Board on the Board's website. The Primary Supervising Licensee shall submit the completed checklist ~~shall be submitted to the Board within 90 days of registration. A~~ Each time the Primary Supervising Licensee changes, the successor Primary Supervising Licensee shall complete and file with the Board a new competency checklist ~~must be completed and filed within 90 days each time the primary supervising Licensee changes. following the change in Primary Supervising Licensee.~~
- (g) Any attempt to engage in those activities and responsibilities reserved solely for the Supervising Licensee shall be regarded as the unlicensed practice of speech-language pathology.

History Note: Authority G.S. 90-298.1; 90-304(a)(3);

Eff. July 1, 1998;

Amended Eff. December 1, 2013;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4, 2016. 2016;

Amended Eff. March 1, 2026.

Burgos, Alexander N

Subject: FW: [External] Written Comments and Objections to Rule 21 NCAC 64 .1003
Attachments: 21 NCAC 64 .1003 (rev'd) (FINAL).docx

From: Miller, Christopher S <christopher.miller@oah.nc.gov>
Sent: Tuesday, September 22, 2026 3:30 PM
To: Catherine E. Lee <clee@hedrickgardner.com>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Rules, Oah <oah.rules@oah.nc.gov>; Miller, Christopher S <christopher.miller@oah.nc.gov>
Subject: FW: [External] Written Comments and Objections to Rule 21 NCAC 64 .1003

Thank you. The edits in (f)(1) and (f)(2) resolve my clarity concerns. We will update the final rule version on the agenda with the attached version, and I will be recommending approval of the final rule.

Let me know if you have any questions before next week's meeting.

Best,
Chris

Chris Miller

Rules Review Commission Counsel
North Carolina Office of Administrative Hearings | Rules Division
1711 New Hope Church Road
Raleigh, NC 27609
(984) 236-1935

NOTICE: E-mail correspondence to and from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties by authorized State officials.

21 NCAC 64 .1003 is amended with changes as published in 40:21 NCR 1663-1664 as follows:

21 NCAC 64 .1003 LICENSEE REQUIREMENTS

(a) ~~Licensees who register an Assistant must have held a current, permanent license in North Carolina for two years or equivalent qualifications from another state. Temporary license holders shall not register Assistants. Licensees shall hold a current, permanent license in North Carolina or an equivalent qualification from another state for a minimum of two years, prior to registering an Assistant.~~

(b) ~~Licensees who register an Assistant must demonstrate understanding of the basic elements of the registration and supervision process (scope of practice, ethics, written protocols, record keeping), and satisfactorily complete a knowledge demonstration on the registration/supervision process.~~ Licensees who register an Assistant shall demonstrate understanding of the elements of the registration and supervision process, including scope of practice, ethics, written protocols, and record keeping, by correctly answering at least seven out of ten jurisprudence questions regarding the statutes and rules regulating supervision of Assistants.

(c) Licensees ~~must~~ shall submit the application and annual fee for registration of the Assistant to the ~~Board.~~ Board, as required in Rule .1002(e) of this Section. To register an Assistant, a licensee shall provide the following information to the Board:

- (1) The name, mailing address, phone number, and email address of the Assistant;
- (2) The dates on which the Assistant successfully completed the educational and examination requirements identified in Rule .1002(a) of this Section and whether the Assistant previously has been registered with the Board as an Assistant;
- (2) The Licensee's name, email address, and license number;
- (3) The addresses at which the Licensee will provide supervision to the Assistant and maintain documentation related to supervision;
- (4) The addresses at which the Assistant will provide services;
- (5) The number of Assistants currently supervised by the Licensee;
- (6) Whether the Assistant will provide feeding or swallowing services;
- (7) A sample written session protocol for a hypothetical patient specifying all three protocol elements in Parts (A) through (C) of Subparagraph (c)(1) of this Rule; and
- (8) The Licensee's attestation that:
 - (A) he or she has read the supervision requirements set forth in the rules of this Section;
 - (B) he or she agrees to abide by the supervision requirements set forth in the rules of this Section;
 - (C) he or she accepts responsibility for the professional services provided by the Assistant and will be available to the Assistant while the Assistant is providing services; and
 - (D) the information provided in the application is correct.

(d) Licensees ~~must~~ shall ~~assure~~ ensure that patients are informed when services are being provided by an Assistant. Assistant through the following methods:

- (1) The Assistant ~~must~~ shall wear a badge that includes the job title: "SLP-Assistant."
- (2) When services are to be rendered by an Assistant, the patient or, if the patient is a minor, the patient's legal guardians or family ~~must~~ shall be informed in writing. This notification form ~~must~~ shall be kept on file in the patient's chart, indicating the patient's name and date notified.
- (c) ~~Tasks that are within the scope of responsibilities for an Assistant are listed in Rules .1004 and .1005 of this Section.~~ The standards for all patient services provided by the Assistant ~~are~~ shall be the full responsibility of the Supervising Licensee as defined in Rule .1001(b) and ~~cannot~~ shall not be delegated. Therefore, the assignment of tasks ~~and the amount and type of supervision~~ must shall be determined by the Supervising Licensee to ensure quality of care considering: the skills of the Assistant, needs of the patient, the service-setting, the tasks assigned, and any other relevant factors.
- (1) Before assigning ~~a~~ treatment tasks to an Assistant, the Primary Supervising Licensee ~~must have~~ shall first ~~evaluated~~ evaluate the patient, ~~written~~ prepare a general treatment plan, and ~~provided~~ provide the Assistant with a written session protocol specifying the following for patient behaviors:
- (A) eliciting conditions;
- (B) target behavior; and
- (C) contingent response.
- (2) The Primary Supervising Licensee ~~must~~ shall document the Assistant's ~~reliable and effective~~ application of the treatment protocol with each patient. Each time a new protocol is introduced, the Primary Supervising Licensee ~~must assure~~ shall ensure and document that the Assistant is utilizing ~~all three protocol elements (A, B, C) effectively.~~ all three protocol elements in Parts (A) through (C) of Subparagraph (c)(1) of this Rule.
- (3) For every ~~record created that documents~~ a patient encounter ~~for screening or treatment (screening or treatment)~~ in which an Assistant provides service, there ~~must~~ shall be legible signatures of the Assistant and one Supervising Licensee.
- (4) These signed and dated patient encounter records ~~must~~ shall be retained as part of the patient's file for the time period specified in Rule .0209 of this Chapter and may be requested by the Board.
- (5) ~~The Board may do random audits of records to determine compliance with its rules.~~ Upon receipt of evidence tending to show that a violation of this Section may have occurred, the Board may issue subpoenas to audit records related to the supervision of an Assistant.
- ~~(6) When patient services are being rendered by an Assistant, the [Primary] Supervising Licensee must be accessible to the Assistant in order to assure that direct observation and supervision can occur when necessary.~~
- ~~[(7)]~~
- ~~(f) [The Primary Supervising Licensee shall provide direct supervision for each patient for whom the Assistant is providing services. Every 90 days the Primary Supervising Licensee shall update and recertify the target behavior form. Every 90 days,] In the 90-day period following the Assistant's registration and in every 90-day period thereafter while the Assistant is registered, the Primary Supervising Licensee shall: [provide]~~

(1) Provide to each full-time Assistant under his or her supervision who works on average 30 or more hours per week a minimum of six ~~[(6)]~~ hours of direct supervision and six ~~[(6)]~~ hours of indirect ~~[supervision.]~~ supervision; ~~[Every 90 days, the Primary Supervising Licensee shall provide]~~

(2) Provide to each part-time Assistant under his or her supervision who works on average less than 30 hours per week a minimum of three ~~[(3)]~~ hours of direct supervision and three ~~[(3)]~~ hours of indirect ~~[supervision.]~~ supervision; and

(3) Update and sign a written treatment plan that documents each patient's short-term goals, skilled intervention, eliciting conditions, target behaviors, and contingent responses.

(g) Activities that provide direct supervision include observing in-person or recorded therapy sessions by the Assistant, providing co-treatment with the Assistant, or modeling therapy techniques during a session with the Assistant. Activities that provide indirect supervision include reviewing therapy notes prepared by the Assistant, lesson planning for the Assistant, communicating with the Assistant about sessions by telephone or email, or providing written feedback to the Assistant about ~~[session.]~~ sessions. The dates and amount of supervision provided shall be documented, dated, and made available upon Board request.

~~[(8)]~~

(h) The Primary Supervising Licensee shall complete and maintain a Competency Rating Scale, entitled "Form D," ~~[Scale ("Form D")]~~ for each Assistant on a form prescribed by the Board that is available on the Board's website. The Primary Supervising Licensee shall record on the Form D his or her observations regarding the Assistant's skills, as set forth in this Rule. The Primary Supervising Licensee shall update the Form D through ~~[routine]~~ observation, feedback, and performance evaluation sessions. The Form D shall be made available for Board review upon request. The Primary Supervising Licensee shall provide written feedback to each Assistant and provide evidence of written feedback to the Board upon annual registration of the Assistant, the discontinuation of supervision of the Assistant, or upon request by the Board.

(i) A completed Form D shall contain the following:

~~[(A)]~~ (1) The name and registration number of the Assistant;

~~[(B)]~~ (2) The name and license number of the Primary Supervising Licensee;

~~[(C)]~~ (3) The Primary Supervising Licensee's rating of the Assistant's demonstrated competencies in the following skills:

~~[(i)]~~ (A) Clerical skills;

~~[(ii)]~~ (B) Interpersonal skills;

~~[(iii)]~~ (C) Professional conduct in the work setting;

~~[(iv)]~~ (D) Technical skills; and

~~[(v)]~~ (E) Other skills decided by the Primary Supervising Licensee as necessary for the work performed by the Assistant.

~~[(D)]~~ (4) The Primary Supervising Licensee's plan to encourage further growth of the Assistant's skills; and

~~[(E)]~~ (5) The dated signature of the Primary Supervising Licensee and the Assistant.

~~[(9)]~~

(j) The Primary Supervising Licensee shall review and approve all documentation prepared by the Assistant related to the provision of services for patients at least once every 30 days. This review shall be documented with the date of review and Primary Supervising Licensee's initials or signature. This review shall be maintained in the patient and Assistant supervision records.

(k) The Primary Supervising Licensee shall assess the Assistant's competencies during the initial 60 days of employment using the performance-based competency assessment and orientation checklist provided by the Board on the Board's website. The Primary Supervising Licensee shall submit the completed checklist ~~shall be submitted~~ to the Board within 90 days of registration. ~~A Each time the Primary Supervising Licensee changes, the successor Primary Supervising Licensee shall complete and file with the Board a new competency checklist must be completed and filed within 90 days each time the primary supervising Licensee changes.~~ following the change in Primary Supervising Licensee. In completing the checklist, the Primary Supervising Licensee shall provide the following assessment to the Board:

- (1) whether the Assistant has completed a Board approved course of study and is currently registered with the Board;
- (2) whether the Assistant has completed an employment orientation at all sites where he or she will provide services;
- (3) whether the Assistant knows and understands the Board rules governing Assistants;
- (4) whether the Primary Supervising Licensee has informed the Assistant of the overall scope of his or her duties and responsibilities as an employee;
- (5) whether the Assistant conducts himself or herself in a professional manner with patients, families, caregivers, and staff;
- (6) whether the Assistant identifies himself or herself as an Assistant to patients, families, and caregivers;
- (7) whether the Assistant wears a name tag at all times that identifies himself or herself as an Assistant;
- (8) whether the Assistant provides instructions or explanations of treatment to the patient that are appropriate for the patient's age, developmental level, language use, communication disorder, and level of understanding;
- (9) whether the Assistant has been instructed in the proper administration of the screening instruments or tests and accurately administers these screening instruments;
- (10) whether the Assistant accurately scores and reports the results of screening tests to the Primary Supervising Licensee;
- (11) whether the Assistant prepares treatment or screening materials before the beginning of each treatment or screening session, as directed by the Primary Supervising Licensee, assuring that such materials are appropriate for the patient's age, developmental level, language use, communication disorder, and level of understanding;
- (12) whether the Assistant starts and ends treatment sessions on time and follows the written treatment protocol developed and prescribed by the Primary Supervising Licensee;

1 (13) whether the Assistant utilizes universal precautions and adheres to the infection control procedures
2 and guidelines of the employers; and

3 (14) whether the Assistant uses procedures for the physical management of patients/clients and injury
4 prevention strategies consistent with the employer's policies and with state regulation.

5 (g) Any attempt to engage in those activities and responsibilities reserved solely for the Supervising Licensee shall
6 be regarded as the unlicensed practice of speech language pathology.

7
8 History Note: Authority G.S. 90-298.1; 90-301A; 90-304(a)(1); 90-304(a)(3);

9 Eff. July 1, 1998;

10 Amended Eff. December 1, 2013;

11 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4,
12 2016- 2016;

13 Amended Eff. [September]October 1, 2026.
14
15

Burgos, Alexander N

Subject: FW: [External] Written Comments and Objections to Rule 21 NCAC 64 .1003
Attachments: 21 NCAC 64 .1003 (rev'd) (FINAL).docx

From: Catherine E. Lee <clee@hedrickgardner.com>
Sent: Monday, September 21, 2026 1:54 PM
To: Miller, Christopher S <christopher.miller@oah.nc.gov>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>
Subject: RE: [External] Written Comments and Objections to Rule 21 NCAC 64 .1003

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Thank you for the quick feedback.

While current Rule 21 NCAC 64 .1002(c) defines full-time vs part-time Licensees, the Board agrees that additional clarity will be provided by including a definition for full-time vs part-times Assistants in Rule .1003. Please see attached the revisions made to subparagraph (f)(1) and (f)(2).

You are correct that the terms “written treatment plan” and “plans of care” as used in subparagraph (f)(3) are interchangeable, and the Board believes that this concern has been resolved.

Catherine

Catherine E. Lee | Partner
Hedrick Gardner Kincheloe & Garofalo LLP.
2710 Wycliff Road, Suite 220 | Raleigh, NC 27607
Phone: 919-341-2639 | Fax: +19193412639
clee@hedrickgardner.com | www.hedrickgardner.com



21 NCAC 64 .1003 is amended with changes as published in 40:21 NCR 1663-1664 as follows:

21 NCAC 64 .1003 LICENSEE REQUIREMENTS

(a) ~~Licensees who register an Assistant must have held a current, permanent license in North Carolina for two years or equivalent qualifications from another state. Temporary license holders shall not register Assistants. Licensees shall hold a current, permanent license in North Carolina or an equivalent qualification from another state for a minimum of two years, prior to registering an Assistant.~~

(b) ~~Licensees who register an Assistant must demonstrate understanding of the basic elements of the registration and supervision process (scope of practice, ethics, written protocols, record keeping), and satisfactorily complete a knowledge demonstration on the registration/supervision process.~~ Licensees who register an Assistant shall demonstrate understanding of the elements of the registration and supervision process, including scope of practice, ethics, written protocols, and record keeping, by correctly answering at least seven out of ten jurisprudence questions regarding the statutes and rules regulating supervision of Assistants.

(c) Licensees ~~must~~ shall submit the application and annual fee for registration of the Assistant to the ~~Board.~~ Board, as required in Rule .1002(e) of this Section. To register an Assistant, a licensee shall provide the following information to the Board:

(1) The name, mailing address, phone number, and email address of the Assistant;

(2) The dates on which the Assistant successfully completed the educational and examination requirements identified in Rule .1002(a) of this Section and whether the Assistant previously has been registered with the Board as an Assistant;

(2) The Licensee's name, email address, and license number;

(3) The addresses at which the Licensee will provide supervision to the Assistant and maintain documentation related to supervision;

(4) The addresses at which the Assistant will provide services;

(5) The number of Assistants currently supervised by the Licensee;

(6) Whether the Assistant will provide feeding or swallowing services;

(7) A sample written session protocol for a hypothetical patient specifying all three protocol elements in Parts (A) through (C) of Subparagraph (e)(1) of this Rule; and

(8) The Licensee's attestation that:

(A) he or she has read the supervision requirements set forth in the rules of this Section;

(B) he or she agrees to abide by the supervision requirements set forth in the rules of this Section;

(C) he or she accepts responsibility for the professional services provided by the Assistant and will be available to the Assistant while the Assistant is providing services; and

(D) the information provided in the application is correct.

(d) Licensees ~~must~~ shall ~~assure~~ ensure that patients are informed when services are being provided by an ~~Assistant.~~ Assistant through the following methods:

- (1) The Assistant ~~must~~ shall wear a badge that includes the job title: "SLP-Assistant."
- (2) When services are to be rendered by an Assistant, the patient or, if the patient is a minor, the patient's legal guardians or family ~~must~~ shall be informed in writing. This notification form ~~must~~ shall be kept on file in the patient's chart, indicating the patient's name and date notified.
- (c) ~~Tasks that are within the scope of responsibilities for an Assistant are listed in Rules .1004 and .1005 of this Section.~~ The standards for all patient services provided by the Assistant ~~are~~ shall be the full responsibility of the Supervising Licensee as defined in Rule .1001(b) and ~~cannot~~ shall not be delegated. Therefore, the assignment of tasks ~~and the amount and type of supervision~~ must shall be determined by the Supervising Licensee to ensure quality of care considering: the skills of the Assistant, needs of the patient, the service-setting, the tasks assigned, and any other relevant factors.
- (1) Before assigning ~~a~~ treatment tasks to an Assistant, the Primary Supervising Licensee ~~must have~~ shall first ~~evaluated~~ evaluate the patient, ~~written~~ prepare a general treatment plan, and ~~provided~~ provide the Assistant with a written session protocol specifying the following for patient behaviors:
- (A) eliciting conditions;
- (B) target behavior; and
- (C) contingent response.
- (2) The Primary Supervising Licensee ~~must~~ shall document the Assistant's ~~reliable and effective~~ application of the treatment protocol with each patient. Each time a new protocol is introduced, the Primary Supervising Licensee ~~must assure~~ shall ensure and document that the Assistant is utilizing ~~all three protocol elements (A, B, C) effectively.~~ all three protocol elements in Parts (A) through (C) of Subparagraph (c)(1) of this Rule.
- (3) For every ~~record created that documents~~ a patient encounter ~~for screening or treatment (screening or treatment)~~ in which an Assistant provides service, there ~~must~~ shall be legible signatures of the Assistant and one Supervising Licensee.
- (4) These signed and dated patient encounter records ~~must~~ shall be retained as part of the patient's file for the time period specified in Rule .0209 of this Chapter and may be requested by the Board.
- (5) ~~The Board may do random audits of records to determine compliance with its rules.~~ Upon receipt of evidence tending to show that a violation of this Section may have occurred, the Board may issue subpoenas to audit records related to the supervision of an Assistant.
- ~~(6) When patient services are being rendered by an Assistant, the [Primary] Supervising Licensee must be accessible to the Assistant in order to assure that direct observation and supervision can occur when necessary.~~
- ~~[(7)]~~
- ~~(f) [The Primary Supervising Licensee shall provide direct supervision for each patient for whom the Assistant is providing services. Every 90 days the Primary Supervising Licensee shall update and recertify the target behavior form. Every 90 days,] In the 90-day period following the Assistant's registration and in every 90-day period thereafter while the Assistant is registered, the Primary Supervising Licensee shall: [provide]~~

(1) Provide to each full-time Assistant under his or her supervision who works on average 30 or more hours per week a minimum of six ~~[(6)]~~ hours of direct supervision and six ~~[(6)]~~ hours of indirect ~~[supervision.]~~ supervision; ~~[Every 90 days, the Primary Supervising Licensee shall provide]~~

(2) Provide to each part-time Assistant under his or her supervision who works on average less than 30 hours per week a minimum of three ~~[(3)]~~ hours of direct supervision and three ~~[(3)]~~ hours of indirect ~~[supervision.]~~ supervision; and

(3) Update and sign a written treatment plan that documents each patient's short-term goals, skilled intervention, eliciting conditions, target behaviors, and contingent responses.

(g) Activities that provide direct supervision include observing in-person or recorded therapy sessions by the Assistant, providing co-treatment with the Assistant, or modeling therapy techniques during a session with the Assistant. Activities that provide indirect supervision include reviewing therapy notes prepared by the Assistant, lesson planning for the Assistant, communicating with the Assistant about sessions by telephone or email, or providing written feedback to the Assistant about ~~[session.]~~ sessions. The dates and amount of supervision provided shall be documented, dated, and made available upon Board request.

~~[(8)]~~

(h) The Primary Supervising Licensee shall complete and maintain a Competency Rating Scale, entitled "Form D," ~~[Scale ("Form D")]~~ for each Assistant on a form prescribed by the Board that is available on the Board's website. The Primary Supervising Licensee shall record on the Form D his or her observations regarding the Assistant's skills, as set forth in this Rule. The Primary Supervising Licensee shall update the Form D through ~~[routine]~~ observation, feedback, and performance evaluation sessions. The Form D shall be made available for Board review upon request. The Primary Supervising Licensee shall provide written feedback to each Assistant and provide evidence of written feedback to the Board upon annual registration of the Assistant, the discontinuation of supervision of the Assistant, or upon request by the Board.

(i) A completed Form D shall contain the following:

~~[(A)]~~ (1) The name and registration number of the Assistant;

~~[(B)]~~ (2) The name and license number of the Primary Supervising Licensee;

~~[(C)]~~ (3) The Primary Supervising Licensee's rating of the Assistant's demonstrated competencies in the following skills:

~~[(i)]~~ (A) Clerical skills;

~~[(ii)]~~ (B) Interpersonal skills;

~~[(iii)]~~ (C) Professional conduct in the work setting;

~~[(iv)]~~ (D) Technical skills; and

~~[(v)]~~ (E) Other skills decided by the Primary Supervising Licensee as necessary for the work performed by the Assistant.

~~[(D)]~~ (4) The Primary Supervising Licensee's plan to encourage further growth of the Assistant's skills; and

~~[(E)]~~ (5) The dated signature of the Primary Supervising Licensee and the Assistant.

~~[(9)]~~

1 (j) The Primary Supervising Licensee shall review and approve all documentation prepared by the Assistant related
2 to the provision of services for patients at least once every 30 days. This review shall be documented with the date of
3 review and Primary Supervising Licensee's initials or signature. This review shall be maintained in the patient and
4 Assistant supervision records.

5 (k) The Primary Supervising Licensee shall assess the Assistant's competencies during the initial 60 days of
6 employment using the performance-based competency assessment and orientation checklist provided by the Board on
7 the Board's website. The Primary Supervising Licensee shall submit the completed checklist ~~shall be submitted~~ to the
8 Board within 90 days of registration. ~~A Each time the Primary Supervising Licensee changes, the successor Primary~~
9 ~~Supervising Licensee shall complete and file with the Board a new competency checklist must be completed and filed~~
10 ~~within 90 days each time the primary supervising Licensee changes, following the change in Primary Supervising~~
11 ~~Licensee. In completing the checklist, the Primary Supervising Licensee shall provide the following assessment to~~
12 ~~the Board:~~

- 13 (1) whether the Assistant has completed a Board approved course of study and is currently registered
14 with the Board;
- 15 (2) whether the Assistant has completed an employment orientation at all sites where he or she will
16 provide services;
- 17 (3) whether the Assistant knows and understands the Board rules governing Assistants;
- 18 (4) whether the Primary Supervising Licensee has informed the Assistant of the overall scope of his or
19 her duties and responsibilities as an employee;
- 20 (5) whether the Assistant conducts himself or herself in a professional manner with patients, families,
21 caregivers, and staff;
- 22 (6) whether the Assistant identifies himself or herself as an Assistant to patients, families, and
23 caregivers;
- 24 (7) whether the Assistant wears a name tag at all times that identifies himself or herself as an Assistant;
- 25 (8) whether the Assistant provides instructions or explanations of treatment to the patient that are
26 appropriate for the patient's age, developmental level, language use, communication disorder, and
27 level of understanding;
- 28 (9) whether the Assistant has been instructed in the proper administration of the screening instruments
29 or tests and accurately administers these screening instruments;
- 30 (10) whether the Assistant accurately scores and reports the results of screening tests to the Primary
31 Supervising Licensee;
- 32 (11) whether the Assistant prepares treatment or screening materials before the beginning of each
33 treatment or screening session, as directed by the Primary Supervising Licensee, assuring that such
34 materials are appropriate for the patient's age, developmental level, language use, communication
35 disorder, and level of understanding;
- 36 (12) whether the Assistant starts and ends treatment sessions on time and follows the written treatment
37 protocol developed and prescribed by the Primary Supervising Licensee;

1 (13) whether the Assistant utilizes universal precautions and adheres to the infection control procedures
2 and guidelines of the employers; and

3 (14) whether the Assistant uses procedures for the physical management of patients/clients and injury
4 prevention strategies consistent with the employer's policies and with state regulation.

5 (g) Any attempt to engage in those activities and responsibilities reserved solely for the Supervising Licensee shall
6 be regarded as the unlicensed practice of speech language pathology.

7
8 History Note: Authority G.S. 90-298.1; 90-301A; 90-304(a)(1); 90-304(a)(3);

9 Eff. July 1, 1998;

10 Amended Eff. December 1, 2013;

11 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4,
12 2016- 2016;

13 Amended Eff. [September]October 1, 2026.
14
15

Burgos, Alexander N

Subject: FW: [External] Written Comments and Objections to Rule 21 NCAC 64 .1003
Attachments: 21 NCAC 64 .1003 (rev'd) (FINAL).docx; RRC Comment 9.21.26.pdf

From: Miller, Christopher S <christopher.miller@oah.nc.gov>
Sent: Monday, September 21, 2026 12:08 PM
To: Catherine E. Lee <clee@hedrickgardner.com>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Miller, Christopher S <christopher.miller@oah.nc.gov>
Subject: RE: [External] Written Comments and Objections to Rule 21 NCAC 64 .1003

Hi Catherine,

I do agree that there could be a clarity concern regarding the use of “full-time Assistant” vs. “part-time Assistant” in paragraph (f). Does the Board explain or define the difference anywhere in your rules or statutes? If not, consider adding this to the final rule to explain the difference between the two categories of Assistants.

And regarding the commenter’s concern about the “Plan of Care” – you made amendments to (f) that removed reference to the “Target Behavior Form” and replaced it with added language on a “written treatment plan” for patients in (f)(3). I assume this “written treatment plan” is the same thing as the “Plan of Care”, which would resolve their concern. Is that correct?

Thank you,
Chris

Chris Miller
Rules Review Commission Counsel
North Carolina Office of Administrative Hearings | Rules Division
1711 New Hope Church Road
Raleigh, NC 27609
(984) 236-1935

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Burgos, Alexander N

Subject: FW: [External] Written Comments and Objections to Rule 21 NCAC 64 .1003
Attachments: 21 NCAC 64 .1003 (rev'd) (FINAL).docx; RRC Comment 9.21.26.pdf

From: Catherine E. Lee <clee@hedrickgardner.com>
Sent: Monday, September 21, 2026 11:06 AM
To: Miller, Christopher S <christopher.miller@oah.nc.gov>
Subject: [External] Written Comments and Objections to Rule 21 NCAC 64 .1003

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Mr. Miller – Good morning. The North Carolina Board of Examiners for Speech and Language Pathologists received the attached document this morning from a member of the Board's regulated public. We wanted to make sure that you did not have any further concerns with the final revised amendments to Rule 21 NCAC 64 .1003, in light of the attached comments.

If you have any questions or believe, in RRC Staff opinion, that further revisions to the Rule may be needed, I'd appreciate you letting me know.

Catherine

Catherine E. Lee | Partner
Hedrick Gardner Kincheloe & Garofalo LLP.
2710 Wycliff Road, Suite 220 | Raleigh, NC 27607
Phone: 919-341-2639 | Fax: +19193412639
clee@hedrickgardner.com | www.hedrickgardner.com



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Email correspondence to and from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized state official.

21 NCAC 64 .1003 is amended with changes as published in 40:21 NCR 1663-1664 as follows:

21 NCAC 64 .1003 LICENSEE REQUIREMENTS

(a) ~~Licensees who register an Assistant must have held a current, permanent license in North Carolina for two years or equivalent qualifications from another state. Temporary license holders shall not register Assistants. Licensees shall hold a current, permanent license in North Carolina or an equivalent qualification from another state for a minimum of two years, prior to registering an Assistant.~~

(b) ~~Licensees who register an Assistant must demonstrate understanding of the basic elements of the registration and supervision process (scope of practice, ethics, written protocols, record keeping), and satisfactorily complete a knowledge demonstration on the registration/supervision process.~~ Licensees who register an Assistant shall demonstrate understanding of the elements of the registration and supervision process, including scope of practice, ethics, written protocols, and record keeping, by correctly answering at least seven out of ten jurisprudence questions regarding the statutes and rules regulating supervision of Assistants.

(c) Licensees ~~must~~ shall submit the application and annual fee for registration of the Assistant to the ~~Board.~~ Board, as required in Rule .1002(e) of this Section. To register an Assistant, a licensee shall provide the following information to the Board:

(1) The name, mailing address, phone number, and email address of the Assistant;

(2) The dates on which the Assistant successfully completed the educational and examination requirements identified in Rule .1002(a) of this Section and whether the Assistant previously has been registered with the Board as an Assistant;

(2) The Licensee's name, email address, and license number;

(3) The addresses at which the Licensee will provide supervision to the Assistant and maintain documentation related to supervision;

(4) The addresses at which the Assistant will provide services;

(5) The number of Assistants currently supervised by the Licensee;

(6) Whether the Assistant will provide feeding or swallowing services;

(7) A sample written session protocol for a hypothetical patient specifying all three protocol elements in Parts (A) through (C) of Subparagraph (e)(1) of this Rule; and

(8) The Licensee's attestation that:

(A) he or she has read the supervision requirements set forth in the rules of this Section;

(B) he or she agrees to abide by the supervision requirements set forth in the rules of this Section;

(C) he or she accepts responsibility for the professional services provided by the Assistant and will be available to the Assistant while the Assistant is providing services; and

(D) the information provided in the application is correct.

(d) Licensees ~~must~~ shall ~~assure~~ ensure that patients are informed when services are being provided by an ~~Assistant.~~ Assistant through the following methods:

- (1) The Assistant ~~must~~ shall wear a badge that includes the job title: "SLP-Assistant."
- (2) When services are to be rendered by an Assistant, the patient or, if the patient is a minor, the patient's legal guardians or family ~~must~~ shall be informed in writing. This notification form ~~must~~ shall be kept on file in the patient's chart, indicating the patient's name and date notified.
- (c) ~~Tasks that are within the scope of responsibilities for an Assistant are listed in Rules .1004 and .1005 of this Section.~~ The standards for all patient services provided by the Assistant ~~are~~ shall be the full responsibility of the Supervising Licensee as defined in Rule .1001(b) and ~~cannot~~ shall not be delegated. Therefore, the assignment of tasks ~~and the amount and type of supervision~~ must shall be determined by the Supervising Licensee to ensure quality of care considering: the skills of the Assistant, needs of the patient, the service-setting, the tasks assigned, and any other relevant factors.
- (1) Before assigning ~~a~~ treatment tasks to an Assistant, the Primary Supervising Licensee ~~must have~~ shall first ~~evaluated~~ evaluate the patient, ~~written~~ prepare a general treatment plan, and ~~provided~~ provide the Assistant with a written session protocol specifying the following for patient behaviors:
- (A) eliciting conditions;
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- (2) The Primary Supervising Licensee ~~must~~ shall document the Assistant's ~~reliable and effective~~ application of the treatment protocol with each patient. Each time a new protocol is introduced, the Primary Supervising Licensee ~~must assure~~ shall ensure and document that the Assistant is utilizing ~~all three protocol elements (A, B, C) effectively.~~ all three protocol elements in Parts (A) through (C) of Subparagraph (c)(1) of this Rule.
- (3) For every ~~record created that documents~~ a patient encounter ~~for screening or treatment (screening or treatment)~~ in which an Assistant provides service, there ~~must~~ shall be legible signatures of the Assistant and one Supervising Licensee.
- (4) These signed and dated patient encounter records ~~must~~ shall be retained as part of the patient's file for the time period specified in Rule .0209 of this Chapter and may be requested by the Board.
- (5) ~~The Board may do random audits of records to determine compliance with its rules.~~ Upon receipt of evidence tending to show that a violation of this Section may have occurred, the Board may issue subpoenas to audit records related to the supervision of an Assistant.
- ~~(6) When patient services are being rendered by an Assistant, the [Primary] Supervising Licensee must be accessible to the Assistant in order to assure that direct observation and supervision can occur when necessary.~~
- ~~[(7)]~~
- ~~(f) [The Primary Supervising Licensee shall provide direct supervision for each patient for whom the Assistant is providing services. Every 90 days the Primary Supervising Licensee shall update and recertify the target behavior form. Every 90 days,] In the 90-day period following the Assistant's registration and in every 90-day period thereafter while the Assistant is registered, the Primary Supervising Licensee shall: [provide]~~

(1) Provide to each full-time Assistant under his or her supervision a minimum of six ~~[(6)]~~ hours of direct supervision and six ~~[(6)]~~ hours of indirect ~~[supervision.]~~ supervision; ~~[Every 90 days, the Primary Supervising Licensee shall provide]~~

(2) Provide to each part-time Assistant under his or her supervision a minimum of three ~~[(3)]~~ hours of direct supervision and three ~~[(3)]~~ hours of indirect ~~[supervision.]~~ supervision; and

(3) Update and sign a written treatment plan that documents each patient's short-term goals, skilled intervention, eliciting conditions, target behaviors, and contingent responses.

(g) Activities that provide direct supervision include observing in-person or recorded therapy sessions by the Assistant, providing co-treatment with the Assistant, or modeling therapy techniques during a session with the Assistant. Activities that provide indirect supervision include reviewing therapy notes prepared by the Assistant, lesson planning for the Assistant, communicating with the Assistant about sessions by telephone or email, or providing written feedback to the Assistant about ~~[session.]~~ sessions. The dates and amount of supervision provided shall be documented, dated, and made available upon Board request.

~~[(8)]~~

(h) The Primary Supervising Licensee shall complete and maintain a Competency Rating Scale, entitled "Form D," ~~[Scale ("Form D")]~~ for each Assistant on a form prescribed by the Board that is available on the Board's website. The Primary Supervising Licensee shall record on the Form D his or her observations regarding the Assistant's skills, as set forth in this Rule. The Primary Supervising Licensee shall update the Form D through ~~[routine]~~ observation, feedback, and performance evaluation sessions. The Form D shall be made available for Board review upon request. The Primary Supervising Licensee shall provide written feedback to each Assistant and provide evidence of written feedback to the Board upon annual registration of the Assistant, the discontinuation of supervision of the Assistant, or upon request by the Board.

(i) A completed Form D shall contain the following:

~~[(A)]~~ (1) The name and registration number of the Assistant;

~~[(B)]~~ (2) The name and license number of the Primary Supervising Licensee;

~~[(C)]~~ (3) The Primary Supervising Licensee's rating of the Assistant's demonstrated competencies in the following skills:

~~[(i)]~~ (A) Clerical skills;

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~~[(D)]~~ (4) The Primary Supervising Licensee's plan to encourage further growth of the Assistant's skills; and

~~[(E)]~~ (5) The dated signature of the Primary Supervising Licensee and the Assistant.

~~[(9)]~~

1 (j) The Primary Supervising Licensee shall review and approve all documentation prepared by the Assistant related
2 to the provision of services for patients at least once every 30 days. This review shall be documented with the date of
3 review and Primary Supervising Licensee's initials or signature. This review shall be maintained in the patient and
4 Assistant supervision records.

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7 the Board's website. The Primary Supervising Licensee shall submit the completed checklist ~~shall be submitted~~ to the
8 Board within 90 days of registration. ~~A Each time the Primary Supervising Licensee changes, the successor Primary~~
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14 with the Board;
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- 17 (3) whether the Assistant knows and understands the Board rules governing Assistants;
- 18 (4) whether the Primary Supervising Licensee has informed the Assistant of the overall scope of his or
19 her duties and responsibilities as an employee;
- 20 (5) whether the Assistant conducts himself or herself in a professional manner with patients, families,
21 caregivers, and staff;
- 22 (6) whether the Assistant identifies himself or herself as an Assistant to patients, families, and
23 caregivers;
- 24 (7) whether the Assistant wears a name tag at all times that identifies himself or herself as an Assistant;
- 25 (8) whether the Assistant provides instructions or explanations of treatment to the patient that are
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27 level of understanding;
- 28 (9) whether the Assistant has been instructed in the proper administration of the screening instruments
29 or tests and accurately administers these screening instruments;
- 30 (10) whether the Assistant accurately scores and reports the results of screening tests to the Primary
31 Supervising Licensee;
- 32 (11) whether the Assistant prepares treatment or screening materials before the beginning of each
33 treatment or screening session, as directed by the Primary Supervising Licensee, assuring that such
34 materials are appropriate for the patient's age, developmental level, language use, communication
35 disorder, and level of understanding;
- 36 (12) whether the Assistant starts and ends treatment sessions on time and follows the written treatment
37 protocol developed and prescribed by the Primary Supervising Licensee;

1 (13) whether the Assistant utilizes universal precautions and adheres to the infection control procedures
2 and guidelines of the employers; and

3 (14) whether the Assistant uses procedures for the physical management of patients/clients and injury
4 prevention strategies consistent with the employer's policies and with state regulation.

5 (g) Any attempt to engage in those activities and responsibilities reserved solely for the Supervising Licensee shall
6 be regarded as the unlicensed practice of speech language pathology.

7
8 History Note: Authority G.S. 90-298.1; 90-301A; 90-304(a)(1); 90-304(a)(3);

9 Eff. July 1, 1998;

10 Amended Eff. December 1, 2013;

11 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4,
12 2016- 2016;

13 Amended Eff. [September]October 1, 2026.
14
15

Written Comments and Objection Regarding 21 NCAC 64 .1003

Supervision of Speech-Language Pathology Assistants

September 21, 2026

Members of the Rules Review Commission:

I am submitting these comments and written objection regarding the proposed amendment to 21 NCAC 64 .1003 governing supervision of speech-language pathology assistants. Pursuant to N.C.G.S. § 150B-21.9, I respectfully ask the Commission to review whether the proposed rule is clear and unambiguous, reasonably necessary, and adopted in accordance with the requirements of the Administrative Procedure Act.

My concerns are limited to three issues.

First, I question whether the record demonstrates that the specific additional supervision-hour requirements are reasonably necessary.

Data provided by the Board on December 8, 2025 reflected only two "SLP Assistant Actions" in 2024 and two in 2025, and zero "SLP Actions involving SLP Assistants" in both years, in the context of a statewide SLP-Assistant workforce exceeding 500.

The Board has since stated that it has observed instances of inadequate supervision, delayed documentation review, and concerns identified through complaints, inquiries, and audits. I do not question the importance of appropriate supervision. However, the public record does not appear to quantify how frequently those concerns occurred or establish a causal connection between those concerns and the particular requirement of six hours of direct and six hours of indirect supervision every 90 days for a full-time SLP Assistant.

The relevant question is not simply whether clearer supervision standards may be beneficial, but whether the particular statewide quantitative requirements selected by the Board are reasonably necessary. The existence of a small number of disciplinary actions, complaints, inquiries, or audit concerns does not by itself demonstrate that those matters resulted from insufficient supervision hours or that the proposed hour requirements would likely have prevented them.

I respectfully ask the Commission to consider whether the record establishes how many documented matters actually resulted from inadequate supervision, whether those matters involved an insufficient amount of direct or indirect supervision, and how the record supports the specific six-hour direct and six-hour indirect requirement rather than some other standard.

Without that connection, I respectfully question whether the record demonstrates that these additional statewide requirements are reasonably necessary within the meaning of N.C.G.S. § 150B-21.9(a)(3).

Second, I have concerns regarding whether the fiscal analysis adequately evaluates the economic conditions under which the rule will actually operate beginning in 2027.

The fiscal analysis relies on reimbursement associated with CPT 92507 when calculating the opportunity cost of SLP supervision. CPT 92507, however, will be deleted effective January 1, 2027 and replaced by a family of timed speech-language pathology treatment codes. The new structure uses a 30-minute base code and 15-minute add-on codes.

This distinction is significant because N.C.G.S. § 150B-21.4(b1)(4) requires a substantial-economic-impact analysis to estimate additional costs by measuring the difference between the baseline and the "future condition expected after implementation of the rule." The statute expressly requires consideration of both direct and opportunity costs and requires non-monetized costs to be listed and described. N.C.G.S. § 150B-19.1 also directs agencies, when appropriate, to rely on sound and reasonably available economic information and to design rules to achieve their regulatory objective in a cost-effective manner.

The Board has acknowledged that future CPT coding and reimbursement changes may affect the delivery and billing of speech-language pathology services, but stated that its fiscal analysis was based on the information available when it was prepared. Since that analysis was completed, the 2027 timed code structure has been finalized. Final Medicaid and commercial payer reimbursement policies remain unresolved.

The transition to timed codes also creates a foreseeable provider-capacity issue that does not appear to be addressed in the fiscal analysis. Under the new coding structure, providers may alter treatment duration in order to meet timed billing thresholds. If average encounter length increases, an SLP may be able to treat fewer patients in a workday. The proposed rule would simultaneously require licensed SLPs to devote additional time to direct and indirect supervision. Even if the exact effect cannot yet be monetized, reduced direct patient-care capacity is an opportunity cost that may be relevant to the future condition in which this rule will operate.

I respectfully ask the Commission to consider whether the fiscal analysis satisfies N.C.G.S. § 150B-21.4(b1)(4) when it projects costs into 2027 and beyond using a reimbursement structure that will no longer exist, and whether reasonably available information regarding the replacement timed codes and their potential effect on provider capacity was adequately considered or described.

Third, several portions of the proposed rule appear unclear as to how a supervising licensee would determine and document compliance.

The proposed rule requires six hours of direct and six hours of indirect supervision every 90 days for a "full-time Assistant," but only three hours of direct and three hours of indirect supervision for a "part-time Speech-Language Pathology Assistant." The rule does not appear to define the number of hours that determines whether a Speech-Language Pathology Assistant is full-time or part-time. Other provisions of North Carolina law and the Board's rules use full-time concepts in other contexts, including professional experience requirements for SLP licensure, but those provisions do not appear to expressly establish the employment threshold applicable to an SLP Assistant for purposes of this supervision requirement.

The rule also does not state when the first 90-day supervision period begins. It is unclear whether the first 90 days begin on the effective date of the SLP Assistant's registration with a particular Primary Supervising Licensee, on the first day the SLP Assistant actually provides services, when the first patient or task is assigned, or according to some calendar-based period. This matters in ordinary situations such as an SLP Assistant being added to a supervisor's registration near the end of a month but not beginning treatment until the following month. Without a defined starting point, supervisors cannot determine with certainty when the first 90-day compliance period ends or when the next period begins.

The rule further requires the Primary Supervising Licensee to update and recertify "the target behavior form" every 90 days. Earlier this year, however, the Board approved the use of a Plan of Care in place of a separate SLP-Assistant treatment protocol, provided the Plan of Care contains the required treatment information. The Board's June 15, 2026 guidance also explains that a sample Plan of Care may be submitted in place of a sample target behavior form for registration. The proposed rule does not make clear whether a compliant Plan of Care used under that guidance is considered the "target behavior form" for purposes of the 90-day update and recertification requirement, whether a separate addendum is sufficient, or whether the Board's specific target behavior form must still be maintained in addition to the Plan of Care.

These are not merely administrative preferences. They determine how a regulated licensee calculates a mandatory supervision deadline and which clinical document must be maintained and recertified to comply with the rule. Because the rule itself does not answer those questions, I respectfully ask the Commission to consider whether these provisions are sufficiently clear and unambiguous under N.C.G.S. § 150B-21.9(a)(2).

For these reasons, I respectfully request that the Commission object to the portions of 21 NCAC 64 .1003 identified above unless the record establishes that the quantitative supervision requirements are reasonably necessary, the fiscal analysis satisfies the applicable requirements of the Administrative Procedure Act, and the rule is sufficiently clear for regulated persons to determine their obligations.

Thank you for your consideration.



Blake Hudson

COO, Speech and Language Rehabilitation Services, Inc.
Member, Private Practice Committee, NCSHLA

Authorities and Sources

- N.C.G.S. §§ 150B-19.1, 150B-21.4, and 150B-21.9.
- North Carolina Board of Examiners for Speech-Language Pathologists and Audiologists, December 8, 2025 public-hearing communication and accompanying SLP-Assistant action data.
- North Carolina Board of Examiners for Speech-Language Pathologists and Audiologists, Public Comment Responses and Additional Information Regarding the Proposed Rule Changes (July 16, 2026).
- North Carolina Board of Examiners for Speech-Language Pathologists and Audiologists, Recommended Elements for a Plan of Care Used in Place of an SLP-Assistant Treatment Protocol (June 15, 2026).
- North Carolina Board of Examiners for Speech-Language Pathologists and Audiologists, fiscal note for proposed 21 NCAC 64 .1003.
- American Speech-Language-Hearing Association, New Speech-Language Pathology Treatment Codes Replacing 92507 (2026).

From: **NC Board of Examiners for Speech-Language Pathologists and Audiologists** <dbrown@ncboeslpa.org>

Date: Mon, Dec 8, 2025, 3:15 PM

Subject: Public Hearing December 19, 2025



North Carolina Board of Examiners
for Speech-Language Pathologists
and Audiologists

A public hearing regarding the proposed rules for Speech-Language Pathology Assistants (SLP-Assistants) will be held on **December 19, 2025, at 9:00 a.m.**

The hearing will take place via Zoom using the following link: Join Zoom Meeting
<https://us06web.zoom.us/j/87556462235?pwd=V5saPfd0BfypjdSJot60tLuykTXabW.1>

Meeting ID: 875

5646 2235

- Due to the documented deficiencies in supervision of SLP Assistants across the state in multiple practice settings, as evidenced through complaints, inquiries, and audits, these changes are necessary to ensure the establishment of minimum supervision guidelines.

	2018	2019	2020	2021	2022	2023	2024	2025
SLP Actions	4	3	2	1	3	3	0	0
SLP Actions involving SLP Assistants	1	0	0	0	0	1	0	0
Audiologist Actions	0	0	0	0	0	0	0	1
SLP Assistant Actions	0	0	0	0	0	0	2	2
Unlicensed Persons	0	0	0	0	0	0	0	1

- We continue to see an increase in SLP Assistant growth and do not see this changing. Other states have adopted similar or more stringent requirements and continue to see growth in the field nationwide.
- The caseload served by the SLP Assistant belongs to the Board-Approved Primary Supervising SLP, who retains full responsibility for ensuring compliance and that adequate services are provided. The SLP assistant is never an independent practitioner and may not be licensed independently due to the required oversight of an SLP.
- An SLP Assistant supporting a Primary SLP's caseload does not have the same level of clinical training, clinical judgment, or authority to independently recognize or implement when changes are needed.
- For Full time SLP Assistants: The Board is requiring 6 hours of direct supervision, and 6 hours of indirect supervision for each of their registered SLP Assistants every 90 days. That is almost a 13 week time span equating less than one hour of direct/indirect supervision each week.
- For Part time SLP Assistants: The Board is requiring 3 hours of direct supervision, and 3 hours of indirect services for each of their registered SLP Assistants every 90 days. That is almost a 13 week time span equating less than one half-hour of direct/indirect supervision each week.
- The target behavior form should be reviewed at least every 60 days to ensure any updates that are needed to benefit the client are implemented in a timely manner.
- If no changes are observed during the 60-day review period and the SLP determines that the current skills and services remain appropriate, the SLP may recertify the existing target behaviors. If only minor adjustments are required, amendments may be made to the current target behavior form, provided such changes are not extensive enough to require the development of entirely new target behaviors.

Various outcomes may result from this review, including:

- The client is progressing as expected and no changes are warranted;
- The client has met current goals, and new goals and skills must be introduced;
- The SLP determines that the client may be discharged;
- The client is not progressing as expected and the skills and interventions must be updated or modified; or
- The client is unable to progress appropriately in the current setting with an SLP Assistant and may require continued services under another provider or referral.
 - These proposed requirements set a baseline of supervision for all SLP Assistants and do not change based on individual experience. SLP Assistants

are not independent practitioners, and consistent minimum standards are necessary to ensure uniform practice across all clinical settings.

- The Board is charged with the protection of the public and ensuring they are being provided adequate services. State associations and individual practitioners may lobby for the profession for reimbursement rates.
- Adequate clinical organization is a necessary component of meeting and maintaining these minimum requirements.
- Services provided by an SLP Assistant are billed under the same codes as those used by an SLP and are reimbursed at the SLP's rate. Accordingly, the concern that there is no comparable re-evaluation billing code or uncertainty regarding reimbursement for supervision visits is unfounded, as these visits constitute an informal evaluation and reimbursement is already occurring at the SLP level for services delivered by the Assistant.
- The Board's intention is not to eliminate, or penalize SLP Assistants in any setting. A minimum supervision standard must be established to ensure adequate services are being provided to the public.
- While the current rules, or proposed rule does not mandate in-person supervision, clinicians are required to remain in compliance with jurisdictional regulations, and ensuring the services provided must be appropriate for telesupervision and telepractice.
- The target behavior form is in the process of revision to ensure closer alignment with the established plan of care and evolving practice environments.
- The target behavior form is a critical tool for the SLP Assistant and should be utilized in every session, as Assistants do not possess the clinical expertise to independently determine all aspects of service delivery. It serves as a roadmap, developed by the supervising SLP, to ensure that the Assistant is providing the appropriate skills and interventions needed to achieve the client's goals.
- The Board has observed a consistent increase in the number of licensed SLPs and SLP Assistants over the years, with a particularly significant rise in SLP Assistants since the introduction of the Board's new bachelor's degree pathway.
- The one-year supervision requirement for SLP Assistants was added because these applicants do not complete a program specifically designed for entry into the SLP Assistant role. Consequently, they require supervision from an SLP with prior experience overseeing SLP Assistants to ensure that any gaps in knowledge or skills are addressed and that services provided remain within the SLP Assistant's scope, distinct from the scope of a licensed SLP.
- An SLP assistant may ask their supervisor for help or oversight, but is the ultimate responsibility of the SLP to ensure adequate oversight is provided to SLP Assistants serving their caseload.
- Continuing education is a valuable tool for SLPs and SLP Assistants. Even though an SLP Assistant is not expanding on their scope of practice they can obtain continuing education in other areas that improve the skills being provided to the public. Such as but not limited to deescalation training, confidentiality/HIPAA training, ethics, telepractice, DEIA, effective collaboration, and communication training.
- We are aware of advertisements where companies recruit SLPs strictly for supervisory roles, and concerns have been raised about the quality and accountability of such arrangements.

2026 PROPOSED RULE CHANGE – SUPERVISION OF SLP-ASSISTANTS

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Announcements

Recommended Elements for a Plan of Care Used in Place of an SLP-Assistant Treatment Protocol

JUNE 15, 2026

MEMORANDUM

Purpose

As the Board has approved the use of a Plan of Care (POC) in place of a separate treatment protocol for Speech-Language Pathology Assistants (SLP-Assistants). The purpose of this memo is to provide recommendations regarding the specific information that should be included in a Plan of Care to ensure it serves the same function as the current treatment protocol requirements.

The goal is not to add unnecessary paperwork, but rather to clarify the level of detail needed so that an SLP-Assistant can consistently carry out treatment as intended by the supervising speech-language pathologist while maintaining patient safety, quality of care, and accountability.

Background

SLP-Assistants provide services under the direction and supervision of a licensed speech-language pathologist, and the Board's current treatment protocol requirements are intended to ensure that delegated treatment is implemented consistently and appropriately.

Under 21 NCAC 64 .0209 – Adequacy of Records, documentation must include:

- The patient's full name;
- The nature of the service provided;
- The date services were provided; and
- Identification of the person providing the service.

Current treatment protocol expectations also require written information regarding:

- The eliciting condition – how the assistant should help create or prompt the target behavior;
- The target behavior(s) – what the patient is expected to say or do; and
- The consequences of target behaviors – how the assistant should respond to patient performance.

The supervising SLP is also expected to document that the SLP-Assistant is implementing treatment reliably and effectively, particularly when a new treatment approach or procedure is introduced.

During Board audits, one consistent pattern has emerged: most supervising SLPs are documenting treatment goals and expected behaviors, and many are appropriately listing materials to be used and cueing methods or levels of support. However, there is no evidence written guidance regarding what the SLP-Assistant should actually do if the patient struggles during treatment.

In many cases, the written documentation explains *what* is being targeted, but not always *how treatment should adapt when things are not going as planned*.

For example, audit documentation commonly includes:

- Treatment goals;
- Materials or activities to use; and
- Cueing options or levels of support (e.g., verbal, visual, tactile, minimal/moderate/maximal cueing).

What is often missing are the practical treatment decisions that experienced SLPs naturally make during therapy, such as:

- When to increase or decrease cueing;
- What to do if the patient is not responding successfully;

- When to step back to an easier level, or
- How to respond to repeated incorrect attempts.

For example, a Plan of Care may state:

"Patient will produce /s/ in sentences with 80% accuracy using verbal, visual, and tactile cues."

While this gives useful information, it still leaves important questions unanswered:

- What happens if verbal cues are not enough?
- Should the assistant model the target?
- Should cueing be increased?
- Should the task be simplified?
- When is it appropriate to move back to word-level practice?

This does not necessarily mean supervision is lacking. In many cases, supervising SLPs are likely providing these directions verbally or informally. However, if a Plan of Care is replacing the treatment protocol, it may be helpful for these expectations to be documented more clearly so that assistants have consistent written guidance and supervisors have documentation that reflects how treatment is intended to be carried out.

Recommended Elements for a Plan of Care

To appropriately replace a treatment protocol, a Plan of Care should include enough information for an SLP-Assistant to understand not only what the goal is, but also how treatment should be delivered and adjusted when needed.

At a minimum, the following information is recommended:

1. Patient Information

The Plan of Care should clearly identify the patient receiving services.

Example:

Patient: Jane Doe

DOB: 05/10/2017

2. Nature of Services

The Plan of Care should clearly describe the treatment being provided.

3. Treatment Procedures

The Plan of Care should go beyond goals and include enough detail to explain how treatment should be implemented.

Many supervising SLPs already provide this guidance in practice. The recommendation is simply that key treatment decisions be reflected in the written Plan of Care.

This may include:

- Materials or activities to be used;
- Type and level of cueing;
- Cue fading or escalation expectations;
- Reinforcement strategies; and
- What to do when the patient is struggling.

A. Eliciting Condition

The Plan of Care should explain how the target behavior will be encouraged or prompted.

This may include:

- Materials or activities;
- Verbal, visual, tactile, or gestural cueing;
- Expected level of support; and
- General instructions for implementation.

Example:

"Using articulation picture cards and a mirror, the patient will practice /s/ production in initial word position during structured drill. Begin with verbal modeling and moderate verbal cueing, fading support as accuracy improves."

B. Target Behavior

The expected behavior should be clear and measurable.

C. Consequences of Target Behavior

This section is especially important because it helps guide the assistant when the patient is having difficulty.

Rather than only listing cueing options, the Plan of Care should explain what the assistant should do if the patient is unsuccessful.

Example:

"Correct responses will receive verbal praise. If unsuccessful after two attempts, provide clinician modeling and increased cueing. If difficulty continues, return to word-level practice before retrying sentence-level productions."

Example:

"If inaccurate, provide additional visual supports and simplify the task as needed before progressing."

Providing this level of detail helps ensure treatment is implemented more consistently across providers and helps assistants know how to respond in real therapy situations.

4. Supervisory Documentation

The supervising SLP should continue to document that the SLP-Assistant can reliably and effectively carry out treatment procedures.

This documentation should reflect that the assistant can:

- Implement cueing appropriately;
- Target expected behaviors;
- Respond appropriately when a patient struggles; and
- Use treatment procedures as intended.
- Certification Period of current POC, or date the POC will be reviewed by the supervisor.

Example Statement:

"Observed SLP-Assistant implementing articulation treatment. Demonstrated appropriate cueing, reinforcement, and ability to adjust supports when patient difficulty occurred."

5. Session Documentation

For each patient encounter involving an SLP-Assistant, documentation should continue to include:

- Date of service;
- Nature of service provided;
- Identification of the service provider; and
- Legible signatures from both the SLP-Assistant and supervising SLP.

6. Signatures on the Plan of Care

Because the Plan of Care is replacing the treatment protocol, it is recommended that both the supervising SLP and the SLP-Assistant sign and date the document.

This helps document that both individuals reviewed and understand expectations for treatment implementation.

Suggested Statement:

"I have reviewed and understand the treatment procedures outlined in this Plan of Care and acknowledge my role in implementation and supervision of delegated services."

Supervising SLP: _____ Date: _____

SLP-Assistant: _____ Date: _____

Recommended Minimum Elements

To effectively replace a treatment protocol, the Plan of Care should minimally include:

1. Patient identification;
2. A clear description of services;
3. Treatment procedures, not just goals;
4. The eliciting condition, target behavior, and consequences for delegated treatment;
5. Materials and implementation guidance;
6. Cueing expectations and guidance for increasing or decreasing support;
7. Written direction for what the assistant should do when the patient struggles;
8. Documentation of supervisory competency when new procedures are introduced;
9. Signatures and dates from both the supervising SLP and SLP-Assistant; and
10. Information necessary to meet documentation requirements under 21 NCAC 64 .0209.

For SLP Assistants currently using the target behavior form that was approved with their current supervisor who would like to transition to a POC, please submit a PDF here to amend the registration sample: <https://ncboeslpa.org/board-information/contact-us/>

For new SLP Assistant registrations, please attach the sample POC in place of the sample target behavior form for review when registering a new SLP Assistant.

For further guidance or questions please contact the Board office directly.

Recent Announcements

JULY 16, 2026

[Public Comment Responses and Additional Information Regarding the Proposed Rule Changes](#)

JUNE 15, 2026

[Recommended Elements for a Plan of Care Used in Place of an SLP-Assistant Treatment Protocol](#)

APRIL 10, 2026

[2026 Notice of Proposed Rule Change – Supervision of SLP-Assistants](#)

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Burgos, Alexander N

From: Catherine E. Lee <clee@hedrickgardner.com>
Sent: Saturday, September 19, 2026 11:26 AM
To: Rules, Oah
Cc: Miller, Christopher S; dsherwood@ncboeslpa.org; Burgos, Alexander N
Subject: [External] Submission of final revised Rule 21 NCAC 64 .1003 by NC Board of Examiners for Speech-Language Pathologists and Audiologists
Attachments: 21 NCAC 64 .1003 (rev'd) (FINAL).docx

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Good afternoon –

On behalf of the NC Board of Examiners for Speech-Language Pathologists and Audiologists see the attached revised final submission for Rule 21 NCAC 64 .1003, for consideration by the RRC at its September meeting.

Thank you

Catherine E. Lee | Partner
Hedrick Gardner Kincheloe & Garofalo LLP.
2710 Wycliff Road, Suite 220 | Raleigh, NC 27607
Phone: 919-341-2639 | Fax: +19193412639
clee@hedrickgardner.com | www.hedrickgardner.com



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21 NCAC 64 .1003 is amended with changes as published in 40:21 NCR 1663-1664 as follows:

21 NCAC 64 .1003 LICENSEE REQUIREMENTS

(a) ~~Licensees who register an Assistant must have held a current, permanent license in North Carolina for two years or equivalent qualifications from another state. Temporary license holders shall not register Assistants. Licensees shall hold a current, permanent license in North Carolina or an equivalent qualification from another state for a minimum of two years, prior to registering an Assistant.~~

(b) ~~Licensees who register an Assistant must demonstrate understanding of the basic elements of the registration and supervision process (scope of practice, ethics, written protocols, record keeping), and satisfactorily complete a knowledge demonstration on the registration/supervision process.~~ Licensees who register an Assistant shall demonstrate understanding of the elements of the registration and supervision process, including scope of practice, ethics, written protocols, and record keeping, by correctly answering at least seven out of ten jurisprudence questions regarding the statutes and rules regulating supervision of Assistants.

(c) Licensees ~~must~~ shall submit the application and annual fee for registration of the Assistant to the ~~Board.~~ Board, as required in Rule .1002(e) of this Section. To register an Assistant, a licensee shall provide the following information to the Board:

(1) The name, mailing address, phone number, and email address of the Assistant;

(2) The dates on which the Assistant successfully completed the educational and examination requirements identified in Rule .1002(a) of this Section and whether the Assistant previously has been registered with the Board as an Assistant;

(2) The Licensee's name, email address, and license number;

(3) The addresses at which the Licensee will provide supervision to the Assistant and maintain documentation related to supervision;

(4) The addresses at which the Assistant will provide services;

(5) The number of Assistants currently supervised by the Licensee;

(6) Whether the Assistant will provide feeding or swallowing services;

(7) A sample written session protocol for a hypothetical patient specifying all three protocol elements in Parts (A) through (C) of Subparagraph (e)(1) of this Rule; and

(8) The Licensee's attestation that:

(A) he or she has read the supervision requirements set forth in the rules of this Section;

(B) he or she agrees to abide by the supervision requirements set forth in the rules of this Section;

(C) he or she accepts responsibility for the professional services provided by the Assistant and will be available to the Assistant while the Assistant is providing services; and

(D) the information provided in the application is correct.

(d) Licensees ~~must~~ shall ~~assure~~ ensure that patients are informed when services are being provided by an Assistant. Assistant through the following methods:

- (1) The Assistant ~~must~~ shall wear a badge that includes the job title: "SLP-Assistant."
- (2) When services are to be rendered by an Assistant, the patient or, if the patient is a minor, the patient's legal guardians or family ~~must~~ shall be informed in writing. This notification form ~~must~~ shall be kept on file in the patient's chart, indicating the patient's name and date notified.
- (c) ~~Tasks that are within the scope of responsibilities for an Assistant are listed in Rules .1004 and .1005 of this Section.~~ The standards for all patient services provided by the Assistant ~~are~~ shall be the full responsibility of the Supervising Licensee as defined in Rule .1001(b) and ~~cannot~~ shall not be delegated. Therefore, the assignment of tasks ~~and the amount and type of supervision~~ must shall be determined by the Supervising Licensee to ensure quality of care considering: the skills of the Assistant, needs of the patient, the service-setting, the tasks assigned, and any other relevant factors.
- (1) Before assigning ~~a~~ treatment tasks to an Assistant, the Primary Supervising Licensee ~~must have~~ shall first ~~evaluated~~ evaluate the patient, ~~written~~ prepare a general treatment plan, and ~~provided~~ provide the Assistant with a written session protocol specifying the following for patient behaviors:
- (A) eliciting conditions;
- (B) target behavior; and
- (C) contingent response.
- (2) The Primary Supervising Licensee ~~must~~ shall document the Assistant's ~~reliable and effective~~ application of the treatment protocol with each patient. Each time a new protocol is introduced, the Primary Supervising Licensee ~~must assure~~ shall ensure and document that the Assistant is utilizing ~~all three protocol elements (A, B, C) effectively.~~ all three protocol elements in Parts (A) through (C) of Subparagraph (c)(1) of this Rule.
- (3) For every ~~record created that documents~~ a patient encounter ~~for screening or treatment (screening or treatment)~~ in which an Assistant provides service, there ~~must~~ shall be legible signatures of the Assistant and one Supervising Licensee.
- (4) These signed and dated patient encounter records ~~must~~ shall be retained as part of the patient's file for the time period specified in Rule .0209 of this Chapter and may be requested by the Board.
- (5) ~~The Board may do random audits of records to determine compliance with its rules.~~ Upon receipt of evidence tending to show that a violation of this Section may have occurred, the Board may issue subpoenas to audit records related to the supervision of an Assistant.
- (6) ~~When patient services are being rendered by an Assistant, the [Primary] Supervising Licensee must be accessible to the Assistant in order to assure that direct observation and supervision can occur when necessary.~~
- ~~[(7)]~~
- (f) ~~[The Primary Supervising Licensee shall provide direct supervision for each patient for whom the Assistant is providing services. Every 90 days the Primary Supervising Licensee shall update and recertify the target behavior form. Every 90 days,]~~ In the 90-day period following the Assistant's registration and in every 90-day period thereafter while the Assistant is registered, the Primary Supervising Licensee shall: [provide]

(1) Provide to each full-time Assistant under his or her supervision a minimum of six ~~[(6)]~~ hours of direct supervision and six ~~[(6)]~~ hours of indirect ~~[supervision.]~~ supervision; ~~[Every 90 days, the Primary Supervising Licensee shall provide]~~

(2) Provide to each part-time Assistant under his or her supervision a minimum of three ~~[(3)]~~ hours of direct supervision and three ~~[(3)]~~ hours of indirect ~~[supervision.]~~ supervision; and

(3) Update and sign a written treatment plan that documents each patient's short-term goals, skilled intervention, eliciting conditions, target behaviors, and contingent responses.

(g) Activities that provide direct supervision include observing in-person or recorded therapy sessions by the Assistant, providing co-treatment with the Assistant, or modeling therapy techniques during a session with the Assistant. Activities that provide indirect supervision include reviewing therapy notes prepared by the Assistant, lesson planning for the Assistant, communicating with the Assistant about sessions by telephone or email, or providing written feedback to the Assistant about ~~[session.]~~ sessions. The dates and amount of supervision provided shall be documented, dated, and made available upon Board request.

~~[(8)]~~

(h) The Primary Supervising Licensee shall complete and maintain a Competency Rating Scale, entitled "Form D," ~~[Scale ("Form D")]~~ for each Assistant on a form prescribed by the Board that is available on the Board's website. The Primary Supervising Licensee shall record on the Form D his or her observations regarding the Assistant's skills, as set forth in this Rule. The Primary Supervising Licensee shall update the Form D through ~~[routine]~~ observation, feedback, and performance evaluation sessions. The Form D shall be made available for Board review upon request. The Primary Supervising Licensee shall provide written feedback to each Assistant and provide evidence of written feedback to the Board upon annual registration of the Assistant, the discontinuation of supervision of the Assistant, or upon request by the Board.

(i) A completed Form D shall contain the following:

~~[(A)]~~ (1) The name and registration number of the Assistant;

~~[(B)]~~ (2) The name and license number of the Primary Supervising Licensee;

~~[(C)]~~ (3) The Primary Supervising Licensee's rating of the Assistant's demonstrated competencies in the following skills:

~~[(i)]~~ (A) Clerical skills;

~~[(ii)]~~ (B) Interpersonal skills;

~~[(iii)]~~ (C) Professional conduct in the work setting;

~~[(iv)]~~ (D) Technical skills; and

~~[(v)]~~ (E) Other skills decided by the Primary Supervising Licensee as necessary for the work performed by the Assistant.

~~[(D)]~~ (4) The Primary Supervising Licensee's plan to encourage further growth of the Assistant's skills; and

~~[(E)]~~ (5) The dated signature of the Primary Supervising Licensee and the Assistant.

~~[(9)]~~

(j) The Primary Supervising Licensee shall review and approve all documentation prepared by the Assistant related to the provision of services for patients at least once every 30 days. This review shall be documented with the date of review and Primary Supervising Licensee's initials or signature. This review shall be maintained in the patient and Assistant supervision records.

(k) The Primary Supervising Licensee shall assess the Assistant's competencies during the initial 60 days of employment using the performance-based competency assessment and orientation checklist provided by the Board on the Board's website. The Primary Supervising Licensee shall submit the completed checklist ~~shall be submitted~~ to the Board within 90 days of registration. ~~A Each time the Primary Supervising Licensee changes, the successor Primary Supervising Licensee shall complete and file with the Board a new competency checklist must be completed and filed within 90 days each time the primary supervising Licensee changes.~~ following the change in Primary Supervising Licensee. In completing the checklist, the Primary Supervising Licensee shall provide the following assessment to the Board:

- (1) whether the Assistant has completed a Board approved course of study and is currently registered with the Board;
- (2) whether the Assistant has completed an employment orientation at all sites where he or she will provide services;
- (3) whether the Assistant knows and understands the Board rules governing Assistants;
- (4) whether the Primary Supervising Licensee has informed the Assistant of the overall scope of his or her duties and responsibilities as an employee;
- (5) whether the Assistant conducts himself or herself in a professional manner with patients, families, caregivers, and staff;
- (6) whether the Assistant identifies himself or herself as an Assistant to patients, families, and caregivers;
- (7) whether the Assistant wears a name tag at all times that identifies himself or herself as an Assistant;
- (8) whether the Assistant provides instructions or explanations of treatment to the patient that are appropriate for the patient's age, developmental level, language use, communication disorder, and level of understanding;
- (9) whether the Assistant has been instructed in the proper administration of the screening instruments or tests and accurately administers these screening instruments;
- (10) whether the Assistant accurately scores and reports the results of screening tests to the Primary Supervising Licensee;
- (11) whether the Assistant prepares treatment or screening materials before the beginning of each treatment or screening session, as directed by the Primary Supervising Licensee, assuring that such materials are appropriate for the patient's age, developmental level, language use, communication disorder, and level of understanding;
- (12) whether the Assistant starts and ends treatment sessions on time and follows the written treatment protocol developed and prescribed by the Primary Supervising Licensee;

1 (13) whether the Assistant utilizes universal precautions and adheres to the infection control procedures
2 and guidelines of the employers; and

3 (14) whether the Assistant uses procedures for the physical management of patients/clients and injury
4 prevention strategies consistent with the employer's policies and with state regulation.

5 (g) Any attempt to engage in those activities and responsibilities reserved solely for the Supervising Licensee shall
6 be regarded as the unlicensed practice of speech language pathology.

7
8 History Note: Authority G.S. 90-298.1; 90-301A; 90-304(a)(1); 90-304(a)(3);

9 Eff. July 1, 1998;

10 Amended Eff. December 1, 2013;

11 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4,
12 2016- 2016;

13 Amended Eff. [September]October 1, 2026.
14
15

Burgos, Alexander N

Subject: FW: [External] RE: 21 NCAC 64 .1003 - Rule for September 2026 RRC Meeting

From: Catherine E. Lee <clee@hedrickgardner.com>

Sent: Friday, September 18, 2026 3:22 PM

To: Miller, Christopher S <christopher.miller@oah.nc.gov>

Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Rules, Oah <oah.rules@oah.nc.gov>; Miller, Christopher S <christopher.miller@oah.nc.gov>

Subject: Re: [External] RE: 21 NCAC 64 .1003 - Rule for September 2026 RRC Meeting

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Thank you, those two changes work well. We appreciate all your good help with this rule.

Catherine

Get [Outlook for iOS](#)

Catherine E. Lee | Partner

Hedrick Gardner Kincheloe & Garofalo LLP.

2710 Wycliff Road, Suite 220 | Raleigh, NC 27607

Phone: 919-341-2639 | Fax: +19193412639

clee@hedrickgardner.com | www.hedrickgardner.com



From: Miller, Christopher S <christopher.miller@oah.nc.gov>

Sent: Friday, 18 September 2026 15:19:09

To: Catherine E. Lee <clee@hedrickgardner.com>

Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Rules, Oah <oah.rules@oah.nc.gov>; Miller, Christopher S <christopher.miller@oah.nc.gov>

Subject: RE: [External] RE: 21 NCAC 64 .1003 - Rule for September 2026 RRC Meeting

Caution! This message was sent from outside your organization.

Thank you, Catherine. The updated rule looks good to me. Please note two small comments below in the email chain in **red text**. If you are okay with those changes, then we will use the attached final version for RRC review and will upload it to the agenda.

Best,
Chris

Chris Miller

Rules Review Commission Counsel

North Carolina Office of Administrative Hearings | Rules Division

1711 New Hope Church Road

Raleigh, NC 27609

(984) 236-1935

NOTICE: E-mail correspondence to and from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties by authorized State officials.

21 NCAC 64 .1003 is amended with changes as published in 40:21 NCR 1663-1664 as follows:

21 NCAC 64 .1003 LICENSEE REQUIREMENTS

(a) ~~Licensees who register an Assistant must have held a current, permanent license in North Carolina for two years or equivalent qualifications from another state. Temporary license holders shall not register Assistants. Licensees shall hold a current, permanent license in North Carolina or an equivalent qualification from another state for a minimum of two years, prior to registering an Assistant.~~

(b) ~~Licensees who register an Assistant must demonstrate understanding of the basic elements of the registration and supervision process (scope of practice, ethics, written protocols, record keeping), and satisfactorily complete a knowledge demonstration on the registration/supervision process.~~ Licensees who register an Assistant shall demonstrate understanding of the elements of the registration and supervision process, including scope of practice, ethics, written protocols, and record keeping, by correctly answering at least seven out of ten jurisprudence questions regarding the statutes and rules regulating supervision of Assistants.

(c) Licensees ~~must~~ shall submit the application and annual fee for registration of the Assistant to the ~~Board.~~ Board, as required in Rule .1002(e) of this Section. To register an Assistant, a licensee shall provide the following information to the Board:

(1) The name, mailing address, phone number, and email address of the Assistant;

(2) The dates on which the Assistant successfully completed the educational and examination requirements identified in Rule .1002(a) of this Section and whether the Assistant previously has been registered with the Board as an Assistant;

(2) The Licensee's name, email address, and license number;

(3) The addresses at which the Licensee will provide supervision to the Assistant and maintain documentation related to supervision;

(4) The addresses at which the Assistant will provide services;

(5) The number of Assistants currently supervised by the Licensee;

(6) Whether the Assistant will provide feeding or swallowing services;

(7) A sample written session protocol for a hypothetical patient specifying all three protocol elements in Parts (A) through (C) of Subparagraph (e)(1) of this Rule; and

(8) The Licensee's attestation that:

(A) he or she has read the supervision requirements set forth in the rules of this Section;

(B) he or she agrees to abide by the supervision requirements set forth in the rules of this Section;

(C) he or she accepts responsibility for the professional services provided by the Assistant and will be available to the Assistant while the Assistant is providing services; and

(D) the information provided in the application is correct.

(d) Licensees ~~must~~ shall ~~assure~~ ensure that patients are informed when services are being provided by an ~~Assistant.~~ Assistant through the following methods:

- (1) The Assistant ~~must~~ shall wear a badge that includes the job title: "SLP-Assistant."
- (2) When services are to be rendered by an Assistant, the patient or, if the patient is a minor, the patient's legal guardians or family ~~must~~ shall be informed in writing. This notification form ~~must~~ shall be kept on file in the patient's chart, indicating the patient's name and date notified.
- (c) ~~Tasks that are within the scope of responsibilities for an Assistant are listed in Rules .1004 and .1005 of this Section.~~ The standards for all patient services provided by the Assistant ~~are~~ shall be the full responsibility of the Supervising Licensee as defined in Rule .1001(b) and ~~cannot~~ shall not be delegated. Therefore, the assignment of tasks ~~and the amount and type of supervision~~ must shall be determined by the Supervising Licensee to ensure quality of care considering: the skills of the Assistant, needs of the patient, the service-setting, the tasks assigned, and any other relevant factors.
- (1) Before assigning ~~a~~ treatment tasks to an Assistant, the Primary Supervising Licensee ~~must have~~ shall first ~~evaluated~~ evaluate the patient, ~~written~~ prepare a general treatment plan, and ~~provided~~ provide the Assistant with a written session protocol specifying the following for patient behaviors:
- (A) eliciting conditions;
- (B) target behavior; and
- (C) contingent response.
- (2) The Primary Supervising Licensee ~~must~~ shall document the Assistant's ~~reliable and effective~~ application of the treatment protocol with each patient. Each time a new protocol is introduced, the Primary Supervising Licensee ~~must assure~~ shall ensure and document that the Assistant is utilizing ~~all three protocol elements (A, B, C) effectively.~~ all three protocol elements in Parts (A) through (C) of Subparagraph (c)(1) of this Rule.
- (3) For every ~~record created that documents~~ a patient encounter for screening or treatment ~~(screening or treatment)~~ in which an Assistant provides service, there ~~must~~ shall be legible signatures of the Assistant and one Supervising Licensee.
- (4) These signed and dated patient encounter records ~~must~~ shall be retained as part of the patient's file for the time period specified in Rule .0209 of this Chapter and may be requested by the Board.
- (5) ~~The Board may do random audits of records to determine compliance with its rules.~~ Upon receipt of evidence tending to show that a violation of this Section may have occurred, the Board may issue subpoenas to audit records related to the supervision of an Assistant.
- ~~(6) When patient services are being rendered by an Assistant, the [Primary] Supervising Licensee must be accessible to the Assistant in order to assure that direct observation and supervision can occur when necessary.~~
- ~~[(7)]~~
- ~~(f) [The Primary Supervising Licensee shall provide direct supervision for each patient for whom the Assistant is providing services. Every 90 days the Primary Supervising Licensee shall update and recertify the target behavior form. Every 90 days,] In the 90-day period following the Assistant's registration and in every 90-day period thereafter while the Assistant is registered, the Primary Supervising Licensee shall: [provide]~~

(1) Provide to each full-time Assistant under his or her supervision a minimum of six ~~[(6)]~~ hours of direct supervision and six ~~[(6)]~~ hours of indirect ~~[supervision.]~~ supervision; ~~[Every 90 days, the Primary Supervising Licensee shall provide]~~

(2) Provide to each part-time Assistant under his or her supervision a minimum of three ~~[(3)]~~ hours of direct supervision and three ~~[(3)]~~ hours of indirect ~~[supervision.]~~ supervision; and

(3) Update and sign a written treatment plan that documents each patient's short-term goals, skilled intervention, eliciting conditions, target behaviors, and contingent responses.

(g) Activities that provide direct supervision include observing in-person or recorded therapy sessions by the Assistant, providing co-treatment with the Assistant, or modeling therapy techniques during a session with the Assistant. Activities that provide indirect supervision include reviewing therapy notes prepared by the Assistant, lesson planning for the Assistant, communicating with the Assistant about sessions by telephone or email, or providing written feedback to the Assistant about ~~[session.]~~ sessions. The dates and amount of supervision provided shall be documented, dated, and made available upon Board request.

~~[(8)]~~

(h) The Primary Supervising Licensee shall complete and maintain a Competency Rating Scale, entitled "Form D," ~~[Scale ("Form D")]~~ for each Assistant on a form prescribed by the Board that is available on the Board's website. The Primary Supervising Licensee shall record on the Form D his or her observations regarding the Assistant's skills, as set forth in this Rule. The Primary Supervising Licensee shall update the Form D through ~~[routine]~~ observation, feedback, and performance evaluation sessions. The Form D shall be made available for Board review upon request. The Primary Supervising Licensee shall provide written feedback to each Assistant and provide evidence of written feedback to the Board upon annual registration of the Assistant, the discontinuation of supervision of the Assistant, or upon request by the Board.

(i) A completed Form D shall contain the following:

~~[(A)]~~ (1) The name and registration number of the Assistant;

~~[(B)]~~ (2) The name and license number of the Primary Supervising Licensee;

~~[(C)]~~ (3) The Primary Supervising Licensee's rating of the Assistant's demonstrated competencies in the following skills:

~~[(i)]~~ (A) Clerical skills;

~~[(ii)]~~ (B) Interpersonal skills;

~~[(iii)]~~ (C) Professional conduct in the work setting;

~~[(iv)]~~ (D) Technical skills; and

~~[(v)]~~ (E) Other skills decided by the Primary Supervising Licensee as necessary for the work performed by the Assistant.

~~[(D)]~~ (4) The Primary Supervising Licensee's plan to encourage further growth of the Assistant's skills; and

~~[(E)]~~ (5) The dated signature of the Primary Supervising Licensee and the Assistant.

~~[(9)]~~

1 (j) The Primary Supervising Licensee shall review and approve all documentation prepared by the Assistant related
2 to the provision of services for patients at least once every 30 days. This review shall be documented with the date of
3 review and Primary Supervising Licensee's initials or signature. This review shall be maintained in the patient and
4 Assistant supervision records.

5 (k) The Primary Supervising Licensee shall assess the Assistant's competencies during the initial 60 days of
6 employment using the performance-based competency assessment and orientation checklist provided by the Board on
7 the Board's website. The Primary Supervising Licensee shall submit the completed checklist ~~shall be submitted~~ to the
8 Board within 90 days of registration. ~~A Each time the Primary Supervising Licensee changes, the successor Primary~~
9 ~~Supervising Licensee shall complete and file with the Board a new competency checklist must be completed and filed~~
10 ~~within 90 days each time the primary supervising Licensee changes, following the change in Primary Supervising~~
11 ~~Licensee. In completing the checklist, the Primary Supervising Licensee shall provide the following assessment to~~
12 ~~the Board:~~

- 13 (1) whether the Assistant has completed a Board approved course of study and is currently registered
14 with the Board;
- 15 (2) whether the Assistant has completed an employment orientation at all sites where he or she will
16 provide services;
- 17 (3) whether the Assistant knows and understands the Board rules governing Assistants;
- 18 (4) whether the Primary Supervising Licensee has informed the Assistant of the overall scope of his or
19 her duties and responsibilities as an employee;
- 20 (5) whether the Assistant conducts himself or herself in a professional manner with patients, families,
21 caregivers, and staff;
- 22 (6) whether the Assistant identifies himself or herself as an Assistant to patients, families, and
23 caregivers;
- 24 (7) whether the Assistant wears a name tag at all times that identifies himself or herself as an Assistant;
- 25 (8) whether the Assistant provides instructions or explanations of treatment to the patient that are
26 appropriate for the patient's age, developmental level, language use, communication disorder, and
27 level of understanding;
- 28 (9) whether the Assistant has been instructed in the proper administration of the screening instruments
29 or tests and accurately administers these screening instruments;
- 30 (10) whether the Assistant accurately scores and reports the results of screening tests to the Primary
31 Supervising Licensee;
- 32 (11) whether the Assistant prepares treatment or screening materials before the beginning of each
33 treatment or screening session, as directed by the Primary Supervising Licensee, assuring that such
34 materials are appropriate for the patient's age, developmental level, language use, communication
35 disorder, and level of understanding;
- 36 (12) whether the Assistant starts and ends treatment sessions on time and follows the written treatment
37 protocol developed and prescribed by the Primary Supervising Licensee;

1 (13) whether the Assistant utilizes universal precautions and adheres to the infection control procedures
2 and guidelines of the employers; and

3 (14) whether the Assistant uses procedures for the physical management of patients/clients and injury
4 prevention strategies consistent with the employer's policies and with state regulation.

5 (g) Any attempt to engage in those activities and responsibilities reserved solely for the Supervising Licensee shall
6 be regarded as the unlicensed practice of speech language pathology.

7
8 History Note: Authority G.S. 90-298.1; 90-301A; 90-304(a)(1); 90-304(a)(3);

9 Eff. July 1, 1998;

10 Amended Eff. December 1, 2013;

11 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4,
12 2016- 2016;

13 Amended Eff. [September]October 1, 2026.
14
15

Burgos, Alexander N

Subject: FW: [External] RE: 21 NCAC 64 .1003 - Rule for September 2026 RRC Meeting
Attachments: 21 NCAC 64 .1003 (rev'd) (v3).docx

From: Catherine E. Lee <clee@hedrickgardner.com>
Sent: Thursday, September 17, 2026 2:29 PM
To: Miller, Christopher S <christopher.miller@oah.nc.gov>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>
Subject: RE: [External] RE: 21 NCAC 64 .1003 - Rule for September 2026 RRC Meeting

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Mr. Miller, thank you for the follow-up items. Please see the attached Rule .1003, which the Board has revised to address your comments below. Please see the Board's in-line responses to your email below.

Catherine

Catherine E. Lee | Partner
Hedrick Gardner Kincheloe & Garofalo LLP.
2710 Wycliff Road, Suite 220 | Raleigh, NC 27607
Phone: 919-341-2639 | Fax: +19193412639
clee@hedrickgardner.com | www.hedrickgardner.com



21 NCAC 64 .1003 is amended with changes as published in 40:21 NCR 1663-1664 as follows:

21 NCAC 64 .1003 LICENSEE REQUIREMENTS

(a) ~~Licensees who register an Assistant must have held a current, permanent license in North Carolina for two years or equivalent qualifications from another state. Temporary license holders shall not register Assistants. Licensees shall hold a current, permanent license in North Carolina or an equivalent qualification from another state for a minimum of two years, prior to registering an Assistant.~~

(b) ~~Licensees who register an Assistant must demonstrate understanding of the basic elements of the registration and supervision process (scope of practice, ethics, written protocols, record keeping), and satisfactorily complete a knowledge demonstration on the registration/supervision process.~~ Licensees who register an Assistant shall demonstrate understanding of the elements of the registration and supervision process, including scope of practice, ethics, written protocols, and record keeping, by correctly answering at least seven out of ten jurisprudence questions regarding the statutes and rules regulating supervision of Assistants.

(c) Licensees ~~must shall~~ submit the application and annual fee for registration of the Assistant to the ~~Board.~~ Board, as required in Rule .1002(e) of this Section. To register an Assistant, a licensee shall provide the following information to the Board:

(1) The name, mailing address, phone number, and email address of the Assistant;

(2) The dates on which the Assistant successfully completed the educational and examination requirements identified in Rule .1002(a) and whether the Assistant previously has been registered with the Board as an Assistant;

(2) The Licensee's name, email address, and license number;

(3) The addresses at which the Licensee will provide supervision to the Assistant and maintain documentation related to supervision;

(4) The addresses at which the Assistant will provide services;

(5) The number of Assistants currently supervised by the Licensee;

(6) Whether the Assistant will provide feeding or swallowing services;

(7) A sample written session protocol for a hypothetical patient specifying all three protocol elements in Parts (A) through (C) of Subparagraph (c)(1) of this Rule; and

(8) The Licensee's attestation that:

(A) he or she has read the supervision requirements set forth in the rules of this Section;

(B) he or she agrees to abide by the supervision requirements set forth in the rules of this Section;

(C) he or she accepts responsibility for the professional services provided by the Assistant and will be available to the Assistant while the Assistant is providing services; and

(D) the information provided in the application is correct.

(d) Licensees ~~must shall~~ assure ensure that patients are informed when services are being provided by an Assistant. Assistant through the following methods:

- (1) The Assistant ~~must~~ shall wear a badge that includes the job title: "SLP-Assistant."
- (2) When services are to be rendered by an Assistant, the patient or, if the patient is a minor, the patient's legal guardians or family ~~must~~ shall be informed in writing. This notification form ~~must~~ shall be kept on file in the patient's chart, indicating the patient's name and date notified.
- (c) ~~Tasks that are within the scope of responsibilities for an Assistant are listed in Rules .1004 and .1005 of this Section.~~ The standards for all patient services provided by the Assistant ~~are~~ shall be the full responsibility of the Supervising Licensee as defined in Rule .1001(b) and ~~cannot~~ shall not be delegated. Therefore, the assignment of tasks ~~and the amount and type of supervision~~ must shall be determined by the Supervising Licensee to ensure quality of care considering: the skills of the Assistant, needs of the patient, the service-setting, the tasks assigned, and any other relevant factors.
- (1) Before assigning ~~a~~ treatment tasks to an Assistant, the Primary Supervising Licensee ~~must have~~ shall first ~~evaluated~~ evaluate the patient, ~~written~~ prepare a general treatment plan, and ~~provided~~ provide the Assistant with a written session protocol specifying the following for patient behaviors:
- (A) eliciting conditions;
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- (2) The Primary Supervising Licensee ~~must~~ shall document the Assistant's ~~reliable and effective~~ application of the treatment protocol with each patient. Each time a new protocol is introduced, the Primary Supervising Licensee ~~must assure~~ shall ensure and document that the Assistant is utilizing ~~all three protocol elements (A, B, C) effectively.~~ all three protocol elements in Parts (A) through (C) of Subparagraph (c)(1) of this Rule.
- (3) For every ~~record created that documents~~ a patient encounter ~~for screening or treatment (screening or treatment)~~ in which an Assistant provides service, there ~~must~~ shall be legible signatures of the Assistant and one Supervising Licensee.
- (4) These signed and dated patient encounter records ~~must~~ shall be retained as part of the patient's file for the time period specified in Rule .0209 of this Chapter and may be requested by the Board.
- (5) ~~The Board may do random audits of records to determine compliance with its rules.~~ Upon receipt of evidence tending to show that a violation of this Section may have occurred, the Board may issue subpoenas to audit records related to the supervision of an Assistant.
- ~~(6) When patient services are being rendered by an Assistant, the [Primary] Supervising Licensee must be accessible to the Assistant in order to assure that direct observation and supervision can occur when necessary.~~
- ~~[(7)]~~
- ~~(f) [The Primary Supervising Licensee shall provide direct supervision for each patient for whom the Assistant is providing services. Every 90 days the Primary Supervising Licensee shall update and recertify the target behavior form. Every 90 days,] In the 90-day period following the Assistant's registration and in every 90-day period thereafter while the Assistant is registered, the Primary Supervising Licensee shall: [provide]~~

(1) Provide to each full-time Assistant under his or her supervision a minimum of six ~~(6)~~ hours of direct supervision and six ~~(6)~~ hours of indirect ~~supervision.~~ supervision; ~~Every 90 days, the Primary Supervising Licensee shall provide~~

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~~(8)~~

(h) The Primary Supervising Licensee shall complete and maintain a Competency Rating Scale, entitled "Form D," ~~Scale ("Form D")~~ for each Assistant on a form prescribed by the Board that is available on the Board's website. The Primary Supervising Licensee shall record on the Form D his or her observations regarding the Assistant's skills, as set forth in this Rule. The Primary Supervising Licensee shall update the Form D through ~~routine~~ observation, feedback, and performance evaluation sessions. The Form D shall be made available for Board review upon request. The Primary Supervising Licensee shall provide written feedback to each Assistant and provide evidence of written feedback to the Board upon annual registration of the Assistant, the discontinuation of supervision of the Assistant, or upon request by the Board.

(i) A completed Form D shall contain the following:

~~(A)~~ (1) The name and registration number of the Assistant;

~~(B)~~ (2) The name and license number of the Primary Supervising Licensee;

~~(C)~~ (3) The Primary Supervising Licensee's rating of the Assistant's demonstrated competencies in the following skills:

~~(i)~~ (A) Clerical skills;

~~(ii)~~ (B) Interpersonal skills;

~~(iii)~~ (C) Professional conduct in the work setting;

~~(iv)~~ (D) Technical skills; and

~~(v)~~ (E) Other skills decided by the Primary Supervising Licensee as necessary for the work performed by the Assistant.

~~(D)~~ (4) The Primary Supervising Licensee's plan to encourage further growth of the Assistant's skills; and

~~(E)~~ (5) The dated signature of the Primary Supervising Licensee and the Assistant.

~~(9)~~

1 (j) The Primary Supervising Licensee shall review and approve all documentation prepared by the Assistant related
2 to the provision of services for patients at least once every 30 days. This review shall be documented with the date of
3 review and Primary Supervising Licensee's initials or signature. This review shall be maintained in the patient and
4 Assistant supervision records.

5 (k) The Primary Supervising Licensee shall assess the Assistant's competencies during the initial 60 days of
6 employment using the performance-based competency assessment and orientation checklist provided by the Board on
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8 Board within 90 days of registration. ~~A Each time the Primary Supervising Licensee changes, the successor Primary~~
9 ~~Supervising Licensee shall complete and file with the Board a new competency checklist must be completed and filed~~
10 ~~within 90 days each time the primary supervising Licensee changes, following the change in Primary Supervising~~
11 ~~Licensee. In completing the checklist, the Primary Supervising Licensee shall provide the following assessment to~~
12 ~~the Board:~~

- 13 (1) whether the Assistant has completed a Board approved course of study and is currently registered
14 with the Board;
- 15 (2) whether the Assistant has completed an employment orientation at all sites where he or she will
16 provide services;
- 17 (3) whether the Assistant knows and understands the Board rules governing Assistants;
- 18 (4) whether the Primary Supervising Licensee has informed the Assistant of the overall scope of his or
19 her duties and responsibilities as an employee;
- 20 (5) whether the Assistant conducts himself or herself in a professional manner with patients, families,
21 caregivers, and staff;
- 22 (6) whether the Assistant identifies himself or herself as an Assistant to patients, families, and
23 caregivers;
- 24 (7) whether the Assistant wears a name tag at all times that identifies himself or herself as an Assistant;
- 25 (8) whether the Assistant provides instructions or explanations of treatment to the patient that are
26 appropriate for the patient's age, developmental level, language use, communication disorder, and
27 level of understanding;
- 28 (9) whether the Assistant has been instructed in the proper administration of the screening instruments
29 or tests and accurately administers these screening instruments;
- 30 (10) whether the Assistant accurately scores and reports the results of screening tests to the Primary
31 Supervising Licensee;
- 32 (11) whether the Assistant prepares treatment or screening materials before the beginning of each
33 treatment or screening session, as directed by the Primary Supervising Licensee, assuring that such
34 materials are appropriate to the patient's age, developmental level, language use, communication
35 disorder, and level of understanding;
- 36 (12) whether the Assistant starts and ends treatment sessions on time and follows the written treatment
37 protocol developed and prescribed by the Primary Supervising Licensee;

1 (13) whether the Assistant utilizes universal precautions and adheres to the infection control procedures
2 and guidelines of the employers; and

3 (14) whether the Assistant uses procedures for the physical management of patients/clients and injury
4 prevention strategies consistent with the employer's policies and with state regulation.

5 (g) ~~Any attempt to engage in those activities and responsibilities reserved solely for the Supervising Licensee shall~~
6 ~~be regarded as the unlicensed practice of speech language pathology.~~

7
8 History Note: Authority G.S. 90-298.1; 90-301A; 90-304(a)(1); 90-304(a)(3);

9 Eff. July 1, 1998;

10 Amended Eff. December 1, 2013;

11 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4,
12 ~~2016; 2016;~~

13 Amended Eff. [September]October 1, 2026.
14
15

Burgos, Alexander N

Subject: FW: [External] RE: 21 NCAC 64 .1003 - Rule for September 2026 RRC Meeting
Attachments: 21 NCAC 64 .1003 (rev'd) (v2).docx

From: Miller, Christopher S <christopher.miller@oah.nc.gov>
Sent: Wednesday, September 16, 2026 1:32 PM
To: clee@hedrickgardner.com
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Miller, Christopher S <christopher.miller@oah.nc.gov>
Subject: RE: [External] RE: 21 NCAC 64 .1003 - Rule for September 2026 RRC Meeting

Thanks, Catherine. A few follow up items for your consideration – please see below. Please provide responses and an updated rule to me **by EOD on the 22nd**.

General Formatting: Just FYI, I added highlighting/underline/strikethrough in a few places throughout the rule where changes were made but the proper markings were missing. When you go back through the attached rule, please ensure that the formatting looks good to you.

(b), line 12: The updated rule states, “... by correctly answering at least seven jurisprudence questions ...”. Seven out of how many total questions? Consider specifying this for clarity.

(c)(2): For my understanding, does this requirement mean that the applicant (aka the licensee) is attesting that the Assistant meets the education and testing requirements set forth in .1002(a)? Or is the applicant attesting that the Assistant has shown them the evidence as required by .1002(a)? The rule’s wording is a little confusing here given that .1002(a) is phrased as an evidence requirement.

(c)(3): Add “to the Assistant” after “will provide supervision”. Also, wouldn’t these addresses be the same locations as (c)(4)? Or could these differ in practice?

(c)(6): Are “feeding services” or “swallowing services” defined or explained elsewhere in your rules? Do regulated persons know what all is encompassed by these different types of services?

(c)(7): This should end with “; and” rather than a period.

(c)(8)(A): Delete “ .1000” at the end. It is not needed.

(c)(8)(B): For consistency, change “requirements set forth in Section .1000” to “requirements set forth in the rules of this Section”.

(d), line 34: Change “assure” to “ensure”.

(f), line 33: Should this just say “supervision” rather than “direct supervision” since you are breaking out the supervision requirements below in (f)(1) and (f)(2)? Or is “direct supervision” actually necessary for every single patient?

(f)(1), lines 1 and 2: Delete “(6)”. It is not needed.

(f)(2), lines 4 and 5: Delete “(3)”. It is not needed.

(f)(3), line 6: Change “the” to “each”.

Page 4, line 5: Change “(j)” to “(k)”.

(k)(6): Add a comma after “families”.

(k)(7): For consistency, capitalize “assistant” at the end of this sentence.

(k)(11), line 32: Add “the” before “Assistant”.

(k)(11), line 34: Is there a reason why the factors listed here on line 34 are different than those used in (k)(8)?

(k)(13), line 2: Change “employer(s)” to “employers”.

Let me know if you have any questions.

Chris

Chris Miller

Rules Review Commission Counsel
North Carolina Office of Administrative Hearings | Rules Division
1711 New Hope Church Road
Raleigh, NC 27609
(984) 236-1935

NOTICE: E-mail correspondence to and from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties by authorized State officials.

21 NCAC 64 .1003 is amended with changes as published in 40:21 NCR 1663-1664 as follows:

21 NCAC 64 .1003 LICENSEE REQUIREMENTS

(a) ~~Licensees who register an Assistant must have held a current, permanent license in North Carolina for two years or equivalent qualifications from another state. Temporary license holders shall not register Assistants.~~ Licensees shall hold a current, permanent license in North Carolina or an equivalent qualification from another state for a minimum of two years, prior to registering an Assistant.

(b) ~~Licensees who register an Assistant must demonstrate understanding of the basic elements of the registration and supervision process (scope of practice, ethics, written protocols, record keeping), and satisfactorily complete a knowledge demonstration on the registration/supervision process.~~ Licensees who register an Assistant shall demonstrate understanding of the elements of the registration and supervision process, including scope of practice, ethics, written protocols, and record keeping, by correctly answering at least seven jurisprudence questions regarding the statutes and rules regulating supervision of Assistants.

(c) Licensees ~~must shall~~ submit the application and annual fee for registration of the Assistant to the ~~Board.~~ Board, as required in Rule .1002(e) of this Section. To register an Assistant, a licensee shall provide the following information to the Board:

(1) The name, mailing address, phone number, and email address of the Assistant;

(2) Whether the Assistant has met the requirements of Rule .1002(a) and whether the Assistant previously has been registered with the Board as an Assistant;

(2) The Licensee's name, email address, and license number;

(3) The addresses at which the Licensee will provide supervision and maintain documentation related to supervision;

(4) The addresses at which the Assistant will provide services;

(5) The number of Assistants currently supervised by the Licensee;

(6) Whether the Assistant will provide feeding or swallowing services;

(7) A sample written session protocol for a hypothetical patient specifying all three protocol elements in Parts (A) through (C) of Subparagraph (e)(1) of this Rule.

(8) The Licensee's attestation that:

(A) he or she has read the supervision requirements set forth in the rules of this Section .1000;

(B) he or she agrees to abide by the supervision requirements set forth in Section .1000;

(C) he or she accepts responsibility for the professional services provided by the Assistant and will be available to the Assistant while the Assistant is providing services; and

(D) the information provided in the application is correct.

(d) Licensees ~~must shall~~ assure that patients are informed when services are being provided by an ~~Assistant.~~ Assistant through the following methods:

(1) The Assistant ~~must shall~~ wear a badge that includes the job title: "SLP-Assistant."

- (2) When services are to be rendered by an Assistant, the patient ~~or, if the patient is a minor, the patient's legal guardians or family~~ must shall be informed in writing. This notification form ~~must shall~~ be kept on file in the patient's chart, indicating the patient's name and date notified.
- (e) ~~Tasks that are within the scope of responsibilities for an Assistant are listed in Rules .1004 and .1005 of this Section.~~ The standards for all patient services provided by the Assistant ~~are~~ shall be the full responsibility of the Supervising Licensee as defined in Rule .1001(b) and ~~cannot shall not~~ be delegated. Therefore, the assignment of tasks ~~and the amount and type of supervision must shall~~ be determined by the Supervising Licensee to ensure quality of care considering: the skills of the Assistant, needs of the patient, the service-setting, the tasks assigned, and any other relevant factors.
- (1) Before assigning ~~a~~ treatment tasks to an Assistant, the Primary Supervising Licensee ~~must have shall~~ first ~~evaluated evaluate~~ the patient, ~~written prepare~~ a general treatment plan, and ~~provided provide~~ the Assistant with a written session protocol specifying the following for patient behaviors:
- (A) eliciting conditions;
 - (B) target behavior; and
 - (C) contingent response.
- (2) The Primary Supervising Licensee ~~must shall~~ document the Assistant's ~~reliable and effective~~ application of the treatment protocol with each patient. Each time a new protocol is introduced, the Primary Supervising Licensee ~~must assure shall ensure~~ and document that the Assistant is utilizing ~~all three protocol elements (A, B, C) effectively.~~ all three protocol elements in Parts (A) through (C) of Subparagraph (e)(1) of this Rule.
- (3) For every ~~record created that documents a~~ patient encounter ~~for screening or treatment (screening or treatment)~~ in which an Assistant provides service, there ~~must shall~~ be legible signatures of the Assistant and one Supervising Licensee.
- (4) These signed and dated patient encounter records ~~must shall~~ be retained as part of the patient's file for the time period specified in Rule .0209 of this Chapter and may be requested by the Board.
- (5) ~~The Board may do random audits of records to determine compliance with its rules.~~ Upon receipt of evidence tending to show that a violation of this Section may have occurred, the Board may issue subpoenas to audit records related to the supervision of an Assistant.
- (6) ~~When patient services are being rendered by an Assistant, the [Primary] Supervising Licensee must be accessible to the Assistant in order to assure that direct observation and supervision can occur when necessary.~~
- ~~(7)~~
- (f) The Primary Supervising Licensee shall provide direct supervision for each patient for whom the Assistant is providing services. ~~[Every 90 days the Primary Supervising Licensee shall update and recertify the target behavior form. Every 90 days,]~~ In the 90-day period following the Assistant's registration and in every 90-day period thereafter while the Assistant is registered, the Primary Supervising Licensee shall: [provide]

(1) Provide to each full-time Assistant under his or her supervision a minimum of six (6) hours of direct supervision and six (6) hours of indirect ~~supervision.~~ supervision; ~~Every 90 days, the Primary Supervising Licensee shall provide~~

(2) Provide to each part-time Assistant under his or her supervision a minimum of three (3) hours of direct supervision and three (3) hours of indirect ~~supervision.~~ supervision; and

(3) Update and sign a written treatment plan that documents the patient's short-term goals, skilled intervention, eliciting conditions, target behaviors, and contingent responses.

(g) Activities that provide direct supervision include observing in-person or recorded therapy sessions by the Assistant, providing co-treatment with the Assistant, or modeling therapy techniques during a session with the Assistant. Activities that provide indirect supervision include reviewing therapy notes prepared by the Assistant, lesson planning for the Assistant, communicating with the Assistant about sessions by telephone or email, or providing written feedback to the Assistant about ~~session.~~ sessions. The dates and amount of supervision provided shall be documented, dated, and made available upon Board request.

~~(8)~~

(h) The Primary Supervising Licensee shall complete and maintain a Competency Rating Scale, entitled "Form D," ~~Scale ("Form D")~~ for each Assistant on a form prescribed by the Board that is available on the Board's website. The Primary Supervising Licensee shall record on the Form D his or her observations regarding the Assistant's skills, as set forth in this Rule. The Primary Supervising Licensee shall update the Form D through ~~routine~~ observation, feedback, and performance evaluation sessions. The Form D shall be made available for Board review upon request. The Primary Supervising Licensee shall provide written feedback to each Assistant and provide evidence of written feedback to the Board upon annual registration of the Assistant, the discontinuation of supervision of the Assistant, or upon request by the Board.

(i) A completed Form D shall contain the following:

~~(A)~~ (1) The name and registration number of the Assistant;

~~(B)~~ (2) The name and license number of the Primary Supervising Licensee;

~~(C)~~ (3) The Primary Supervising Licensee's rating of the Assistant's demonstrated competencies in the following skills:

~~(i)~~ (A) Clerical skills;

~~(ii)~~ (B) Interpersonal skills;

~~(iii)~~ (C) Professional conduct in the work setting;

~~(iv)~~ (D) Technical skills; and

~~(v)~~ (E) Other skills decided by the Primary Supervising Licensee as necessary for the work performed by the Assistant.

~~(D)~~ (4) The Primary Supervising Licensee's plan to encourage further growth of the Assistant's skills; ~~and~~

~~(E)~~ (5) The dated signature of the Primary Supervising Licensee and the ~~Assistant.~~ Assistant; and

(6) the site location at which supervision is provided.

~~(9)~~

(j) The Primary Supervising Licensee shall review and approve all documentation prepared by the Assistant related to the provision of services for patients at least once every 30 days. This review shall be documented with the date of review and Primary Supervising Licensee's initials or signature. This review shall be maintained in the patient and Assistant supervision records.

(i) The Primary Supervising Licensee shall assess the Assistant's competencies during the initial 60 days of employment using the performance-based competency assessment and orientation checklist provided by the Board on the Board's website. The Primary Supervising Licensee shall submit the completed checklist ~~shall be submitted~~ to the Board within 90 days of registration. ~~A Each time the Primary Supervising Licensee changes, the successor Primary Supervising Licensee shall complete and file with the Board a new competency checklist must be completed and filed within 90 days each time the primary supervising Licensee changes.~~ following the change in Primary Supervising Licensee. In completing the checklist, the Primary Supervising Licensee shall provide the following assessment to the Board:

- (1) whether the Assistant has completed a Board approved course of study and is currently registered with the Board;
- (2) whether the Assistant has completed an employment orientation at all sites where he or she will provide services;
- (3) whether the Assistant knows and understands the Board rules governing Assistants;
- (4) whether the Primary Supervising Licensee has informed the Assistant of the overall scope of his or her duties and responsibilities as an employee;
- (5) whether the Assistant conducts himself or herself in a professional manner with patients, families, caregivers, and staff;
- (6) whether the Assistant identifies himself or herself as an Assistant to patients, families and caregivers;
- (7) whether the Assistant wears a name tag at all times that identifies himself or herself as an assistant;
- (8) whether the Assistant provides instructions or explanations of treatment to the patient that are appropriate for the patient's developmental level, language use, communication disorder, and level of understanding;
- (9) whether the Assistant has been instructed in the proper administration of the screening instruments or tests and accurately administers these screening instruments;
- (10) whether the Assistant accurately scores and reports the results of screening tests to the Primary Supervising Licensee;
- (11) whether Assistant prepares treatment or screening materials before the beginning of each treatment or screening session, as directed by the Primary Supervising Licensee, assuring that such materials are appropriate to the patient's age, developmental level, culture, and communication disorder;
- (12) whether the Assistant starts and ends treatment sessions on time and follows the written treatment protocol developed and prescribed by the Primary Supervising Licensee;

1 (13) whether the Assistant utilizes universal precautions and adheres to the infection control procedures
2 and guidelines of the employer(s); and

3 (14) whether the Assistant uses procedures for the physical management of patients/clients and injury
4 prevention strategies consistent with the employer's policies and with state regulation.

5 (g) ~~Any attempt to engage in those activities and responsibilities reserved solely for the Supervising Licensee shall~~
6 ~~be regarded as the unlicensed practice of speech language pathology.~~

7
8 History Note: Authority G.S. 90-298.1; 90-301A; 90-304(a)(1); 90-304(a)(3);

9 Eff. July 1, 1998;

10 Amended Eff. December 1, 2013;

11 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4,
12 ~~2016; 2016;~~

13 Amended Eff. [September]October 1, 2026.
14
15

Burgos, Alexander N

Subject: FW: [External] RE: 21 NCAC 64 .1003 - Rule for September 2026 RRC Meeting
Attachments: Response to Request for Changes - 21 NCAC 64 .1003 - 09 2026.docx; 21 NCAC 64 .1003 (rev'd).docx

From: Catherine E. Lee <clee@hedrickgardner.com>
Sent: Tuesday, September 15, 2026 1:34 PM
To: Miller, Christopher S <christopher.miller@oah.nc.gov>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>
Subject: [External] RE: 21 NCAC 64 .1003 - Rule for September 2026 RRC Meeting

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Mr. Miller,

Good afternoon. On behalf of the Board of Examiners for Speech-Language Pathologists and Audiologists, please see the attached responses to the Request for Changes and the revised Rule .1003.

Thank you.

Catherine E. Lee | Partner
Hedrick Gardner Kincheloe & Garofalo LLP.
2710 Wycliff Road, Suite 220 | Raleigh, NC 27607
Phone: 919-341-2639 | Fax: +19193412639
clee@hedrickgardner.com | www.hedrickgardner.com



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21 NCAC 64 .1003 is amended with changes as published in 40:21 NCR 1663-1664 as follows:

21 NCAC 64 .1003 LICENSEE REQUIREMENTS

(a) ~~Licensees who register an Assistant must have held a current, permanent license in North Carolina for two years or equivalent qualifications from another state. Temporary license holders shall not register Assistants.~~ Licensees shall hold a current, permanent license in North Carolina or an equivalent qualification from another state for a minimum of two years, prior to registering an Assistant.

(b) ~~Licensees who register an Assistant must demonstrate understanding of the basic elements of the registration and supervision process (scope of practice, ethics, written protocols, record keeping), and satisfactorily complete a knowledge demonstration on the registration/supervision process.~~ Licensees who register an Assistant shall demonstrate understanding of the elements of the registration and supervision process, including scope of practice, ethics, written protocols, and record keeping, by correctly answering at least seven jurisprudence questions regarding the statutes and rules regulating supervision of Assistants.

(c) Licensees ~~must shall~~ submit the application and annual fee for registration of the Assistant to the ~~Board.~~ Board, as required in Rule .1002(e) of this Section. To register an Assistant, a licensee shall provide the following information to the Board:

- (1) The name, mailing address, phone number, and email address of the Assistant;
- (2) Whether the Assistant has met the requirements of Rule .1002(a) and whether the Assistant previously has been registered with the Board as an Assistant;
- (2) The Licensee's name, email address, and license number;
- (3) The addresses at which the Licensee will provide supervision and maintain documentation related to supervision;
- (4) The addresses at which the Assistant will provide services;
- (5) The number of Assistants currently supervised by the Licensee;
- (6) Whether the Assistant will provide feeding or swallowing services;
- (7) A sample written session protocol for a hypothetical patient specifying all three protocol elements in Parts (A) through (C) of Subparagraph (e)(1) of this Rule.
- (8) The Licensee's attestation that:
 - (A) he or she has read the supervision requirements set forth in the rules of this Section .1000;
 - (B) he or she agrees to abide by the supervision requirements set forth in Section .1000;
 - (C) he or she accepts responsibility for the professional services provided by the Assistant and will be available to the Assistant while the Assistant is providing services; and
 - (D) the information provided in the application is correct.

(d) Licensees ~~must shall~~ assure that patients are informed when services are being provided by an ~~Assistant.~~ Assistant through the following methods:

- (1) The Assistant ~~must shall~~ wear a badge that includes the job title: "SLP-Assistant."

- (2) When services are to be rendered by an Assistant, the patient ~~or, if the patient is a minor, the patient's legal guardians or family~~ must shall be informed in writing. This notification form ~~must shall~~ be kept on file in the patient's chart, indicating the patient's name and date notified.
- (e) ~~Tasks that are within the scope of responsibilities for an Assistant are listed in Rules .1004 and .1005 of this Section.~~ The standards for all patient services provided by the Assistant ~~are~~ shall be the full responsibility of the Supervising Licensee as defined in Rule .1001(b) and ~~cannot~~ shall not be delegated. Therefore, the assignment of tasks ~~and the amount and type of supervision~~ must shall be determined by the Supervising Licensee to ensure quality of care considering: the skills of the Assistant, needs of the patient, the service-setting, the tasks assigned, and any other relevant factors.
- (1) Before assigning ~~a~~ treatment tasks to an Assistant, the Primary Supervising Licensee ~~must have~~ shall first ~~evaluated~~ evaluate the patient, ~~written~~ prepare a general treatment plan, and ~~provided~~ provide the Assistant with a written session protocol specifying the following for patient behaviors:
- (A) eliciting conditions;
 - (B) target behavior; and
 - (C) contingent response.
- (2) The Primary Supervising Licensee ~~must shall~~ document the Assistant's ~~reliable and effective~~ application of the treatment protocol with each patient. Each time a new protocol is introduced, the Primary Supervising Licensee ~~must assure~~ shall ensure and document that the Assistant is utilizing ~~all three protocol elements (A, B, C) effectively.~~ all three protocol elements in Parts (A) through (C) of Subparagraph (e)(1) of this Rule.
- (3) For every ~~record created that documents a~~ patient encounter for ~~screening or treatment~~ (screening or treatment) in which an Assistant provides service, there ~~must shall~~ be legible signatures of the Assistant and one Supervising Licensee.
- (4) These signed and dated patient encounter records ~~must shall~~ be retained as part of the patient's file for the time period specified in Rule .0209 of this Chapter and may be requested by the Board.
- (5) ~~The Board may do random audits of records to determine compliance with its rules.~~ Upon receipt of evidence tending to show that a violation of this Section may have occurred, the Board may issue subpoenas to audit records related to the supervision of an Assistant.
- (6) ~~When patient services are being rendered by an Assistant, the [Primary] Supervising Licensee must be accessible to the Assistant in order to assure that direct observation and supervision can occur when necessary.~~
- [(7)]
- (f) The Primary Supervising Licensee shall provide direct supervision for each patient for whom the Assistant is providing services. [Every 90 days the Primary Supervising Licensee shall update and recertify the target behavior form. Every 90 days,] In the 90-day period following the Assistant's registration and in every 90-day period thereafter while the Assistant is registered, the Primary Supervising Licensee shall [provide]

(1) Provide to each full-time Assistant under his or her supervision a minimum of six (6) hours of direct supervision and six (6) hours of indirect [supervision.] supervision;

[Every 90 days, the Primary Supervising Licensee shall provide to]

(2) Provide to each part-time Assistant under his or her supervision a minimum of three (3) hours of direct supervision and three (3) hours of indirect [supervision.] supervision; and

(3) Update and sign a written treatment plan that documents the patient's short-term goals, skilled intervention, eliciting conditions, target behaviors, and contingent responses.

(g) Activities that provide direct supervision include observing in-person or recorded therapy sessions by the Assistant, providing co-treatment with the Assistant, or modeling therapy techniques during a session with the Assistant. Activities that provide indirect supervision include reviewing therapy notes prepared by the Assistant, lesson planning for the Assistant, communicating with the Assistant about sessions by telephone or email, or providing written feedback to the Assistant about [session.] sessions. The dates and amount of supervision provided shall be documented, dated, and made available upon Board request.

[(8)]

(h) The Primary Supervising Licensee shall complete and maintain a Competency Rating Scale, entitled Form D, [Scale ("Form D")] for each Assistant on a form prescribed by the Board that is available on the Board's website. The Primary Supervising Licensee shall record on the Form D his or her observations regarding the Assistant's skills, as set forth in this Rule. The Primary Supervising Licensee shall update the Form D through [routine] observation, feedback, and performance evaluation sessions. The Form D shall be made available for Board review upon request. The Primary Supervising Licensee shall provide written feedback to each Assistant and provide evidence of written feedback to the Board upon annual registration of the Assistant, the discontinuation of supervision of the Assistant, or upon request by the Board.

(i) A completed Form D shall contain the following:

[(A)] (1) The name and registration number of the Assistant;

[(B)] (2) The name and license number of the Primary Supervising Licensee;

[(C)] (3) The Primary Supervising Licensee's rating of the Assistant's demonstrated competencies in the following skills:

[(i)] (A) Clerical skills;

[(ii)] (B) Interpersonal skills;

[(iii)] (C) Professional conduct in the work setting;

[(iv)] (D) Technical skills; and

[(v)] (E) Other skills decided by the Primary Supervising Licensee as necessary for the work performed by the Assistant.

[(D)] (4) The Primary Supervising Licensee's plan to encourage further growth of the Assistant's skills; [and]

[(E)] (5) The dated signature of the Primary Supervising Licensee and the [Assistant.] Assistant; and

(6) the site location at which supervision is provided.

[(9)]

(j) The Primary Supervising Licensee shall review and approve all documentation prepared by the Assistant related to the provision of services for patients at least once every 30 days. This review shall be documented with the date of review and Primary Supervising Licensee's initials or signature. This review shall be maintained in the patient and Assistant supervision records.

(i) The Primary Supervising Licensee shall assess the Assistant's competencies during the initial 60 days of employment using the performance-based competency assessment and orientation checklist provided by the Board on the Board's website. The Primary Supervising Licensee shall submit the completed checklist ~~shall be submitted~~ to the Board within 90 days of registration. ~~A Each time the Primary Supervising Licensee changes, the successor Primary Supervising Licensee shall complete and file with the Board a new competency checklist must be completed and filed within 90 days each time the primary supervising Licensee changes.~~ following the change in Primary Supervising Licensee. In completing the checklist, the Primary Supervising Licensee shall provide the following assessment to the Board:

- (1) whether the Assistant has completed a Board approved course of study and is currently registered with the Board;
- (2) whether the Assistant has completed an employment orientation at all sites where he or she will provide services;
- (3) whether the Assistant knows and understands the Board rules governing Assistants;
- (4) whether the Primary Supervising Licensee has informed the Assistant of the overall scope of his or her duties and responsibilities as an employee;
- (5) whether the Assistant conducts himself or herself in a professional manner with patients, families, caregivers, and staff;
- (6) whether the Assistant identifies himself or herself as an Assistant to patients, families and caregivers;
- (7) whether the Assistant wears a name tag at all times that identifies himself or herself as an assistant;
- (8) whether the Assistant provides instructions or explanations of treatment to the patient that are appropriate for the patient's developmental level, language use, communication disorder, and level of understanding;
- (9) whether the Assistant has been instructed in the proper administration of the screening instruments or tests and accurately administers these screening instruments;
- (10) whether the Assistant accurately scores and reports the results of screening tests to the Primary Supervising Licensee;
- (11) whether Assistant prepares treatment or screening materials before the beginning of each treatment or screening session, as directed by the Primary Supervising Licensee, assuring that such materials are appropriate to the patient's age, developmental level, culture, and communication disorder;
- (12) whether the Assistant starts and ends treatment sessions on time and follows the written treatment protocol developed and prescribed by the Primary Supervising Licensee;

1 (13) whether the Assistant utilizes universal precautions and adheres to the infection control procedures
2 and guidelines of the employer(s); and

3 (14) whether the Assistant uses procedures for the physical management of patients/clients and injury
4 prevention strategies consistent with the employer's policies and with state regulation.

5
6 (g) ~~Any attempt to engage in those activities and responsibilities reserved solely for the Supervising Licensee shall
7 be regarded as the unlicensed practice of speech language pathology.~~

8
9 History Note: Authority G.S. 90-298.1; 90-301A; 90-304(a)(1); 90-304(a)(3);

10 Eff. July 1, 1998;

11 Amended Eff. December 1, 2013;

12 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 4,
13 ~~2016.~~ 2016;

14 Amended Eff. ~~[September]~~ October 1, 2026.
15
16

Request for Changes Pursuant to N.C. Gen. Stat. § 150B-21.10

Staff reviewed these Rules to ensure that each Rule is within the agency's statutory authority, reasonably necessary, clear, and unambiguous, and adopted in accordance with Part 2 of the North Carolina Administrative Procedure Act. Following review, staff has issued this document that may request changes pursuant to G.S. 150B-21.10 from your agency or ask clarifying questions.

Questions contained herein suggest that the rule as written is unclear or there is some ambiguity. If this document includes questions and you do not understand the question, please contact the reviewing attorney to discuss. Failure to respond may result in a staff opinion recommending objection.

Staff may suggest the agency "consider" an idea or language in this document. This is in no way a formal request that the agency adopt the idea or language but rather is offered merely for the agency's consideration which the agency may find preferable and clarifying.

To properly submit rewritten rules, please refer to the following Rules in the NC Administrative Code:

- Rule 26 NCAC 02C .0108 – The Rule addresses general formatting.
- Rule 26 NCAC 02C .0404 – The Rule addresses changing the introductory statement.
- Rule 26 NCAC 02C .0405 – The Rule addresses properly formatting changes made after publication in the NC Register.

Note the following general instructions:

1. You must submit the revised rule via email to oah.rules@oah.nc.gov and copy RRC Counsel. The electronic copy must be saved as the official rule name (XX NCAC XXXX).
2. For rules longer than one page, insert a page number.
3. Use line numbers; if the rule spans more than one page, have the line numbers reset at one for each page.
4. Do not use track changes. Make all changes using manual strikethroughs, underlines and highlighting.
5. You cannot change just one part of a word. For example:
 - Wrong: "~~a~~Association"
 - Right: "~~association~~ Association"
6. Treat punctuation as part of a word. For example:
 - Wrong: "day~~;~~ and"
 - Right: "~~day~~, day; and"
7. Formatting instructions and examples may be found at:
www.ncoah.com/rules/examples.html

If you have any questions regarding proper formatting of edits after reviewing the rules and examples, please contact the reviewing attorney.

Christopher S. Miller
Commission Counsel

Date submitted to agency: September 3, 2026

REQUEST FOR CHANGES PURSUANT TO G.S. 150B-21.10

AGENCY: Board of Examiners for Speech-Language Pathologists and Audiologists

RULE CITATION: 21 NCAC 64 .1003

DEADLINE FOR RECEIPT: September 16, 2026

PLEASE NOTE: This request may extend to several pages. Please be sure you have reached the end of the document.

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may email the reviewing attorney to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following changes be made:

(a), lines 4-5: For clarity and proper grammar, consider revising this to read as, "Licensees shall hold a current, permanent license in North Carolina or an equivalent qualification from another state for a minimum of two years, prior to registering an Assistant."

Done

(a), line 4: Change "must" to "shall".

Use of word "must" removed.

(b): For clarity, consider rewriting this to state, "Licensees who register an Assistant shall demonstrate understanding of the elements of the registration and supervision process, including scope of practice, ethics, written protocols, and record keeping, by satisfactorily completing a knowledge demonstration."

Done

(b), line 6: Change "must" to "shall".

Use of word "must" removed.

(b), line 8: What is a "knowledge demonstration" and what do you consider to be "satisfactory"? Your rule does not provide a clear standard. Is it a written test? Something else? Is there a specific passing score? Be clear and specific.

Revised to clarify that licensees who register an Assistant must answer correctly at least seven jurisprudence questions regarding the statutes and rules regulating supervision of Assistants.

(c), line 9: Change "must" to "shall".

Christopher S. Miller
Commission Counsel

Date submitted to agency: September 3, 2026

Done

(c), line 9: You mention an “application” here. Is that application form already prescribed in your rules or statutes? If so, cross-reference it here. If none exists, place the required fields and substantive requirements in rule. See our form guidance at <https://www.oah.nc.gov/rrc-final-guidance-forms/open>.

Revised to include the information that must be provided to register an Assistant.

(d), line 11: Replace “must assure” with “shall ensure”.

Done

(d)(1): Replace “must” with “shall”.

Done

(d)(2): Replace “must” with “shall” on lines 14 and 15.

Done

(d)(2), line 14: Does “family” notification only apply if the patient is a minor? Or does family notification suffice in all circumstances?

Clarified to provide that written notification must be given to the patient or, if the patient is a minor, the patient’s legal guardians.

(e), lines 17-18: Why is the first sentence of this paragraph needed? It doesn’t seem to do anything that isn’t already covered by those two rules. Consider deleting this.

Done

(e), lines 18 and 19: Change “are” to “shall be” and “cannot” to “shall not”.

Done

(e), lines 19-21, final sentence: Is this sentence still relevant now that you’ve set forth specific times and standards for supervision in (e)(7)? You may want to delete this or edit to avoid any confusion.

Revised to remove reference to “the amount and type of supervision”

(e)(1), line 22: Delete “a” before “treatment tasks” and change “must” to “shall”.

Done. We also changed the verb tense for clarity.

(e)(2), line 28: Replace “must” with “shall”.

Done

(e)(2), line 28: Consider deleting “reliable and effective”. These adjectives create an unclear standard and do not seem to be necessary here.

Done

(e)(2), line 29: Add “Primary” before “Supervising Licensee” if that is your intent.

Done

(e)(2), line 30: Replace “must assure” with “shall ensure”.

Done

(e)(2), lines 30-31. This cross-reference is not precise. Revise to say, “... all three protocol elements in Parts (A) through (C) of Subparagraph (e)(1) of this Rule.”

Done

(e)(2), line 31: What does “effectively” mean in this context? This may be seen as a vague standard.

Removed the word “effectively”

(e)(3): What exactly is required to be signed? Your rule is not clear. Also, change “must” to “shall” on line 33.

Revised to clarify that every record created that documents a patient encounter in which the Assistant provides services must be signed.

(e)(4), line 34: Replace “must” with “shall”.

Done

(e)(5): What statute(s) give the Board authority to conduct “random audits” for licensee compliance?

Revised to clarify that audit only are done when investigating evidence tending to show non-compliance with Section .1000 of Chapter 64 of the NCAC.

(e)(6), line 1: Change “must” to “shall”.

Done

(e)(6), line 2: What does “accessible” mean in this context? In the same room? Available by phone? Your rule is not clear.

Revised to clarify that the Primary Supervising Licensee shall provide direct observation and supervision deemed necessary by either the Assistant or the Primary Supervising Licensee.

(e)(7), general comment: The length and organization of this paragraph makes it hard to parse. Consider breaking this out into sub-requirements for Supervisors to improve readability. Also, it may make more sense to designate this as paragraph (f) rather than subparagraph (7).

Reorganized into Paragraph (f) rather than subparagraph (e)(7)

(e)(7), first sentence: Doesn’t this first sentence go beyond the requirement of (e)(6)? Is (e)(6) still needed? “Direct supervision” seems to be a higher requirement than “accessible”. Please consider and revise as needed.

Paragraph (e)(6) has been removed.

(e)(7), line 6: What does it mean to “rectify” a form?

The term “recertify” has been removed.

(e)(7), line 6: What is a “target behavior form”? Is this something that the Board creates and requires licensees to use? If so, is the form and its required contents set forth somewhere in your rules or statutes? See our form guidance document at <https://www.oah.nc.gov/rrc-final-guidance-forms/open>.

The target behavior form is not created by the Board or one that it requires its licensees to use. However, the minimum required substance expected on the form has been added to the rule.

(e)(7), sentences 2-4, lines 5-10: The language used here is redundant. Consider breaking this up to say:

“Every 90 days, the Primary Supervising Licensee shall:

(A) update and recertify the target behavior form;

(B) provide to each full-time Assistant under his or her supervision a minimum of six hours of direct supervision and six hours of indirect supervision; and

(C) provide to each part-time Assistant under his or her supervision a minimum of three hours of direct supervision and three hours of indirect supervision.”

Done

(e)(7), sentences 2-4, lines 5-10: When does the first 90-day period begin? Once the first task is assigned? Upon registration? Be specific in your rule.

Christopher S. Miller
Commission Counsel

Date submitted to agency: September 3, 2026

Revised to clarify that the 90 day period begins after the Assistant's registration.

(e)(7), line 15: Change "session" to "sessions".

Done

(e)(7), line 16: Add "made" before "available".

Done

(e)(8), general comment: The length and organization of this paragraph makes it hard to parse. Consider breaking this out into sub-requirements for ratings/documentation for Supervisors to improve readability. Also, it may make more sense to designate this as paragraph (g) rather than subparagraph (8).

Done

(e)(8), lines 17-18: Remove the parentheses around ("Form D") and add "entitled" before the form name. It would then read as "... Scale, entitled "Form D", for each ..."

Done

(e)(8), line 21: What is considered to be "routine"? Specify a frequency.

Removed the word "routine"

(e)(8), line 22: Add "made" before "available".

Done

*(e)(8)(A-E): Please confirm whether your rule captures **all** required information in the Form D. The rule should match the form.*

Revised to add requirement that location of supervision be provided.

(e)(8)(C)(i-v), lines 30-35: Subparts at this level are not allowed in current rules. The listed competencies will need to stay at the Part level in (C). Please revise.

Revised accordingly.

(e)(9): If you make some of the organizational changes suggested above, consider designating this as paragraph (h) rather than subparagraph (9).

Revised accordingly.

(e)(9), line 2: What is encompassed within “all documentation”? Do HR documents qualify? Only documents created in conjunction with performing services on patients? Be more specific.

Revised accordingly.

(f), general comment: Is this requirement in addition to the Skills Assessment provided on a Form D? Or is this the same thing?

The checklist is completed once within 60 days following initial registration of an Assistant. The Form D is for the annual review of the Assistant.

(f), line 8: If you are requiring Supervisors to complete and submit this form/information to you, you need to spell it out in your rule. Please describe the form contents here. For additional information, please see our form guidance at <https://www.oah.nc.gov/rrc-final-guidance-forms/open>.

Revised accordingly.

(f), line 10: Is it an “orientation checklist” or a “competency checklist”? You use inconsistent terminology throughout this paragraph.

The “performance-based competency assessment and orientation checklist” is one document. We have revised to refer to it as the checklist.

(g), line 13: “Any attempt” by whom? Who does this apply to? Be specific.

This subparagraph has been removed.

(g), line 13: What are “activities and responsibilities reserved solely for the Supervising Licensee”? Is this set forth in your rules? If so, cross-reference them here.

This subparagraph has been removed.

History Note, Authority: Consider adding G.S. 90-301A.

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Burgos, Alexander N

From: Catherine E. Lee <clee@hedrickgardner.com>
Sent: Thursday, September 3, 2026 2:33 PM
To: Miller, Christopher S
Cc: Burgos, Alexander N
Subject: [External] RE: 21 NCAC 64 .1003 - Rule for September 2026 RRC Meeting

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Thank you, Mr. Miller. I am confirming receipt and the Board will respond before September 16.

We appreciate your very helpful review of this rule.

Catherine

Catherine E. Lee | Partner
Hedrick Gardner Kincheloe & Garofalo LLP.
2710 Wycliff Road, Suite 220 | Raleigh, NC 27607
Phone: 919-341-2639 | Fax: +19193412639
clee@hedrickgardner.com | www.hedrickgardner.com



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From: Miller, Christopher S <christopher.miller@oah.nc.gov>
Sent: Thursday, September 3, 2026 10:21 AM
To: Catherine E. Lee <clee@hedrickgardner.com>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Miller, Christopher S <christopher.miller@oah.nc.gov>
Subject: 21 NCAC 64 .1003 - Rule for September 2026 RRC Meeting

Caution! This message was sent from outside your organization.

Good morning, Catherine.

I'm the staff attorney who reviewed the rule submitted by the Board of Examiners for Speech-Language Pathologists and Audiologists for the September 2026 RRC meeting. The RRC will formally review this rule at its meeting on Tuesday, September 29, 2026, at 10:00 a.m. The meeting will be a hybrid of in-person and WebEx attendance, and an evite should be sent to you as we get close to the meeting. If there are any other representatives from your agency who want to attend virtually, please let me know prior to the meeting, and we will get evites out to them as well.

Attached is my Request for Changes pursuant to G.S. 150B-21.10. Please submit the responses and revised rule to me via email, no later than **5 p.m. on September 16, 2026.**

Let me know if you have any questions.

Thanks!

Chris Miller

Rules Review Commission Counsel
North Carolina Office of Administrative Hearings | Rules Division
1711 New Hope Church Road
Raleigh, NC 27609
(984) 236-1935

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