

Burgos, Alexander N

Subject: FW: [External] Fwd: Written Comments and Objection – 21 NCAC 64 .1003 –
Attachments: RRC Comment 9.21.26.pdf

From: Blake Hudson <bhudson@slrehab.com>
Sent: Monday, September 21, 2026 10:08 AM
To: nkalfas@compactlegalconsultants.com; cleee@hedrickgardner.com; rrc.comments <rrc.comments@oah.nc.gov>
Subject: [External] Fwd: Written Comments and Objection – 21 NCAC 64 .1003 –

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*Resending to correct a typographical error in one Rulemaking Coordinator email address. The attached comments are unchanged.

Members of the Rules Review Commission,

Please find attached my written comments and objection regarding proposed 21 NCAC 64 .1003, along with supporting materials referenced in my comments.

Thank you for your consideration.

Blake Hudson
COO, Speech and Language Rehabilitation Services, Inc.

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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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