



April 16, 2026

Dean Burke, MD
Commissioner
Georgia Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

RE: Care Management Organizations (CMOs) Should Follow Georgia Medicaid Fee Schedule for SLP Provider Payment

Dear Director Burke:

On behalf of the American Speech-Language-Hearing Association (ASHA) and the Georgia Speech-Language-Hearing Association (GSHA), we write to request that the Georgia Department of Community Health issue guidance requiring Care Management Organizations (CMOs) to follow Georgia's Medicaid fee schedule for audiology and speech-language pathology services. Reduced provider payment rates by CMOs will restrict access to care for Georgia's most vulnerable populations.

ASHA is the national professional, scientific, and credentialing association for 247,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Over 6,000 ASHA members reside in Georgia.¹ GSHA is a nonprofit professional association of individuals specializing in the prevention, diagnosis, and treatment of communication, swallowing, and hearing disorders. SLPs prevent, assess, diagnose, and treat speech, language, cognitive-communication, and swallowing disorders across the lifespan.²

CareSource and Peach State sent Georgia Medicaid-enrolled providers a certified letter stating they will no longer follow the Children's Intervention Services fee schedule. Without opportunity for free market negotiation, providers were informed they will be paid 80% of the Georgia Medicaid fee schedule when inflation and the cost of running a practice have never been higher. Providers report they are unable to manage an almost mid-year change in expected reimbursement rates, especially after SLP advocates worked to secure a modest reimbursement rate increase from the Georgia General Assembly in 2024. This change is causing significant practice disruption and has the potential to interfere with services that have federally mandated coverage.

Federal Law Requires Robust Coverage of Medically Necessary Services for Children With Disabilities

Federal law requires coverage of audiology and speech-language pathology services for children under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, which ensures Medicaid-enrolled children (under age 21) receive all medically necessary services to "correct or ameliorate" a condition.^{3,4} The EPSDT law ensures that children and adolescents receive appropriate preventative, developmental, dental, mental

health, and specialty services—including speech, language, and hearing services. Our country has prioritized mandatory services for Medicaid-enrolled children because research shows that children who receive these services are more likely to be academically successful and maintain employment in adulthood.

States like Georgia are required to ensure that children receive these services and report annually on compliance with the EPSDT law.⁵ There is strong evidence linking increased provider payment rates for Medicaid programs with improvements in enrollee access to care and appointment availability.⁶ Lowering payment rates drives providers out of network when they cannot sustain operations. This further reduces access in a state with a large rural area where almost half of children are enrolled in Medicaid.^{7,8}

Additionally, federal law requires Georgia's CMOs to ensure that they have capacity to serve expected enrollment in their service area and maintain a sufficient number, mix, and geographic distribution of providers.⁹ This cuts across all CMO plans in Georgia, as the CMOs must make covered services accessible to their enrollees to the same extent that such services are accessible to other state residents with Medicaid who are not enrolled with that plan.¹⁰

This large reduction in reimbursement rates will make it more difficult for Georgia Medicaid and its contracted CMOs to comply with federal laws surrounding provider network adequacy standards.

Medicaid Coverage of Speech Therapy Saves Georgia Money

Medicaid coverage of speech-language pathology services reduces costs by preventing complications and improving functional outcomes for its enrolled beneficiaries and the state Medicaid agency.¹¹

For example, communication disorders like stuttering have measurable financial consequences, including reduced lifetime earnings due to avoidance of speaking-intensive roles, decreased communication confidence, and occupational self-selection.¹² Evidence shows that speech-language pathology services improve communication effectiveness, self-advocacy, and participation in educational and professional settings. By addressing both speech fluency and the psychosocial components of stuttering, speech-language pathology intervention supports greater workforce engagement, expanded career opportunities, and improved long-term earning potential.

Another example of speech-language pathology treatment that generates significant cost savings is therapy for dysphagia—a swallowing disorder in children and adults. A patient with dysphagia can cost a facility \$5,000 to \$10,000 more than a patient without this condition. Transitioning a patient from tube feeding to oral intake may save more than \$50,000 each year.¹³ Systematic swallowing screenings and treatment by SLPs in medically complex populations reduce length of hospital stays, readmission rates, and incidence of aspiration pneumonia—high-cost conditions in Medicaid populations. These improvements translate into substantial cost savings at both institutional and health care system-wide levels.

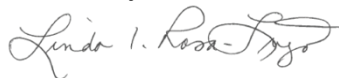
In a time of fiscal constraint for Medicaid programs—particularly in light of changes affecting program financing under the One Big Beautiful Bill Act—coverage of services that reduce avoidable complications and improve functional independence is critical to program sustainability.

Conclusion

All states can direct their CMOs to pay providers according to specific rates or methods.¹⁴ **We respectfully request that the Department instruct its CMOs to follow the Georgia Medicaid fee schedule to ensure alignment with the legislative intent in the most recent provider reimbursement rate increase appropriated by the Georgia General Assembly.**

Thank you for your consideration. If you or your staff have any questions, please contact Caroline Bergner, ASHA's director of health care policy for Medicaid, at cbergner@asha.org.

Sincerely,



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2026 ASHA President



Ariella Kaplan, MEd, CCC-SLP
2026 GSHA President

¹ American-Speech-Language-Hearing Association. (2024). *Georgia* [Quick Facts]. <https://www.asha.org/siteassets/advocacy/state-flyers/georgia-state-flyer.pdf>

² American Speech-Language-Hearing Association. (n.d.). *Speech-Language Pathologists*. <https://www.asha.org/students/speech-language-pathologists>

³ National Archives and Records Administration. (2026). *Code of Federal Regulations: 42 CFR Part 441, Subpart B, early and periodic screening, diagnosis, and treatment (EPSDT) of individuals under age 21*. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-B>

⁴ Department of Health and Human Services. (June 2014). *EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents*. <https://www.medicare.gov/medicaid/benefits/downloads/epsdt-coverage-guide.pdf>

⁵ Centers for Medicare & Medicaid Services. (n.d.). *EPSDT Data*. <https://www.medicare.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/epsdt-data>

⁶ Saulsberry, L., Seo, V., & Fung, V. (2019). The Impact of Changes in Medicaid Provider Fees on Provider Participation and Enrollees' Care: a Systematic Literature Review. *Journal of General Internal Medicine*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6816688/#:~:text=INTRODUCTION,3%E2%80%93>

⁷ Gardner, Allie. (2025, May 6). *Medicaid Cuts Would Reduce Access to Health Care for Entire Communities*. Center on Budget and Policy Priorities. <https://www.cbpp.org/blog/medicaid-cuts-would-reduce-access-to-health-care-for-entire-communities#:~:text=As%20Medicaid%20cuts%20cause%20providers,to%20those%20providers%20as%20well>

⁸ United States Senate Committee on Finance. (n.d.). *No Medicaid Cuts*. https://www.aging.senate.gov/imo/media/doc/Georgia_No%20Medicaid%20Cuts_State%20Fact%20Sheet.pdf

⁹ Social Security Administration. (n.d.). *Compilation Of The Social Security Laws: Provisions Relating to Managed Care*. https://www.ssa.gov/OP_Home/ssact/title19/1932.htm

¹⁰ Social Security Administration. (n.d.). *Compilation Of The Social Security Laws: Payment to States*. https://www.ssa.gov/OP_Home/ssact/title19/1903.htm

¹¹ Roulstone, S. E., Marshall, J. E., Powell, G. G., Goldbart, J., Wren, Y. E., Coad, J., et al. (2015). Economic evaluation of speech and language therapist-led intervention. Evidence-based intervention for preschool children with primary speech and language impairments: Child Talk—an exploratory mixed-methods study (pp. 141–170). *NIHR Journals Library*. <https://www.ncbi.nlm.nih.gov/books/NBK311176/>

¹² Jacobs, M., Gerlach-Houck, H., & Briley, P. (2025). Differential Impacts of Anticipated Success on Employment Outcomes Among Adults Who Stutter. *American Journal of Speech-Language Pathology*. <https://pubmed.ncbi.nlm.nih.gov/39546417/>

¹³ American Speech-Language-Hearing Association. (2024). *The Value of the Speech-Language Pathologist (SLP) in Pediatric Feeding and Swallowing Disorders (FSDs)*. <https://www.asha.org/research/ebp/demonstrating-your-value/value-of-speech-language-pathologists-in-pediatric-feeding-and-swallowing-disorders/>

¹⁴ MACPAC. (October 2024). *Directed Payments in Medicaid Managed Care*. <https://www.macpac.gov/wp-content/uploads/2024/10/Directed-Payments-in-Medicaid-Managed-Care.pdf>