



April 16, 2026

Stephen Smith
Deputy Commissioner and Director
TennCare
310 Great Circle Road
Nashville, TN 37243

RE: Speech-Language Pathology Clinical Fellows are Qualified Providers for Medicaid

Dear Director Smith:

On behalf of the American Speech-Language-Hearing Association (ASHA) and the Tennessee Association of Audiologists and Speech Language Pathologists (TAASLP), we write to request that speech-language pathology Clinical Fellows (CFs) be included as qualified providers for TennCare beneficiaries and that TennCare issue guidance to its contracted managed care plans clarifying that CFs are qualified providers.

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 4,400 ASHA members reside in Tennessee.¹ TAASLP is a nonprofit professional association representing audiologists, SLPs, and related professionals across the state. SLPs prevent, assess, diagnose, and treat speech, language, cognitive-communication, and swallowing disorders across the lifespan.²

For many years, CFs provided services to TennCare beneficiaries without issue. Recently, WellPoint changed its credentialing requirements to require “practitioners who are licensed, certified, or registered by the state to practice independently (without direction or supervision).” They are interpreting this requirement to exclude services performed by CFs. BlueCross BlueShield has also tried to recoup payments after audits when services were reported as performed by CFs, without a clear policy explaining why. CFs are recognized providers in many state Medicaid and other insurance programs and often bill services under the National Provider Identifiers of their supervisors—similar to the “incident-to” billing model used by medical residents during training.

Provisional Licensees and CFs

CFs are SLPs who have graduated from an accredited master’s or doctoral program. As part of their academic experience, they complete 400 clock hours of supervised clinical practicum, and many pass the national exam known as the Praxis. After graduation, they enter into mentorship arrangements with licensed SLPs to begin clinical fellowships. These fellowships are designed to help facilitate the transition from graduate education to professional practice by offering at least 36 hours of mentorship over nine to 12 months. The SLP mentors may or may not work in the same facility or office as their CF mentee, but they have agreed to provide 18 hours of direct clinical supervision of the mentee and 18 hours of nonclinical guidance on issues related to professional practice, such as documentation and employment considerations.

Forty-nine states (all but North Dakota) require recent graduates to complete the nine-month supervised clinical experience (which may or may not be called a clinical fellowship). As part of this process, the states issue a provisional license to these SLPs during their clinical fellowships. This type of license goes by different names, including (but not limited to) provisional, temporary, intern, interim, and limited licenses.

It is critically important to note that there is no distinction in the speech-language pathology scope of practice between an SLP who holds a provisional license (such as a CF) or an SLP who has completed their clinical fellowship and obtained a "full" license. In other words, SLPs with provisional licensure can perform the full speech-language pathology scope of practice to the same extent as a fully licensed SLP, including evaluation and treatment.

Some states have codified ASHA's interpretation. For example, the South Carolina Attorney General (AG) issued an advisory opinion that makes clear CFs meet the licensure standard for the purposes of billing Medicaid. Specifically, the AG stated:

Finally, we consider whether an individual licensed under section 40-67-220(8)(1) meets the qualifications of a speech pathologist under the federal regulations. Section 440.110(c)(2)(iii) provides the final method by which an individual is qualified as a speech pathologist. **This section states an individual is a speech pathologist if he or she "[h]as completed the academic program and is acquiring supervised work experience to qualify for [an ASHA] certificate [emphasis added]."** 42 C.F.R. § 440.110(c)(2)(iii). We must examine ASHA's academic and work experience requirements for certification to determine whether a provision in the South Carolina licensure statutes meets these requirements. Throughout this opinion, when expressing the requirements espoused by ASHA, we will refer to those posted on its website. See www.asha.org.

Based on our review of the academic and work experience required by ASHA, we believe section 40-67-220(B)(1) of the South Carolina licensure statute more than meets these requirements. ASHA mandates speech pathologists must earn a master's or doctoral degree and complete a specified listing of courses. *Id.* Section 40-67-220(B)(1)(a) conforms to this requirement by requiring a master's or doctoral degree from a school or program accredited by the Council on Professional Standards of the ASHA. Section 40-37-220(B)(1)(c) requires supervised professional employment of a minimum of thirty hours per week for at least nine months. Presuming four weeks in a month, by our calculation, the South Carolina licensure standards require 1,080 hours. ASHA requires 4,001 hours of supervised clinical experience in the practice of speech-language pathology and 36-week speech pathology fellowship. *Id.*

However, the federal regulations do not require an individual satisfy the ASHA work experience requirement prior to becoming qualified as a speech pathologist, but simply mandate the individual be in the process of acquiring such experience. Thus, if an individual satisfies the State licensure requirements under section 40-37-220(B)(1), he or she satisfies the academic program requirement and most likely would be considered as in the process of obtaining the work requirements mandated by ASHA, thereby qualifying that individual as a speech pathologist under section 440.110(c)(2)(iii) of the federal regulations [emphasis added]. Accordingly, the three methods by which a speech-language pathologist may be licensed in the State of South Carolina are consistent with the three ways in which a speech pathologist is presumed qualified under the section 440.110(c)(2) of the federal regulations.

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 preventive, 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.

Tennessee is required to ensure that children receive these services and report annually on compliance with the EPSDT law.⁵ Additionally, federal law requires Tennessee’s managed care organizations to assure that they have capacity to serve expected enrollment in their service area and maintain a sufficient number, mix, and geographic distribution of providers.⁶ This cuts across all managed care plans in Tennessee, too, as the plans must make covered services accessible to its enrollees to the same extent that such services are accessible to other state residents with Medicaid who are not enrolled with that plan.⁷

Reducing the number of providers available to service Medicaid-enrolled beneficiaries will make it more difficult for TennCare and its managed care contractors to comply with federal laws surrounding provider network adequacy standards. There are many CFs in Tennessee right now operating across settings, and the demand for Tennessee SLPs will increase by 37.6% over the next 10 years. Eliminating coverage of services by CF providers will decrease the number of available providers for Medicaid-enrolled children with communication disorders. In a state with a large rural population, eliminating providers in the pipeline will decrease access for Medicaid-enrolled children, who make up approximately 50% of the state’s child population.⁸

Medicaid Agencies Can Set the Criteria for Qualified Providers

Generally, in Medicaid fee-for-service programs, states must ensure that a Medicaid beneficiary may obtain covered services from any institution, agency, pharmacy, person, or organization that is qualified and willing to furnish the services to that particular beneficiary.⁹ While we recognize that Tennessee operates its Medicaid program entirely through managed care, provider qualifications can be determined and set by the agency, and its managed care contractors must follow those standards.

Importantly, the Centers for Medicare and Medicaid Services (CMS) recently advised Medicaid agencies in a State Health Official letter that they should consider expanding qualified provider types to better comply with EPSDT requirements for providing medically necessary services to Medicaid-enrolled children.¹⁰ The guidance specifically cites that including more providers helps expand the workforce available to serve beneficiaries.¹¹

ASHA and TAASLP recommend that TennCare enroll CFs directly as providers and instruct their managed care entities to recognize them as qualified providers as well.

Other Major Insurance Plans Include Clinical Fellows as Qualified Providers

Medicare recognizes CFs as qualified providers for outpatient clinical services.¹² It reaffirmed this policy in guidance issued in July 2025. CMS has clarified that state-licensed SLPs, for

purposes of provider enrollment, may include provisional or temporary licensure as such individuals complete required supervised experience. CMS also clarified these SLPs may enroll as an SLP in Private Practice (SLPPP) and work for providers furnishing outpatient Part B speech-language pathology services, consistent with state requirements. This means that to the extent that an SLP complies with the applicable state process for licensure, certification, or registration (if the state has one) necessary to practice as an SLP—which may include provisional or temporary licensure as such individual completes required supervised experience—such individual complies with the applicable licensure requirements found at section 1861(II)(a)(4)(A) of the Social Security Act, 42 CFR 410.62(a), 42 CFR 484.115(n), and Section 230.3 of Chapter 15 of the Medicare Benefit Policy Manual.

On the Medicaid side, CFs are permitted to provide services for almost all state Medicaid programs. Most state Medicaid programs surrounding Tennessee—including, Arkansas, Georgia, Kentucky, North Carolina, and Virginia—permit CF services to be billed.^{13,14,15}

Most major government-funded health insurance plans allow CFs to bill because they know the value of training and retaining these providers in the Medicaid program pipeline.

Tennessee Will Lose Clinical Fellows and SLPs to Other States

Most physicians stay in the state where they complete their residency, a training experience year similar to the clinical fellowship for SLPs.¹⁶ Like residents, many CFs also stay where they train, ensuring a robust provider network for future services to Medicaid beneficiaries across schools and health care settings.


Many health care settings in Tennessee bill Medicaid for services performed by CFs in order to offer paid employment for the CF. There are eight higher education institutions in the state with communication sciences and disorders degree program.¹⁷ Without the ability to bill for CF services, fewer CF placement opportunities will be available to graduates from these eight institutions. As a result, CFs may be forced to seek employment outside of Tennessee as the availability of positions required for licensure will not meet demand.

Conclusion

ASHA and TAASLP respectfully request that the Department recognize CFs as qualified providers and issue guidance to its contracted managed care organizations to do the same. Without this guidance, Tennessee risks losing both providers and the vital services they deliver.

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



Meagan Spencer, Ed.D., CCC-SLP
2026 TAASLP President

- ¹ American-Speech-Language-Hearing Association. (2025). *Tennessee* [Quick Facts]. <https://www.asha.org/siteassets/advocacy/state-flyers/tennessee-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.medicaid.gov/medicaid/benefits/downloads/epsdt-coverage-guide.pdf>
- ⁵ Centers for Medicare & Medicaid Services. (n.d.). *EPSDT Data*. <https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/epsdt-data>
- ⁶ 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
- ⁷ Social Security Administration. (n.d.). *Compilation Of The Social Security Laws: Payment to States*. https://www.ssa.gov/OP_Home/ssact/title19/1903.htm
- ⁸ TN.gov. (n.d.). *Information & Statistics*. <https://www.tn.gov/tenncare/information-statistics.html>
- ⁹ Cornell Law School. (n.d.). *42 CFR § 431.51 - Free choice of providers*. <https://www.law.cornell.edu/cfr/text/42/431.51>
- ¹⁰ Centers for Medicare & Medicaid Services. (2024, September 26). *Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements*. <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>
- ¹¹ Ibid
- ¹² Centers for Medicare & Medicaid Services. *SLP Qualifications Clarified for Part B Outpatient Therapy Services*. <https://www.cms.gov/medicare/coding-billing/therapy-services/slp-qualifications-clarified-part-b-outpatient-therapy-services>
- ¹³ Kentucky Medicaid. (2025). *Provider Billing Instructions for Speech Language Pathologist Provider Type – 79*. [https://www.kymmms.com/kymmms/pdf/billingInstr/PT79withMedicare_v2.9_\(02-26-2026\).pdf](https://www.kymmms.com/kymmms/pdf/billingInstr/PT79withMedicare_v2.9_(02-26-2026).pdf)
- ¹⁴ North Carolina Medicaid. (2025). *Outpatient Specialized Therapies, Clinical Coverage Policy No: 10A*. <https://medicaid.ncdhhs.gov/10a-outpatient-specialized-therapies/download?attachment>
- ¹⁵ Georgia Department of Community Health. (2026). *Part II, Policies and Procedures For Children’s Intervention Services (CIS)*. [mms.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/Handbooks/Children Intervention Services \(CIS\) Q2- April 2026 20260313195324.pdf](https://mms.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/Handbooks/Children Intervention Services (CIS) Q2- April 2026 20260313195324.pdf)
- ¹⁶ AAMC. (n.d.). *Table C6: Physician Retention in State of Residency Training, by State*. <https://www.aamc.org/data-reports/students-residents/data/table-c6-physician-retention-state-residency-training-state>
- ¹⁷ American-Speech-Language-Hearing Association. (2024). *Tennessee* [Quick Facts]. <https://www.asha.org/siteassets/advocacy/state-flyers/tennessee-state-flyer.pdf>