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Karen Chung: 00:00:03 Good morning, everybody. My name is Karen Chung. I'm the CEO and founder of Special Learning. And we're very excited to be having a followup to our ethics of Medicaid fraud webinar that we conducted in September. And the reason for those Q and a is because there are so many questions that came out of last week's my last month seminar actually. And we weren't able to get it to it because there was a lot of content. And as you can see, there are a lot of different questions. Some are pretty complicated some are from an ethics perspective. Some actually require some billing expertise as well. So we have a billing expert with us today. I'm very excited for you guys to be here. Some housekeeping things, please go ahead and post your questions. And one of our moderators will select the questions if it's you think that that's a question that we should be asked asking, I'm sorry, the panelists should be responding to, and if you have any technical difficulties contact, go to webinars directly, we'll have about a fiveminute break near the halfway point and you'll receive 30-day access to the recorded version of the webinar, which will be available in about seven to 10 days.

Karen Chung: 00:01:08 And this is eligible for two ethics or type two CEUs. And please complete the survey at the end of the webinar. It gives us a lot of insight as to the types of questions that you have and the concerns and we create webinars that are relevant to practitioners in that moment in time. It's very timely. So that's very helpful. So outcomes. So participants will understand the short term and longterm impact of healthcare fraud and consumers, ABA practitioners, and ABA provider organizations, and ultimately the field of behavior analysis and participants will learn basic strategies to safeguard against unintentional billing fraud when it comes to it, you'll learn a lot more that the billing fraud and the situations it's really important to take some proactive strategies and make sure that you have the controls in place to safeguard yourself and your agencies against this. And you'll understand how the code ethics code pertains to healthcare fraud. This is a little bit different. The, you know, the application of the ethics code as a pertains to ABA provider organizations has not as clear because as you guys probably know, the ethics code pertains to ABA practitioners are board certified behavior analyst. So this is kind of a little bit of a

departure from the way we've looked at the ethics code before, but I think it's very relevant.

Karen Chung: 00:02:33 Most of you are probably familiar with dr. Bailey and we've been doing the ethics series with Dr. Bailey. I think it's going on four years now, and it's been my privilege to have learned a lot from him over the years. And it being able to engage in discussions around this topic. So Dr. Bailey, everybody knows about you, but maybe a few words

Dr. John Bailey: 00:02:54 Good morning, everybody. I'm glad to be back with these webinar series. And

Dr. John Bailey: 00:03:01 We've had great discussions over over the last few series. And then sadly, we've had to get into this issue of fraud. That's been a really fairly widespread in at least in Southern Florida. And so we'll be talking about some of those issues and look forward to talking to you today.

Karen Chung: 00:03:22 And he didn't mention, he was one of the authors of the first ethics code. We're really excited to have Michelle Silcox with us. She is runs the billing company and there's a lot of consultation with provider agencies in our field. But Michelle, I will ask you to talk a little bit about yourself and your scope of expertise, please.

Michelle Silcox: 00:03:42 Sure. So I am the CEO and founder of ABA Therapy Billing and Insurance Services, where we focus primarily on helping providers with kind of their back office functions related to credentialing eligibilities and authorizations billing and collections. And, you know, as more mandates have passed in different States, I've really taken an interest and a focus in the area of kind of risk assessments and ensuring that, you know, people have the right steps in place to remain compliant and kind of stay out of harm's way.

Karen Chung: 00:04:21 Okay. So we're going to jump right into some questions and but as I've mentioned before, we'll be very respectful of the questions that the audience has. So moderators please prompt us. So I will also be taking myself off of videos. So it's less distracting, and I can better facilitate the sessions. Alright? Yeah. So talking about ethical billing practices question, is it an ethical practice for healthcare and other benefits to be

contingent on a number of billable hours per month? I'm referring to employee benefits. Companies is healthcare and benefits, 401k, IRA, et cetera, which are contingent on it. BCBA billing a certain number of hours a month, regardless of what clients are being billed or not. I was like really surprised with this question. I didn't realize that this was possible. So Dr. Bailey, what do you think?

Dr. John Bailey: 00:05:14 Well it's, it's certainly an unusual practice for professionals. Normally professionals get paid on a, based on a full time salary and they work as hard as they can, and there's, there may be bonuses from time to time, but basically they can count on a salary and they can count on benefits and that's usually locked into a contract and there wouldn't be any variability. And the way this, this question is worded, it makes it sound as though if you didn't meet your number of billable hours on any given month that you might not have benefits, which I would assume would be something like health benefits. I would say that's, that's really pretty unethical practice. I think if I was an employee, I wouldn't sign on to a set of contingencies like that. And although the code is not specific to billing fraud, we do have a code item that's relevant to this, and it's a 1.04B and it says behavior analysts do not implement contingencies.

Dr. John Bailey: 00:06:28 That would cause others to engage in fraudulent, illegal or unethical conduct. And I would assume that means a billing fraud in there such as you know, giving yourself credit for more hours than you actually did. And that's, that was a big problem in these cases that came forward with OCA here in Florida is people billing for an astronomical number of hours, really humanly impossible number of hours. So, and that may have been related to this contingency. I don't know that for sure, but it certainly could, whenever you put a contingency on, on something like ours, and there's a way to fake those hours or misrepresent those hours, people are going to do that because they don't want to lose whatever the benefits are. That's for sure.

Karen Chung: 00:07:22 I think I was surprised that that's, I don't even know if it's possible for a employer to do that because when you sign on with the insurance companies are pretty much company and you commit to 12 months. So I think speaking, I don't even

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know that this is possible, but I would think that this is also in violation of rights as well.

Michelle Silcox: 00:07:46 Yeah. That was going to be what I said, you know, with, with health insurance, as a benefit or any other types of benefits, you know, an employment law attorney can help, you know, in a situation that seems severe, but typically when you qualify for your health insurance or other benefits based on your full time or a certain number of hours status, that's locked in for that, you know, annual period. And oftentimes insurance will be, you know, available at say the 30 hour mark. I think that I would agree that if there was something unethical going on where someone was maybe, you know, told that they wouldn't get the benefits, if they didn't maintain that full time status. I think that, you know, the person's asking, would someone be more likely to commit medicaid fraud? I mean, unfortunately if they're pushed to gain billable hours versus just being on a salary or getting to the 30 or 40 hours that they qualify for health insurance, that could be a risky area, but certainly that

Michelle Silcox: 00:08:56 Could be something that an employment law attorney could help someone with. If they felt like they were in a bad situation.

Karen Chung: 00:09:02 Dr. Bailey going to going back actually to the first point. What is it that a behavior analyst or an RBT could do to not find themselves in a situation?

Dr. John Bailey: 00:09:16 Well that's a, that's a good question because if you're an RBT, you don't have a lot of power in the organization. You're sort of almost an at will employee. And so there's really, there's not much you can do except exercise your, your social skills with your supervisor saying, you know, I'm coming up short this month. You need to give me more hours, which actually leads me to another aspect of this that we ought to think about, which is, I think under normal circumstance, the billable hours is controlled by the company, the company assigns RBTs to cases and hours. And the RBTs would have really no reason not to work those hours cause that's how they do get paid. So if they came up short on any given week, for example, that might not be their fault.

Dr. John Bailey: 00:10:15 And so making that a contingency on them that there's going to be consequences for that. That seems really totally

inappropriate. And it's, it's very much out of line with what we understand about performance management contingencies, which people, people can't help be held accountable for things that they don't have any control over. And so I would think in particular, RBTs don't have very much control over that BCBAs have more control. I don't know if they have total control, but they have they have a lot of that. I have heard of people being hired to accompany promised that they would get full time in terms of hours. And then the company just can't seem to generate the hours, but that's on the company. That's the company's fault. As far as I'm concerned, maybe Michelle would jump in on something like that.

Dr. John Bailey: 00:11:07 But I think in our field, unless there, it appears to me just from my, my perspective where I get all these questions coming in is that RBTs are really treated quite shoddily in organizations. And that's a sad situation and they don't really have much recourse. We don't have anything in our field, like a union of RBT or anything like that, but, but yet they are the front line. They're the people that actually deliver the services for the most part. And so, you know, they certainly ought to be given more status in that regard. Yeah.

Karen Chung: 00:11:49 It's a really, really dangerous trend that we're on right now, especially with the business practices of these agencies that are looking to cut some costs. So I would say when it comes to a situation like this, really the only leverage if your behavior analysts have is that you have the right to walk away and given the job market, it's generally pretty easy for a behavior analyst to be able to find the job in certain instances, that's not possible, but I'm talking kind of broadly speaking as that doesn't really pertain to RBTs. Although we have such an incredible shortage of RBTs, you would think that RBTs would have thought the opportunities outside of a few agency. But I think the problem is they don't know that, you know, when you have somebody with, let's say a high school degree, we've got the 40-hours starting with an organization as an RBT. I don't know that they quite realize that they're marketable as they are. And so hence for them, you know, they don't have any leverage. So it's really bad situation right now, something that we need to pay a little bit more attention to. So the next question,

Dr. John Bailey: 00:12:51 Can I just jump in real quick, say something else?

Karen Chung: 00:12:53 Absolutely.

Dr. John Bailey: 00:12:55 You mentioned Karen that they don't necessarily know what their rights are as a, as an employee. And I think that's in part because of the way that training is constructed. You and I have been interacting here the last couple of days about, you know, what does what's in that 40 hours of training and they're supposed to be three hours of training in there on ethics, but from what I can tell, just from my students that have done the RBT training, it's really, it's not at all relevant to the issues. For example, if you look at 5.0 supervision oddly enough, that supervision category doesn't have an RBT next to it. So it means like they're not accountable for that. However, 5.0 is the bill of rights for RBTs. And I think it, I think if they were told that that you're entitled to the following conditions as an RBT, I think things would be a little bit different.

Karen Chung: 00:13:55 Yeah. We're going to have to probe a little bit more, but I do. It is really interesting. We talked a little bit about this. The, you know, when the companies are creating the 40-hour RBT training, we're going off of the test list. So in the task list, we don't mention a lot of the items that are covered in the ethics code as possibly 5.0 supervision. But yet when you take a look at the overall kind of the requirements of the RBT, the, the requirements are you are supposed to provide three hours worth of ethics training. I think a lot of agency kind of interpret that as three hours worth of training on the items that are listed on the task list of pretty explicit patient of that. And actually, so we're going to go back ourselves Special Learning and take a look at our RBT training to make sure that we are covering the areas of the ethics code.

Karen Chung: 00:14:46 And in this particular case, the bill of rights with RBTs, because they to know about what type of supervision they should be expecting and also what the rights are. So let's see. Next question. So it's kind of similar to the one above. Is it ethical for employee benefits to be dependent on fulltime status? Wouldn't such practice make individuals more likely to commit Medicaid fraud under certain low hour circumstances for month, like holidays and cancellations. This kind of actually ties in, I think in my puzzlement to this must be a pretty common practice that benefits are really tied into billable hours. It's

really surprises me. So Dr. Bailey, what do you think about this question?

Dr. John Bailey: 00:15:31 Well, yeah, and it's very closely related to the first one. I know we've had a problem in this State for example, that RBTs are actually not employees. And so they are considered independent consultants and, and as such, they, they and they have to pay their own taxes and they have to manage all of the funds that that they receive and they have to set up their own. They have to set up their own health insurance plan on some kind of individual basis or something. It's really kind of a kind of a mess. And as it turns out, they can't be independent consultants, they don't meet the requirements of the IRS. And so when when a company advertises for RBT and said, hey, listen, you know what, your, this is a great thing for you. You're going to be an independent consultant and I can pay you more than these other people down the street where you would be an employee. And the RBT might think that that's a good deal, but it's really not. So anyway, once, once they think they are an independent consultant and they just billed by the hour I could see how they would be more likely to to fudge the numbers on that.

Karen Chung: 00:16:54 I think this is interesting. And you kind of mentioned this, that there are a bunch of, you know, agencies that are doing, it are basically in violation of a bunch of IRS-regs. And I didn't realize that this was kind of common practice, but I think the trend is changing. We did a quick survey. I think it was this week actually about new agencies and their hiring practices. And part of the question is fine if it's that they offer. And I noted that X number of agencies that actually are hiring RBTs as employees as opposed to independent contractors. And this is actually a point that I think RBT should really know about that, you know, meeting certain criteria is that you have to be an employee, you can't be a 1099 status. So Michelle, do you have anything to expound upon this?

Michelle Silcox: 00:17:46 Yeah, I agree with you, and I think in terms of this question on whether they can qualify for employee benefits, if they're a 1099 contractor that kind of takes the employee benefits off the table. But as an employee they're hired on at a status, which is, you know, either full time, 30, 40 hours considered full time. And in this question, it speaks to holidays or cancellations, you

know, that should not be contingent upon whether they maintain benefits they're hired on as an FTE full time employee or a part time employee. And at that point of time of hire, they would qualify for their benefits in terms of how, you know, that health insurance plan is set up or the 401k or the IRA or whatever those employee benefits are, is contingent upon that employment status. And so, again, I don't think that there should be a correlation between, you know, bumping up your billable hours to make that status. So it's unfortunate if that's happening, but they should be two completely different things.

Karen Chung: 00:18:58 So a couple of things that come to mind, I think that this question I do more talking about billing practices, it really relates to the rights all behavior analyst or employees in this particular case, 1099 contractors so that's interesting. Also, Dr. Bailey, I feel like this is something that directly relates to organizational ethics and how a ethical organization behaves with regard to employee benefits. So this is interesting.

Dr. John Bailey: 00:19:28 Can I just one more, one more point on that, about a company possibly taking advantage of the RBTs and sort of keeping them in the dark. This is, this is why they need better training on ethics, because if you look at a 1.07 of the code exploitive relationships they're basically being exploited, but they don't know it because they're not getting trained on 1.07. And I don't think that this RBTs would necessarily just pick up the code and read through it. And, you know, I'm kind of bored. I'll see what's in there. And I, I think that a 1.07 needs to be highlighted as a preventative and kind of an antidote to this this problem of billing practices. It's like, you can't be taken advantage of that's illegal and it's unethical under the code. Then people can be reported to that for that.

Karen Chung: 00:20:24 That's a great point. Does it have that little asterisk next to it saying that we need to cover that for it pertains to RBTs?

Dr. John Bailey: 00:20:32 Code under 1.07, it's got that little RBT next to it, which means they're responses to that but they're kept in the dark.

Karen Chung: 00:20:41 Yeah. I hardly doubt that any RBT sitting through reading the, I don't think the BCBAs actually do that, so..

Dr. John Bailey: 00:20:50 Yeah, that's true.

Dr. John Bailey: 00:20:52 True. There's another relevant code item here. When you're talking about the organization, if you, if you move up to 7.01 about creating an ethical culture, I think the way I would interpret that 7.01 is that you create a performance management system within your company. That would be my interpretation of what that means. Cause it says promote an ethical culture in their work environment and making others aware of the code. And that's really in a sense, that's the solution to the whole thing is that you create from the outset an ethical culture where people are regularly reminded about the code, their internal processes to reinforce people for, you know coming up with solutions to unethical conduct and so on. I mean, it's part of a whole system. That's basically what it amounts to.

Karen Chung: 00:21:49 Well, it seems like it's a really nice bridge from the code for professionals and the ethics code for organizations. So when I think about that, the code I'm always kind of wearing the, like the individual, like BCBA lens, but you make a really good point. We'll have to take a look at that, but that is, I'd like a direct rig.

Dr. John Bailey: 00:22:07 Yes.

Karen Chung: 00:22:08 Thank you. Okay. Another question on the subject of contributions to provider fraud and in relation to retail services, we tell her service, private companies, how should it behavior analysts operate on that model within the organization that they're part of itself, maybe somewhat responsible for susceptibility of Medicaid fraud across even the entirety of the company. So for example, companies that put pressure, or rather highly encouraged their employees to fulfill a certain number of hours or provide services to nearly any person with developmental needs, what are your thoughts?

Dr. John Bailey: 00:22:48 Well, yeah, I mean I often when I'm advising students about what to look for when they, when they apply to work for an organization is you want to try to get as much information as you can, about how people in that organization understand ethics and understand contingencies. And if, if, when you're interviewing for a job, they, they bring up this idea of you have to hit certain goals per week or per month. I would say that's kind of a red flag. And I, I would just keep looking. I mean, there's more jobs than they're going to be able to take. And so I

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would, I would watch out for that. It's a, it's a common thing. We don't want behavior analysis to end up being, you use the word retail. We don't want this to be a field that looks like a,

Dr. John Bailey: 00:23:46

It's a retail establishment where, you know, we have two for one specials and you know, we have punch cards. As soon as you get it filled out, then you get a free sandwich. I mean, we, we don't want to be like that. We're, we're supposed to be a professional field. And so I would say staying away from as much of that as possible and, and making ourselves look like other legitimate professionals like physicians and, and dentists and architects and people like that that are considered professionals. They, they don't do anything like that. They respect the people that work for them, and they're paid on salary and their recognitions are appreciated. And I think that's really the way we need to go.

Karen Chung: 00:24:38

Well, I would agree with you except healthcare fraud is rampant. So hopefully we can kind of stop the bleeding at this particular point in time. We are relatively young, you know, feel it's really officially been around for about 20 years. And as more providers get into the business, because you know, of opportunities, a lot of people have their needs and insurance mandates. We're going to be running into situations like that because of lack of education of a bunch of people that are out there. And that, especially the new BCBAs starting their businesses, have really no idea how to operate a business, let alone, you know, billing practices as well. So I feel like, you know, a lot of proactive strategies need to be put in place as well as education if we really want to curtail the situation worse. So what do you think on this topic?

Michelle Silcox: 00:25:31

So what came to mind for me when I, you know, looked through this question is that, you know, there's an ethical responsibility to request services that are medically necessary. And, you know, I've participated in an audit with a healthcare attorney for an agency where, you know, we started getting feedback from some providers, as we did our interviews, that they did feel like there was a push for more than what was medically necessary, or they had patients that came in with other developmental needs, but they didn't feel like ABA was the right fit. So just from a billing perspective, the only thing I can say is that, you know, you are required to prove medical necessity

ethically in order to gain an authorization. So it's a red flag. If you're trying to force something in a treatment plan to meet, you know, this, this criteria that might not be an ethical criteria, you brought up an interesting point, I think before, before we started this about the fact that specifically it relates to Florida, that they just had a blanket approval for 40 hours, right?

Michelle Silcox: 00:26:48 Yeah. And I think there may or may not be a second question where that will come up as well. But you know, I think that in, in the State of Florida, this is my personal opinion and perspective, but before beacon was doing the authorization process when Florida was covering ABA for multiple diagnosis codes, they were also allowing a blanket 40 hours. And so I'm not sure if that sort of set some behavior trends on you know, working that 40 hours, but once beacon became involved, then there was other criteria that was more in line with typical, you know, private insurance plans where you do need to submit a treatment plan and prove medical necessity. I would have to say, and then of course, now that beacon's not involved, you know, and now it's a cue, but it's the same criteria in the same process and.

Karen Chung: 00:27:46 Talking about motivation and Dr. Bailey, you and I had discussed this, and I think it was a previous webinar when you have a pocket of money that's out there and people know that you can access it without pretty much any kind of constraint for oversight. I guess it's just sadly human nature that a lot of people will kind of gravitate towards that.

Dr. John Bailey: 00:28:05 Yeah. it is, I mean, it's human nature for people that don't understand ethics you know, the extent which like if you had a client, you submitted your proposal and you asked for 20 hours, and if somebody on the other end said, well, how about 40? You look like some kind of stupid, if you said, no, I'll just take the 20, give the other 20 to somebody else. I don't know that that ever, I don't know that that ever happened. And I wasn't aware Michelle brought up something that was, that was new information to me that in the beginning they were routinely handing out 40 hours if they did. That was pretty ridiculous. Because very few cases actually would require that when you get right down to it, it's, that would be a small percentage of all the cases that come forward.

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Dr. John Bailey: 00:28:58

But here's the more bizarre thing they never had. Anybody AHCA never had anybody in house, any kind of behavior analyst to help them guide through this process. They were trying to reinvent the wheel. And, and yet we have, we have highly trained people ready to even volunteer, to help give them some guidance on this and they never asked for it. So that's really kind of bizarre. The AHCA headquarters is about a mile from my house. And those people knew who I was because I was involved in that lawsuit. And it would have been so easy for them to pick up the phone and say, Hey, could you stop by here? We're going to figure some out. I would have done that for free. And it wouldn't have taken a lot. I don't think to give them some general guidelines.

Karen Chung: 00:29:50

Well, you're right. It's completely reinventing the wheel. I think it's really unfortunate. And there's a lot of even confusion, I think, you know, based upon the titles of the individuals and the levels or providing services. So this is definitely an organizational issue. Oh, am I going back to, yeah, you're right. I think that this speaks to the ethics of at the minute, the owners, I suppose, own the agencies and then also the individual providers, as well as to, if you don't have that kind of ethics north star, that's the way you think about things highly. I do agree. I feel like, AHCA perhaps other agencies as well, and insurance companies, they created this mess and now they're working themselves out of it, but it's really giving the field of behavior analysis a really, you know, black eye, I [inaudible].

Michelle Silcox: 00:30:43

Like Karen, I would just add that, you know, the treatment plan that's submitted for authorization, you know, it was signed by, you know, the BCBA the supervising BCBA. And so, you know, the responsibility for proving medical necessity relies on them. So even if there are you know, agency trends with this pressure, they have to act right, you know, do the right thing. And in what they're asking for, because it is their signature on that treatment plan saying, these are my reasons why this is medically necessary. And here's what I say is medically necessary. So in a situation where someone is, you know, feeling forced to increase the hours beyond what they feel the child really needs, or the patient of any age really needs, or again, in this question where it says you know, any person with developmental needs, if they don't feel that ABA is helpful for

that patient, you know, their name is the one on the treatment plan.

Michelle Silcox: 00:31:45 So that's, you know, they will have responsibility for that. So it's not just the agency, if that makes sense.

Karen Chung: 00:31:53 Okay. This is really interesting because the last webinar that we did, we specifically discussed that there are a lot of BCBAs that are out there, company practice, where they don't even get to take a look at the billing. You don't know what's being submitted. And so what, you know, what should be done versus what is done in practice is completely different. And I think that this goes to, the BCBA's rights as well and their responsibilities, because I don't know that that's kind of a widely known, you know, among BCBAs that they have actually the responsibility that they know that they have the responsibility. I think that there'd be a lot more diligent about, you know, whatever it is that they're signing off on, but you know, a lot of these agencies have automated billing.

Michelle Silcox: 00:32:33 So yeah. And we're gonna cover that. You definitely have a question related to that, but this actually is prior to any billing. So this is where you are at the stage in presenting that medically necessary treatment plan to get an authorization. So at that point in time, there's not even, you know, billing that's been completed yet. It's where you were presenting to the insurance company. Here's what I feel that I need to get approved for hours, but you're right. We'll go over more in detail, the billing side of it and the other questions,

Krystal: 00:33:09 Excuse me, Karen. We have some really good questions over here and I would like to let Miss Myra ask her question, Myra, can you unmute your mic and pose your questions, actually,

Karen Chung: 00:33:22 Krystal, Krystal, please mute her and then ask her question. Okay. Then we don't get all the background noise. Thank you

Krystal: 00:33:28 All right. So miss Myra asked is there a maximum number of cases of behavior analysts should have as well as how many hours per clients? And she actually has a few questions?

Dr. John Bailey: 00:33:47 Well the answer is, it depends. It depends on how complex the cases are. And it depends on how skilled the behavior analyst is.

As to how many cases they should be able to I'm talking about BCBA, how many they should be able to supervise. And it depends upon the capability of their therapy therapy team. So if you've got a client with a modest behavior, it's not severe, it's not dangerous, you've got a good team then and you've experienced you, you know, what to do in a case like that, you could probably supervise more cases like that. Then if you had several cases where they were, they were dangerous, they were self-injurious, they were aggressive, they were PICA, they were elopement, they were feeding disorder, they were sexual disorder. If you had those kinds of complicated cases, you could only take a few of them.

Dr. John Bailey: 00:34:46 But I can tell you that there, there is an upper limit to this because this is Miami cases. You know, they had people who were allegedly supervising a hundred cases. And I routinely get questions from people saying my supervisor is trying to manage 80 cases or 40 cases. And I think that's totally unreasonable. Even if they weren't difficult cases, there's still not humanly possible to do that, to touch base with every case for at least an hour, once a week. I mean, you can run the numbers and see how many they would be. So I think there is there's, you know, it's like it's humanly possible to only handle so many in a responsible fashion.

Karen Chung: 00:35:34 Well, let's do it like, you know, this is a loophole, right?

Karen Chung: 00:35:38 5.0 it talks about supervision, supervisory load, but it doesn't explicitly stay number because every situation has replaced. Right. But it's really leading to unethical business practices because more and more RBTs are hired. They have to be supervised. And, you know, supervisors don't have enough time to begin with. So then the quality of supervision is completely degraded and the quality of services I would imagine is suffered as well. So you know, just a big prep because if you're leaving it up to people and their judgment, hopefully if they have the right motivation and highest level of outcomes, then they're making decisions accordingly. And as individuals, as practice, but organizations might have a different objective that go ahead.

Dr. John Bailey: 00:36:24 One recent person that wrote in and said is this ethical, our supervisor comes into a room where we have four or five RBTs

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working individually with clients that the BCBA sits there in the room, doing paperwork. And at the end of the hour counts as four individual supervision hours. And the person want to know if that's ethical. And I wrote back and said, no, that's not ethical. Not in the least that there was no actual supervision going on. There was no, there was no data collection on the, on the therapists. There was no prioritization of tasks. There was no feedback. There was no training. There was no nothing, no, the answer is no zero. They don't get credit for anything. And yet this person could do this several times a day and get up to, you know, 15, 20 hours of supervision when they did zero.

Karen Chung: 00:37:21 I think it's supervision is reimbursed in that particular situation. Of course, it's highly susceptible to those kinds of practices, but Dr. Bailey in terms of kind of the capacity of a supervisor to supervise and that kind of a group supervision setting. If the BCBA, BCaBa, were actually providing the supervision, reviewing the cases, would you consider that as legit supervision hours?

Dr. John Bailey: 00:37:45 Well, it would have to be one on one. So if you focused, if you've got a, if you've got a room full of therapists working one on one with kids and you go to the first therapist and you sit there and you observe and give feedback and shape on their behavior. And if you do that for an hour, that counts, and then if you go to the second person and do that, but you can see that would take four hours that would be half of your day just to focus on those four people. And you'd have to do that every other week. So you're not going to get much else done with that, but that's the way it's supposed to be. That's what supervision is supposed to do.

Karen Chung: 00:38:23 Right. But the numbers don't work, right. Because if the RBT is working 40 hours, that's two hours per right.

Dr. John Bailey: 00:38:30 Exactly. The numbers don't add up. That's exactly right.

Karen Chung: 00:38:34 So Michelle has a question, you

Karen Chung: 00:38:36 Do funding agencies reimbursed for supervision hours, I suppose it's case by case.

Michelle Silcox: 00:38:44 Yeah. So that's a hot topic, you know, with the, you know, the T codes and now with the new codes you know, I think I'll just

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quickly say that supervision, the word supervision by the funding sources with the T codes was more looked at as an administrative overhead costs. The new codes are using the word direction. And the steering committee has worked really hard to educate on the codes to understand that that direction is a specific service as Dr. Bailey just mentioned that, you know, the activities that would occur during that time the intent of the new codes is that that direction, time would be reimbursed. The intent of the new codes is that it would also allow the technician time to be reimbursed as well. Because they are two completely different services by two different people, whether or not the funding sources allow that will is, you know, in question still.

Michelle Silcox: 00:39:47

But the steering committee is, you know, providing some guidance to work with payer sources to educate them. But one thing I would like to say on this question, you know, again, in another audit situation with a healthcare attorney, we found that exact situation where, you know, a BCBA was coming into the room and there were more than four cases, multiple cases doing one on one or group and then charging for supervision to the degree. And this wasn't even a Medicaid situation or the state of Florida, but to the degree that they had up to 18 to 24 hours in a day being, being billed. So what I will say to that though, is this, this person, this BCBA was going, they came from a school environment. They'd never worked with private insurance. They were taught by the agency owners. They thought they understood that this was what was right and supposed to be done. Although I would question that that should be a normal red flag, but they just went about their business thinking that that was normal. So, you know supervision or direction is definitely written in the codes as one to one.

Karen Chung: 00:41:08

Okay. So this goes back to supervision and we are working on a supervision webinar, a really comprehensive supervision webinar with Dr. Noor Syed and, you know, billing isn't really an area that's typically covered by supervision. And it seems to me more and more billing actually should be an area that's covered by supervision as well as well as, you know, more ethics and ethical practices And what that looks like because that's not explicitly stated. Okay. Dr. Bailey any final thoughts before I move on to the next question?

Dr. John Bailey: 00:41:46 That's good. Are we talking about the second question on this page?

Karen Chung: 00:41:50 Yeah, I think that this was an interesting question for me.

Dr. John Bailey: 00:41:54 Yeah.

Karen Chung: 00:41:55 Oh, I'm sorry. Let me read it. Our organizations, which probably really focuses on behavior reduction any more or less to commit Medicaid fraud.

Dr. John Bailey: 00:42:06 That's a, that's a really, it's an interesting question. So much of the the work that behavior analysts do now with with kids, they're autistic kids and they have to do with teaching appropriate behaviors, teaching social skills teaching them basic care skills teaching them language and so on. And so there's very, there's not much in the way of, of behavior reduction. And so this, I guess this might come up, but the problem with behavior reduction is that this can be a real time sync in terms of how much time it can take to deal with this. I have a colleague that's been working with a child who engaged in elopement and on any given day, depending upon what he did, they could spend hours and trying to get him back cause he would sneak out of a building and run and then they'd have to find him and the sheriff would have to bring him back and then there would be a whole process. And so there, if you get into a behavior reduction case, the potential is that there could be a lot of hours involved with that. And I could see the more hours that there are, the more chances there are that somebody could fudge the hours and the numbers. So that's possible

Karen Chung: 00:43:39 Directly tied to billing. So Mitchell do insurance covers another funding sources actually limit the number of hours.

Michelle Silcox: 00:43:47 They're not going to limit the number of hours based on what's being focused on in the treatment plan. But in general terms, you know, there are quite a few push backs going on in the field right now from private insurance and Medicaid and Tri-Care with reducing what's approved. So even more important to focus on, you know, the resources and the articles and journals and support that you can put into your treatment plan, the statistics, you know, the data collection that you do to prove medical necessity. They don't necessarily pick and choose the

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program that they would limit, but I am seeing it to everyone else. I'm sure on this call and out there are seeing a trend of attempting to reduce the amount of weekly approved hours.

Dr. John Bailey: 00:44:39 Here's another aspect of that Karen, that I'm not sure people take into consideration and that is that we're supposed to be an evidence-based field and we don't use methods and procedures that don't have research when it gets to behavior reduction we actually have a lot of research. The odd thing about it is if you look at those studies carefully, you can't figure out just reading the study, how many hours it took, because it was a research study and they don't keep track of that sort of thing. You know a lot of these severe behaviors where you get into behavior reduction they're done in institutional settings like Johns Hopkins or University of Nebraska, or any of these larger institution, the University of Florida. And so the reduction research is done in a, in a research setting and you have research assistance and supervision and there's a PhD or two involved and, and they take date over fairly long periods of time. And so when you get all done, you can say, we now have an evidence-based treatment. And if you said, well, how many hours did that take? They couldn't tell you because they don't keep track of stuff like that.

Karen Chung: 00:45:58 You know, and attention, I think with that, and the insurance company has a tendency to, Oh, in the beginning, they like PPOs, they would provide reimbursement for whatever what's medically necessary. And then over a period of time, they start capping things, right. And I'm concerned that this is going to be an area where the insurance companies, so I couldn't, I say arbitrarily, okay, this is a max number of hours that you would be able to bill for this particular service that you're providing. And I hope that's not going to be the case. And I think that there has to be a lot more pushback to the insurance companies to say, no, it doesn't work that way. But certainly having some parameters around kind of typically the typical situation, this would require this number of hours would be great, but I don't know that you can create that,

Michelle Silcox: 00:46:42 Oh, sorry, sorry.

Michelle Silcox: 00:46:44 Dr. Bailey, you know, there's a lot that goes into that, you know, from the legal side you know, with violations of PIA, you know,

mental health [inaudible] and different things. So I think it's important that providers state actively involved in understanding the laws, protecting, you know, the services that they're providing and, you know, what legal ramifications can they use it to their benefit when they need to fight for illegal caps to service, whether it's, you know, dollars ages, hours, any of that. Cause there's a lot of you know, things that they can, can access in that legal environment to focus on that. And I think, you know, it really quickly, I'll say that again,

Michelle Silcox: 00:47:30 Always represent what's medically necessary. What you feel like is medically necessary irregardless if the insurance company wants to approve less, you know, we always educate providers to require that difference that they won't approve in writing as a denial versus modifying your treatment plan, because you want to still always present what's medically necessary. Don't let them encourage you to change it. And then that opens up the ability to do appeals for the difference and go about that fight.

Karen Chung: 00:48:01 Dr. Bailey, any final thoughts? I have one final thought.

Dr. John Bailey: 00:48:07 Well just one thing, Michelle reminded me of a case that came my way here just recently. And that was somebody asking since the insurance companies always reduce the number of hours that they approve, is it ethical to ask for more hours than you need and just in order to get that. So it becomes like, you know, a bargaining for a car and you used car lot. And I wrote back and said, no, I think that's, that's unethical to do that. And, and Michelle reminded me about that. That's that's the basis of it is the medical necessity. And then, then that other caveat that I just put in there, which is, we don't actually know how many hours it's going to take. And partly because we don't know how difficult the problem is going to be to fix. And we don't know how competent the staff is to do it. And we don't know if we have all the controls in place. And so, you know, we don't know, you know, you show up, you show a team, a client, we've got a client who comes in, bangs her head 300 times per hour. How many hours a week do you need to treat this? Well, you'd be shooting in the dark. You wouldn't really not know how many hours to ask for. Back to you Karen.

Karen Chung: 00:49:25 Yeah. So I was thinking, well, how does this pertain to the ethics code? And I know there's part of the ethics code, you know, what that is, talks about documentation. And I think tying that, I mean, it doesn't necessarily speak to this, but I think that we can interpret that kind of broadly speaking as document everything, because you don't have a case to stand on if you don't have the documentation. And so Michelle, you know, it's really sad that we've gotten to the point where we actually need to have an attorney on retainer to help support cases like this. And not everybody can afford a $500 an hour attorney. So it's just a really bad situation, I think, for agencies to find themselves in, but document everything. So moving on. So safeguarding, we wanted to talk more about what are some of the safeguards you can have in place, because you're gonna run into situations, but no, at least in preparing your shop to make sure that things are that, that if you find yourself in situation of audit,

Karen Chung: 00:50:28 Could you be able to present a couple of, okay, see we have our ducks in a row and hope we'll be able to move through it pretty smoothly. I think it's really important, Michelle, certainly, but you have a lot to say about this. So let me read. I'm a small organization in my fourth year of operation, I'm in the middle of a Medicaid audit. None of our areas have been intentional or fraudulent. In our file reviews mistakes with billing have happened with human hair. What do we do for the few issues of something that may have been double billed? That's one part of the question, in addition, some sessions are missed and never billed, but I spoke with said, don't change anything. I think catching our errors is better practice and shows better competency. What is the ethical answer? Well, Dr. Bailey, can you take a stab at this?

Dr. John Bailey: 00:51:16 Well, I think the rep, I would, I think the rep is right. You can't change anything. You start working with with a whiteout to fix stuff like this. It makes you look guilty. And so you know that would be my, my position. I think it would be if you start messing with the records without that due notice, and then she got, maybe she can fill this in. I maybe there's a way to, to correct these human errors and, and make sure that everybody knows you're not trying to cover something up if there was a way to do that, I suppose. But other than that, I think you just

have to you know, you left a, let it go and try to explain it to the auditor.

Michelle Silcox: 00:52:00 Yeah. So you know, there's a couple of ways you can come at this and, and I think best practice is to kind of create your own voluntary compliance program internally. And there's a document that I'll share with Karen with some guidelines on how to do that, that she can share because the best practices that you're doing your own risk assessments and audits on a routine basis internally and catching these kinds of things. So in this example you know, Medicaid is doing and so is Tri-Care, you know, random audits. And so of course you're doing a self assessment at that time, you know, best practice would be to do that self assessment prior and to be able to fix it. But if you catch something prior to an actual audit, you do have obligations to self report. So you do need to make your corrections in self report.

Michelle Silcox: 00:52:59 If it's a Medicaid or Tri-Care funding source, if it's a private insurance you can just modify, you know, correct your claims. So in this situation, I believe the rep is probably guiding the person to not change anything. First of all, you shouldn't change any session note, you know, records, there's there's guidelines for making corrections and amendments, nothing from the original information should be changed. But when it comes to the building, if you're self-assessing during audit, I wouldn't change anything. I would include it in your summary of what you found and, and I would also go to the next level and say, here's what we found in our self assessment. And here's the steps we've put in place to mitigate the situation going forward, better checks, you know, and controls checks and balances to make sure it didn't happen. I would include as well, the items that were missed and never billed.

Michelle Silcox: 00:53:57 So make it a complete package that this is what was found. And I think the rep is right in saying, don't change anything. And I also agree with the person asking the question that catching our own errors is better practice and shows that our competency absolutely giving that full package of what you did with your self assessment and what your plan is moving forward to make sure it doesn't happen again.

Karen Chung:	00:54:20	Well, we're only looking forward to saying when you said Michelle, because I think that kind of framework is really important to have, and that's really not common knowledge, right. And delving a lot deeper into what exactly, you know, what does an organization look like? And not necessarily above and beyond being an ethical organization, but organizations that have their ducks in a row and have the systems there'll be related stuff as well. But I think that Dr. Bailey, again, my interpretation of the code does, you know, has to, I think, speaks to the documentation part. And I think that that becomes more and more important as you're talking about organizations and moving on.
Dr. John Bailey:	00:55:00	just one more, one more thing.
Dr. John Bailey:	00:55:05	But so there is there's the person says that the billing errors have happened with human error. As a behavior analyst I would want to know more about the human error. How did that happen? You know, was this somebody who was up too late at night, trying to do your, your books or, you know, what exactly what exactly was the nature of the human error? Cause those are that's, our department is human behavior and we know how to fix human behavior. So I would say that you need to not just say, Oh, well, human error. You need to say what were the circumstances that caused that particular human error? I I'm well acquainted with a small company here in Tallahassee where they were having human errors in the billing. And over time they realized what the source of it was and they hired a second bookkeeper.
Dr. John Bailey:	00:56:00	So then they had, then now they had two bookkeepers instead of one. And I think the human error was the first person felt like she had to do all of this work and didn't have enough time. And so she worked too quickly when I hired a second person, there was somebody else to share. Plus the second person could do spot checks on the first one. And that's sort of what Michelle is thinking is you need to billed that in. You don't billed it in by saying, well, we're going to be off by 5% every month because of human error. I think you'd say we have disputed what the error is and we're going to fix it. We know how to do that.
Michelle Silcox:	00:56:33	Yeah. Agreed.

Karen Chung: 00:56:35 Certainly, you know, a big part of ABA is really documenting things and taking a look at what's going on. And so much of ABA can be applied in other settings, especially as it pertains to organizations as well. And I think that a lot of BCBAs are in the frame of ABA only applies behavior principles only apply when I'm in a clinical session or dealing with cases. Things were a little bit broader than that. And I think that, you know, they can put a lot of systems following strategies. Okay. This is really interesting as BCBA, whose hours are billed by a separate billing company, do I, or should I have the right to view the hours bill for my services to ensure fraud is not occurring under my name without knowledge. Know that we talked about before a preauthorization and signing off on that but this is on an ongoing basis. We know that this is a problem because there's been a lot of instances of behavior analysts and they find out after the fact, Oh my gosh, the agency billed 300 hours. And so what are my rights? So Dr. Bailey, can you speak to, what are your rights and how do you save that that's happening?

Dr. John Bailey: 00:57:40 Well, yeah. I don't know. I don't know that you do have a right. It seems to me that, you know, you're an employee, I'm assuming your employee, you're given an assignment, you turn in your billing daily or weekly basis. And, and as far as I know, I don't know of anybody that has been told by the way, you're welcome to stop down to the finance office and check us and see if we got it right. I don't know that they do that. I mean, they're the behavior analyst, the therapist is too busy doing other things to do that sort of thing. And I'm not sure they would know how to read a spreadsheet or, or troubleshoot you know a billing form to figure this whole thing out. So I think this is complicated. I'm anxious to hear what Michelle has to say on this one.

Karen Chung: 00:58:30 Yeah. Before Michelle you jumped in. So some antecedent strategies, and I think that this is what you mentioned, and we talked about as well, you have the greatest amount of leverage when you're first starting with an agency. So if you include this as part of, you know, this is must have for me, you know, as well as the people, this is my ethics code and I can't violate certain sections of it. So that gives you kind of sets the stage for you have some control over this, but I do have to say Karin who was our panelists last time? She actually has a process in place where her analyst are actually taking a look at the actual billable

hours before it's being submitted to the billing company. So she used this incorporated this [inaudible] her organization and Michelle I'll let you address.

Michelle Silcox: 00:59:16 Yes, I'd love to. So, you know, this is where we talk a lot abou business owners agencies needing to have software a software where the person performing the services, inputs, the start and stop times the session notes, validates that service with a signature, you know, electronic signature, sometimes a parent's signature. And the practice uses that information to do their billing is, you know, going to be a lot greater comfort than perhaps if you're turning in, you know, an Excel spreadsheet or, you know, paper time sheets in a situation where there could be potential billing errors, because there's more steps to the process and it's very manual. So I think that, you know, providers who are, and I know Karen is using a software that has that full functionality. So the billing is generating from the actual time keeping record of the provider. One thing though that I'll add here is we have had people who are concerned after they've left an organization, that billing is being done under their name.

Michelle Silcox: 01:00:29 And I don't recall if there's a second question on that, but I would say best practices, you know, work if you're leaving an organization and you've given a notice, you know, work with that organization to remove your name from the rosters that you've been credentialed with. Certainly be respectful of the timeline that they would need to get your final few weeks of billing in, you know, don't call up, you know, AHCA and remove yourself from there. You know, group ID when they're still billing that you have been paid for, that they need to build, but work on a reasonable timeline, work with them, but you also can have personal responsibility for contacting those insurance companies, whether it is, you know, Florida, Medicaid, any state Medicaid, you know, Tricare, Aetna, Cigna United, if you know that you've gone through the credentialing process and you're on the roster and bank credentialed and attached to a tax ID, you can certainly call and request that you be removed. And if you're removed from that contract, then if some erroneous billing were to go through, it would get denied in general.

Karen Chung: 01:01:42 Yeah, it is. There's just so much information because if you knew that then you have the controls in place and that'd be a

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great time to say, okay, somebody is doing stuff that they shouldn't be doing. So there are controls that you can put in place. It's really good to know. Thank you. And, well, this one is an interesting question. Go ahead Dr. Bailey.

Dr. John Bailey: 01:02:03 Before we start going take a short break.

Karen Chung: 01:02:06 Oh, sure. What time is it? Okay. Five minutes, right? Yeah.

Karen Chung: 01:02:12 Guys, we'll be right back.

Karen Chung: 01:05:17 Krystal has a couple of questions from the audience that she would like to ask Dr. Bailey and the panelist Michelle. Krystal, are you there?

Krystal: 01:07:53 I, yes. We actually have a few questions and some really good ones as well. On the first one I want to pose is from Ms. Valerie, she's actually a parent. And she goes into a long detail about how she has been receiving ABA services for her child for the past five years. She's actually taking the RBT training herself so she could implement some of the VB techniques that the behavior analyst has recommended in the past. She recently moved back to America, specifically, Florida from France, and now she is receiving Medicaid funding for behavior analysis for her child. Her concern was that the BCBA was making very rushed mentalistic observations, creating graphs based on no data that she saw that the parent did not see the behavior analyst take. And she was also concerned that under Florida Medicaid that a social worker or a mental health counselor can actually provide behavioral analytic services. So she's just curious as to the ethical implications and how can she advocate for her child against what she believes to be un ethical practices?

Dr. John Bailey: 01:09:07 I would say that if she's receiving her services through a Medicaid in Florida, she needs to contact EQ health because they are the group that is actually managing services. And see if she can find somebody there to explain this, because what she's just described are unethical practices. And before she reports those to the board she should see what EQ has to say about that and see if they can assist in any way. The second part of the question had to do with a social worker serving as a supervisor. And she is correct on that. That was one of the the really

significant initial errors that AHCA made in Florida. My opinion, personal opinion, is they created two classes of behavior analysts. The first class was anybody who wasn't an actual legitimate behavior analyst.

Dr. John Bailey: 01:10:15 And I think they call them BA's behavioral assistants or something like that. And then the second category was board certified behavior analyst. We argued strongly against that and said that, for example, if a, if a social worker wanted to be a supervisor on behavior analysis programs that they had to go through at minimum, the six core sequence so that they could demonstrate that they had competence we lost that argument. So that's another issue they could take up this. The parent could take up with with the EQ is to say, I I've strongly want to have an actual BCBA working with my child. I know what I'm talking about. I'm an RBT and see if they can get some leverage. And then I would say she could write to me and I'll put her in touch with our attorney, the FABA, and they are they're collecting cases like this and trying to figure out a way to get something done. So if she wants to to write me, actually, I think Karen's gonna put up on the screen at the end here, the address for our new ethics hotline, and she could write the hotline and we can work with it there,

Karen Chung: 01:11:37 Michelle before you actually trust. This was kind of an interesting situation because I would think that generally speaking again, that insurance companies or funding sources would be looking for ways to provide less service. So to all our social workers and other disciplines to be reimbursed for behavioral, that's kinda lift that logic seems there's a little bit of disconnect in my mind. Anyway. What are your thoughts on that? And then please.

Michelle Silcox: 01:12:08 Yeah, so certainly you know, Florida Medicaid has their own parameters on what they're allowing. Most of private insurance are specifically approving the BCBAs and in fact, don't even recognize in most cases, the BCaBa even under supervision by BCBA to be credentialed. So you know, that's a unique situation in Florida for the licensed practitioner. I would just say one more thing, Dr. Bailey would you also recommend, and I'm sure you probably would that they speak maybe with the ownership of the agency because about their concerns about their case.

Dr. John Bailey:	01:12:53	Yeah, sure. I guess I'm assuming that she already did that and got no satisfaction, but if if the person hasn't done that, that would be that would be a good first step, certainly
Karen Chung:	01:13:07	Before you file a notice of allegation, that's actually the first step, there is a process like that. So Krystal, the second question.
Krystal:	01:13:15	The second question is coming from Ms. Lindy, she actually has two parts. I'll say the first one, cause it's pretty lengthy regarding credentialing. If a behavior analyst exits the case for any reason let's say on maternity leave you would have another behavior analyst available and they could be newly hired or just recently acquired a certification. How is it ethical for insurance companies to say that they have months or sometimes many months prior to them being allowed or authorizing the new behavior analyst to provide services to an individual?
Michelle Silcox:	01:13:48	I can speak to that. Karen. so the credentialing process in general, you know, is proving the credentials of the provider. So an agency would have, you know, a contract, a contract is attached to their tax ID with the codes and rates that they're allowed to perform for the services.
Michelle Silcox:	01:14:08	But the credentialing process is critical because insurance companies to validate that the provider has the credentials. So to the degree that someone may be leaving on maternity leave you know, there has to be some planning in place to go on to have that coverage. And it needs to either already be a credentialed provider or if there is some hiring going on, you know, that that person needs to go through the credentialing process before being on that case. And I realized that credentialing can be very, very lengthy and very frustrating. But it is, you know, a requirement to be in compliance. The other thing I would say to keep in mind, which is not part of the question, but the authorization, you know, also needs to be linked to the proper provider. So if, if it's not a group authorization, but rather a specific BCBA authorization, you want to keep that in mind as well, so that you can modify the authorization during that maternity leave.
Karen Chung:	01:15:09	Dr. Bailey thoughts. Krystal, can you talk, to touch upon the silent voice? I'm sorry. Got. Got lost in the question a little bit.

Krystal:	01:15:16	When you're transitioning from one behavior analyst to another, sometimes they leave because of maternity leave or something like this. How is it that the insurance companies can stop services when they're switching between behavior analyst? For a long time specifically, I, I'm assuming they're talking about behaviors of, you know, severe behaviors like your SIB or your PICA and things like that. And not providing those services because there's an authorization kind of stall.
Karen Chung:	01:15:49	Oh, got it. Okay so gap in service basically all right.
Krystal:	01:15:53	Correct.
Karen Chung:	01:15:54	All right. Dr. Bailey, any thoughts on that? Or shall we move on?
Dr. John Bailey:	01:15:59	Well be interested to see if Michelle thinks about this, but I think when, when you set up a company and you offer services, you have to build into your company, organization coverage for unusual circumstances. So you can't just have one behavior analyst handling your cases, because what if that person gets sick? Suddenly nobody gets services. So you have to have at least two, one person can be a backup for the other. And so on. And the larger the company gets, the more responsibility you have for covering those situations. So people get sick, they have personal emergencies. They, they they got in a car accident and you know, now they're going to be out for five weeks or something. That's the company's responsibility. And, you know, we were talking earlier about retail. If you look, look at retail, they have to do that.
Dr. John Bailey:	01:17:01	If you go to McDonald's, you can see a bunch of people working there behind the, behind the counter. And if one of them doesn't come in one, they've got somebody else ready to step right in. And certainly we're not at that level, but you have an obligation to have somebody to be able to step in. So you don't have a gap in services. And that's particularly important in behavior analysis, because we know that if you have a successful program running and now there there's no treatment going on for a week or two, for some reason you could be right back to zero. And so it's really important in behavior analysis that we, that we cover that, and that's the organization's responsibility to do that.

Karen Chung:	01:17:47	I kind of practice. Those would be like best practices you create like a bunch and the UK, because you don't know about, you know, maternity leave yet scheduled, but there's a bunch of things that have happened that that's not planned. So having sufficient staff in place is really important. What's the next part of the question, Krystal,
Krystal:	01:18:06	And then the final component was could you possibly speak on the ethics of advertisements we are seeing? So, and learning from companies providing full time positions that are telehealth or remote supervision only requiring zero in-person direct supervision from the behavior analyst. And this is including not only underserved areas.
Dr. John Bailey:	01:18:27	Wow.
Karen Chung:	01:18:27	Let me clarify. This was advertising to consumers, right? Not for job hires?.
Krystal:	01:18:33	For both.
Karen Chung:	01:18:34	For both. Okay.
Dr. John Bailey:	01:18:38	Well, the first thing I would say is for the person who came up, this is a really great question. If you could send me a link to any of those advertisements that you've seen, I'm assuming that they're on the internet, send me a link to those. So I can take a look at them and you know, maybe we can maybe we can do something from our end as the ethics squad we've we have had influence on some organizations by just letting them know that we're aware of their practice and pointing out the code to them. So I think that it's a major break in the and the the consideration that we're supposed to be giving to our clients to be advertising based on money, how much money you can make, how little work you have to do that it can be remote.
Dr. John Bailey:	01:19:36	Those aren't, those aren't primary values of behavior analysts. And those, those should not be exercised in the attempt to get people to accompany your company. I know when I'm advising my students, I tell them to watch out for these, you know quick money schemes because there's somebody on the other end of that, where the money's coming from, and they're going to be suffering because you got more money than you deserve. And

certainly advertising that somebody can make six figures. And all they have to do is sit at home in their jammies and do online supervision. I think that's outrageous myself.

Karen Chung: 01:20:19 Dr. Bailey what section of the ethics code, because I think that would be relatively easy enough to sit down with the person that's perpetuating or violating that code, showing it to them and going okay, did you know that, you know, this is what the ethics code says, and that you seem to be misunderstood or misinterpreted on this.

Dr. John Bailey: 01:20:39 This is under code 8.05 testimonials in advertising. And then depending upon the nature of it, there may be some other ethical violations as well. 1.04 integrity. There may be something in there. I'd have to look at it. That's why I would like the person to send me the link so I can look at it more carefully. Here's one thing to consider, and this is, this is like a loophole. I hate to point this out, but it's relevant. If something like this has done this ads and so on, if this is put out by the CEO of the company and the CEO is not a behavior analyst from an ethics point of view, there's really not much we can do because they don't come under our code. And increasingly that has gotten to be a question as these companies consolidate and they get bought out the people in charge aren't really aren't behavior analysts and they don't come under any code of ethics by the way, Karen, I don't know if you're aware of it, but what we have sitting on our screen is something that says five minute break.

Karen Chung: 01:21:50 Oh yeah. That's because we're answering questions right now. And Michelle, do you have any thoughts on this?

Michelle Silcox: 01:21:56 Yeah, I would like to speak to, you know, tele-health went in terms of billing. You know, there are certain criteria by all funding sources related to telehealth and not all funding sources pay for telehealth. So, you know, it could be difficult for someone to just have a hundred percent tele-health you know, job, if they're trying to meet the requirements and regulations of the funding sources. So, you know, it's not, I think that the advertisement of a hundred percent tele-health, you know, position could be a little misleading. And, you know, also there are rules and regulations that need to be followed in order to build tele-health. And although it's a great, you know, resource for remote areas, the insurance companies tele-health is not

new to insurance companies. So they have rules and regulations around that that are, you know, pretty intense. It may be newer to ABA, but it's not new for medicine.

Karen Chung: 01:23:00 Along with any kind of behavior analyst, but no, that is just not possible for a treatment integrity.

Dr. John Bailey: 01:23:06 Yeah. Back to the earlier point that we're supposed to be the evidence based field. There's very little evidence that tele-health produces quality behavior analysis treatment, very little, there's a few studies, but this is they're not widespread. And, and they don't cover the kind of practice that people think that they can do. I mean, you tele-health and medicine is one thing. And if you look at the way that's done, that's done in a legitimate practice. So you've got a patient who comes into a remote nursing station someplace, and there's a nurse there. And the doctor is, you know, 500 miles away. But if the doctor is talking to a nurse and can give instructions as to, you know check on this, check on this, check on this, and then the intervention is a pill or some other kind of therapy. Whereas in behavior analysis, we don't give out pills. We give out behavior prescriptions that have to be followed with integrity and, and there's no evidence really that that can be done reliably. And certainly not on the scope that this this advertisement is suggesting.

Karen Chung: 01:24:15 Yeah. So we have had a couple we have a program called VCAD virtual consultation assessment and treatment. And we've used this in international settings and it's effective. Well, it's effective because there's nobody there internationally for people to be able to get services of anybody, but that they require that the supervisor BCBA who at the United States actually train the implementer. So you have to actually have the implementer out the other side, you're engaging with them. And so it's real time observation, real time information, that model, even though it might not be evidence based works and thought when it comes to, you know, situation that we're talking about right now, okay, you're fooling yourselves. But, you know, if you think that that model is going to work now, having said that this model for supervision, I believe could work as well, where you can actually start to create capacity, you know, by not having to drive around.

Karen Chung: 01:25:14 But that helps us to well, that would be contingent on the case load as well. Krystal, we're going to have to go on and if we have time, we'll come back to the final question. So another topic about safeguarding, what do we know if our credential is being used fraudulently? I never thought about that happening, but I guess if my BCBA number is out there, so when can potentially use it, are there any safeguards in place?

Karen Chung: 01:25:43 Dr. Bailey? What do you think? We talked about the same thing. This was the question that we discussed last time.

Dr. John Bailey: 01:25:48 Yeah. yeah, that, that was kind of new, new to me when I heard that question the first time. And I, I, I think I'm going to have to toss this back to Michelle in terms of how you would find out

Dr. John Bailey: 01:26:04 If you would do this, you know, my extent of my knowledge is Google, but I'm sure there are, you know, more professional sites where you could go and find out how your number's being used. Michelle, do you know?

Michelle Silcox: 01:26:18 So I would have to assume, although they say BCBA number in terms of billing, they may be referring to their NPI number which really goes back to that original question about credentialing and you know, NPI numbers are public knowledge. Okay. Anyone can Google and get your NPI number. However, in order for a claim to be paid under your NPI number, you need to be, you know, attached to the contract of that agency. Now, certainly there are some idiosyncrasies to that with out of network billing for health insurance. And in that situation, you know, with, with Medicaid and Tri-Care, you're not, you don't have to worry about it because you do have to be credentialed. If someone's billing under your NPI number. After you've left an organization in an out of network situation, you can contact insurance and ask what's billed under your MPI number.

Michelle Silcox: 01:27:23 You can work directly with the funding source and ask that you can do that even in an in network situation. But I think that the best safeguards again are to work with the agency. If you depart you know, whether you're changing agencies or starting one on your own and come up with a timeline where they'll remove you from their contracts, and then you can follow up directly with those funding sources, ACHA for example, and make sure

that you've been unattached from that person's ability to bill under your MPI number,

Karen Chung: 01:27:55 Kind of feel like this question was actually related to the BCBA certification number. And so I don't know how to that if you know what state you're in, I guess you can contact the major insurance companies and say, you know, it's my name, there is anyway bill under my name. So, but I don't know what else to do, how you would safeguard against that. Anyway. no clear answers. I'll just move on. How would you address situations where services I've been, services are being built and an RBT is present, but actual behavior analytics services are occurring. Many cases I've taken over. I had previously been receiving little to no oversight training or parental training. I received extreme pushback when I take over instead of much higher expectation. We shaped these behaviors over time, even if he feels like the sessions to require more dr. Bailey, I don't know what the stressful ones you're referring to about shaping behaviors, shaping whose behaviors.

Dr. John Bailey: 01:28:54 I think what they're saying is instead of really laying into the company about this and, and accusing people and trying to get them fired that they would very gradually start raising the standards. So I think that's probably using shaping in more of a generic sense rather than the literal behavior shaping sense. And I kind of see where they're going, although you know, when you get into billing and if you've got billing and those services being provided, I don't, I can't tolerate that very much. I'm anxious to see what Michelle said, but I think that's fraud. And I think that you have to call it what it is. And if you can find the person who allowed that, I think that that person needs to go and, and potentially even be reported to the board. Because this is you know, this is what makes our, this is what makes our profession look bad is when, when people do things like that, and now you've got consumers out there telling the story, you know, I didn't get, I didn't get services for months, but I know there was billing going on.

Dr. John Bailey: 01:30:07 I don't think they would be happy with a shaping solution. I think they would be happy if somebody got fired or maybe not just fired, but wearing an orange jumpsuit.

Karen Chung: 01:30:21 Michelle.

Michelle Silcox:	01:30:22	Yeah. So, you know, an RBT is under the supervision of a supervising BCBA. And so the BCBA is ultimately responsible for what is being implemented and what's in that session node and what's getting billed. So if the supervisor knows that what's being billed for is, you know, not, what's truly labeled as, you know, behavioral analytic services, then that could be perceived as fraudulent billing. So I would agree with Dr. Bailey, it's a pretty urgent situation. And I know in some cases we've had concerns about training concerns about untrained or RBTs being put on cases. And again, I would recommend that they speak with the agency owner and express concern and, you know, work to mitigate that situation. But ultimately when it comes to ethics and billing, that would be a problem.
Krystal:	01:31:24	Well, Michelle, in Florida though, I thought RBTs and behavior technicians or whatever, the second level of behavior analyst we're able to billed directly without having been under the supervision of BCBAs, is that common? Is that the exception?
Michelle Silcox:	01:31:41	So you may be referring to the fact that billing for each provider level for Medicaid and Tri-Care is done at each provider level, but it doesn't substitute the program supervision and training that needs to occur.
Krystal:	01:31:58	Billing is not predicated on supervision, is it is like I say, well, you have to be supervised by a BCBA, even though we're not going to pay for that in order for you to actually be reimbursement reimbursed for your services.
Michelle Silcox:	01:32:15	So I, you know, I always refer people back to the BACB guidelines, you know, for ABA therapy, there are supervision guidelines. There are also supervision guidelines for RBTs. So even if a funding source doesn't quantify the amount of supervision, you still have ethical guidelines to run an ABA case. So, and, and not to speak to what you said about whether you can bill for it or not, whether you can bill for it or not, does not supersede the ethical requirements of supervision on a case. And typically what happens and with Florida Medicaid, you bill for the supervision, the supervisor who's there. So you build for the higher, higher level provider. When you have that overlap billing, that's not allowed to be built at the same time.
Karen Chung:	01:33:03	You're afraid back to the code, go ahead, Dr. Bailey.

Dr. John Bailey: 01:33:06 I've had questions come to me where the person says, just what you said, they're gonna, if there's the overlap they're gonna bill for the supervision hour. And the RBT is going to be told you're not going to be paid for that hour. And the person wanted to know if that was ethical. And I'd said, no, that's not ethical. Somebody has to absorb that cost. And I can't be the RBT. I mean, that's about as big a disincentive for being supervised, as you can imagine, Oh my God, here comes my supervisor. I'm getting ready to not get paid. You know, that's certainly an unethical contingency.

Karen Chung: 01:33:42 Oh definitely. And Michelle, I really do appreciate it. You say, go back to the code because the way I think about the code is it's best practice. It's what you should be doing regardless of what you're able to do or not know. That'll kind of keep you on the straight and narrow. So this is interesting. How does the code work in real life? I have a BCBA-D level, sorry, in my city who was falsified, it's false billing to tri-care for over a million dollars, He or she was ordered to pay back about $800,000 of it, but this person still has a credential at BCBA D and is still seeing kids. Why wasn't the credential taken away? Dr. Bailey, that's a question for you.

Dr. John Bailey: 01:34:25 Yeah. well that seems awfully blatant. I suspect that the, somebody forgot to report the person. They, they thought incorrectly that the whoever the agency was that I guess Tri-Care the Tri-Care would report them to the board, but that's not Tri-Care's business. Their goal is to get as much money back as they can. And I think they would probably assume, cause they don't, they don't know how it all works. And this might've been in a state where we didn't have licensing. So they might've assumed Tri-Care that the licensing board would take care of this and but they don't. And so, you know, any, any behavior analyst who had firsthand knowledge of this could and should have reported this incident to the board. And the way it works is let's say somebody did, somebody said I have firsthand information, this person, you know, falsified building, blah, blah, blah Tri-Care.

Dr. John Bailey: 01:35:34 And you file a notice with the board. They're gonna, there's a check box on there that says has anybody else been notified? And you would check that and say, yes, Tri-Care the, board's going to come back and say, we're going to wait and see what

Tri-Care says. So now that Tri-Care has decided that this was in fact falsified billing the, the person who sent it in initially would send it in again and say, yes, Tri-Care has taken this action. This, this shows that you know, this wasn't just an allegation, but this was a found to be actual fraudulent billing. I think then the the board would take action, but, but the board doesn't take action on its own. They wait until somebody brings something to their attention and all of us need to be vigilant and be prepared to to make these notices file these notices with the board,

Karen Chung: 01:36:32 Even if we're kind of the whole violate, you know, that, I think that it's a natural tendency of people, especially when you're a part of a small network or a small group of professionals, you know, 3,000 that you don't necessarily want to report a colleague, maybe because you, I don't know, whatever, the reasons you don't want to be ostracized or, you know, whatever it is. And especially, I think in situations like that, when you are reporting an agency who has a lot more resources than you, and then they come back and say, okay, if you report, here's going to be the consequences. That's a natural deterrent. Now that's in place right now. And I think, well, certainly we put into the BCBA, it has to be firsthand knowledge, right? Great thing.

Dr. John Bailey: 01:37:20 It has to be a firsthand knowledge. And if the, if the, if it's a company that comes back against you on this, that they can be reported because the board doesn't really, they don't tolerate that kind of recrimination. And so that, that should be taken care of. That's that's about the best we can do right now in the field to protect whistleblowers. But in my sense of it is you know it's a situation, but people write me, they, they ask about a situation, something like this and the company, and they want to know what to do. And I say, well, step one, according to the code 7.02 is you go to the person and you ask a few questions and you see if they are aware that they have done this. And sometimes they'll come back and they'll say that didn't go very well.

Dr. John Bailey: 01:38:16 That person was insulted. And they, they didn't deny it, but they acted like it was my fault and I should mind my own business or something. And then I'll hear from them a few days later I got fired. And so even exercising the code the way they're supposed to sometimes backfires, which is really sad. And then they'll have about the best thing I can say to somebody when they tell

me that as well, now that you see how that organization works, did you really want to work there? And you know, hopefully they would say, well, no,

Karen Chung: 01:38:48 Right. And the, you know, the constraint is that exactly that this would apply and you would have some leverage if the person that owns the agency is a BCBA for falls under the BACB ethics code. Otherwise, you know, you don't have that level of expertise.

Dr. John Bailey: 01:39:03 Yep. That's right.

Karen Chung: 01:39:03 Really unfortunate. So, Michelle, do you have any thoughts on that before I move onto the next question?

Michelle Silcox: 01:39:11 No. I think you've covered everything.

Karen Chung: 01:39:15 When an agency contracts with a funding source, that individual is required to operate under the BACB ethics code. In addition to the regulations for [inaudible] requirements set forth by the funding source, I think source might have more specific requirements. So for example, maintaining records, then the BACB may have outlined, although the BACB is a very specific know about that, it just speaks to a necessity. In any case, I think it is extremely important for an agency to fully understand what the regulations are in the state are practicing in more often than not agency enrolls or contracts with a funding source without understanding what the expectations are, which can cause a myriad of problems and the peril I speak to how the BACB ethics code interplays with external requirements of the funding source.

Karen Chung: 01:40:05 Dr. Bailey question first.

Dr. John Bailey: 01:40:07 Yeah, the the code has a kind of a generic description here where it says that you're required as an ethical behavior analyst to follow all local state and federal regulations and regulations of any agency with which you work. And so if the code has one standard and the agency has a higher standard, you're required to meet that higher standard you can't, you know, our best practice is not always the highest standard. And so you're required by the code to do that. So I think people, I think the person who wrote this was, this was a smart question because it

out the, the possible distinction though that another little gap here between what we consider best practice and what is considered a best practice by a funding agency insurance company or whatever it happens to be. And there are people trying to get into ABA as a business, setting up a practice who really know very little about business. I've been somewhat dismayed by some of my former students who they go out and they work for our company for a year, and then they set up their own. And that makes me a little bit nervous because we don't, we don't train them in business practices. And I think you can really, you can go wrong they're fast by not knowing those rules and regs.

Karen Chung: 01:41:42 Yeah, absolutely. Michelle, before I ask you, this is very, very similar kind of in not identically similar, but when we did the ethics in school series, so, and the responsibility is really upon the BCBA or RBT in this case to understand, you know, a DA requirements and the BACB ethics requirements similar here is that individual BCBAs, regardless of, you know, I suppose it doesn't matter if they own an agency or not, should be fully conversive on the requirements in the BACB requirements, but also the ensurance requirements as well. Right. In which though, what do you think, Michelle?

Michelle Silcox: 01:42:20 Yeah, this, this gives me concern. And I love the way this was worded because it's really, really worded well. But I think that it's important that, you know, agency owners understand that there could be different and there are different expectations and regulations related to each funding source to the degree that, for example, Tri-Care, you know, with the Tom has their own rigid, you know, requirements that could be a, you know, a higher level of supervision requirement.

Michelle Silcox: 01:42:56 I think it's important that the agency does understand the expectations of each. And I would recommend highly recommend that you design your practice around the highest level of expectation that way you're covered across the board for all. And there's no confusion over, okay. If it's a Tri-Care case, I do it this way. If it's a Medicaid case, I do it this way. If it's private insurance, I'm off the hook for a few things, you know, it's better to have best practices in place. And so if you can study and learn and understand on the front end, when you enter into a contract, what you're getting into and what the

requirements are, and then you set up your, you know, best practice that way, then you'll be covered. I do think that there is exposure out there with companies that have become credentialed and contracted with a funding source that has a higher level than what they currently have.

Michelle Silcox: 01:43:47 And they've just kind of gone into it blindly and felt like they had best practice in place for a particular, you know majority source of revenue, for example, Medicaid, and maybe they jump into Tri-Care and they they're, they get surprised, you know, when it's time to do an authorization. And there's some pretty critical, you know, steps that have to be done in order to get an authorization.

Karen Chung: 01:44:10 Michelle all of the funding sources that are out there who has the most stringent regulations. So if you're talking about best practices right here, okay.

Michelle Silcox: 01:44:22 I would say, yeah, my personal opinion would be Tri-Care. I would also say that in terms of like setting up your policy and procedure manual Optum has a good resource online provider express.com in the bottom left hand corner, they have an autism link and they actually do an audit a desk audit if you're a home services company.

Michelle Silcox: 01:44:44 And so they require proof that you have everything in place before you enter into that contract. And in terms of how you'll do your intake packets, how your client files will be set up many other private insurance companies don't do that. They assume that you'll have all that in place. So again, we always recommend that people go and pull those FAQs off of the Optima website and look at how to set up their policies and procedures and forms and documentation, you know, related to that, because there was a point in time when I felt that Optima was that higher standard, but I think Tri-Care has the most rules and regulations in the TOM, which you can also access online. So basically as a general rule, if you're complying with Tricare's standards and you kind of have like the most stringent requirement, that should be

Karen Chung: 01:45:40 Is that what you were saying? Sorry.

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Michelle Silcox:	01:45:43	Pretty much. And you may have to tweak, you know, things slightly you know, based on authorization approval or based on, you know, minor things. But yes, that would be good practice to start with.
Karen Chung:	01:45:54	Okay. Krystal, I want to take an audience question at this time. I know you had at least one.
Krystal:	01:46:02	Yes. Okay. From someone's understanding in Michigan for the Medicaid rules is that it must supplement services, but not provide services in the school setting. Is it possible to bill for ABA services during school hours, but not within the school setting?
Dr. John Bailey:	01:46:24	Michelle sounds like you.
Michelle Silcox:	01:46:27	Yeah. So that's a hot topic, you know, services in the school setting, different States have different regulations and allowances for that. If you're providing, if I understood it correctly, if you're providing a service during school hours, but you're doing it in the home or community that would not be billing at the school. So I don't think that the hours that, that service is being performed, you know, just the fact that the child might be in school during that time would have an indication for issue and billing. Can you just read the question one more time, crystal, to make sure I understood.
Krystal:	01:47:05	Okay. And I actually got some clarification from Abby as well. What she was trying to say was that the student will actually be pulled from the school setting to be provided behavioral services and it's under Medicaid in the state of Michigan.
Michelle Silcox:	01:47:20	Okay. So I'm not specifically familiar with Medicaid in the state of Michigan, but in general terms if there's an authorization for services in the home or clinic or community setting it, regardless of if it's during the time the child would be in school, that should be an approved service.
Karen Chung:	01:47:44	Okay. Thank you. And a couple more talking about some consequences and proactive strategies of, well, how do you think the publicized whistleblower of ABA companies and fraud will affect the future behavior of RBTs for essentially at the

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mercy of the supervisor employers? And I feel like we did this before. Sorry. Dr. Bailey?

Dr. John Bailey: 01:48:10

I'm not exactly sure. The, what the publicized part of this is the we've had companies exposed here in Florida and the FBI has been in, and there have been these investigations. I don't know if there was a whistleblower involved with that or not. But and it's true. The second part is RBTs are at the mercy of the employers and the supervisors that that's for sure, regardless of whether, what anything else is going on maybe I'm reading too much into this, but is the essence of this, RBTs should be careful about becoming a whistleblower cause they could lose their job. If that's sort of the essence of the question, I would say, well, that's, that's correct. And that's a contingency. That's it's an unfortunate contingency. And, and right now we don't have any protection for people who do the right thing.

Dr. John Bailey: 01:49:09

And that's basically what it is. And that, I guess my, my suggestion is if you're an RBT and we need to educate these people more so they know more about this is you have to know that there are lots of jobs out there and that with proper questioning, you can sort of screen them to see which one you're going to work for. And don't just look at the one that's going to pay you the most money. In fact, if somebody says, they're going to pay you the most money, I'd walk away. Cause that's, that's, that's strange, that's probably unethical, they're doing something so that they're being able to pay you more than the person down the street. And you probably dont want to work there. And I know, you know, for some people they they're working for an agency and they're making $20 an hour and they see an ad or they hear a rumor that somebody not far away is paying 25. They're going to look into that. And then six months later, they're going to find that they're out of work because that company has been exposed and shut down. So I would, I would say that, you know, as an RBT, it's really, it should be a buyer beware situation and be very careful where you go to work and be very careful about people, you know, throwing big numbers your way.

Karen Chung: 01:50:22

Yeah. So the survey that we did the RBT, you know, hiring survey, we asked about compensation rights as well. And average RBT is being compensated at $20 to $25, but it goes as high as $40. So yeah. Talk about somebody throwing a number

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out there going, Hey, I can pay you with this. And then the RBT doesn't know to think through all the potential consequences and there's no transparency about who's doing what. So if you had transparency as to don't go work for this company, no, then you can make a much better informed decision based upon that.

Karen Chung: 01:50:59 And Michelle, your thoughts.

Michelle Silcox: 01:51:04 I mean, I agree with that. I think it's an unfortunate situation since, you know, there should be protection. You know, there's, there's a connection between what the RBT needs from the supervisor, but, you know, at the end of the day, each person has to personally be responsible for their own ethical behavior. And again, there are a lot of jobs out there in this field because there's a lot of need you know, for consumers, with autism or other, you know, disabilities that ABA therapy can can help. And so I think that it's important that people stay educated and, you know, do the right thing.

Karen Chung: 01:51:50 And the first step, I think we've kind of beating a dead horse maybe is that we need better education. Well, BCBA certainly requires education as well in terms of their rights, but definitely RBTS will probably often feel like they're powerless. I've been having conversations with a BCBA who actually left an agency because they were engaged in fraudulent activities. And so she's a BCBA she had the ability to do that and be able to support herself. And then she told me, I think it was just last week, maybe this week that said, you know, an RBT who had been with the company for 10 years actually was fired when she tried to bring something up. And I'm sure that that's not an unusual, you know, type of a situation, which is really unfortunate. But let me go on to actually the next question, which kind of ties in, what are some steps to take if an employee wants to rectify fraudulent billing, whether it be intentional or unintentional from an employer without risk of retaliation Problematic.

Dr. John Bailey: 01:52:49 I lost my speakers, so I had to put these headphones on so I could hear so I'm not, I'm not trying to show off that I have headphones. It's like, I can't hear otherwise. The the employee first thing you have to know is that you have to have firsthand information and if you suspect something, but you don't know

it, step one would be, can I actually get my hands on actual information actual documentation for this? And I would say that fraudulent billing is probably pretty difficult because this is happening in some other part of the building where you don't normally go. So there is a finance department or a bookkeeping department, and there are people there that handle these things. And if you walked in there and said, you know, I want to check on this.

Dr. John Bailey: 01:53:40

I don't know. They would be real happy with that. That might, they might not be eager to to assist you in that. So I, you know, the normal thing is you go to your supervisor and you start asking questions about, can you tell me how the billing works? Once I filled in my time sheet, what happens next and see what they describe. Michelle did a great job earlier describing sort of the sequence of events that things can happen. And that there are billing agencies where it's pretty automatic and there can't be any tampering with the hours. So that would be a good thing to know, but if it's a paper system and somebody could modify that, that would be, that would be very difficult especially if you don't have any training in that area. So you'd go to your supervisor, you'd raise the issue, you'd see what would happen, what the supervisor would say about that.

Dr. John Bailey: 01:54:34

And at that, right at that point, you would really have to have your your eyes wide open as to what the reaction is and see if they're defensive. Or if they say, gosh, that's a good question. Let's go look, why don't we go down there and ask them if they do that? You know, you'll, you'll probably get a good answer, but if you get the, you know devious response, like, well, we take care of that. Don't worry about it. It's not a problem. That would suggest to me that there's something going on. But I will say that if you, if you think that you're going to report somebody to the board, first of all, you have to know whether or not they are in fact, a board certified person and they may or may not be. And if they are, you would have to provide the documentation to show that it was actually fraudulent. And that, that might be very difficult and just, I'm not trying to scare people, but too many times I've heard people say that they asked questions, not even necessarily about the billing, but ask questions and higher ups decide they don't want anybody inside the organization asking those kinds of, and then you're going to be shown the door. So it's, it's a concern that is legitimate.

Karen Chung: 01:55:49 And sadly it's happening every single day. And it's a systemic issue. We don't have any controls in place to be able to deal with situations such. So people are either not saying anything, knowing that there's something wrong that's happening, or they're saying something and the consequences that they were getting fired. And I suppose the, I think we talked about this before RBTS really need to know that they're marketable. There's a lot of jobs that are out there. People are desperate to hire RBTs. I even knew that there was an opportunity or that's the market condition right now. And I think that maybe there would be a tendency or more of them to speak up versus not. But Michelle, what about your thoughts? Are there any steps that somebody can take?

Michelle Silcox: 01:56:36 You know, I want to take a different spin on this. So what are some steps to take if an employee wants to rectify fraudulent billing? Okay. So first of all, fraud is intent. So let's assume the employee is the person who did the, the inaccurate billing. So there's a difference between fraud and abuse. Fraud is intentional. Abuse is more, you know, mistakes. So let's read this as, you know, what are some steps to take if an employee wants to rectify incorrect billing. So maybe they've been better educated or they are kind of paying closer attention to the way they're doing their own timekeeping and records. Because again, it says, whether it be intentional or unintentional, so assuming it was unintentional accidental, but they want to make it right because they need to you know, how can they go about that without risk of retaliation? So again, I know that's a little different spin on the question, but I think immediately, if you recognize personally that you have submitted inaccurate billing, that you should contact the agency and ask for the steps in order to have that rectified.

Michelle Silcox: 01:57:39 So perhaps accidentally you rendered a session that occurred, you know, shorter than the time that it shows in your soft practice management software. You know, perhaps the family, you know, came left early or something to that degree. So anything that, or perhaps you accidentally rendered a session that was canceled, or when I say rendered, that's kind of a language in the software, but, or anything like that, I feel like you need that open door and you need to immediately report that to, you know, the agency, to the accounting person, that's handling the billing. And if there's, you know, repercussions on

those types of mistakes that are brought to their attention that are, you know, accidental, but brought up immediately, you know, that's a completely different conversation.

Karen Chung: 01:58:34 Well, I don't know what happened, but Michelle well, I learned something new today, fraud is intent. And then if it's unintentional fraud, apparently we don't call it that it's a mistake.

Michelle Silcox: 01:58:48 So that's going to be fraud and abuse.

Karen Chung: 01:58:50 Fraud or abuse okay. That's the intent behind it. And a mistake is a mistake like accidental.

Michelle Silcox: 01:58:57 So fraud is intentional and abuse is a mistake.

Karen Chung: 01:59:02 Oh, abuse is a mistake.

Michelle Silcox: 01:59:03 It's fraud and abuse. Those are the two words.

Karen Chung: 01:59:08 Abuse seems like it's got a negative connotation, but anyway, if they both do right, exactly well, before we close, I really want to thank Dr. Bailey as always. Thank you so much. And Michelle, you've been amazing. You are just so like, you know, we learned a lot, I learned a lot and I'm sure the audience learned a lot as well, but before we close, Dr. Bailey has no up until now, you were able to submit ethical questions through the ABAI website on their ethics. And he's expanded kind of his scope of practice and getting broader exposure by creating his own company or own websites. So Dr. Bailey, you want to talk about this place?

Dr. John Bailey: 01:59:54 Yeah. The the website is ABA ethics, hotline.com. It's it's only a website. There's no charge for what we do. It's not a business. We don't, we don't take in any money. And I have a group of volunteers that are working with me on this, up to this point. It's been largely me. I didn't feel like I could lean on other people and take up their time with this. But once this happened with ABAI and I, I thought it through about, you know, I just need to set up my own hotline. Then I realized I'll need some help. So it's myself and four people at this point. And there may be a few others that we'll bring in a little bit later, but the hotline is open 24 hours a day. We respond to questions as quickly as we can. The, we usually I'm going to say guarantee it's

very close to a guarantee that we'll answer the question before the close of business on the Eastern time zone. And we take all kinds of questions and we're happy to help.

Karen Chung: 02:01:03 And it's an amazing resource. And thank you very much for taking the steps to make this happen. So we have some downloadable tools which you should have available already. We've annotated the ethics code. And then the notice of alleged violation. We've talked about the process of doing that. And we also edit the PowerPoint presentation from the last webinar that we did, which is ethics of Medicaid because that sets forth a lot more content. And this was a followup to the webinars that we conducted. And so thank you. We have an amazing team of people who simply makes this process seem pretty seamless. So Amanda, Krystal, Lesley, Michelle, and Sasho and Erica, who's our ACE coordinator all deserve recognition for doing what they do behind the scenes to ensure a flawless, at least technically flawless. So in a situation or an event for us. So thank you so much guys for attending. If you have any questions, get in contact with me, Michelle. I think that that's a wonderful resource that you're going to be providing. I'm really excited to see that and everybody have a wonderful day. Thank you. Bye bye. Bye bye.