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Karen Chung:

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Good morning everybody and welcome to our ethics of Medicaid fraud. This is kind of a departure. Although it would be typically that do that series that we've been doing is was only focused on ethics of BCBA and their responsibilities, so more of the individual individual aspect of it. That's all applies to professionals as opposed to the organizational aspect of it. And in this particular case of Medicaid fraud as we get into it, as you can see is really that's systemic and is happening at the decisions are being made by the, you know owners of the agency whether they be BCBA's or not BCBA's so again this is a slight departure. Dr. Bailey and I had always talked about doing a organizational ethics series and because we had seen a lot of cases and scenarios that, were submitted by BCBA's and in a lot of cases the, they get themselves into situations or find themselves in situations because, and not their doing, but because the decisions are made by the businesses that they work for, the organizations, for the schools that they work for.

Karen Chung:

[00:01:05](#)

So I'm happy to be moving on with the series. It was quite unexpected. The timing I believe was so I guess some housekeeping. You can post your questions on chat and when we get a chance or if you get a chance, then our moderator will select the question and then we'll have the panelists respond to that. If you have any critical issues, contact go to webinar directly. We'll have about a five minute break near the halfway point and you'll have a 30 day complimentary access to the recorded version of the webinar, which will be available at seven to 10 days after and this is eligible for two type two or a fixed CES and there's a survey. In order for you to get the ethics, like today you need to complete the survey, we would ask you to complete the survey. There's a lot of great information that we get from the survey and that's really helping us shape our product development and selecting the topics that we move forward with.

Karen Chung:

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So some of the learning outcomes participants will understand the purpose and meaning of the BACB ethics code. Participants will learn about the history behind the Medicaid fraud perpetuated by some behavioral agencies in South Florida and participants, we'll learn about the consequences that are facing the four behavioral care agencies that were sanctioned by AHCA



participants will understand the impact of healthcare fraud to other behavioral agencies and professionals who provide the services. Participants will understand the impact of healthcare fraud to the field of applied behavior analysis and participants will understand the impact of healthcare fraud to clients and also they'll understand the sections of the ethics code that address feelings related issues. And finally participants will understand the consequences, a link to report egregious ethics violations and its impact on professionals, the field of behavior analysis and most importantly the clients. So Dr. Bailey has been very gracious to devote his time to help us move forward with the ethic series. I think that it's been a tremendous benefit to the BCBA. So we hear it from BCBAs a lot that they really enjoy and take a lot of wave X series and you guys all know if you're a behavior analyst or an RBT, which Dr. Bailey is, but I'll let him off or you a little bit about his background.

John Bailey:

[00:03:27](#)

Good morning everybody. I'm glad to be here again and to discuss this really important and, and timely topic today. I've been involved in ethics very specifically since the beginning of the certification board. I was an original member of the board and Dr. Jerry Shook who was the chairman at that time asked me to help promote the code of ethics that that we had adopted from, from John Jacobson and had been adapted to to the needs of the behavior analysts. So I've been involved with this for nearly a nearly 20 years have published several books routinely give talks. And my most, I guess my most important current contribution is that I answer all the questions that come through the ABAI hotline ethics hotline. In 2017 I got over a thousand questions that I handled. And in 2018 I'm on track to exceed that. So I've, I feel like I'm in touch with what is happening out there. And I'm prepared to answer any questions that come up today.

Karen Chung:

[00:04:44](#)

Dr. Bailey, I think that I'd like to know a little bit about why you even got into, you know, why are interested in the subject of ethics to the point you're essentially kind of created this foundation. Oh, and the culture within the BCBA community.

John Bailey:

[00:05:00](#)

Well, I believe, I believe strongly in and you know, protecting our clients from harm. And the, the code of ethics has that as its as its primary intent is to make sure that we deliver quality services that are state of the art and that we and the process



makes sure that we do no harm. And that's a, that's a deep commitment to me. I've been in this field at FSU nearly 50 years and been involved in a behavior analysis services for that entire time. So I have a long history of this field and I understand a lot of the mistakes that we made and I've tried to lead people in the right direction so we don't do that again.

Karen Chung: [00:05:49](#)

I would imagine that you were involved in writing the code for the BACB.

John Bailey: [00:05:54](#)

I was, I was the last two times they, the behavior analyst certification board revises reviews and revises the code every five years. And, and I was chosen to be the chair of the last two review committees.

Karen Chung: [00:05:59](#)

Thank you. We have three subject matter experts with us today and they all bring a different perspective. They're all, you know, in the field, to take, your analysts. They've been here a long time, but the direction that they've taken or where they found themselves is slightly different. And Dr. Ronit Molko has very interesting background. I'll let you Dr. Molko, I'd like you to talk to the audience a little bit about your background as well.

Ronit Molko: [00:06:40](#)

Thank you. Well, I've been in the autism services industry for 30 years now. I cofounded autism spectrum therapies in California in 2000 and provided services within California and nationally for 15 years before we sold the company to a private equity backed strategic buyer. And you know, part of my work with AST was training a lot of professionals. We had a very stringent training program. Ethics was very important to us and we made sure that our processes and procedures were ethical. So our training was very rigorous and we were known for that. Since I sold the company, I've been working with investors as you know, there's a lot of invested interest in the market, so I've been working with investors to help them understand the marketplace, understand specific companies that they're looking at acquiring. And my mission is to have them do it with social impact as well as the financial game they're looking for.

Ronit Molko: [00:07:37](#)

And so as a result of that work and the diligence work that I've been doing, I've been able to see inside a lot of companies across the country. And, and being able to see, unfortunately, that there's not a lot of great quality out there. Often a lot of



the focus is on financial turn and not really on clinical outcomes and quality, even with BCBA and, and condition owned businesses. And so I, I have a good view now into the landscape of what clinicians are doing and what companies are doing as this industry is just growing so rapidly.

Karen Chung: [00:08:14](#)

Thank you very much, and Nicki, Nicki Postma is a BCBA, she's an OBM actually, and she's actually been subject matter experts for a number of webinars that we've done and I love her perspective because not only is she with BCBA, but she also has an OBM background, which I think really it lends itself to looking at things a little bit differently in much of a broader setting. So Nicki, a little bit about your background please. Yeah.

Nicole Postma: [00:08:41](#)

I've been working in the field for about 10 years and I've done anything from foster care to adults with disabilities to then being a manager for all of that. And currently I work for a very large company called positive behavior supports. We're in about 14 different States and so I've kind of learned the process of expansion and you know, the quality assurance that's required in that. And then also every state kind of varies. And so learning, you know, the different States and what's required and you know, but I, I'm really appreciative of my OBM background. Because like you said, it gives kind of a different perspective of, you know, how can a company run efficiently but also ethically and you know, having people want to do the right thing and in practice effectively.

Karen Chung: [00:09:35](#)

Thank you Nicki

Karen Chung: [00:09:38](#)

Karin Torsiello, Karin, thank you very much. I pulled you in at the last minute and I'm so excited that you were able to make time to join us. Karin actually is an agency owner and she happens to be located in Florida where all this is going on. Nicki actually is located in Florida as well. She owns a small agency. And I think that a lot of the clinicians that are out there or businesses that are led by BCBA is for non BCBA tend to be a little bit smaller in nature. And she brings a really good perspective, really great experience on, you know not only being a BCBA and clinical and providing clinical services. I'm sorry, but also as an agency owner. So Karin, a little bit about you. Please.



Karin Torsiello:

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Thank you for having me. So my perspective comes not necessarily from the autism worlds, but I kind of grew up in this field working in child welfare, contracting with state and federal agencies. So I've been schooled from early on how to follow the letter of the law, the consequences of not following the law, listening to those in power and taking marching orders. So when my agency did expand to become a Medicaid provider late last year, we learned very quickly how the insurance business operates and recalled all of our ethics training to ensure that moving forward we would be an agency where we can be proud of our growth, our slow growth, and make sure that we can maintain our quality and our mission to help children in, in our case children who are victims of abuse and neglect and make sure that we would always put our best face forward in, you know, pursuing our mission to do that. So I'm really excited to bring that perspective today.

Karen Chung:

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Thank you Karin. Karin **would also say too of** ABA. As you guys all know, it's not just for kids with autism, right? It's theory effective behavioral intervention and they so I really appreciate the fact that Karin started and you know, helping career in her career, helping kids with, Not necessarily without autism and the foster care system that are a significantly behavioral. And I think over a period of time, you know, a lot of the BCBA is here. Or a majority of the BCBAs are actually, you're working with people with autism. Well, looking beyond that and really critically analyzing who you can help with I think sort of the field very well. I'm going to take myself off of video. I'm just going to minimize the direction here.

Karen Chung:

[00:12:19](#)

So social learning, we've been having some conversations with AHCA. I believe that it was really important for us to really understand firsthand, not necessarily second hand, you know, our position and there's a lot of different things. I had to ask somebody to come and join us and unfortunately Beth Carter, who's a deputy deputy secretary of AHCA was unable to make it, but she'll be joining us. And some of the other webinars that we're doing. And so here's the official statement. I'm going to read this really quickly, but we'll cover most of this. And I think that a lot of you guys in Florida already know about this anyway. So AHCA saying our number one priority remains the children who rely on the service and making sure that they had access to high quality providers we are in investigation. The agency had



identified Medicaid fraud and abuse with extraordinary over billing for BA services, behavior analysis services.

Karen Chung:

[00:13:11](#)

The agency has identified **White's back problems with providers**, often attempting to build unbelievable hours, but just more than 24 hours per day, more than 40 hours per week and billing for in excess of 31 days. In one instance, a provider tried to bill more than 250 days in a row. Agency also found that some providers appear to have falsified their qualifications being the patients could be receiving services from unqualified providers. So the agency has placed a temporary moratorium moratorium, sorry in the Miami **Dade** and our counties are new providers, this will allow the agency and opportunity to complete a comprehensive assessment of the current provider population and remove from the provider network. Those individuals and entities who are not qualified to participate or whose participation participation is believed to have been based solely to commit fraud. Additionally, the agency continues to further investigate possible fraud, abuse statewide.

Karen Chung:

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So the impact we health care fraud because that's what we're talking about right now. It's more than just medical fraud if we go to the fraud waste and abuse as well. So I think a lot of us **though** are people out there think that Medicaid fraud or healthcare fraud is a victimless crime. So is that really, you know, what are the consequences? So the, according to the national conference of state legislatures, fraud, abuse and waste on Medicaid spend billions of dollars every year, diverting funds they could otherwise use for legitimate healthcare services, not only do fraudulent and abuse of practices increase the cost of Medicaid without adding value. They increased the risk and potential harm to patients or exposed to unnecessary procedures in 2015 in proper payments alone, which include things like payment for **non uncovered** services or per service that were bill out provided total more than \$29 billion. It's kind of staggering for the mind to understand, knowing, the context of big and pervasive this problem is. So I'd like for the Dr. Bailey and panelist test. Speak to this a little bit. What do you think?

John Bailey:

[00:15:25](#)

Well it's outrageous of course. And the I think what's missing and Nicki may be able to jump in here you've got, you've got basically two issues from my perspective. One is individual accountability. So an individual behavior analyst knows whether



or not they are working X number of hours per day, and they submit their billing. And if they come under the code of ethics, they would they would not fudge that number in any way. So if they worked six hours, they wouldn't bill eight or if they worked they were supposed to work with a client 20 hours a week and only work 10, they would only work, they would only bill for 10. At the individual level, we our, our idea from the ethic side is that the ethics would contain the person to the facts of the the amount of services that they delivered.

John Bailey:

[00:16:28](#)

But there's a systems side of this as well. So if a person, for example, did 10 hours but build for 20 you have to go downstream from there to see where did that not get caught. So there's, there's gotta be a, an organizational behavior management system in place to monitor the billing practices of behavior analysts. So we like to think that they don't need that because their behavior analysts and they come under the code. But, but this is obviously a, a the case that not the case. And so like I said, Nicki may want to jump in here at some point. But the, the, as it's stated here, the numbers are staggering. It's just, it's really unbelievable that this could happen. I'm not surprised that it's been a bigger deal in the Miami area because they've been involved in Medicaid fraud down there for years. And all kinds of fraud, insurance, fraud, various kinds of fraud. It's like, it's people have referred to it as the fraud Capital of the world. Because there seems to be a culture there of, this is how you get ahead, you figure out how to beat the system. And so I'm not surprised that it kind of took hold as, as part of the behavior analysis services.

Nicole Postma:

[00:17:53](#)

Yeah. I think that there definitely is a systems approach to be taken here. And I think part of it is, is as companies grow, it's harder to keep those systems in place and keep track of people and you know, all that sorts of things. And you know, I was managing just one County and had 300 behavior assistants going into homes. And so how do you really know what's happening and what's going on? And you know, in addition to that, if they're not RBT trained and they're just, I would say behavior tech or behavior assistant, do they really fall under the code? Do they know the code? Do the analysts go over the code with them? And so, you know, the, the, the people that are going in and out of the homes, it's hard to really keep track of. And so I think there are some effective systems to be in place



and one of those is to, you know, educate the parents as well and make sure, you know, they understand what's being built and, you know, have the parents take some of that responsibility too. And that goes both ways. I mean, I've had an example where a parent told the behavior tack that they were going on vacation but didn't want to have them lose the money. So they told them just bill for the week. And it's like, ah, okay. You know, and, and parents I don't think understand the concept of fraud either sometimes. And so I think there's a big educational component here that really needs to happen across the board.

John Bailey: [00:19:13](#)

If I could just jump in there kind of one more issue related to that and that is that RBT, and people who are not even RBTs, but RBTs get three hours of, their training. They get 40 hours of training, three hours is on ethics. And don't know what exactly what the content is, but it's hard to instill a deep ethical values and only three hours. And by comparison, master's level people are BCBA is at least in my program, they get 45 hours of ethics training. So it's an entire semester. And we go over case after case as well as the code. And so by the end, I think it's deeply instilled and you know, somehow or another, and we need to do something to give a deeper meaning to ethics. And then just one final point.

John Bailey: [00:20:09](#)

RBTs not all RBTs obviously, but RBT is people with, with that level of of training have very little to lose. They, they're only in it for 40 hours. And so if they get caught doing something wrong, that's fine. They can go back to work at McDonald's. And many of the people who are are serving as a behavior analysts **in quotes, air quotes** really aren't behavior analysts. They're just people that are skipping around from one job to the next and they have no commitment to the field of behavior analysis. They have no commitment to the field of, of autism and, so, you know, they try it, they get away with it. If they get got fine, they move on to something else.

Karen Chung: [00:20:48](#)

Karin, what do you think?

Karin Torsiello: [00:20:58](#)

Well, I would like to step in and say that, you know, we, we were a little bit late to the game of insurance participation and so I had heard from other business owners and other practitioners such as Nikki, her and I have worked together in



the past. So I was aware that there was this undertone of potentially inappropriate behavior. So when, when my team started out hiring behavior technicians and RBT's for the first time late last year, we definitely started that interview process and that relationship with anyone we brought onto our team, hitting it straight from the interview about our core values, our mission as an agency and as individual providers to instill that if you're going to join our team and be part of our company, you are going to be held to the same standards and ethics that the board holds, the BCBA's too.

Karin Torsiello:

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And so we've incorporated an ongoing training component in our monthly staff trainings. Our team leaders send out encouraging and informative emails to their team at least on a weekly basis. Again, always encouraging appropriate behavior. And then we have put in a lot of safety measures, which are sometimes duplicative, but I feel necessary in today's climate to ensure that as an agency we are doing our absolute best to ensure that none of our staff are engaging in inappropriate behavior. Now we do not have 300 texts as Nicki's talking about. So it is a little bit easier for us to manage that and we choose to grow slowly for that reason so that we can manage our workforce and ensure that we don't get caught up in the ethics to be in and get called out for any kind of fraudulent behavior. So I think that is also important from the get go is establishing those, you know, boundaries in our relationships with our workers.

Karen Chung:

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All right. I'd like for you to address two different aspects of it. One is an agency owner, but the other piece which I think is very interesting as somebody that's working with private equity firms, the private equity firms are, the firms that are looking to acquire, actually has been acquiring agencies. They're backed by, you know, a lot of money plans. So their businesses, business entities on its own and they're coming in and really consolidating our field, which is what they typically do in a fragmented industry when there's a lot of money to be had. So Renit is consulting with them and she's doing a great job and trying to get them to be aware of the importance of outcomes of but as part of doing some audits. She's also looking at very closely some billings related issues as well. So I'd like to you to talk about the two different aspects of it



Ronit Molko:

[00:23:46](#)

So as a business owner there are a lot of protections you can put in place and I think if you put those in place, you're managing by exception. And so for example, having parents verify that the session occurred and having an independent parent signature that the, that the therapist is not necessarily responsible for collecting. 90% of the time or 98% of the time parents are going to inform you if the staff member is trying to bill for the services that they're not providing. Because parents really want the services, as Nicki said, they all be occasional families who will collude with the therapist and, and sign for services that we're to see. But I, in my experience, that's really the exception. The other thing is leveraging technology. And a lot of the companies I see do not leverage technology, but you can implement systems where you get a digital signature.

Ronit Molko:

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For example, when a staff member arrives at the family's home to come back to the session, they sign in and there's a timestamp and a GPS stamp up the location in which they were asked. And when they leave they have to sign out and it's all digital and it's all using GPS technology to say where the staff member was. It's much harder to commit fraud unless you're going to park outside the parent's house and pretend to be there for 15 or 20 hours a day. So there, there are a lot of technological options. In some States it's a little bit challenging because if you're state funded, for example, for many years in California, the state would not let us use technology. So it took a long time for us to get those systems implemented and show how that was actually a better fraud prevention than having a signature on paper.

Ronit Molko:

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The other thing that, that companies can, can do, simply from a billing perspective is having multiple people touch that billing process. And what I mean by that is you don't have the same person who gets the time rendered from the staff member. You know, sending out the billing and receiving the payments when you have just one person looking at all of that, you're much more likely to have either for intentional fraud occurring or unintentional fraud occur. And if you have multiple people in your system, in your process that have just verify services, you're more likely to have somebody who's gonna pick this up and say, this doesn't make sense and report it. From an investment perspective, Stephanie, I'm seeing companies across the country that have unbelievable profit margins, truly



unbelievable. And, and that's when I start digging to see how is that happening.

Ronit Molko:

[00:26:11](#)

Sometimes it's just a lack of clinical oversight. There is not a lot of investment going into layers of clinical oversight. And so the programs are not as robust and sometimes you know, they're billing for three people at a time to be in the home for the supervisor, the entry level supervisor and the, and the RBT to be in the home. Or they were billing for a lot of indirect services activities that are happening in the office. So generally when I see a profit margin that's out of scale there's an indication something not always fraudulent or unethical, but then something's going on that's cutting corners around how we would view ethics and clinically conscious services. I think there is some pressure with a private equity looking at companies, especially when you're in the middle of a process because they're watching your company every month to make sure that you're making more money and not less money. And so there's probably pressure on clinicians and business owners to figure out how they're going to demonstrate that. I'm certainly not implying that people are intentionally committing fraud to impress their, their, their investor. But there's a lot of pressure in the market. There's a lot of intense invested interest and because of some of the recent deals that have happened, sellers are business owners are starting to think that they can just make a lot of money off their business regardless of what type of quality or outcomes or processes or employees they have.

Karen Chung:

[00:27:40](#)

So Ronit, what would you consider to be extraordinary is significantly above average profit margins?

Ronit Molko:

[00:27:48](#)

So that depends on state because rates are so different in States and costs us a difference in States generally from in-home service. If it's above a margin of 30%, that's definitely extraordinary. Smaller companies are going to have higher profit margins because they have fewer fixed costs. So there are a lot of variables that go into this. And I don't want to just make generalized statements, but generally over 30 or 35% for center based models, I've seen profit margins as high as 60%. And that's sometimes when I'm, you know, when we're just seeing lack of supervision, lack of insight, lack of clinical direction typically an off the shelf clinical program. That's just being given to kids of all ages without sensitivity around is this appropriate



for a 10 year old or a three year old and lack of a customization of programs. So there are a lot of variables that go into what impacts that margin, but certainly it's something that stands out initially.

Karen Chung: [00:28:47](#)

Thank you for that. So common examples of Medicaid fraud, there's three different categories that I hadn't thought about before. Provider fraud, patient fraud and insurance insurer fraud as well. The two that are very relevant to what we're discussing right now is provider fraud billing for services that are not performed and billing duplicate time for one services as well. Also finding it's a diagnosis probably possibly because the rates are different and we'll speak to this a little bit more, but I thought that that was interesting. And this no, everything's a trend, right? And behavior analysis is a relatively young field relative to, let's say, speak to a psychologist that's been around for much, much longer. It's relatively small with about 31,000 CBAs that's growing really quickly with 40 some thousand RBT. They've just been created in the last four or five years.

Karen Chung: [00:29:42](#)

But you know, take a look at what's happened in the past and using that as an example of as you know, kind of benchmarking and hoping to not make the same mistakes that other disciplines have made I think is a really good way to take a look at that. So all prosecutor prosecutors had over 2000 health fraud probes open at the end of 2000 Medicare strike force, which was formed in 2007 posted seven national nationwide take downs. And the latest on May 13th 90 people, 16 doctors were rounded up at six cities and more than half of them in Miami, the Capital of city medical fraud. And this is talking about all these dates up. So very troubling obviously and the, we're talking about Medicaid, but Medicare, Medicaid of goes hand in hand. Medicare is a larger number in terms of at the dollar spilled a button.

Karen Chung: [00:30:39](#)

This certainly would be relevant because the programs that are in place for our Medicare would also be in place, but generally speaking Medicaid as well. So the punishments have gotten tougher, which is good. So last year, which by that would mean 2015 the owner of a mental health clinic got 30 years for false Philly. I think that this is really important because when you're thinking about the consequences and billing fraud, it, it doesn't, it's not just about the dollars and cents that now you can go to



jail for that. So when somebody is attempting to, or thinking about actually, you know, committing fraud and some do that deliberately, I think most of them probably don't when, so it's unintentional. But it's really important to understand the penalties and home health fraud such as charging for non-existent visits. Insulin injections got so bad that the CMS runs the programs called a moratorium on enrolling new providers in several large baskets. This was in 2014. So is that filed? It was a picture sound a little bit familiar to what we're going through right now. So how does this relate to the current state of the field in behavioral analysis and Dr. Bailey if you would?

John Bailey:

[00:31:54](#)

Well, this is this is staggering to know that this, there is this extent in the, in the fraud. I guess, you know, I've been in, I've been in the field from the time that nobody knew who we were. And applied behavior analysis was something that was talked about in a few universities and there were a few demonstration projects and the ratio of staff to client was about three to one, and one of those people was probably a PhD, a faculty member. And so you know, there was no even thought of, of funding the money that funded what was done years ago in the beginning came out of research funds or clinical funds within a university. And we, we certainly had no idea that this could possibly expand to the point that it has.

John Bailey:

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And so you know, I guess the, as a field grows, the kind of people that go into the field grows. And there are, there are clearly people that, that don't blink an eye at the concept of committing a fraud. And certainly not if it's somebody else's money that's being spent. So you know, it's, it's terrible. I think it's a stain on our field. I think it makes us look really bad that something like this could happen. I think it happened in Florida to the extent that it did because we don't have licensing and you know, I think the extent of which people, there's more at stake if you could actually lose your license if you were engaged in some kind of fraud, I think that would possibly give some people something else to think about. That's all I've got on that point.

Karen Chung:

[00:34:07](#)

Thank you Dr. Bailey. What do you think, Ronit? **What did** you start please?



- Ronit Molko: [00:34:13](#) Sure. you know, as Dr. Bailey Said, I mean the numbers are just staggering and unfortunately I'm hearing more and more about it across the country. Examples of things that I'm hearing are BCBAs intentionally, essentially selling their license to somebody who's not a BCBA and letting that person practice under their BCBA credential. I think parents can easily go onto the BCBA website and look up if that practitioner, does exist with that credential. I think it would be important to add photographs to that so that parents can actually identify that the person coming into the home is the person with the, with the name of BCBA number, that they're affiliated with. I don't think our consumers are informed enough or sophisticated enough to be really double checking who's just hitting the syllabus.
- Ronit Molko: [00:35:03](#) I think they're very trusting of our field and not doing some of the diligence work that they could be doing to make sure that they're getting services from who they're getting citizens from. Other instances I'm seeing are individuals who don't know that they credential is being used by somebody else to access services. I've seen cases in on the East coast where individuals are, they all BCBAs. They're getting contracts with insurance companies, meeting with families to do an intake, billing services, never providing the service. And by the time the insurance company catches up, 90 days later they moved on, opened up an agency with a new name. Somehow they're getting away with it multiple times. But I've seen that happening in the field. So I think, you know, certainly when I started, when we started our company, there were a handful of providers in California.
- Ronit Molko: [00:35:56](#) California was very rich and providing citizens because of our legislation and our funding system. But as Dr. Bailey said, this was not a widespread retail model of providing services and it's just grown so rapidly because of the demand that they all send me individuals who come into the field with the intention of making as much money as they can, as quick as they can. And it does put a stain on the industry when I think the majority of people are very mission driven and do have heart around what they're doing. So it's very unfortunate that this is happening. We just need better protections in place and I think an easier system to a portfolio than you know about it because people are nervous about coming forward to report fraud.



Nicole Postma:

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Yeah. I've had an experience that I know of that someone actually essentially did identity theft and stole the BCBA's certificate number. And the only reason why they essentially got caught is because the BACB changed what their certificate looked like and the person didn't know. And so when they submitted their new certificate, everyone, wait a second, why do you have an old certificate? So, you know, people outside of this field are catching on that the rates can be pretty good and that you can make some money. And you know, and it's not just I, I think the person at the top, but also, you know, there's other people outside of the field that are trying to try to get in and, and trying to go without taking the exam and getting the education and you know, all those sorts of things. And so there, there probably needs to be some systems approach to that as well. And you know, they reported it to the police and the police actually didn't really do anything. So

Karin Torsiello:

[00:37:39](#)

I'd like to piggyback off of what Nikki just said. I'm looking at a systems approach. So I think that, you know, ACHA has a responsibility here as well. I think their communication and their guidelines as to who is qualified to perform a service has been loose. It is not well defined. It's open to interpretation. I understand that perhaps some of that is done on purpose. But for people who function in our fields, having rules and boundaries and clear guidelines to follow, that's how we operate. That's how we were trained. And so perhaps some people are inviting behavior technicians to join their company without understanding what the credentials are, what they need based on the behavior system attestation form, you know, that we used back in September versus the one now. I think the updated version still has some, some work that can be done to it.

Karin Torsiello:

[00:38:38](#)

I think the call center when you call Medicaid to get some guidance or get assistance, those people need to be trained better and have a consistent message. My office calls sometimes five times a day with the same question just so we can catalog what type of responses that we are getting. And I think that is definitely unnecessary piece of this and they need to have ownership of their role in people being able to get away with fraud. For example, being able to build 37 hours in a 24 hour day. How did their system not touch that? Because today they have a system. If you build more than 10 hours a day,



denies the claim above 10 hours. So that technology was available. Hindsight of course, hopefully now this behavior won't continue. But I think it's not just on our field. I think it's a, you know, big system where everybody needs to be working together to come up with some more specific boundaries and expectations that can be measured by agencies.

- Karin Torsiello: [00:39:44](#) And by AHCA, I know my agency gets monitored and audited by the state and federal governments we provide services to, I love getting monitored or audited because it's time to have a dialogue and investigate with the agency who's paying for our services, what they like, what they don't like, how we could improve and so forth. And so I'm a big proponent of ongoing frequent feedback from a pair.
- Karen Chung: [00:40:11](#) We're talking about AHCA, but not everybody that's attending knew AHCA is, can you explain who AHCA is?
- Karin Torsiello: [00:40:18](#) The agency for healthcare administration who oversees Medicaid and Medicare, I imagine funding in the state of Florida for our service and many other services. So I view them as the, the rule, the boss of use of Medicaid funds and they're the ones who create the handbooks and who create the rules under which we practice.
- Karen Chung: [00:40:50](#) Thank you for that.
- John Bailey: [00:40:51](#) Could I jump in there for a second?
- Karen Chung: [00:40:53](#) Absolutely.
- John Bailey: [00:40:53](#) Just in terms of a little bit of history I feel partially responsible for what's going on here. If you go back to 2012, it was a federal lawsuit in Miami that was leveled at AHCA for refusing to provide behavioral treatment to children family, poor families who didn't have insurance. And so AHCA could have at the beginning, back in 2012, they could have, they could have said, this is a worthy cause, a good course we're going to cover this. But they didn't they, they had to be taken to federal court and in court, it was very clear in my testimony and then cross examination that they had no idea what behavior analysis was. I mean, they couldn't even spell it. And so in my testimony I



attempted to and on the record for explaining this is what it is, this is how it's works and laid it all out.

John Bailey:

[00:42:04](#)

The cross examination that I received from them was negligent. They didn't even have a good question to ask me about what this was. They lost that federal case in 2012. They then appealed it to the, the third circuit. And about six months later when they got to that case, they they substantiated the, the first decision. So AHCA has from the beginning didn't want to do this. They didn't know what it was and they, they really didn't want to participate. So once they lost the case, then all of a sudden it's like, okay, well we're, you're going to have to take this on. They had no foggy idea how many clients were going to be involved. I think there's a slide up here that shows a 11,000 clients that are involved. I think that they thought it was a few hundred. And so they were not at all geared up for the scale of this this operation that was gonna have to, to happen.

John Bailey:

[00:43:02](#)

I think that and they, they didn't make any attempt to get in touch with the behavioral community. We had to go to them. FABA for association of behavior analysis, had to go to them and say we represent behavior analysis in Florida. What can we do to help? We would like to offer our assistance. We'd like to provide any advice, guidance, anything we can do. They refused that for months, for months and came up with their own ideas. And one of their best ideas that they had was, let's have two categories of providers here. One are called behavior analysts and the other one's called applied behavior analysts. And the second category applied behavior analysts were BCBAs. And their intention from the beginning was to, to fill all of the ranks of this with people who really weren't board certified behavior analyst because it was going to be cheaper.

John Bailey:

[00:43:56](#)

And because they went the cheaper route with people who really weren't board certified, weren't trained in ethics. I think that that's where this all this all got, you know, out of control. From the beginning there were bad decisions that were made and now we're reaping what that is. And then one, one final thing, comment. I'm sorry to take up so much of your time here, but Dr. Molko Mentioned retail that's a concept that is really foreign to our field of behavior analysis. None of us in this field think of us as being in the retail business, but that's a great term because it, it's, it's, it positions, it repositions behavior analysis



and our culture. And a couple of things that are relevant there. One is the technology that she mentioned, which I'd like to know more about, about how you track when somebody comes to the home, how long did their, I think that is fantastic technology and I think we need to spread that around and let people know about that.

John Bailey:

[00:44:56](#)

And the second one is more low tech. For example, when I fly somewhere on Delta, within a couple of days, I get a query on my desktop that says we want you to rate our services. When I take my car in to get it serviced at the local automotive place within a couple of days, I also get comments for service there that needs to be instilled, that kind of retail thinking about how do we satisfy our customer's needs to be instilled in behavior analysis. And you know, we need to rethink what we're doing here in terms of this retail model. And I love that term. I think it absolutely fits what we're doing. And I'll shut up.

Karen Chung:

[00:45:41](#)

Thank you very much. I said there's a lot of material that we need to cover today. I thought it was really important. I included it in the Parkland presentation. We will end up having to just do a cursory a touch on some of the slides that we have over here, but if I'm bringing everybody along that's the reason. So the Medicaid fraud in Florida, the bad stories. So ACHA analysis the more moratorium on enrollment of new behavior analysis providers. So I think we've heard the word moratorium on the previous slide. So on May 14 they issued a temporary moratorium. So why did they do that? Because some providers have attempted to bill Medicaid for unbelievable hours that is working more than 24 hours a day, 40 more than 40 hours per week for billing for 31 consecutive days. One provider attempted to bill more than 250 days in a row.

Karen Chung:

[00:46:32](#)

So Medicaid recipients were also behavior health providers, which I take to mean that they were billing for their time, which I turn out to be. I'm up here from the miters apparently falsify their qualifications. And Miami Dade has 8,175 behavioral providers are 5,676 Medicaid recipients receiving services. Those numbers just don't seem right to me. More than a dozen large behavioral providers were. But for prosecutors for investigation of suspected criminal activity. So a lot of the healthcare issues now or the billing issues. Health care fraud is more than just what will you take typically think about, you



don't think about, you know, the criminal activity and the fact that you could actually go to jail. So again, in the previous story that we've talked to other people where the previous case one actually ended up going to jail, I think this is going to be more and more common, which I hope will start

Karen Chung:

[00:47:30](#)

To curtail or have people think a little bit about it cannot be here, their activities on the decisions that they're making and I guess that that expects more criminal investigation occur. So that is the back story. And two months later July of 20th. Agency analysis sanctions that they had gone through and reviewed or whatever it is they need to to review came up with the four sanctions against behavior analysts fighters and the behavioral health was ended up being terminated from Medicaid. They had six people named that were billing for a ridiculous amount of hours and a MGM behavioral health was accused of Medicaid overpayments and they have to refund Medicaid over \$1 million and suspensions from Medicaid. How many mental health and behavioral services and [inaudible] medical center, etc. So I think that I've heard from a couple of BCBA cert of some sort that was going on about, you know, that's not really that big a deal.

Karen Chung:

[00:48:29](#)

There was some mistakes made and especially particularly related to one company, but I have to ask you, would you really get sanctioned from AHCA or some minor mistakes that you're making? Here's the definition of sanction, it's a threatened penalty for disobeying a law or a rule. I think that this is probably a bigger deal than, you know, some of the people think that it is. I have to give people the benefit of that. So a little bit of backstory, what have I missed? Especially Nikki and Karin and Dr. Bailey, obviously you're in Tallahassee.

John Bailey:

[00:49:07](#)

I'm not sure. I'm not sure that you've really missed anything. I mean these are the basic stats that we've been given by AHCA and I, I assume that this is the tip of the iceberg, that these are the worst cases and that there, I'm assuming that there's going to be more, more to come. I mean, they're picking off the ones that are in the million dollar range, but you know, if you're really going to clean this up, you've got to get down to the ones where there's \$50,000 and the only, only when you could get down to that level, are you going to be able to say yes, we, we have in fact cleaned this all up.



- Nicole Postma: [00:49:47](#) Yeah, I think, sorry. I think part of the the issue is too is that you know, and I know that we go into this a little bit more, but when it originally came out that AHCA was going to cover services, it was up to 40 hours a week and it didn't specify behavior assistant. It could be a behavior analyst. And so it really was a free for all. And, and so, you know, I'm about a year or so ago, year and a half ago, they brought in someone to do a managed care for it. And I don't think people even knew what they were accepting when they said they would be the managed care company of it. And so it's been a mess kind of from the beginning and it's really set people up to fraudulently bill. It's saying, here you go, here's all these hours, take them if you want.
- Nicole Postma: [00:50:32](#) There were no plan reviews, there were no authorizations, there was nothing. And so it really, I'm sure it tempted people. But I think that the other other thing to mention on this particular slide is that, you know, for some of the people that they're naming what the termination of Medicaid it's not necessarily them that's doing it. It's the biller that has done it. Whoever was in charge of submitting that. And so, you know, I think we need to be careful when we're reviewing people's names that are being put out there that it's not necessarily them that's doing it. A lot of times, analyst and tax, they don't have access to their EOB or whatever was submitted and people behind the scenes could absolutely doctor up any of that. And then, but they're not, you know, if your provider number is attached to that, it ends up being you. That's, that's the victim as well. And so I think that there's been some victims on both sides of this.
- Karen Chung: [00:51:29](#) So clearly this is a systems issue, right? There's a lot of different parties that are involved or how working together. So creating a model where the entire ecosystem is working together. There's transparency about that. And I believe it's really important. Karin, you had mentioned the slippery slope concept. So how does that relate to what we're talking about?
- Karin Torsiello: [00:51:53](#) Well I think you know, piggy backing off of what Nikki said, I completely agree that I am familiar with certain people who've been caught up in this where they don't, they didn't know that their agency was billing for them. They turn in a paper log with some case notes and then the biller can go and manually enter



whatever they choose. So I think I'm a bit, we use a cloud based billing software, so we're able to run audits and run checks and our staff have access to their claims, how they were billed, what color they are.

Karin Torsiello: [00:52:31](#)

If they're yellow, they're not billed. If they're blue, they are billed. And we definitely encourage our staff to call Medicaid claims department and verify their own, you know, what was actually billed under their provider number because ultimately they don't need to take my word for it. They should call the people who are actually writing the checks. Additionally, I think that having something that is same or similar for all providers to function under so that it really you know, pulls in the error margins that are able to be, to be pushed by different people.

Karin Torsiello: [00:53:12](#)

And then I would also say that just, you know, individual providers just need to be really, really careful about who they work with, who they work for, and put some systems in place to protect themselves. Because this could ruin an entire career. I mean, I, I'm 22 years into this career and it's the only thing I know and it's the only thing I ever want to do. So if that were taken away from me through the fault of my own or the fault of somebody else and still took, taken away from me. So I think we all owe ourselves in the field, the you know, diligence to protect and that's the truth.

Karen Chung: [00:53:50](#)

So the that are being, they are happening right now, I think Ronit mentioned before, it's intentional or unintentional. I think that's a very, something to be said where you make a small mistake, let's say, and you've got a little bit more money than you thought and then you figure, okay, when you make a little bit of a mistake and then maybe it becomes intentional, but it's maybe a hundred dollars here, \$1,000 here are not caught. There is that inherent motivation, especially in an environment. As Nikki mentioned before, it's a free bar and you can build whomever you want, 40 hours, you can make decisions. This is relatively new. Even AHCA still trying to figure this out. So there's that kind of period of time where everybody's trying to figure it out and it's really messy and you can make decisions and you can get caught up in this, you know, the situation that's happening right now and Dr. Ronit, if you have something to touch upon quickly that it would be great. Sorry.



- Ronit Molko: [00:54:50](#) Yeah, I think if you're, if you're receiving a payment that is more than you think you should get, then it becomes intentional if you keep that payment. So I don't, you know, when I talk about, I'm intentional, I talk about people who absolutely believed that they're following the guidelines for billing. I don't realize that they are building something that would be considered unethical, fraudulent. And there are all those cases. But I think once you receive a payment and you go, Oh, I wasn't supposed to get paid for those. So they pay me double. It's a responsibility to, to fix that. If you're keeping that, then you are definitely.
- Ronit Molko: [00:55:22](#) Intentionally committing fraud.
- Nicole Postma: [00:55:24](#) Where we've reported. I mean, you know, Hey, this insurance company, sorry, we overbuild this by a couple of hundred dollars. And they said, don't worry about it. So it's, you know, things like that that's like, wait a second. Okay. So it's not, it's not a big enough issue for you to deal with. So what is the dollar sign amount that equates to the fraud or intentional or, you know? So I think there's, again, it goes back to kind of those operational definitions of, of what we're working with.
- Karen Chung: [00:55:56](#) I really appreciate what Ronit was saying. It's pretty clear cut. So you submit to intentional versus unintentional, you submit, you get more than what you should be getting. So at that point in time you're making a decision as to, okay, do I keep it or do I notify AHCA or whomever you know is the funding agency and it's that intense I believe is clearly, you know, meeting all style of the slippery slope and I like that definition, I think
- Karen Chung: [00:56:24](#) Kind of it's pretty clear cut. It's easy.
- Ronit Molko: [00:56:27](#) Just to add to that, sometimes it's on the burden of the pair. Now I've seen insurance companies, if you have say two clients, you have Tom and John, they overpaid Tom, but then you alert them but then they take the money back from John because that's the next invoice that they have, which makes it very difficult as a business owner, A you get your, put your, your accounting straight, but B to have comfort in the fact that the insurance company is not going to later come back to you and say you took an overpayment for Tom. So I think sometimes it is the responsibility of the payer and the funding source. That's not being specific. And sometimes they'll just take money back



from the next outstanding invoice as opposed to the client for which they have a paid. And so it's up to babysit. There's a responsibility on the pair and the funding source as well to put processes and procedures in place to make this clear cut.

Karen Chung: [00:57:17](#)

So Dr. Bailey kind of, this was your, you would be at somebody, your billing, billing agency pair, and then you get more money and then you decide, okay, well what do we do? That's an ethical decision that one needs to make. And that may not be necessarily covered by the code, but you know, what does it speak to when somebody is consciously making a decision? Oh, that's okay.

John Bailey: [00:57:41](#)

Well, you know that, that comes back to a discussion we had in a previous one of these webinars about the difference between a morals and ethics. Morals has to do with your upbringing and the values that you received from your family and your community when you were a kid and a teen and so on. And, and if those values have to do with you know, what the best thing you can do is try to beat the system. If you can't beat the system, you're hardly worth it. And if you're going to be one of us, you've got to figure out how to beat the system because the system owes you because look at your sad situation and this is how you can fight back against the system. If that's the moral background that you have, your upbringing as you come into a professional field, which has a different set of ethics, it's going to be very difficult.

John Bailey: [00:58:32](#)

Somebody talking to you for three hours about ethics and you're sitting in the back of the room and your arms are folded going, yeah, sure, that doesn't apply to me. That's not what I heard. That's not the way I was raised. This, going to be, it's going to be very difficult. And you know, I don't know that we have any way to screen people that have sort of that general approach. Obviously other people have the same problem. You, you had on a previous slide here, the number of physicians that were caught up in Medicaid fraud, they get a lot more training than behavior analysts. Do they get six years or eight years of training and still would engage in fraud? That tells you something about the power of the dollar to reinforce inappropriate behavior that is very difficult to fight it, fight against. I would say.



John Bailey:

[00:59:28](#)

So I, I think that the answer really has to be better systems, more organizational behavior management better consequences, more immediate consequences. I think we just have to say, you know you heard the expression started with **Reagan**. I think it was a trust, but verify. I think we need to have a similar motto, which is we don't trust and we verify we, we just have to question everything that we do. Otherwise this field is going to go straight into the toilet. You know, we'll have no respect. We'll have less respect than used car salesman and that would be a terrible, that'd be a terrible thing. I know what Karen is talking about. This is the only thing she wants to do is the only thing she knows how to do. If she got caught up in this, it would be her life. Basically. I feel the same way and I just, I can't imagine letting that happen to our field.

Karen Chung:

[01:00:26](#)

Thank you for that. So some of the causes, and I think we've talked about you know before, greed, certainly is a powerful motivation when you think about businesses that enhancing shareholder value is a common kind of concept. Well, what that means is you're either growing top line revenues, but generally speaking you're looking at higher profits up and. So the driver for the higher profits on the higher revenues. Yeah, it's Tyson to great sad to say. And the recent activity, the private equity M and a activity I believe certainly does. My personal opinion, I contribute to this factor as well. Misunderstanding of rules. Okay. For internal processes, those are things that you can fix. If you're looking at decision is the wrong decision, I don't know necessarily if you could ever put systems in place that would prohibit you from doing that. Agency owners lacking business skills moving forward.

Karen Chung:

[01:01:22](#)

I'll show you a stat, which is pretty alarming in terms of the number of new BCBA's we've added in the last couple of years. So clinicians don't relate their match way to be business people and so clinicians get out, they set up their own business, they're making decisions yet they don't have any context. So that certainly is a contributor. It's AHCA being too stringent. Well, AHCA has issues just on their own as well, and maybe that's the case, but there are a lot of possible causes. The Impact as what we focus on, what is the impact, other behavioral service providers, agencies, what's the impact to your colleagues? Behavior analysts, RBTs and other ABA practitioners. What about the field of ABA? It's relatively new. We just started to get



reimbursed from insurance companies and now all of this is going on. I wonder about how other disciplines are looking at it and payers have the legitimacy of, did I make that right decision? Even the state legislature must be looking

Karen Chung: [01:02:20](#)

At this as well. And ultimately what about the consumers? I mean, at the end of the day, Dr. Bailey said, Who don't harm, you know, higher up unit, better outcomes to no harm. And they're the ones that are kind of stuck and they're the ones that are most affected in a very, very negative way about all of those, how that's going on right now. So if you could quickly touch upon some of these points, I would really appreciate that. Dr. Bailey?

John Bailey: [01:02:49](#)

Well where ethics comes in is a, is supposed to be a, a counter control against greed. So the temptation as was Nikki mentioned earlier the temptation to fudge the numbers or test the system to see if they're checking and so on. It's great. And from a behavioral perspective, there's a big reinforcer for doing that. So you test the system and see what if we what if we submit a 40 hours and let's just see what happens and you get reimbursed for it. So that's a big reinforcer. You had this idea that, well, let's just see. And then you get reinforced once you've been reinforced for engaging in some of these inappropriate behaviors, it becomes a new repertoire and people depend on it. One other thing I was thinking about here in terms of, you know, how do you correct for all of this, is that, that the, the steps that you would have to put in place, the new process, that you would have to make sure that your company was not over-billing and that you didn't, you weren't billing for things that really didn't qualify and so on.

John Bailey: [01:04:10](#)

You would have to put systems in place and you would have to pay for it out of your margin because you're not going to be reimbursed for that. So those are, you know, expectations that we have in terms of ethics. That's the operational side of ethics, which is how do you enforce the code that, that comes at a cost to the company. And that affects their bottom line. If they have to spend, you know they have to hire one extra internal quality control person that's going to cost the company an extra 50, \$60,000 a year. Where's that going to come from? It's gonna come out of profit. And I suspect that most companies would just kind of take their chances.



- Karen Chung: [01:04:55](#) Thank you panelist. I really want to talk about the impact of the consumers, right? You guys have been getting into the business because you wanted to make a lot of money, got into the business because you want it to help a lot of people and all of this activities happening right now. But talk a little bit about up the impact on customers.
- Nicole Postma: [01:05:15](#) I know for me and, and for my company, you know, we're a larger company so we've been able to essentially float some of the people that we have submitted for credentialing that we know are qualified, that RBTs are behavior analyst. And because the system has taken so long to credential people, we've gone and they've said, AHCA said, yes, don't worry. We will start, you know, we'll make sure that their credentials starts when you submitted it rather than when we actually get to it. And so, you know, we're under the impression that they're going to pay us for all of those services. Well, you're looking at months. And so our company was large enough to float a lot of people for a long time and it finally just got to the point where we couldn't wait for them to be credentialed anymore and we couldn't risk it anymore that we had to call everyone that we knew was credentialed, that had the qualifications and the families lost out on services.
- Nicole Postma: [01:06:09](#) They lost out on their behavior technician, they lost out on their analyst. Those people all of a sudden went without work and it was hugely disruptive and you know, we were trying to do the good the right thing by providing those services while we waited. But unfortunately we just, we couldn't keep doing it because it was, it was hundreds of people that we were doing that too. And I can only imagine. And you know, Karen has a different perspective being a smaller company of how that affects smaller companies who don't maybe have other state resources to cover some of the things that we're trying to essentially do.
- Karin Torsiello: [01:06:47](#) Yeah. So I'll jump in here. I'm just to piggyback on what Nikki's saying in that when people hear that you're do behavior analysis and their children are really challenging to manage and they want the help and they want it right now. And it's heartbreaking when you hear the calls coming into your office and you hear the parents crying and begging for services and you just don't have enough providers to be able to manage



anymore. And so as I sit in my office and I see stacks and stacks and stacks of families in dire need of services, and I've had to become, you know, our whole office has had to become very comfortable with the word no. No, we can't, no, we don't have enough staff. We have 20 people waiting to be credentialed by Medicaid that we believe are qualified to be credentialed by Medicaid based on the vague boundaries and rules that they've set forth.

Karin Torsiello:

[01:07:39](#)

We've also had three providers, three perspective providers be denied for credentialing when it's impossible for us to identify why. And it's, we didn't get a clear answer as to why. I know many other folks have had the same experience here in Florida. So we just all are experiencing stacks and stacks of clients that will not, will go without service or might get a different service that is not going to be as effective or as powerful for that particular family. And I think some of that might increase inappropriate services in other areas because we're not able to provide the service. So parents are going to go elsewhere to find what might not be the most effective and efficient service for their child. So I think that's something to consider as well. When when you have one problem and you put a bandaid on it or a doorstop, it tends to push problems in another direction. So again, going back to what everyone's initially saying is, let's look at this as a systems issue from the top down and, and let's hurry because it's a critical issue and it needs to be at least worked on in a productive manner quickly in my opinion.

Karen Chung:

[01:08:51](#)

So Ronit, will need to take a break after this. We're on the halfway point, but so you're really driving for better outcomes and I know that you feel very passionately about that. And so, and you were working in a, you're working with private equity firms who are not necessarily thinking the same way, but clearly you're looking at it from a consumer perspectives. What's impact of everything that's happening right now in the environment, not just the fraud, but all the money that's flowing in and credential, they're non credential people being able to provide services. So how are the consumers affected?

Ronit Molko:

[01:09:29](#)

This is absolutely where ethics comes in because as a service provider, what is your mission and what are you driving to? And it's definitely a distinction between the providers that are driving to outcomes and individualizing programs and stuff and



quality of staff training. And continued professional development and those that have witnessed the industry and decided I'm just gonna put out a shingle and start providing services and make as much money as I can. And they definitely all those two groups of individuals out there providing services. So I'm looking at quality of clinical program, integrity of clinical program training and all the pieces that come together to, to put to form a great clinical program. And then, you know, it says proposed proper supports and outcomes. And unfortunately what I hear too often from the provider is the payer doesn't care what my outcomes are.

Ronit Molko:

[01:10:19](#)

They're not asking about outcomes. And so I think in this new market of insurance companies coming in and figuring out what their funding and learning about the services talk to babysit, they're not really informed about what this is. They're not really focused currently on outcomes. I do think that's going to come down the pipe as we move to more of a valued based or performance based reimbursement model. And I look forward to seeing that because I see such a disparity in outcomes. I see programs where providers are literally throwing every possible intervention at the wall to see what will stick. And they're counterintuitive. And you see kids with, you know, 30 behavioral outbursts in an hour that goes on for six months. And it's just a look at that. And I'm baffled by what they're, what they're putting together and what kids are getting. So I think consumers are being impacted and again, parents are not well enough informed to be able to differentiate from a top quality provider from an a mediocre provider.

Karen Chung:

[01:11:16](#)

Okay. So thank you very much. We're going to take a five minute break. We'll be back in about five minutes.

Speaker 9:

[01:17:09](#)

[Music plays for 5 minutes]

Karen Chung:

[01:18:39](#)

So while we're waiting for Nikki, let's just move on ahead. There's a lot more material than I would like to cover. So certainly healthcare fraud seems to be in style is a lot of that activity that's happening out there. So in July 9th 2017 attorney general Jeff sessions, announce that the rest of arrest of 412 people, some a hundred doctors among them in a scattershot of health care fraud schemes that allegedly ripped off the copper names for about 1.3 billion. I'll see from Medicaid as, so the



2018 healthcare fraud in **diamonds**, January 19 agencies, February 26th usually conceive March, April, may, I don't know why there was a spike in may, June and July. These indictments look like this. This is just an August

Karen Chung: [01:19:30](#)

[She writes on a notebook]

Karen Chung: [01:19:34](#)

So sad to say. One of the agencies that provide behavioral was involved over here, the early autism project in South Carolina.

Karen Chung: [01:19:46](#)

They're paying the government 8.8 billion dollars to settle the allegations of fraud. That must be pretty substantial fraud that was happening there. So my question is, well, why do ABA providers have to participate? We have a code of ethics. We're supposed to hold ourselves apart from everybody else in terms of the lowest service and the fact we could provide some very effective service. They can change people's lives. Unfortunately. I mentioned before, August 2 early autism project \$8.8 Billion to settle the allegations of fraud. July 20th, the AHCA sanctions just went over it. Okay. Well we all know about that. In May of 2000 and 2000 right? May of 2018 a Vegas situation, a health care provider was worth more than a million dollars a three year probation and February of 22nd. So this was kind of an interesting case though. Philadelphia based behavior specialist, a mobile therapist, so this is an individual that's committing the fraud more than \$210,000, but she worked for three different behavioral health providers and billed for fabricated overlapping services.

Karen Chung: [01:21:02](#)

And yeah, during this time she was also employed as a per diem substitute teacher as well. And I don't remember if it's on Nikki in here and we talked about this, that this isn't all just happening and it's being perpetuated from the agency side for the most part it is. But there are individual individuals out there that are, you know, creating the situation that we're in as well. So how can ethics address these issues? There are various areas of the ethics code that address these issues. Let's talk about the purpose of the ethics code. A purpose of the ethics code in my opinion, and this is how I broke it out, is to ensure fidelity of ABA programs, good outcomes, protect the consumers as Dr. Bailey have talked about before and to establish and maintain credibility, behavior analysts and the profession so you have a responsibility to your peers and also the profession that you're



in as well and protect the field of behavior analysis. My question here, 5.0 behavior analyst as supervisors, generally supervision does not cover ethics as a separate topic. But you know, my question to you when including ethics as an official part of the supervision session hall, and this is a question for Dr. Bailey and we're going to have to move on. So Dr. Bailey. What do you think?

John Bailey:

[01:22:21](#)

Well, the short answer is yes the but the longer answer has to do with a complexity of the relationships in supervision. I get lots of lots of email questions to the hotline from supervisees talking about their supervisor who is engaging in unethical conduct. And that's a, that's a power disproportionate power relationship where the supervisee would be reporting their boss and they're worried that if they do, then they'll be left without a supervisor, then they're not going to get their hours, then they're never gonna be able to be a board certified. They're also worried that if they, if they, even if they mentioned this to their supervisor, that the supervisor might do them some harm professionally and they're worried about being blackballed in the field if they reported their supervisor. I mean, it's, it's a real mess in terms of that power imbalance between the supervisee and the supervisor.

John Bailey:

[01:23:33](#)

We don't allow anonymous reporting of ethics code violations. So the supervisor would immediately know as soon as you filed a notice, they would know who you were and what the allegations were. That's another kind of a problem. And we don't have any kind of whistle blower protection in our field. So that's another issue. And supervisees really have, many of them are desperate to find somebody who will take them as a supervisor. And there's not enough supervisors around and the supervisors know that. And there's a, there's a hidden contingency there to take on more supervisees than you can possibly supervise because many of these supervisees are paying for supervisor hours, which I think that's an ethical violation myself. I think that's a conflict of interest. So including it in terms of bringing it up, discussing it is, is all important, but, but this power differential is something that we have to think through. And in terms of fixing that supervision section of the code.



Karen Chung:

[01:24:46](#)

Absolutely. Supervision is very complex. There's a lot of different issues and so complex, and we've heard about the, so much that we're actually launching a supervision series on Dr. Bailey. Your thoughts and perspectives on that be extremely helpful. So moving on to what we're talking about right now, what are some relevant sections of the code that specifically a transplant but this matter of healthcare fraud? So maintaining records. So 2.07 maintaining records, 2.11 records and data 2.12 contracts, fees and financial arrangements. Obviously I would be directly related to what we're talking about. 2.13 accuracy in billing reports. 6.01 affirming principles, 7.01. Promoting an ethical culture. And 7.02 ethical violations by others and risks of harm. So can you talk to me a little bit about [inaudible] in sections of the code and how it should be interpreted it this and as a guy [inaudible] to the decisions that we're making. And then I like to hear from the panelists as well. I'll ask Dr. Bailey.

John Bailey:

[01:25:52](#)

Maintaining records is that comes up occasionally for people who are writing in and they want to know how long do they have to maintain the records. But I think for most people, record keeping is either not an issue because they're on some kind of a cloud based, a system. So they don't have to do that. They don't have to actually hand handle the records. Keeping the records for a certain amount of time. And our field is supposed to be seven years. That varies. If you're working with kids in a school system there are various, there are differences in the records that have to be kept. There's some confusion about that. Contracts and fees. This is supposed to be worked out on the front end, so there's no surprises with the, with the clients. There are hidden contingencies there that's already been mentioned before in terms of you know the conspiring of a client with a behavior analyst.

John Bailey:

[01:26:57](#)

Go ahead and bill me for the hours, you know, I'm going to be out of town. Don't worry about it. That's, that has come up. I've heard about that. The accuracy, we've already talked about the accuracy in the building reports that we have got to come up with some better, better monitoring of that particular system because that's, that's just not right. That once you file your hours that you don't know what happens to it after that. There has to be some accountability built into that. Affirming principals has to do with the larger, the larger concept of what



is our field, what are we about? And certainly honesty and protection of client rights has to be built in to the affirming principles. We don't want behavior analysts doing non-behavioral things that's built into the affirming principles promoting an ethical culture.

John Bailey:

[01:27:51](#)

I've been mentioning that more and more to people that behavior analysts as well as supervisees in that system all have to be part of this promoting of unethical culture. But it's, it's very difficult if the owner of a company is not a behavior analyst. They have no reason to promote an ethical culture. They have a reason to promote a profit culture. And so that's difficult to fight against ethical violations by others. This has to do with reporting people who have engaged in some sort of unethical conduct. And there's a great fear of that. People really are reluctant to get involved. And, and and this new book I've got coming out, we're looking at ethics cases. I, I'm thinking about half of those questions that came in. I ended up recommending you need to report this person. And please let me know what happened.

John Bailey:

[01:28:49](#)

And I rarely hear back. And I take that to mean that people are just really reluctant to report somebody. They'll even say, I don't want this person to get into trouble. I don't want them to lose their job. And I have to say, that's not your problem. That's their problem. They have to worry about losing their job. I would like you to worry about sticking to the code of ethics and in fact, report this person. And we've talked about risk of harm here before. And that actually relates to what Karen was saying earlier about the slip, slippery slope. If you engage in a minor ethical violation and nobody notices, nobody cares, you may be even accidentally get reinforced for it. Then you're starting to build a repertoire of risk taking and risking harm to your clients as a result of that.

John Bailey:

[01:29:43](#)

There's one here, there's one on this, not on that list that we ought to add. And it's a 2.05 D clients and supervisees must be informed of their rights, about procedures to lodge complaints about professional practices of behavior analyst with the employer, appropriate authorities in the BACB. I don't think I've ever, in all the time I've been taking these cases, I've never had anybody say I'm writing to you because my BCBA told me that I could report violations. I don't think, I don't think behavior



analysts are doing this at all. And that ought to be on the very front end. That starts the discussion about ethics, which is okay, we're getting ready to start services. By the way, if you're not happy, you can report me and I want you to do that. I want, I want to hold high ethics and I want you to report me if I don't, I don't think that discussion ever happens, but it's in the code.

Karen Chung:

[01:30:40](#)

Thank you Dr. Bailey. So quick questions. What I'd like to do and try to cover here too is a lot of the behavior analysts are getting caught up in this, but they're just victims. But there are certain things that they can put in place to try to mitigate then landing in this particular situation, and this policy I believe is causing a lot of issues, but a lot of the companies have a policy of submitting billing for work performed by the providers and the providers aren't signing off on it. So what's the right to review and sign off and how do you make sure that that's part of the conversation that you're having with the employer to say, I need to have the right to do that. And so how can it BCBA maintainers taking control overbilling? I know the systems, but some of the systems, especially the one that Karin is using, is putting that kind of a control in place. But how do you account for this? What are some of the things that the behavior analysts can be doing or the ones that are employed by agencies to protect themselves and who wants to start? Karin. Actually, because I talked to you about this specifically.

Karin Torsiello:

[01:31:47](#)

Okay, perfect. So we do use a cloud based software. Our staff had to send their schedules on the calendar and depending on the outcome of that session, it got canceled, got no showed or it took place. And when they convert that session from their calendar to what we call a time sheet, they are mandated to write their notes. Using the prompts. All the prompts have to be filled in properly to before they're going to be allowed to convert that note. When they go to convert that note, they have to give an electronic signature and the caregiver also needs to sign their time sheet to validate the fact that they were there. Now on our end, we're able to see the record of that time sheet. What happened, what time did they sign, what time did the caregiver sign? And then additionally we added in some more safety measures after we had run into an issue. And so now we also have a paper log that is maintained by the staff. The BCBA on the case must do random checks of their time sheets with the caregiver of record during those sessions to get



a verbal validation that yes, in fact Sally was here on these dates and times.

Karin Torsiello: [01:33:06](#)

And then we've recently, a couple of months ago implemented a new scheduling protocol where not only does the behavior tech or the BCBA how to put their schedule in our software, but they also have to have a paper record of this is my intended schedule for this week and these are the number of hours of supervision I anticipate receiving. And then at the end of the week, by Saturday at midnight, they have to turn in the actual, so what I planned versus what I actually got. And then we have a massive spreadsheet that we are about to begin implementing that will then tally their different varieties of supervision. What topics were covered, what sections of the code were reviewed, what elements of the task list, et cetera, so that we can start identifying trends in a particular staff member, what they're doing well and what they need some more training on and then see if there's an agency wide issue that can be identified.

Karin Torsiello: [01:34:01](#)

So it sometimes does feel like overkill or a little too much efforts, but we definitely communicate with our staff all the time that this is your livelihood. You are working with human beings. Not plants, not desks. These are humans and we have got to behave in this manner. So if you want to continue to work with our company, this is how we're going to behave and we'll put the extra effort in to ensure that we're doing the best we can to make good choices and that we can defend our behavior. If that comes into question at any point down the road.

Karen Chung: [01:34:36](#)

Thank you Karin. Ronit, I'm sure that the agency you mentioned before, you had some pretty tight controls in place and can you talk a little bit about that and some of the things that the BCBAs could be doing or should be doing even within the context of an agency like yours with solid controls and with great intention?

Ronit Molko: [01:34:57](#)

Well, I think it's, it's a systemic issue and a culture issue you have to build the culture in the company when you're training is stopped when you're hiring them of what the culture of the company is. And if, if ethics is at the foundation of your company, that's a document that employees sign when they sign the employee handbook, what their ethical responsibility is. It's a living, breathing culture of the company. So I think if the



BCBA or if the management or ownership of the company is it's belief fraudulently, that's systemic and it's very hard for a provider or an RBT to fight that system. They have to leave that company. You know, in our company, ethics was the foundation of our culture. We talked about it to individuals signed a document of how they were going to conduct themselves and we had multiple people touching every part of the system.

Ronit Molko:

[01:35:45](#)

And so you could not render more hours than you were scheduled for if he was scheduled for 10 hours a week of a client, you could not input 50 hours into your time sheet. So, you know, it starts from the beginning of what are you authorized for? How do you get that into the system? What do you schedule for? What, how many hours can you render as a provider? Having the supervisor check off on that. But then also having people in the administrative side of the house double checking. And we certainly had instances with where individual providers tried to go frozen fee or collude with families and have families sign off on hours that they hadn't provided to get them to get them billed. But we caught that in the system because there was so many people in the system monitoring those that there was one person along the way that was going to say, you know, the BCBA is committing fraud or this doesn't make sense or the provider is, or the billing person is.

Ronit Molko:

[01:36:39](#)

So I think having enough controls in place is really important. Today with technology it's that much easier because the system can lock different phases. Once the provider enters the time that can be locked and nobody can change that and the billing person can fill it, but the billing person can not go in and suddenly add 30 hours. So there are lot, it's a lot better today than it was 20 years ago with the technology that we have at our fingertips. What I see is a lot of providers not investing in those technologies to help secure this.

Karen Chung:

[01:37:10](#)

And Nicki, your thoughts on this?

Nicole Postma:

[01:37:16](#)

I think part of the culture is that needs to be built as a kind of the culture of, of a safe Haven. I think a lot of analysts are afraid to report anything as it may look down on them, that they didn't supervise the behavior technician properly or they didn't, you know, if they're obviously their intent is good and they're being ethical, but other people around them are not. And you



know, are there true HR departments set up in these companies? And you know, what if the HR department is your CEO you know, things like that where it's, it's difficult I think sometimes for an analyst to kind of report. And I think part of that is because our, our field is, is growing but it's still small. There's so many analyst that even in this, you know, being in the state of Florida, I feel like Florida in particular is a very tight knit group of people.

Nicole Postma: [01:38:11](#)

And, and I've been to various other state conferences and, and FABA is definitely different and it's because everyone knows everyone and they all went to school down here. And, and that can be good, but it can also be bad because at some point you may have to report a colleague, a peer. And if it doesn't go anywhere, there can be some pretty damaging, you know, implications to that on yourself. And so it's kind of like a risk analysis of, okay, am I ethical and I do this, but what if nothing happens? And then they know it's me and you, you know, so there's this whole thought process of, of it's not safe to report people. And a lot of people go, you know what, the insurance company will catch up to them. They, I don't need to report that the insurance company will figure it out. And obviously we've seen that that's not always the case either. And so you know, I think there's a, a lack of safety of wanting to report.

Karen Chung: [01:39:10](#)

Dr. Bailey?

John Bailey: [01:39:12](#)

Yeah. And those are, those are all good points. And, and just kind of related to that is that the board has fairly stringent criteria for what can be reported and reported effectively. Well, one is that you can only report if you're an eye witness. So if you hear about somebody engaging in some unethical conduct, that's considered hearsay, that's secondhand information. And you can't report that the best you can do. And I get a lot of people writing me saying, I understand that this happened. I'll write them back and say, do you have firsthand knowledge? Did you actually see this happen? And they'll say, no, I heard about it. And my response would be, you need to go to the people who do have firsthand, they're the ones who need to report it. The other thing is documentation. So if it's a, he said, she said, situation the board will, will not take any action.



John Bailey:

[01:40:12](#)

They have to have actual documentation that something happened. And so you know, if you are in a situation where there's unethical conduct around you, you need to be thinking about how can I capture this information in such a way that it can be reported so that it will stick. So that's another part of it. And we don't necessarily train people in how to do that. You know, you sorta have to be halfway Sherlock Holmes to figure some of these things out and learn how to document what a, what works. One thing for example is if you say, well, I, I went to my supervisor and I talked to her about this problem and and she wasn't interested in listening and I'll write back and say, did you put that in writing? And they'll write back and say, well, no, it was just a conversation we had and the board will not count that conversation because there's no documentation of it.

John Bailey:

[01:41:07](#)

So I routinely tell people, if you have brought this up to somebody and it's a concern, make sure you follow it up in writing so you have some documentation. Another witness is also important. Somebody else who can back up what you said. So there's more to a 7.02 then sort of meets the eye in terms of reporting somebody. You can't do it on the phone. It's got a, it's got a form that has to be filled out. The form form is somewhat daunting. It's a long process. People will tell me, I sent it in. I never heard anything. Well, how long ago was it? Well, it was a month. And then I'll write them back and say, well, sometimes it takes three months. And I think people are thinking that this ought to be a quicker reaction time for making some kind of report cause that two or three months, that means that violator violator is continuing to violate the code and possibly causing harm for two or three months until something happens. So that's a, that's a problem for people. And if they know that it's going to take that long maybe they don't want to do it just for that reason. They'll quit the company and leave and not do anything rather than stay with the company and wait to see what happens.

Karen Chung:

[01:42:26](#)

Thanks to Dr. Bailey. Yeah. Well thoughts here actually the behavior analysts have a, they have a responsibility to report unethical. And what's troubling to me personally is that I've spoken with a lot of BCBA's and it said, Oh yeah, everybody knew that this was happening. But as far as I know, these these weren't being recorded and I have to wonder if these situations



have been recorded, reported to the board, would we be in the same boat? Do you think?

John Bailey:

[01:43:00](#)

Well, probably not. Probably not. But you'd have to ask, you know, who would they report them to? And really based on this the fraud business would be talking about reporting it to AHCA, but they don't appear to have any mechanism as the board does to, to report fraud. They, they need to build that in that, that needs to be part of their operation is if you know anything about any fraudulent activity, here's the form that you fill it out and we will take care of it within, you know, 48 hours or one week or something like that. So, as far as I know, there's really no mechanism or system or incentive within AHCA here in Florida to for people to report that. So if you report fraud to the board they're going to want to know is there any other agency that's involved? And if you say, well, yes, AHCA, it's a, it's a fraud thing with AHCA. The board is going to say, we're going to wait and see what AHCA does. Well, you can see how that becomes an endless loop. A catch 22 as far as reporting anything like this.

Karen Chung:

[01:44:14](#)

So a couple of thoughts. I think that I think it's, you're correct. I don't think that a lot of people understand kind of the process of filing a notice of allegations, you know, talking about they're doing a webinar I think might be a good idea on this one. The other thought is you are we happy to know that Medicaid has a hotline and there is a finding of mental incentive or the, I want to say the whistle blowers, but for people that are notifying the agency that unethical conduct is happening, again, it's transparency and it's knowledge and most people don't know. And bringing that to light, I think would be very helpful.

John Bailey:

[01:44:53](#)

Yeah, that's new to me. Thank you.

Karen Chung:

[01:44:56](#)

You're welcome

Karen Chung:

[01:44:59](#)

So back to Florida. What happened? The four agencies violated the ethics code, right? And you guys are, guys I'm sorry. BCBAs and RBTs are required to follow the ethics code and report. I didn't even think about the fact that the BACB would want to know that at fraud have situation has been the agency appropriate agency has been notified that they would want documentation of that. So you're like kind of no one being



looped here. My question was shouldn't that do no harm responsibility supersede a person's natural medicine to report the violation to the code? Panelist I like your perspective on this. I know that there's people don't want on somebody else. I get that. I think that we all understand. We're afraid of the consequences, whatever that might be, but when you're thinking about the, in the context of there's a lot of consumers that are going without services that is going to impact on the lives of somebody that you're trying to help so that they can become independent shouldn't that be like the guiding factor and overcome the reticent.

Nicole Postma:

[01:46:10](#)

I think people didn't really realize how far reaching it could be or how big it was. If, if I'm an analyst and I know one company that it's one company, but if there's 50 analysts that all know about one company, it's very large. And so I think as just an individual analyst, there's not a good way to have a good grasp on how big it really was. And I think the other part is, is that there's really no, there's no consequence for knowing and not reporting. Because if I don't say anything, no one's going to know any different. And I go about my business and hope for the best. And so, you know, there's, there is a responsibility, but yet there's no consequence to that. And reporting, I think there are consequences to it. So if you do, you know, kind of analysis of positive versus negative consequence to it, I think people just weigh their options and I, and I think between that and not having a global perspective on it because I'm not sure how you would it causes people not to report as often.

Ronit Molko:

[01:47:16](#)

I also know individuals who consulted with their attorneys about reporting fraud and has been advised by their attorneys not to come forward because there doesn't seem to be enough protections in place for the person who's reporting the fraud. So I know people who want to come forward but are nervous about it and have been advised not to. So I think it's bigger than just coming to the board and reporting the fraud. I think the implications that ripple from that are much bigger than what we're and what we're thinking is as a simple report to the board.

Karen Chung:

[01:47:49](#)

And before you get there I'd like to talk a little bit about that. The, the field for whatever reason, really unfortunate, there seems to be a lot of threats of litigation is so it's very difficult for



a individual to really deal with the particular situation because it might be that they're trying to report somebody, they can come back and say, well, I'm going to Sue you. Oh, does that happen to me All I wanted to do was to do the webinar and bring these issues to surface. And then I get, I'm going to sue you. Okay. Well we're a company, we have a lot of attorneys that we've worked with. I think we're in a good situation. I feel pretty, perfectly comfortable saying, okay, You know. Sue Me, you're going to spend a lot of money on an attorney. That's fine. All defend, whatever. But a lot of the BCBAs, and even agencies aren't in that situation where, you know, that can be the case. I can see that would be, very there would be that. And I thought, well reticence I suppose because of the culture. Oh you know where we are right now among the, you hate your analyst. So Karin, can you speak to that, do you think?

Karin Torsiello:

[01:48:49](#)

Yes, I can. I think to piggy back off what the others are saying, I think there needs to be, again, a better process in place and protections for us. I also think what Nicki's talking about, we all kind of hear stories about other agencies or specific people, but like Dr. Bailey said, if we do not have firsthand knowledge, it's really just gossip. If I hear this person say it and that person say it, but I didn't see it and I didn't, you know, experience it. Is it just hateful gossip or is it actually fact? So I think we need to explore as a field more how we can nail that down and, and get a better process in place. Now I would like to speak about reporting suspected Medicaid fraud. I did personally have an experience with that and I immediately made the choice to call and report what I had suspected because it, I thought that that was my responsibility. And so that situation has been interesting and a nice learning experience. But I think as with anything in life, you're always going to learn and grow and you have to continue to improve on your processes and the way that you do things. And people who are not on board with that. I think it's, I think it's a perspective issue. So just exploring different people's perspectives is probably very important here.

Karen Chung:

[01:50:17](#)

So Dr. Bailey, last point on this were kind of coming up to the two hours is there those among the behavior analyst community. Unfortunately, that does seem to be a lot of people feeling like, well, I am afraid of the consequences. And what can we do as a community of professionals in the field of ABA to



turn that around so people aren't so afraid, you know, the potential consequences?

John Bailey: [01:50:45](#)

Well what I advise my students to do is in their, in their first job is to find a trusted colleague within the organization. And for somebody who they can discuss ethics with on a confidential basis somebody hopefully senior in the organization has been there a few years, kind of guide them through how the organization works both on paper and in reality, so that they get some sense that they would have some support. And in many organizations, I, I guess I'm a little surprised to see this the person writing in is the only behavior analyst.

John Bailey: [01:51:34](#)

So it's a, you know, a moderate size organization. They are the sort of token BCBA and they have nobody to talk to and they're surrounded by people that have different ethical values, standards, morals, and that they feel like you know, they've just been pushed off the back of a cruise ship, but they're out there by themselves trying to tread water and that's a very bad situation. I, I suspect that knowing somebody that you can talk to is important. And oddly enough, I ended up being that person for all these people who write in that they are the only one. I try to help them think it through and I enjoy getting the comments back, which is, Oh, thank you. I finally found somebody I can talk to. Well that's kinda sad because really everybody ought to have one trusted colleague in that company or somewhere in the field that can help them sort this out and give them the moral support that they need to say, yes, you need to report that violation.

John Bailey: [01:52:39](#)

I'll stand with you. I'll be with you. I sometimes write that in my responses to people. We'd go back and forth many times and they'll say, I'm going to report this. And I would say, I'll stand with you. I, if you need me, I'll be there for you. I'll write something for you, I'll talk to people, I'll back you up. And we need to create that in our field, this idea of mutual support among behavior analysts in the field. If we're going to fight off this this sort of insurgency of unethical conduct that appears to be all around us.

Karen Chung: [01:53:14](#)

Thank you. I completely agree with that. And you need to feel like you can come together as a group. I think it's an individual, it's very difficult for you to make a decision and know where to



go. But if you're doing it with a mentor or a group of, you know, behavior analysts we are a lot more comfortable and you're validated about a particular action today, I think that that's so important. And we've heard Dr. Bailey lead many, many times about behavior analyst saying, well, I'm the only person that's out here. I don't have anybody to talk to. And that's been a problem because you know, of the way we provide the services. And Dr. Bailey, you and I talked about a lot about creating a way or a mechanism where you can connect the behavior analyst, and connect the behavior analyst with other people as well.

Karen Chung:

[01:53:59](#)

So they can start to feel like, well I can create this network. It might be a virtual network but a network of people that I can, you know, have together with me. I can bounce ideas off of. So I just don't feel like I'm so alone and in a silo and making maybe bad decisions that they might not be making. So, Oh, let's see. Just quickly the increase in RBT's, this was interesting. We did a webinar about 15 months ago, a year and a half ago. At that point, February, 2016 we had 22,000 BCBA's and 17,000 RBT's just year ATL. It's 18 months. We are now at 31,000 so we added 9,520 and 23,000 RBT's in just such a short period of time. And I would imagine a, you know, a good percentage of the BCBA is, I probably go out there and setting up their own agency. And the point that I've made before is you have a lot of entrepreneurs who don't know how to be an entrepreneur. So that's, you know, in this particular situation I guess it would be unintentional fraud that might be happening as a result just quickly because is there any point that you want to touch upon here?

Nicole Postma:

[01:55:16](#)

I think, I think the board is doing a nice job of at least recognizing that the supervision needs to tighten up. They have the eight hour supervision course now they've revamped the requirements and the oversight. And I, I think that's, I think that's at least a start. I don't think that's a solution to all of it, but you know, I think there needs to be more, I mean, there, in my experience, there's no, there's really no checks or balances in terms of the, you know, an RBT getting their 5% of their hours and this and that. And so it really does leave it up to the analyst to decide whether or not they're going to do that. And so, you know, again, without having, we all know as analysts without those consequences, the likelihood of someone doing it is just not going to be as good. And so I think, you know, tightening up



the checks and balances of that supervision could significantly help.

Karen Chung: [01:56:11](#)

Ronit or Karen, you have thoughts?

John Bailey: [01:56:18](#)

I've got an idea there. I'd like to go just quickly and follows up with the comments I made earlier about thinking of of our field reposition it in terms of a, a retail operation where we're selling services and we want to make sure they're high quality. How about this idea? You, you're an RBT, you're being supervised. What if you get a call from the BACB saying, how's your supervision going? Are you getting all the hours of supervision? Do you have all of your paperwork? And, and following up with that. And if the answer is, well, no, actually, and what I'm hearing from supervisees is I haven't had any signed forms in three months. And I think if, if a supervisors knew that somebody was going to check directly with a supervisee and ask them about the quality, maybe they would begin to shape up.

John Bailey: [01:57:14](#)

Because right now, you know, it's a wild West out there. I know they've got higher standards, but but from what, from my end you know just speaking with people who are supervisees, it's a mess. They are not getting quality supervision. The paperwork's not being handled. There's fraud on the part of the supervisors where they've got it worked out with the supervisee. Why don't we just both agree that I supervised you last week, fill, fill this out, sign it here and we're both in the better off you get your hours. I get credit, I get paid. I mean that's a mess. That, and that's just horrible. I think we need, we need a whole quality assurance model in our field.

Karen Chung: [01:58:03](#)

Ronit Final thoughts?

Ronit Molko: [01:58:03](#)

Yeah, I agree with that. I mean, even when I think back to being supervised for my clinical license, mechanical hours, my supervisors say to me, you know, on multiple occasions we didn't meet this week. So let's just sign it off. And I requested a new supervisor because I was raised in an environment and university of Kansas and a lot of the ethics around ABA, and it's not how we do things, but I think it's, it's an all fields. I don't think it's just an hours and the responsibility is on the RBT as well to make sure that they're getting what they need. I'm not sure how good is the screening process is for who we're



allowing to become RBT's and with the massive demand for services

Ronit Molko: [01:58:42](#) Providers are just trying to get as many through the training and through the doors as they can to meet the needs. I think that's contributing to the lack of quality.

Karen Chung: [01:58:51](#) Absolutely. Thank you guys. But the next four slides I have to deal with drilling down a little bit more into the four agencies that was cited by AHCA and the point that I was trying to make is for a behavior analysts, when you're thinking about taking a job, being hired by an agency, you do have a responsibility to conduct up a little bit of due diligence. And this is all public information. Over here in particular, I believe that there are a couple of services that this agency offers that we would consider evidence space. Well that should be a red flag probably. And MGM behavioral as well as well. I've used some of that services very easily.

Karen Chung: [01:59:31](#) Go onto the website, figure out what services are being offered together with their marketing. And that would be the first thing that be a little bit skeptical doing some diligence when you're, you know, thinking about joining a new organization so you guys can read through those. We'll have a power, you know, the PowerPoint presentation. How many mental health, I think this was a little bit troubling for me because the owner is actually a BCBA. And not going to get into it any further, but you know, it's so, there is BCBA working for the organization. The BCBA has a responsibility to report fraudulent issues. Not all of those agencies had BCBA's. They may or may not need listen public information. So it becomes a little bit more problematic. At least for me personally. Because I feel like people have a responsibility and they have to think about maybe responsibility to the consumer and maybe to the field and

Karen Chung: [02:00:33](#) How they can be overcome and the kind of the nature of human nature of not wanting to get themselves into city. Great. Awesome. I don't know. Same thing. Nearly medical center. This is even more problematic. They don't even have a website. I had to search around and found the Facebook page you wonder about how legitimate this company is. So how do we prevent this from happening again? I think that we talk a lot about this. Transparency's really important. Sharing information and



commitment and no other part of the behavior analysts and RBT is your willingness to allow yourselves to be in an uncomfortable situation and operating within an ethical framework. Because this is a systems of base understanding of the consequences. We talk about systems, how do you create a culture of ethics and a cultural responsibilities so that the agents is self policing and a couple tools notice of alleged violation? I think that from what Dr. Bailey said, it's a lot more complicated to go through the process. There's a lot of things that we don't know. But, there is a process that the BACB in place

Karen Chung:

[02:01:41](#)

And you would love to know about the Medicaid fraud. Whistle blower situations where you can report Medicaid fraud and they have compensation in place. I guess it would be an incentive or a reinforcement in place where you can result in significant cash rewards. I don't think that any of us should be actually recording an agency because you think that money, but just knowing that there is a, a system in place that you could actually report Medicaid. Fraud that's happening you think would be probably not. A lot of people know about that. And finally, I've been doing this ethics thing for a long time, probably about four years with Dr. Bailey. And there was a lot of things that we've seen and I think that the BACB does a good job in trying to enforce and create this sense of ethics among the behavior analysts.

Karen Chung:

[02:02:31](#)

But that's at a professional level, individual level that's not at a systems level. So I feel like there's a lot of systems level decisions that are happening that should not be happening. But there really isn't an organization by that oversight and the consequences and the transparency and the ability to connect with other people. So the ethics standard board for ABA providers is a nonprofit organization that special learning is creating. And so this is a, an attempt to try to put some systems level controls in place. And though you can hear more about that, I'll send you some information about that. I would strongly encourage everybody to participate because really the only leverage a organization like this is through the power of collective power. You see BCBA's, I think individual BCBA is still like they don't have any power. Well you might not as an individual, believe me, you guys together in aggregate have a lot of power. And we've talked a lot about the fact that the market



is desperately short of BCBA's and RBT is as well. So I think Dr. Bailey, you say sometimes you, what is it you run away or your top, you know with your feet or something like that. There's a lot of leverage that behavior analysts and RBTs have collectively though. But what is it that you'd like to say? Ethics is not a, ethics is not for sissies or ethics.

John Bailey: [02:03:57](#)

Yeah Ethics is not for sissies. That's right.

Karen Chung: [02:03:59](#)

Once you had a pretty uncomfortable situation and having a system in place where some of these issues can be a grace and a very comfortable safe setting, I think that would do a lot to get people to just you know bring things to light that before something like this happens and we have some downloadable resources and I'd like to thank the panelists. You guys have been wonderful. Your contribution I think was invaluable. And Dr. Bailey, of course you were an amazing resource and it's wonderful that you can bring your wisdom and knowledge into. You know, having conversations with us about that. It's a great way to learn and you know I love your perspective and the way you look at things. For me is my North star and I've just learned so much from you and I have to acknowledge the special learning team.

Karen Chung: [02:04:48](#)

They're pretty amazing people. Amanda Fishley is our BCBA, associate director of clinical solutions. Krystal is our RBT program manager, Lesley Dedios, who's our director of operations. Michelle who supplies work managers, was a creative director and Erica Holding who's our ACE coordinator. Those are the people that are all involved in making this happen. Thoroughly speaking. It feels pretty seamless unless I spilled Coke in my keyboard, which then doesn't, so I want to acknowledge their efforts as well. I hope the audience, you guys are taken away a lot and causing you to think about the way you're doing things or think about the way you're thinking about things and please provide your comments in the survey because we want to learn all of us here, the panelists, Dr. Bailey and myself. We want to learn about what you think and what you take away, and that'll help guide us and making decisions as we move forward. So thank you guys.

Ronit Molko: [02:05:45](#)

Thank you so much.



Karen Chung: [02:05:45](#) And have a wonderful day.

John Bailey: [02:05:48](#) Bye bye.

Karin Torsiello: [02:05:52](#) Bye.