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FREQUENTLY ASKED QUESTIONS

FOR COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS (CPBAO) STANDARDS OF PROFESSIONAL CONDUCT, 2024

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FAQ for College of Psychologists and Behaviour Analysts (CPBAO) Standards of Professional Conduct, 2024

ONTABA received a number of questions regarding regulation over the summer during our townhall meetings and in our August 2024 membership survey. Some questions have been edited for brevity, summarized, or combined with other similar questions. The questions below are broken down to align with the College of Psychologists and Behaviour Analysts of Ontario (CPBAO) Standards of Professional Conduct, 2024 (noted as "CPBAO Standards") and CPBAO Standards of Professional Conduct 2024 Questions and Answers (noted as "CPBAO Standards Questions and Answers").

Please note this is not legal, career, or employment guidance. We encourage you to ask these questions to your lawyer, employer, and/or regulator. ONTABA™ is providing this information based on the content that is publicly available.

Please see page 21 for a glossary of terms used throughout the document.

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Principle 1: Acceptance of Professional Regulation

Where can I find out information about the CPBAO Quality Assurance Program?
The College's Quality Assurance Program can be found here. Upon registration with the College, RBAs are expected to participate in the QA Program as all other Registrants do. The requirements are the same for both ABA and psychology practitioners. This means that Registrants will be assigned a two-year Continuing Professional Development (CPD) cycle based upon their registration number, during which they must complete the CPD Program Requirements. All Registrants must also complete the Self-Assessment Guide (SAG), which is a downloadable tool published by the College each year to facilitate professional self-reflection. Supervised practice Registrants must complete the SAG on an annual basis between May 1 and June 30, and all other Registrants must complete it during the year in which their two-year CPD cycle ends (every other year). When the SAG is updated for 2025, it will include any new information relevant to ABA. At the end of a Registrant's CPD cycle, and once they have completed the SAG, they must submit two separate Declarations of Completion through their membership accounts as attestations of this to the College. The only ongoing revisions to the QA program are related to the Peer Assisted Review program, which the QA Committee is still considering. However, it is not expected that RBAs will be selected to undergo a Peer Assisted Review for at least two years from the time of their registration. Registrants must ensure that they are maintaining compliance with the College's QA Program, independent of any other organizations or associations which they may be registered with, as the College is the regulator within Ontario. If a Registrant is also a member of another organization, they should continue to abide by the reporting processes and requirements of that organization to maintain their standing there, as the College has no part in that. Links: • https://cpbao.ca/members/quality-assurance/ • https://cpbao.ca/cpo_resources/cpd-program-description/ • https://cpbao.ca/members/quality-assurance/self-assessment-guide/

Are the CEU requirements for the BACB and the Quality Assurance Program for the CPBAO two separate processes?
Yes, both the BACB and the CPBAO have separate expectations requiring continuing education. It's up to the Registrant to be aware of what is required if they are dually credentialed.

Principle 2: Protecting the rights and meeting the needs of service recipients

When I am discontinuing services with a client, what is the definition of "reasonable efforts" in Standard 2.3 Continuity of Services?
CPBAO Standard 2.3 states that "Unless there has been an agreement with the client at the outset of services that services are time-limited and the time limit has been reached, Registrants are responsible for ensuring continuity of services that are needed by each recipient whose services they provide directly or supervise. Barring a client's withdrawal or request to discontinue services which remain needed, services may only be discontinued if reasonable efforts are made to secure alternative services, the client is afforded a fair chance to arrange alternatives, or the continuation of services would pose a serious personal or professional risk to the Registrant." The College does not define the term reasonable efforts. The Standard highlights the responsibility of the Registrant in ensuring service continuity, which could include sharing the name and contact information of comparable services available to the client in their geographic region (if providing services in person). If no services exist, it may be helpful to share virtual options if clinically appropriate. If a Registrant is unsure if they have made reasonable efforts, it may be advisable to contact the College for guidance.
How do I approach a situation where my employer is engaging in conduct which is contrary to the Standards?
CPBAO Standard 2.1 states the following: "The well-being and rights of individuals receiving professional services from, or under the supervision of, Registrants take precedence over organizational constraints, except where mandated by law. In instances of conflicting requirements, Registrants should strive to resolve these conflicts in the recipients' best interests, unless doing so poses serious personal or professional risk to the Registrant.

If the practices of an organization are contrary to the legislation, regulations or Standards of the Profession, Registrants are required to demonstrate efforts to educate those in a position to authorize a change to the practices and adopt practices which are in keeping with the relevant rules."

The Practical Application CPBAO Standard 2.1 goes further to clarify the following:

"Registrants required by an employer to engage in conduct which is contrary to the standards of the profession are expected to advocate for changes within the workplace but are not expected to put livelihood at risk. Examples of such conflicts include, but are not limited to, the presentation of professional credentials, supervision arrangements and contents of records.

Where an employer expects a Registrant to act in a way that is contrary to a statute or regulation, including the Professional Misconduct Regulation, Registrants are encouraged to seek independent legal advice as lack of compliance with statute or regulation is tantamount to engaging in an illegal activity. Examples of such conflicts include, but are not limited to, breach of confidentiality, bypassing the need for appropriate consent or failing to make a report concerning harm to an individual as required by law."

The expectation for the Registrant, then, is to educate their employers on the Professional Standards and make an attempt to correct inconsistencies, without putting their employment at risk. Some steps you can take:

1. Request a meeting with management/senior officers of the company you work for to explain the situation. Ensure that the inconsistencies are clearly defined and explained and be prepared to offer constructive solutions. Documenting your concerns prior to the meeting and sharing these with your employer may be helpful.
2. Seek legal advice/council to support with your decision making
3. Contact the College for guidance

How can I ensure a plan for continuity of services if I am the only Registered Behaviour Analyst (RBA) at my place of employment?

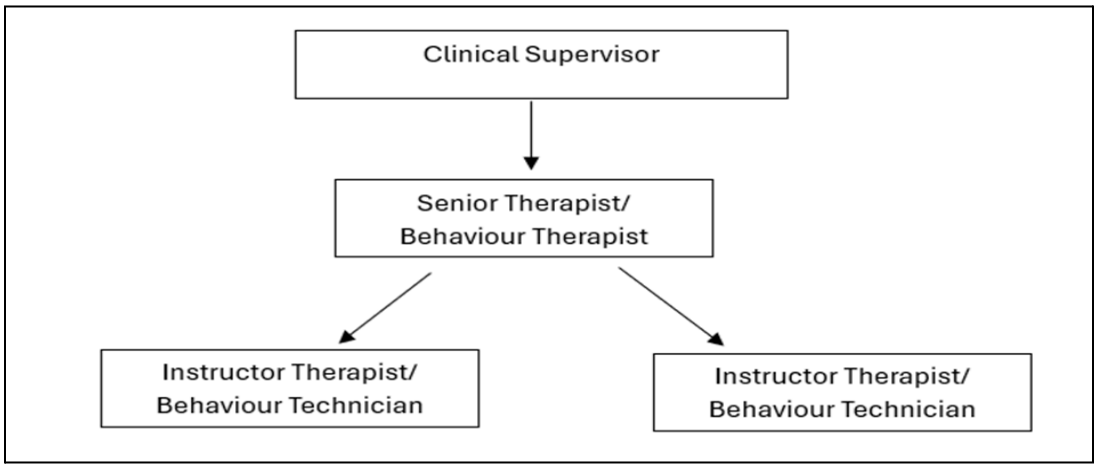
In situations where there is only one RBA at a place of employment, informing their employer of their obligation to ensure service recipient continuity of care per CPBAO Standard 2.3 (and Standard 4.1.h for supervised services) is advisable. A plan for continuity of care could include external resources or referrals to external service providers, including virtual services options, as appropriate.

Principle 4: Indirect service provision, supervision, and consultation

How does CPBAO Standard 4.9, which prohibits "second level supervision" (allowing a supervisee to supervise another service provider) except for those who are registered for autonomous practice as an RBA, impact my supervision structure?

Prior to CPBAO, many clinicians in Ontario practiced using a "tiered" supervision model. This model has its basis in the Intensive Early Intervention Program for Children with Autism, which started in 2000 and was further established in Ontario with the development of the Behavior Analyst Certification Board, which outlined similar tiered supervision levels in the past two decades. Further, many best practices in the field of Autism and ABA (e.g., Council for Autism Service Providers ABA Practice Guidelines) incorporate the language and structure of tiered supervision. Outside of ABA, tiered supervision models have been utilized within the context of the developmental services sector, education, mental health, among others.

A commonly used tiered supervision model may have looked like the following:



- Clinical Supervisor: Responsible for all aspects of client services and staff supervision. Generally held Board Certified Behavior Analyst (BCBA) designation.
- Senior Therapist/Behaviour Therapist: Worked directly with the Clinical Supervisor who may have delegated supervision tasks to them (e.g., overseeing front-line staff). Also completed a number of tasks related to program planning and evaluation, parent coaching, and staff training. These staff may have had BCaBA certification or working towards a BCBA.

- Instructor Therapist/Behaviour Technician: Worked directly with clients to deliver ABA programming. These staff may have had college or undergraduate education or a Registered Behaviour Technician (RBT) certification.

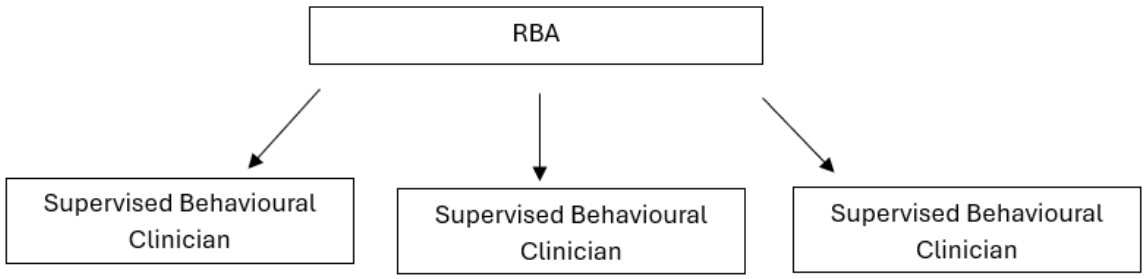
CPBAO Standard 4.9 states that this type of tiered supervision model is no longer possible. However, clarifications provided elsewhere in the CPBAO Standards indicate what is now required within a supervision model. This includes:

- A direct supervisory relationship (including a supervision agreement based on an evaluation of a supervisee's knowledge and skills) with each supervisee (CPBAO Standards 4.4).
- The ability to assign any tasks to supervisees (CPBAO Standards Q+A p.3), based on their knowledge and skills, with the premise that the supervising RBA bears full responsibility for all aspects of services (CPBAO Standards 4.3.f).

Note these parameters are outlined with the assumption that the supervisory relationship aligns with the three purposes of supervision outlined by CPBAO Standard 4.2, which include supervision occurring only when:

- A supervisee requires supervision to competently deliver services;
- A non-Registrant is assisting a Registrant in performing services;
- A supervisee requires supervision to fulfill CPBAO's registration requirements.

Given these parameters, the supervision model may look like this. Note: the CPBAO shares a similar visual on their webpage with suggested title examples.



- Registered Behaviour Analyst: An RBA who is responsible for all aspects of client services and clinician supervision.
- Supervised Behavioural Clinician: Assists the supervising RBA by completing tasks consistent with their knowledge and skills, which have been assigned by the RBA, and may include: delivering direct ABA services, implementing skill-building and behaviour-reduction programs, assisting in choosing teaching targets, assisting in analyzing data, staff training and observations, program development, parent coaching.

- Titles for a supervised behavioural clinician may include Senior Therapist, Instructor Therapist, Behaviour Technician, Behaviour Support Staff, Educational Assistant, teacher, etc. All titles must align with CPBAO requirements. For more information, please see the Aligning With Title Protection Under the Psychology and Applied Behaviour Analysis Act, 2021 document.

Note that one of the differences between the models is related to the relationship between the supervising RBA and supervisees. There is a direct relationship between the supervising RBA and all supervisees, with tasks assigned based on each supervisee's knowledge and skills. Tasks are determined, assigned, and supervised by the RBA. The RBA remains responsible for all services delivered by supervised behavioural clinicians.

Can you please clarify what service could or could not be considered consultation versus supervision? How does supervision work in settings where the RBA is in a consultant role and implementation is carried out by staff who are not supervised by RBAs?

CPBAO provides clear definitions of supervision and consultation in the Standards document:

Supervision is an ongoing educational, evaluative, and hierarchical relationship, where the supervisee is required to adhere to the Standards of Professional Conduct and comply with the direction of the supervisor, and the supervisor is responsible for ensuring that the service provided to each recipient of services is competent and ethical. It is not consultation or delegation (CPBAO Standards p. 5).

Consultation is the provision of information or advice, in a relationship where the recipient of the information or advice is not required to act on the information or advice and the consultee is not accountable to the consultant. Consultation is not supervision and does not include assessing, diagnosing or intervening with a client, regardless of whether there is direct contact between the Registrant and the client. In these cases, the requirements applicable to the practice of the profession with those service recipients will apply (CPBAO Standards p. 4).

It is important to differentiate between the commonly used term "consultant", used within the context of a job title, and "consultation", which is defined by the College above. Regardless of an individual's job title, a Registrant must follow the definitions above when determining the nature of services they are providing.

The services will depend on the type of relationship the RBA has with the supervisee or consultee. This question states that the RBA is in a "consultant" role and the staff are not supervised by the RBA. Given this, there does not appear to be a supervision relationship between the RBA and the staff and appears to align with a "consultation" relationship.

The RBA must follow the CPBAO requirements for consultation outlined in Standard 4.7. These include creating a signed agreement by both parties which acknowledges that the consultee (the "staff" referred to in the question") retain full responsibility for service planning and delivery, not the RBA.

What if I am providing clinical supervision to an RBA? Would they be legally responsible for their own cases or would I be legally responsible?
Assuming that the purpose for supervision aligns with Standard 4.2, if you are a Registered Behaviour Analyst supervising another Registered Behaviour Analyst, you would be accountable for all services delivered. This would include all aspects of service, including marketing, public statements, intake procedures, case assignment, obtaining appropriate consents, billing, receipt issuance, and service termination (CPBAO Standards 4.1.f).
What is specifically required if I am providing clinical supervision to a non-regulated professional?
The College does not specify the level of involvement of the RBA or supervisee. Involvement depends on the reason for supervision as outlined in Standard 4.2 and the skills of the supervisee, however the RBA is responsible for all activities and requirements outlined in the Standards. The College does not define the frequency of supervision but will rely on the RBA to outline the rationale regarding the nature and frequency of supervision. This must align with CPBAO Standard 4.1.d, which states supervision must be sufficiently intensive to enable active monitoring of goals and progress concerning each service recipient. There are ABA specific guidelines available that outline best practices for case supervision such as the ABA Practice Guidelines from the Council of Autism Service Providers (CASP). Links: https://www.casproviders.org/standards-and-guidelines
If I'm understanding all the information correctly about supervision, even if you are supervising a colleague who is a BCBA but hasn't registered with the College yet you are still responsible for best practice supervision and would still need to observe all the clients on that person's caseload even though the colleague has significant experience practicing independently as a BCBA?
If you are supervising another service provider, the reason for supervision must align with Standard 4.2 (required to competently deliver services, a non-Registrant assisting a Registrant, or to fulfil the College's registration requirements). If your supervisee is a BCBA who is not yet registered with the College, you must ensure they do not use the title Behaviour Analyst or variant, or use their BCBA designation. It must be clear that they are working under your supervision and that you are responsible for aspects of services to the client (CPBAO Standards 4.1.f).

CPBAO does not outline what specific tasks should be assigned to a supervisee or what tasks should be completed directly by the supervisor, outside of Controlled Acts, which are not applicable for Behaviour Analysts. The tasks you choose to assign to a supervisee should be based on the supervisee's knowledge and skills outlined in their supervision agreement (CPBAO Standards 4.4), which is based on an assessment of the supervisee's skills (CPBAO Standard 4.1.c).
Are those that were previously in BCaBA or lead therapist positions still permitted to plan programs with the oversight of the RBA. What can we assign to others and the amount of supervision required?
A supervisor can assign any task to their supervisees based on the knowledge, skills, and competence of their supervisees, and provide supervision as appropriate (CPBAO Standards 4.1.c). The supervisor, however, should outline the specific duties and responsibilities of the supervisee in the supervision agreement (CPBAO Standards 4.4.d) and ensure there is a mechanism to assess the supervisee's skills and competence in those assigned tasks. Behaviour Analysts do not have access to Controlled Acts (CPBAO Standards 4.10) and as such cannot assign controlled acts to their supervisees. The amount of supervision required is not outlined by the College, however it must be sufficiently intensive to enable active monitoring of goals and progress of the service recipient (CPBAO Standards 4.1.d). There are guidelines available that outline best practices for case supervision, for example the ABA Practice Guidelines from the Council of Autism Service Providers (CASP). Links: https://www.casproviders.org/standards-and-guidelines
Do I need supervisory agreements with all unregistered behaviour service providers who are employees or contractors of a business that I have been contracted by to supervise some clients?
If you are providing supervision (not consultation, training or mentorship) then a supervision agreement is needed for each service provider you are supervising. Please see Standard 4.4 for information about supervision agreements and see the previous question for the definitions of supervision and consultation.
How would this supervision structure look in a group home setting with many staff implementing Behaviour Service Plans (BSPs) where clients are receiving 24/7 care?
The first step is to determine if this is a supervision or a consultation relationship. For definitions of supervision versus consultation, see previous question.

If there is a supervisory relationship and if the Behaviour Service Plan was developed and signed by the RBA, then the RBA is responsible for that plan and for providing the necessary supervision for effective implementation of the plan. They would require a supervision agreement with each staff working under their supervision (see CPBAO Standards 4.4). Note the following standards would also apply:

4.1 (a) Clients receiving supervised services are the supervisor's clients. All professional responsibilities regarding supervision flow from this fundamental premise;
4.1 (c) Supervisors must assess the knowledge, skills and competence of their supervisees and provide supervision as appropriate to their assessments;
4.1 (d) Supervision must be sufficiently intensive to enable active monitoring of goals and progress concerning each service recipient;
4.1 (e). Supervisors must regularly review the list of active clients and actively monitor all matters to determine the optimal frequency of discussion of each client.

How are RBAs that are in a management role impacted? I don't have a caseload so not sure what an audit would encompass.

This would depend on the activities that are inherent in their role as manager and if they are administrative in nature or clinical. If the manager does not have a caseload and their role is only administrative then they do not need to have supervision agreements or client consent to services.
However, if the RBA is supervising clients in their role as manager, and their role is clinical in nature, then the RBA is responsible for the specific clients and must adhere to all the supervision requirements outlined in the Standards.

If the manager is acting in a consultative role to other clinicians in the workplace, they should document these activities consistent with CPBAO Standards.

If you have a contract RBA (e.g., an RBA not employed by an employer), are they responsible for the staff or clients?

The first step is to determine if this is a supervision or a consultation relationship (see previous question and definitions in glossary).

If there is a supervisory relationship, then 4.1 (a) of the Standard applies: Clients receiving supervised services are the supervisor's clients. All professional responsibilities regarding supervision flow from this fundamental premise.

Given this, the RBA would be responsible for each client they work with and/or supervise and for each staff working under their supervision. The RBA would require a supervision agreement with each staff working under their supervision (see CPBAO Standards 4.4).

What is the recommended caseload for an RBA? How many hours should an RBA supervise an instructor therapist? Is there a percentage of observations by the RBA that we should follow as best practice?
There is no recommended caseload, a specific number of supervision hours or a percentage of observations outlined by CPBAO. However, RBA's must ensure they are compliant with the requirements outlined in Standard 4.1 (a-f). There are professional guidelines offered by other organizations and in published journals that outline caseload recommendations. For example, the Council for Autism Service Providers has published ABA Practice Guidelines for treatment of autism spectrum disorder, which outline case supervision recommendation. Other resources you may use are the Ethics Hotline, and literature such as this one. Links: ● https://www.casproviders.org/standards-and-guidelines ● https://www.abaethicshotline.com/ethical-caseloads-and-practice-in-schools/ ● https://pmc.ncbi.nlm.nih.gov/articles/PMC5118255/
Can someone currently pursuing certification with the BACB, but not registered with the CPBAO, supervise another service provider?
The individual pursuing certification with the BACB who is not yet registered with CPBAO cannot provide services as a "Behaviour Analyst" (or a variant of this title), therefore the individual will be in violation of the *Act.* Assuming the person pursuing certification with the BACB is supervised by a Registrant of the College, then point 4.9 of the CPBAO Standards applies: A supervisor may allow a supervisee to oversee another service provider **only if** the supervisee holds a Certificate of Registration for Autonomous Practice or conducts supervision to meet College registration requirements and the supervising supervisee is under the supervision of an RBA. In this case, the individual pursuing certification with the BACB does not meet criteria as a supervisor.

Principle 6: Presentation of information to the public: social media and advertising

Can we use the BCBA title still or only RBA? Do we still renew our credential with the BACB?
Registrants may include relevant credentials to practising the profession as long as they have been approved by the college to use them (Standard 6.1.f). Example: John Smith, M.A., R.B.A. (Ont.), BCBA Clinicians who have previously acquired their BCBA or BCBA-D credentials are only able to use them once they receive their certificate of registration and have become registered with the College. Clinicians may choose to continue renewing their credentials with the BACB.
Our employer often shares highlights on Twitter/X, what do we do if they accidentally post an RBA with a client?
CPBAO Standard 6.5 states "Registrants may not publish information on social media about an identifiable service recipient if the information will be accessible to anyone other than the service recipient or decision maker." In this case, the clinician may want to share this information with their employer to ensure the standard is followed. Sharing the information or image of a client on social media may constitute an act of Professional Misconduct as well as a breach of provincial legislation, and the Registrant is responsible for ensuring this is corrected. It may be advisable for Registrants to ensure their employer's social media policies align with the Professional Standards of the College. You may also want to seek legal advice as needed.
Can an RBA post activity on social media that they are involved in (e.g., March break activities)?
Yes, as long as the Registrant follows CPBAO Standard 6.3: a. "Registrants may advertise their practices, but the advertisements must be clearly identified as such; b. Registrants may not name a practice in a manner that is misleading or suggests anything untrue; c. Public announcements or advertisement may only be permitted in the name of a Registrant with a Certificate of Registration for Autonomous or Interim Autonomous Practice; d. Registrants may not compensate media for promotion of a practice; e. Testimonials may not be used to promote a Registrant's practice; and

f. Registrants may not engage in direct solicitation of individuals requiring service provision via any medium."

Furthermore, CPBAO Standard 6.5 must also be followed, meaning that the Registrant must be diligent in ensuring that identifiable information of service recipients are not shared.

Registrants are able to continue to use social media for business purposes, however they must follow the above-mentioned guidelines. It is recommended that Registrants seek legal advice and develop a Social Media policy that supports these guidelines.

My employer has documented consent from families to share pictures of the clients on social media. Is this okay?

According to CPBAO Standard 6.5, Registrants may not publish information on social media about an identifiable service recipient if that information will be accessible to anyone other than the service recipient or their authoritative decision maker. The College views asking a client for permission to do this problematic because clients, including those who may have ended therapy but may need to resume participation again, may feel pressure by the organization to give up their privacy and be reluctant to to say not. .

We would recommend the Registrant seek legal support to answer this question. Contacting the College directly may also be of support.

The management team at my place of employment (who are not RBAs) advertise services using client testimonials. Do we need to remove them?

According to CPBAO Standard 6.3e "testimonials may not be used to promote a Registrant's practice"

Registrants should inform their management team that testimonials should not be included in advertisements for services supervised by a Registrant. Seeking legal support to clarify this may be beneficial.

What is considered "direct solicitation?" If a parent asks in a social media group that they are looking for a provider, is it considered direct solicitation to comment on the post or send a message to this parent?

According to CPBAO Standard 6.3.f "A Registrant may not engage in direct solicitation of individuals requiring service provision via any medium" and so responding to a comment on a social media group may be considered direct solicitation. Responding to public posts may be considered collecting information from a public source and may impact professional relationships with a service recipient,

as well as publishing information about an identifiable service recipient (CPBAO Standards 6.5 and 8.3).

In addition, the Professional Misconduct Regulation states:
7. (1) The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

2. Contacting or communicating with, or causing or allowing any person to contact or communicate with, potential clients, either in person, in writing or by any other medium, in an attempt to solicit business, unless the person contacted is a representative or agent of the potential client and the potential client is not an individual or a family. (O. Reg. 194/23: General, under Psychology and Applied Behaviour Analysis Act, 2021, S.O. 2021, c. 27, Sched. 4)

Clear social media policies for these types of scenarios may help prevent these situations from happening.

Principles 7 and 8: Consent, confidentiality and privacy

Can you speak to best practices regarding documentation and informed consent when delivering consultation services?
This is answered in the CPBAO Standards Questions and Answers document, page 15: “Question: Are the requirements for maintaining consultation records the same as they are for supervision records? Answer: The requirements for record keeping are different for consultation records than they are for supervision records. When recording consultation activities, it is expected that Registrants would keep records in line with the requirements for organizational clients. The new requirement for consultation records is: 9.3 Organizational Client Records When an organization, as opposed to an individual within the organization, is the entity receiving service, the record must contain: a. The name and contact information of the organizational client; b. The name(s) and title(s) of the person(s) authorized to release confidential information about the organizational client; c. The date and nature of each material service provided to the organizational client; d. A copy of all agreements and correspondence with the organizational client; e. A description of the problems which were the focus of the service, the methodology utilized, the recommendations made and any other material information available about the progress and outcome of the matter; and f. A copy of each report that is prepared for the organizational client.”
When can I rely on obtaining verbal consent to deliver services? Should I always obtain written consent?
The College states in CPBAO Standard 7.1.b that, “Consent obtained in writing, physical or via secure technology, is preferred. However, oral consent is acceptable and must be documented in the client’s file.”

Given this, efforts should be made to obtain written consent when possible. In situations where written consent is not possible, it would be appropriate to document the circumstances of obtaining verbal consent in a contact note. For example, if a service recipient was seen solely for virtual services and did not have the ability to access a hard copy of the consent form, or did not have the ability to complete an electronic signature document due to limited internet connection or difficulty understanding instructions.
The College lists several pieces of information that must be included in contracts for service. Does this information need to be directly in the service agreement, or can some information (i.e. privacy policies) be shared in a separate document as an attachment?
The CPBAO Standards provide general guidance on information that must be shared with and agreed upon by service recipients prior to commencing services. These include specific requirements for informed consent (Standard 7), information about privacy and confidentiality (Standard 8), individual client record requirements (Standard 9), fees and billing (Standard 15), and considerations for use of technology (Standard 17). The College does not provide direction on how this information is presented to clients. Given this, the information could be presented in any way that is clear and understandable to the service recipient, and allows for the opportunity for the service recipient to ask questions.

Principle 9: Records and record keeping

Who is responsible for retention of supervision records especially if records are stored within the organization? How do you store supervision records and how long?
In terms of responsibility, this is answered in the CPBAO Questions and Answers document, page 8: "Question: Are supervision records the property/responsibility of the Registrant providing supervision, or would they remain in the agency where the supervision took place/ client file is retained? Answer: Supervision records may be seen as analogous to employment records. If the supervision is being provided on behalf of the organization, it would make sense that the records should remain with and be the responsibility of the organization. Otherwise, they would belong to the supervisor." In terms of how do you store supervision records and for how long, this is answered in the CPBAO Standard 4.5.2: "Supervision records must be retained for a minimum of ten years following the client's last relevant clinical contact for any client discussed, or if the client was less than eighteen years of age at the time of their last relevant clinical contact, ten years following the day the client became or would have become eighteen. (See also *Section 9: Records and Record Keeping*)"
Can all paper files be scanned and saved? Do we need to save the hard copies once they are scanned?
The CPBAO Standards do not speak to this directly but do mention the following in the CPBAO Questions and Answers document, page 8: "There is no requirement that the records must be in any particular format and if your practice is to keep billing records in a different format or medium than other parts of a person's overall record, that is not a problem." Given this statement, it appears the College does not specify that records must be in a specific medium (e.g., hard copy or electronic). Presumably, as long as electronic records were stored consistent with relevant legislation, it would be permissible to destroy hard copies once electronic copies were made, as long as destruction was also completed consistent with relevant legislation (see CPBAO Standards 8).

If a note is made about client progress, is this considered a "record" that must include the client's full name, birthdate, address, etc.?
The CPBAO Standards state that the "client record" must contain a number of items, including "identifying information about the client, including name, date of birth, address, and (if available) telephone number and email address of each service recipient (Standard 9.2.a)." However, this appears to be in reference to the client record and not an individual entry. If you are creating an individual entry in a record, the following Standards would be applicable: ● "All recorded or compiled information must be dated, and the identity of the person making the entry must be clear (Standard 9.1.a))" ● "All documents that contain conclusions, judgments, decisions, diagnoses, or recommendations must be signed by the Registrant responsible for the service; a document authored by a person who is not a Registrant authorized for autonomous practice must be signed by both the Registrant and supervisee (Standard 9.1.f)"
Do supervision notes need to go in the client's files?
The College advises that supervision notes are stored separately from the client's files. More information can be found in CPBAO Standards Questions and Answers document, page 8-9: "Question: Where does the College recommend storing supervision records, in the client file, or in a separate supervision file? Answer: We recommend that supervision records be kept separate and apart from the client file. A supervision record should contain only information relevant to the member's supervision of the supervisee's performance, developmental goals, progress, and challenges. It should only include incidental reference to clients to relate the narrative to specific cases. All information about a client that is relevant to the services provided should be contained within the client record. There should be no information relevant to client care in a supervision record that would also not be found in the client's own file. As you likely know, clients do have the right to access their own files and if the file contains confidential information about the supervisee, that would be problematic. You should not release personal information about the supervisee without the supervisee's consent, unless you are legally compelled to release it."
What part of the client's records need to be shared with supervisees?
The College does not address this in the CPBAO Standards; however, the Supervisor should likely consider what information is required for the supervisee to competently deliver services under supervision when determining what information is shared.

Principle 10: Assessment and intervention

The Standards indicate that an RBA cannot provide services to a client who is already receiving service from other RBAs. We often see clients at our practice who are attempting to access services from multiple providers. In this case, should we decline offering services to that client?
CPBAO Standard 10.5 states that "Registrants should not provide or offer services to someone already receiving similar services from another provider, except in exceptional circumstances. In such cases, the Registrant must coordinate services with the other provider(s)." The key word here is "similar services." Given the breadth of ABA services, clients may be accessing ABA from more than one provider based on the goals they have chosen. For example, they may access services from one provider specific to a social skills group, while another provider works solely on community safety skills. While these are both ABA services, they would not necessarily be considered "similar". If a client is seeking services from an RBA related to a specific goal (e.g., behaviour reduction) and is already accessing ABA services related to that goal from another RBA, then declining services may be an appropriate course of action to avoid duplication. When the client is receiving ABA services from more than one provider, it is always good to establish communication between providers, with client consent, to ensure well coordinated treatment, when possible.
Can we train other professionals to use assessments (PEAK, ABLLS)? Are they considered qualified to use these?
The CPBAO Standards states that a Supervisor can assign "any tasks that the supervisor believes the supervisee can provide competently under their supervision (CPBAO Standards Questions and Answers p. 3)." Given this, if the Supervisor was confident that the supervisee could use an assessment tool competently under their supervision and consistent with CPBAO and assessment requirements, this would be permissible. Note that some standardized and/or curricular assessments may have their own recommendations regarding who should implement the assessment and what training is required. It would be the Supervisor's responsibility to ensure they are compliant with requirements outlined in CPBAO Standards 10.1 and 10.2 related to familiarity with and controlled access to tests and materials. If an RBA is providing training on the use of a standardized or curricular assessment outside of the context of a supervisory relationship, care should be taken to clarify the limitations of the training. The RBA may want to specify that the other professionals should utilize the assessment in a manner consistent with their own regulatory body requirements (if applicable) and the specific standardized/curricular assessment requirements.

An example could be an RBA completing a workshop for educational staff on the use of a curricular assessment (e.g., ABLLS-R) in educational settings. The RBA would start by outlining the limitations of the training (e.g., training is for informational purposes only) and that the curricular assessment should only be administered consistent with the requirements outlined by the ABLLS-R authors and consistent with relevant regulatory bodies of the trainees (if applicable).

Principle 15: Financial matters

Will there be guidelines for fees and billing for RBAs posted by ONTABA?
ONTABA has provided some direction regarding billing through the Jurisprudence and Ethics Knowledge and Competency Standards for Ontario Behaviour Analysts (August 2022). However, ONTABA does not currently have plans to provide fee guidelines. The College provides clear direction regarding fees and billing in the CPBAO Standards.
Can we still bill for late cancellation?
Yes, CPBAO Standard 15.3.b states that if you have informed clients of your practice in advance, you can "charge a fee for a missed appointment or late cancellation when prior notice is not given within an agreed upon period." It is important to ensure the description of the charge (e.g., cancellation fee) is noted on the invoice, so it is not mistaken for a service delivery fee.
Does each item on the invoice need to have the names of the therapist and RBA? Are we going to need to move to itemized billing, instead of all-inclusive pricing? Can you advise what invoices need to look like to show supervision?
The CPBAO Standards states the following: "All billing of services provided under supervision are the direct responsibility of the supervising Registrant, who must ensure that billing and receipts for services are in their name, or the name of the health professional corporation or their employer. Additionally, invoices and receipts must clearly identify the name of the supervising Registrant and the name, relevant degrees, and professional designations of the supervised service provider (CPBAO Standards 4.5.5)." Given this, each invoice would be required to have the name of the supervisor and all supervisee's assisting them in the delivery of services outlined on the invoice. The CPBAO Standards do not provide direction regarding the method of pricing (e.g., inclusive vs. individual service pricing). Further, the CPBAO Standards does not provide direction as to what invoices should look like. It would be important for the RBA to consider all items outlined in CPBAO Standard 15 when choosing how to bill for services, including but not limited to the following:

- Registrants must reach an agreement with payers regarding fees and payment arrangements before providing services or implementing changes to services or fees (Standard 15.1.a);
- Fees must be based on the time spent and complexity of services delivered (CPBAO Standards 15.1.b);
- Rates for services should remain consistent across payers, although Registrants may offer pro bono services or sliding scale fees to allow for affordability (Standards 15.3.c).

For RBAs working for larger organizations where they do not oversee billing, what does that mean for compliance with the College's standards and legal responsibility with billing?

The CPBAO Standards Question and Answer document states the following:

"If the organization does the billing, it would be fine to continue with that practice, as long as you are in a position to monitor what your clients are being billed for and can confirm that the practices are in keeping with relevant legislation and standards (p.19)."

If your employer's billing processes do not align with CPBAO Standards, reference Standard 2.1 regarding organizational constraints and conflicts.

If I privately consult with multiple agencies, do I need to charge the agencies the same rate? Do the agencies also need to charge the clients all the same rate? How would this work without standardizing rates when many clinicians consult to multiple agencies?

If you are working with multiple agencies and these services are the same across agencies, then then it would be expected that you charge the same rate. CPBAO Standard 15.1.c states: "Rates for services should remain consistent across payers, although Registrants may offer pro bono services or sliding scale fees to allow for affordability."

If the RBA is supervising clinicians within the organization, it would be ideal for the RBA and organization to come to an agreement retarding client fees to ensure they are consistent with CPBAO Standards. While an RBA cannot be held responsible for the fees that an organization charges their clients, RBA's are encouraged to follow best practices and ethical decision making in situations where conflicts regarding billing arise.

What does the registration mean in regard to insurance coverage for ABA services? Is there any update if RBA will be added to insurance coverage soon? Are there any advocacy efforts to get our services covered by extended health benefits now that we are regulated?

Establishment of ABA as a regulated health profession does not automatically result in insurance (extended healthcare benefits) coverage. The process of inclusion in insurance coverage is complex and coverage type and amount is generally negotiated between employers and insurance companies.

The United States has a long history of families and other stakeholders advocating for inclusion of ABA services under insurance, specifically for ABA services for Autism Spectrum Disorder. Here are some sample resources related to this: Applied Behavior Analysis Practice Guidelines for the Treatment of Autism Spectrum Disorder: Guidance for Healthcare Funders, Regulatory Bodies, Service Providers, and Consumers (see part 3 - Medical Necessity) and Health Insurance Coverage of ABA Services

ONTABA is currently in the process of gathering more information on this subject for our members.

Can you explain pre-billing requirements specifically for time limited group services or packaged services?

The CPBAO Standards state the following:

"Payment for specified multiple session treatment plan or group services may be charged and accepted at the beginning of the series as long as clients agree that unused fees will not be refunded (Standard 15.2.b)."

Could you expand on the definition of a multiple session treatment plan?

The CPBAO Standards Question and Answer document addresses this on page 20:

"Question: Section 15.2.b references 'a multiple session treatment plan or group series'. Are these defined somewhere? I'd like to understand if the ABA services provided by my child's school qualify as this type of program.

Answer: Multiple session treatment and group series have not been formally defined. The Standard is meant to apply to a treatment recommendation that requires a specified number of appointments to completely deliver the intervention and address the treatment goal(s). An example of an appropriate application would be a structured group program in which a limited number of participants are meant to attend all sessions together. It is not meant to allow the bulk sale of sessions which are not all required for the client to benefit and should not be used as a means of prepayment without the need for reimbursing unused more open-ended, individualized treatment."

Can I continue to provide pro bono services?

Yes, this is specified in CPBAO Standard 15.1.c:

"Rates for services should remain consistent across payers, although Registrants may offer pro bono services or sliding scale fees to allow for affordability."
Now that ABA is regulated, do I need to charge HST for my services?
Harmonized Sales Tax (HST) requirements are outlined by the Canada Revenue Agency (CRA). Depending on the nature of the behaviour analytic services being offered, the following link may be helpful to provide further information: https://www.canada.ca/en/revenue-agency/services/forms-publications/publications/gi-113/specially-designed-training-assist-individuals-autism.html Further, you may want to consider obtaining advice from a financial professional when considering if and when to charge HST for services.

Principle 17: Use of technology

Is there somewhere we can access a list of recommended resources and technology that are compliant with CPBAO requirements?
The CPBAO Standards provides a list of resources regarding best practices for use of technology under the Practical Application for Standard 17.1.b. The Information and Privacy Commissioner of Ontario (https://www.ipc.on.ca/en) also has a number of resources that offer guidance on how to protect personal health information. In addition, CPBAO shares specific information about government approved services here: https://cpbao.ca/wp-content/uploads/HeadLines-Vol-1-No-4-April-2021.pdf
Regarding our obligations for the management of a client emergency, how specific we need to be and do these need to be outlined at the outset of services? Do we need to determine the client's location in the event of a medical emergency?
CPBAO Standard 17.1.c states the following: "Registrants must make plans for the management of a client emergency, ensuring they possess information about emergency services in the client's location and alternative services locally available to the client." To meet this standard, the RBA should consider confirming a client's location during each virtual contact and ensure the information they obtain is specific enough to assist in a possible emergency.
My employer keeps all client records in one electronic medical record, across all disciplines. This means anyone assigned to this client can have access to ABA files. Are there any precautions I need to take into account in this situation?
CPBAO Standard 9.5.d states the following: "When others within an organization have access to client records, measures should be taken to prevent misunderstanding or misuse. Raw data or potentially misinterpreted information should be stored separately or, if not possible, marked with a warning that misinterpretation, misunderstanding or misuse could cause harm to clients and the information should only be available to Registrants of the relevant profession or a specified supervisee of the Registrant that the Registrant authorizes."

Glossary of terms

Consultation: the provision of information or advice, in a relationship where the recipient of the information or advice is not required to act on the information or advice and the consultee is not accountable to the consultant. Consultation is not supervision and does not include assessing, diagnosing or intervening with a client, regardless of whether there is direct contact between the Registrant and the client. In these cases, the requirements applicable to the practice of the profession with those service recipients will apply (CPBAO Standards p. 4).

Client: an entity receiving psychological or behavioural services, regardless of who has arranged or paid for those services. A client can be a person, couple, family, or other group of individuals with respect to whom the services are provided. A person who is a "client" is synonymous with a "patient" for the purpose of the Regulated Health Professions Act, 1991. (CPBAO Standards p. 4). Note the term "service recipient" is used synonymously with "client."

Registrant: a Behaviour Analyst registered with the College; synonymous with the term "member" (CPBAO Standards p. 5).

Supervision: an ongoing educational, evaluative, and hierarchical relationship, where the supervisee is required to adhere to the Standards of Professional Conduct and comply with the direction of the supervisor, and the supervisor is responsible for ensuring that the service provided to each recipient of services is competent and ethical. It is not consultation or delegation (CPBAO Standards p. 4).