



## **Best Practice Guidelines for CDAs Working in Private Practice**

### **Preamble**

Many speech-language and audiology services are publicly-funded; however, some clients choose to solicit private services for a variety of reasons. The term "private practice" typically refers to any service for which the client must pay. A number of people have coverage for these services under their own insurance plans.

Communicative Disorders Assistants (CDA) in private practice can be compensated in two different ways; either salaried, or fee-for-service. *Salaries* are typically seen in private practice clinics, often established and run by the supervising speech-language pathologist (SLP) or audiologist (AUD). The CDA tends to work set hours and is compensated the same amount per hour worked, regardless of direct contact time.

Many *fee-for-service* clinicians are compensated only for the time they spend with a client. Travel, paperwork, preparation and/or planning time is then typically worked into the hourly rate clients are charged. In some cases, clients are charged extra on top of this rate for any other administrative work provided (e.g., phone calls, reports).

These "best practice guidelines" will focus on CDAs working in *fee-for-service* private practice. They are a set of recommendations compiled by the Communicative Disorders Assistant Association of Canada (CDAAC) to help guide CDAs looking to work in private practice. The suggestions may vary in relevance depending on each CDAs individual situation. Please refer to Section B for different examples of fee-for-service.

All CDAs must continue to follow any guidelines set forth by the SLP/AUD's governing body, and members must also abide by CDAAC's Code of Ethics.

### **SECTION A**

#### **1. Establishing the Business**

1.1 Malpractice insurance is strongly recommended, separate from the supervising SLP/AUD. See Section C for a list of some companies that may provide coverage for CDAs.

1.2 CDAs working in a fee-for-service capacity are typically considered "self-employed". This designation has many implications and as such, it is recommended that CDAs register their "business" with the Canada Revenue Agency:

a) Visit [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca) to determine if you are considered "self-employed" or an "employee". If the CDA is unsure about their status, they should request a CPP/EI ruling through a Canada Revenue representative.

b) If you are considered "self-employed", visit [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca) for information on obtaining a business number (BN).

c) A GST/HST number is also required if the CDA is liable to collect GST/HST and then eligible to claim input tax credits (ITCs). CDAs are liable to collect GST/HST if their revenues **exceed \$30,000** in a **single** calendar quarter **or** in **four consecutive** calendar quarters. It is the CDA's responsibility to keep track of their earnings and to start collecting GST/HST at the appropriate time. Contact Canada Revenue for further information on obtaining a GST number.

d) GST/HST must be charged to the appropriate person. This is who is being *billed* for the CDA's services. In some cases, this may be the client. In other cases it may be the supervising SLP/AUD or private practice, if they have contracted the CDA's services.

1.3 Consider seeking the services of an accountant to assist you with 1.2, and to provide guidance around possible deductions at tax time (e.g., travel, materials, office space, etc.).

1.4 Keep a clear record of all invoices and payments received. Include clinician's name, title, business name, business number (particularly if collecting GST/HST), client's name and session information such as date, length of session, type of intervention (e.g., group vs. individual).

1.5 Clear records must also be kept (e.g., in a log book) when charging extra for mileage, administrative work, preparation time and paperwork time. This information would be included on the invoices from 1.4.

1.6 CDAs planning to see clients in their own homes should consult their house insurance company to provide them with any relevant information.

## **2. Establishing a Client Base**

2.1 Check with any current employers about possible conflicts of interest. Some employers do not allow employees to see clients that fall within their mandate (past, present or future).

2.2 If needed/appropriate, CDAs should have clients sign a form agreeing that the CDA did not solicit them as clients.

2.3 CDAs must avoid using any protected titles when advertising their business (or at any time). Some of these titles include: "speech-language pathologist", "audiologist", "speech therapist",

"speech clinician" and "audiology clinician". CDAs are also discouraged from using terms such as "speech therapy", or any other term that may lead the public to believe they are a regulated health professional.

### **3. Supervision**

3.1 It is the CDA's responsibility to ensure that a supervising SLP/AUD is in place. The CDA must ensure that adequate supervision is being provided and that the supervising SLP/AUD is accessible. The supervising clinician's governing body outlines what the minimal standards are.

3.2 The roles of the CDA and the supervising SLP/AUD must be explained to the client.

3.3 A supervisory schedule (minimum) should be established before sessions commence. This schedule should be documented and signed by both parties and shared with the client. Changes to this schedule must be documented and shared with the client.

3.4 Session goals must be established by the supervising clinician before the CDA begins conducting therapy.

3.5 Any questions or issues relating to supervision are to be resolved following the guidelines set forth by the supervising clinician's governing body.

### **4. Documentation**

4.1 All identifying client information must be kept private. As such, CDAs are discouraged from keeping identifying client information on computers (unless strong-password protected), or on mass storage devices (e.g., USB keys, flash drives, CDs, etc.). Hard copies of client files are stored under lock and key. Identifying client information should not be left in vehicles and great care must be taken when transporting files. No identifying client information will be posted on the internet.

4.2 CDAs are encouraged to document all conversations and meetings with clients and supervising clinicians.

4.3 Formal summary reports and/or letters to other professionals are written at the discretion of the CDA and the supervising clinician.

4.4 Any questions or issues relating to documentation, including the need for co-signatures, are to be resolved following the guidelines set forth by the supervising clinician's governing body.

### **5. Billing/Compensation**

5.1 The number of sessions should be determined prior to commencing intervention.

5.2 The CDA's hourly rate must be agreed upon by all parties involved in billing. This may or may not include the supervising clinician.

5.3 In most cases, fee-for-service hourly rates will be higher than salaried hourly rates. Somehow the CDA will want to account for time spent on planning, preparation, documentation, meetings with the clinical supervisor and travel.

5.4 When GST/HST must be collected, it is recommended that the CDA add this charge *on top* of their hourly rate, as they will have to remit this collection to the government at tax time. If the CDA chooses to incorporate the GST/HST into their hourly rate, their net income will be less.

5.5 The supervising clinician will need to be compensated for their time, including meetings and observed sessions. The amount must be established prior to therapy commencing.

a) It is recommended that a set "consultation/supervision fee" be established, to cover *all* supervisory activities across the number of sessions established in 5.1. This way, the CDA will not be worried about incurring more costs (for themselves or the client) if more observations and/or meetings are required than specified in 3.3.

b) This fee can be incorporated into the clients' session fees, or can be added on top when applicable. The decision will be mutually agreed upon by the CDA, the supervising clinician and the client.

5.6 It is recommended that a CDA charge *no less than* 80% of what an SLP/AUD would charge for similar sessions. The actual amount will vary depending on a number of factors (e.g., geographic region, experience/expertise of the CDA, complexity of the case, amount of travel, etc.).

5.7 In some provinces, and SLP or AUD may not be permitted to collect payment from support personnel for supervisory services. CDAs should check with their supervising clinician's governing body for more information on this issue.

5.8 A cancellation/attendance policy should be established and signed by all clients. The policy should address any fees the client will incur as a result of cancellations and/or no-shows, as well as any deadlines to avoid these fees (e.g., 24 hours' notice, by 9:00 same day, etc.). CDAs are not liable to collect GST/HST on such charges.

## **6. Contracts**

6.1 Consider having a contract drawn up that outlines your specific arrangement (ie. rate of pay, supervision schedule) with all parties involved. Seeking professional advice in this area is encouraged.

## **SECTION B - Examples of CDAs in private practice**

### **Example 1:**

CDA works at a private practice clinic. Instead of being a salaried employee, her services are contracted by the SLP. A CPP/EI ruling has designated the CDA as "self-employed". The SLP sets the fees for the sessions and clients pay the clinic for services rendered. The client pays the same fee even when the SLP observes the sessions. The CDA invoices the clinic biweekly for her time spent conducting direct intervention. The CDA does not receive the full amount the client paid for the session; instead, she earns a certain percentage of this fee. The remaining amount goes to the clinic to cover overhead costs (e.g., rent/mortgage, utilities, materials, salaries, etc.) and as profit. As a trade-off, the self-employed CDA has use of the clinic's facilities, equipment and materials. If the CDA is liable to collect GST/HST, she charges this to the clinic at the time of invoice.

### **Example 2:**

CDA works full time for a publicly-funded agency. At the time of discharge, a client asks if she would consider continuing working with them privately. According to the agency's policies, this is not considered a conflict of interest as long as the clinician did not solicit the client. The CDA agrees to see the client privately and has it put in writing that he was not solicited by the CDA. The CDA finds an SLP colleague to provide supervision. The SLP invoices the CDA for a certain percentage of each session's fees to compensate her for supervision. The client is charged the same amount for each visit. If the CDA is liable to collect GST/HST (check with Canada Revenue), the client is charged this tax. The CDA sees the client in their home and is responsible for her own materials.

### **Example 3:**

An SLP approaches a CDA to see a few clients privately for them. The clients pay the CDA directly for the services, and also pay the SLP for any sessions in which he is involved. The CDA does not pay the SLP for supervision. If the CDA is liable to collect GST/HST, the client is charged this tax. The CDA sees the clients in their home and is responsible for her own materials.

### **Example 4:**

CDA works together with an SLP seeing clients privately. In total, the CDA sees 15 clients a week, in their home. The SLP finds the clients and sees all of them for their initial assessment. The SLP keeps some clients to see herself, and she assigns some to the CDA, as appropriate. The SLP bills the clients by sending an invoice through the CDA, who then brings the payments to the SLP. The CDA invoices the SLP monthly for time spent in direct therapy. Clients are charged the SLP rate for any observed sessions, and the CDA is compensated her regular rate. The SLP pays the CDA a "meeting rate" for time spent reviewing files together, and the CDA is also compensated for mileage and driving time. If the CDA is liable to collect GST/HST, this tax is charged to the SLP at the time invoice, only for the time spent in direct treatment.

## **SECTION C - Insurance**

### 1. Willis Canada

Rehabilitation Assistant Malpractice Insurance

[www.willis.ca](http://www.willis.ca)

416-368-9641

### 2. Aon Insurance

Professional Liability Insurance (supportive personnel)

1-800-259-8519