Webinar

From hire to payroll to P&L

Accelerating financial outcomes across the ABA workforce journey

Tuesday, October 27, 2026 | 2:00 p.m. ET

viventium + Apploi | Flychain



Meet your presenters



Joe Burst
Director, ABA
Viventium
Linkedin



Ethan Schwarzbach
Co-Founder & CEO
Flychain
Linkedin

Panelist:

Calvin Portley, CEO,
Pivotal Parenting

Agenda

1. Hire to payroll
   – *Joe Burst, Viventium*
2. Payroll to P&L
   – *Ethan Schwarzbach, Flychain*
3. Panel discussion
4. Q&A

Hire to payroll



Poll: Where does your team lose the most time today?



Recruiting



Onboarding & Credentialing



Payroll

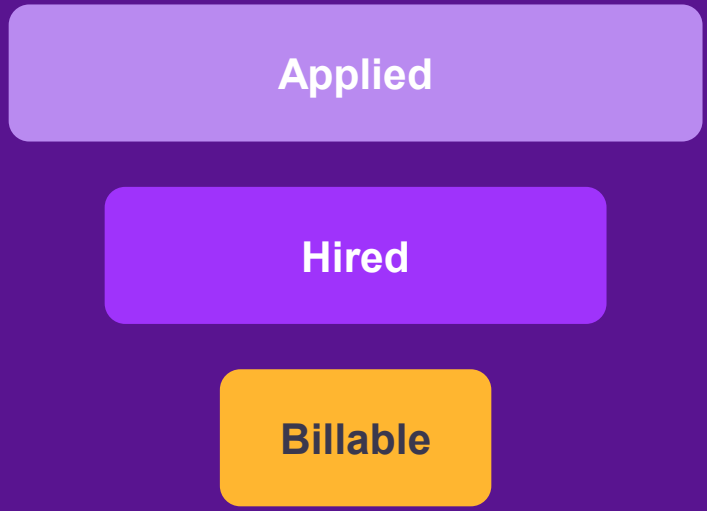


Retention

Applicants aren’t the problem. Momentum is

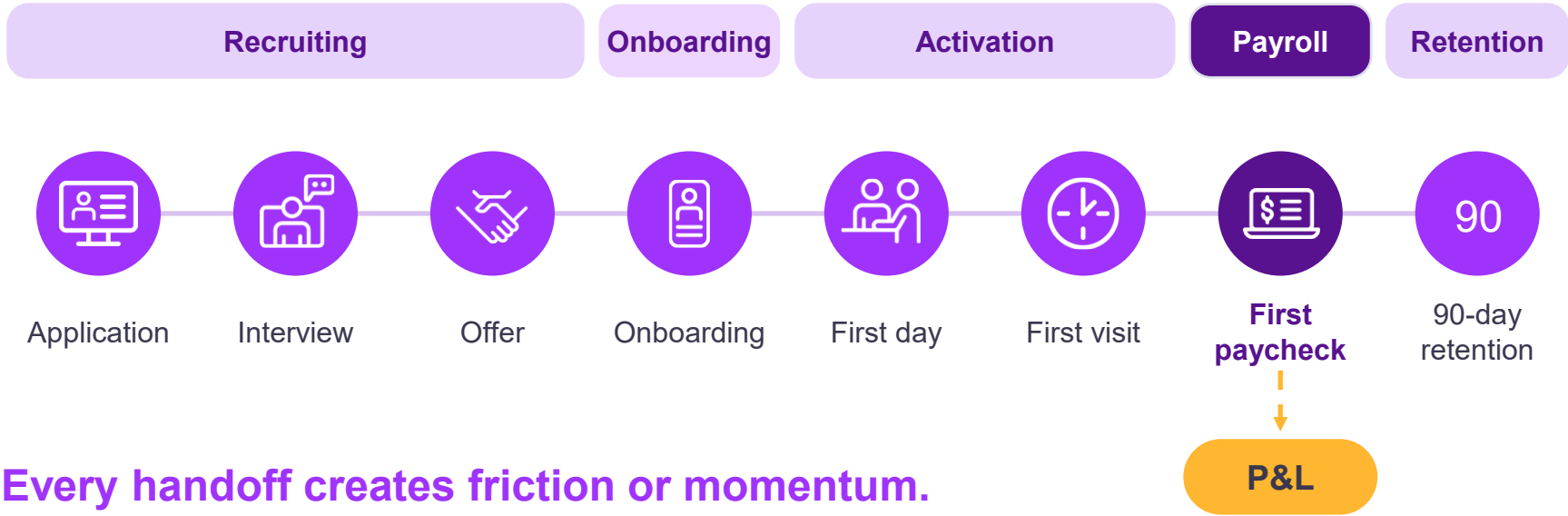
Growth used to depend on applicant volume. Now it depends on how fast you move people from application to productivity.

Hiring more people isn’t the same as building workforce capacity.



A hired registered behavior technician (RBT) isn’t billable until they’re credentialed, supervised, and matched with a client.

Map the workforce journey



Every handoff creates friction or momentum.

Red flags at every handoff

Recruiting

- Days before first contact
- Interview no-shows go untracked

Onboarding

- New hire data entered twice
- Credentials tracked in spreadsheets

Activation

- RBTs waiting on a supervisor
- No client match yet

Payroll

- Time keyed in by hand
- Frequent off-cycle corrections

Retention

- Early exits
- No tracked reason for leaving

Close these leaks to add capacity without adding recruiting spend.

The first paycheck sets the tone



ABA payroll has a lot of moving parts.

Accurate, transparent pay builds trust. Errors cost money and morale.



Clean payroll data is the raw material for your P&L.



Multiple pay rates



Variable hours



Drive time



Overtime



Multiple locations and states

Hire to payroll checklist

Track handoff timing

Pick five recent hires and note the date of each step: application, first contact, offer, onboarding complete, and first billable session.

Red flag:
One gap that's much longer than the rest. That's your biggest leak.

Count how many times you enter the same data

List every system or spreadsheet where new hire information gets typed in, from your applicant tracking system to onboarding, credential tracking, scheduling, and payroll.

Red flag:
The same name, address, or pay rate entered more than once. Every re-entry adds delay and a chance for error.

See who's hired but not yet billable

Count the registered behavior technicians (RBTs) on payroll today who haven't had a first session, and note what each one is waiting on: credentials, a supervisor, or a client match.

Red flag:
You can't get this number quickly, or the same reason keeps coming up.

Look at early exits and payroll fixes

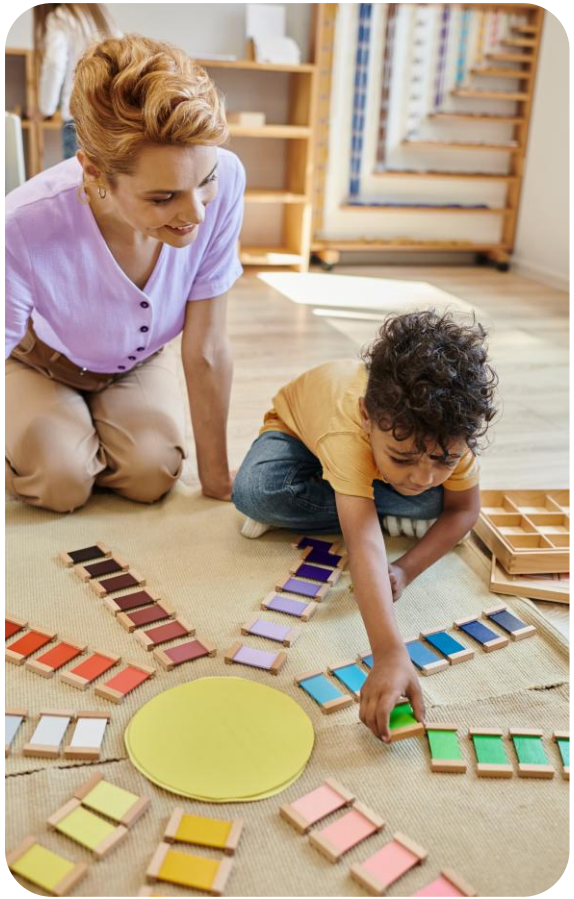
Pull last quarter's 90-day retention and the number of off-cycle payroll corrections. Check whether you know why each early leaver left.

Red flag:
Exit reasons aren't tracked, or corrections keep coming from the same source.

What connected HCM looks like in practice

Hiring → Onboarding → Payroll → Reporting

- One employee record from application through payroll
- Data entered once and shared everywhere
- Credential alerts before anything lapses
- Time and pay rules that flow straight into payroll
- Reporting across the full journey



Where does your organization stand?

Poll: Which level best describes your organization today?

Level 1

Reactive

Manual processes
Limited visibility
Department silos

Level 2

Emerging

Some automation
Standardized processes
Basic reporting

Level 3

Connected

Integrated workflows
Better visibility
Consistent experience

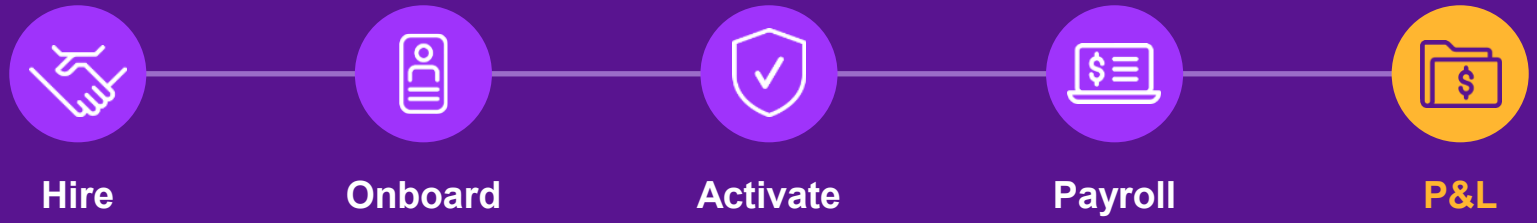
Level 4

Strategic

Predictive planning
Workforce intelligence
AI-enabled operations

From payroll to P&L

You've seen where workforce time and money slip away. Next: what it means for your margin.



Up next

Ethan, Flychain

PART 2 · PAYROLL TO P&L

Is your newest hire paying off?

Following one new clinician from their first paycheck to your P&L

Ethan Schwarzbach · Co-founder & CEO, Flychain

STEP 1 · GETTING THE BOOKS RIGHT

Every paycheck has to land in the right place on your P&L



Gross profit margin is gross profit divided by revenue. If payroll lands in one bucket, that number is wrong.

STEP 1 · SPLITTING LABOR

Labor is your biggest lever, so split it the right way

DIRECT (CLINICAL) LABOR

The wages that produce revenue

Clinical wages ÷ operating revenue × 100

WHO COUNTS

Clinicians, clinical supervisors, aides and other direct-care staff. Include regular pay, overtime, drive time and payroll taxes.

ADMINISTRATIVE LABOR

The wages that run the business

Admin wages ÷ operating revenue × 100

WHO COUNTS

Practice administrators, office managers, schedulers, billers, HR and marketing. Anyone whose work supports care without delivering it.

Track both monthly. Healthy targets vary by specialty · Flychain × Viventium

STEP 1 · SIDE BY SIDE

Same practice, two P&Ls, two very different stories

GENERIC P&L · WHAT MOST ACCOUNTANTS GIVE YOU

Revenue	$485,200
Wages and salaries	$338,000
Rent	$22,000
Software and other	$14,500
Net income	**$110,700**

You can't see payer mix, clinical vs. admin pay, or a real margin.

HEALTHCARE-READY P&L · WHAT YOU NEED TO RUN A PRACTICE

Medicaid revenue	$291,120
Commercial revenue	$155,264
Self-pay revenue	$38,816
- Clinical wages	$240,000
= Gross profit (50.5% margin)	**$245,200**
- Admin wages	$98,000
- Rent, software and other	$36,500
Net income	**$110,700**

Now you can act on payer mix and margin.

Illustrative example · Flychain × Viventium

STEP 2 · BENCHMARKING YOUR MARGIN

Benchmarks tell you whether your margin is healthy for your specialty

Gross profit margin	Very poor	Poor	Fair	Good	Excellent
ABA	Below 10%	10–34%	34–39%	39–44%	Above 44%
Home health	Below 16%	16–28%	28–38%	38–47%	Above 47%
Home care	Below 25%	25–35%	35–41%	41–48%	Above 48%
Where to look first	Pay and payer rates	Utilization, unbilled time, payer mix	On par, with room to improve	Ahead of peers, watch by location	Well ahead, protect it as you grow

The same 30% margin is fair in home health but poor in ABA and home care.

Source: Flychain gross profit benchmarks by specialty, developed with industry experts · Flychain × Viventium

STEP 3 · FINDING THE LEAK

When margin falls short, the cause is usually in one of three places

Pay that has drifted above market

Clinician pay that crept up one raise at a time, without anyone comparing it to local rates.

Recommended next step: benchmark pay by role and market

Payer rates below market

Contracts that haven't been renegotiated in years, or never were.

Recommended next step: compare your contracted rates to payers in your state

Paid time you can't bill

Drive time, documentation, cancellations and gaps between sessions.

Recommended next step: track margin by clinician and location

STEP 4 · FUNDING GROWTH

Growing means paying new staff weeks before payers pay you

Day 0

First payroll goes out

Your new clinician starts seeing clients and gets paid.

Days 14 and 28

Two more payrolls go out

Nothing has come back from payers yet.

Day 30 to 60+

First payer payments arrive

You finally get paid for that first month of sessions.

Hire five clinicians for a new location and that gap is five times bigger.

Recommended next step: forecast payroll against expected collections, and line up working capital before a hiring push.

Illustrative timeline · Flychain × Viventium

STEP 4 · FUNDING GROWTH

The best line of credit is the one you set up before you need it

The cheaper the capital, the harder it is to qualify. Know where your business stands before you apply.

LENDER TYPE	TYPICAL APR	REPAYMENT	WHO TYPICALLY QUALIFIES
BANK LOANS	~6–12% APR	1–10 years	Established businesses (2+ years), strong financials, high credit, prepared documentation
SBA LOANS	~7–12% APR	5–10 years	2+ years in business, decent credit, willing to go through a longer application
FLYCHAIN	~16% APR	4 months	Healthcare providers with 12+ months of operating history and $250K+ in annual revenue
NON-BANK / MCA	25–100%+ APR	3–6 months	Newer or distressed businesses needing fast cash, with high fees and aggressive repayment

Same-day funding offers from merchant cash advances often carry 25–100%+ APR, daily repayments and prepayment penalties.

STEP 4 · FUNDING GROWTH

Four checks to run on any loan offer

01

APR vs. interest rate

Interest is the base cost. APR includes all fees and shows what you'll actually pay over a year.

Always compare APRs.

02

Hidden fees

Origination fees, prepayment penalties and service charges add up fast and raise the true cost.

Ask for a full fee breakdown upfront.

03

Repayment structure

Daily debits hurt cash flow, especially while you wait on payer reimbursements.

Match repayment to your revenue cycle.

04

Total cost of capital

The full amount you'll repay, interest and fees included. A low rate isn't always the cheaper loan.

Ask what you'll pay in total by the end.

WORKED EXAMPLE

Loan A: 10% interest, 12 months → $55,000 total **Loan B:** 7% interest, 6 months + fees → $62,000 total

STEP 4 · FUNDING GROWTH

Know the warning signs before you sign any loan offer

Red flags in an offer

- Daily or weekly debits from your operating account
- A “factor rate” quoted instead of an APR
- Funding in 24 to 48 hours with no underwriting
- Origination fees of 5% or more
- Prepayment penalties
- Pressure to sign today

What good lenders look for

- 12+ months of closed books
- Receivables averaging under 60 days
- Payer mix and credentialing in good standing
- A 12-month forecast with a clear use of funds
- Owner credit score around 680+
- 30+ days of cash on hand

YOUR DASHBOARD

Six numbers give you a pulse on your practice

01 — Monthly

Net profit margin

Net income ÷ revenue

Bottom-line profit after every expense

02 — Monthly

Gross profit margin

(Revenue − direct costs) ÷ revenue

How efficiently you deliver care

03 — Monthly

Revenue by payer

Payer revenue ÷ total revenue

Concentration risk and shifts in mix

04 — Weekly

Cash balance

Total cash across all accounts

Enough to cover the next 2 to 3 payrolls

05 — Monthly

Clinical labor %

Clinical wages ÷ operating revenue

Your largest, most controllable cost

06 — Monthly

Admin labor %

Admin wages ÷ operating revenue

Overhead that creeps up as you grow

BRINGING IT TOGETHER

Four questions worth answering before your next hire

1

Are my books telling the truth?

Split payroll into clinical and admin departments for an accurate view of your books

2

Is my margin healthy for my specialty?

Compare gross profit margin against specialty benchmarks

3

Where is margin leaking?

Conduct profitability by employee analysis, contracted rates analysis, and salary benchmarking

4

Can I afford to grow right now?

Get set up with a line of working capital for your payroll cushion

This is the work we do with Flychain customers every month.

For more information

viventium + Apploi — Visit viventium.com and schedule a demo

Flychain — Visit flychain.us or schedule a call

Thank you!