

IS YOUR ABA ORGANIZATION READY FOR INCREASED MEDICAID SCRUTINY?

Assess your operational readiness across 7 key focus areas.

Across the country, Medicaid-funded ABA is facing increased scrutiny. As federal audits expand, reimbursement models shift, and documentation standards become more demanding, it's more important than ever that ABA leaders can demonstrate readiness across the entire organization.

When auditors come knocking, will your response be smooth or scrambled? Use this quick checklist to identify potential gaps and work toward strengthening compliance, protecting revenue, and supporting continuity of care.

☐ 1. Connect Clinical Care to Claims

Time is of the essence: Can you find everything in one place, or do you have to access files across several places?

Why it matters: *Disconnected workflows put documentation and claims at risk of falling out of sync.*

☐ 2. Track Authorizations at the Point of Scheduling

Can you pull real-time data about authorized hours, limits, and expiration dates before services are scheduled?

Why it matters: *Every authorized hour is increasingly important, both for access to care and financial performance.*

☐ 3. Ensure Your Documentation Is Audit-Ready

Do your records clearly show who provided client care, what occurred, when it occurred, and why the service was medically necessary?

Why it matters: *Federal ABA auditors regularly flag documentation that doesn't adequately support billed services.*

☐ 4. Process Claims Without a Hitch

Are you able to catch missing information, coding issues, and payer-specific errors before claims are submitted?

Why it matters: *Finding an error before submission is far less disruptive than addressing it during post-payment review.*

☐ 5. Maximize Delivery of Authorized Care

Do you have visibility into cancellations, capacity, utilization, and authorized hours that are at risk of going unused?

Why it matters: *Efficient utilization supports smooth operations and ensures families receive the services that have been authorized.*

☐ 6. Assess Compliance Risk Quickly Across the Organization

Is it possible to get a high-level view of documentation, billing, and potential compliance issues across multiple locations and teams?

Why it matters: *At enterprise and/or growing organizations, isolated issues can become material risks when leadership lacks organization-wide visibility.*

☐ 7. Verify Your Records Easily

Does your EVV and other required verification data connect seamlessly with corresponding clinical sessions and claims?

Why it matters: *Audit readiness depends on being able to demonstrate that services occurred where and when they were scheduled, and services were provided as documented.*

Assessing Your Operational Readiness

ABA leaders, be honest: As you read through the checklist, did you feel confident or concerned? The more sections you said yes to, the more audit-ready you are. If you paused or were uncertain about the majority of answers, there may be gaps worth addressing before an audit puts them to the test.

Your next step

Bring the following question back to your team:

If an auditor selected a claim today, how quickly could you produce a complete, connected record, from authorization to session to documentation to claim?

If the answer is “not very quickly” or “we’re not sure,” it’s time to make some changes.

The organizations best positioned for forthcoming Medicaid scrutiny won’t simply respond to audits. They’re proactively building systems that make compliance, operational visibility, and delivery of authorized care part of the everyday workflow.

Yours can be, too.

Ready to Assess Your Infrastructure?

RethinkBH connects scheduling, clinical documentation, billing, and enterprise visibility to help ABA organizations prepare for changing compliance requirements. Discover how our AI-powered platform can make audit preparation stress-free.



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Let's Talk.

