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How to Set Up Your ABA QA Process

The complete guide to setting up your ABA quality assurance team & workflow

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How to Set Up Your ABA QA Process - Brellium & Gryd Consulting

Brellium helps dozens of ABA clinics across the country, from 10-RBT startup clinics up through the largest ABA center in the country with 5,000+ providers, automate their note auditing with AI.

Gryd Consulting helps dozens of ABA clinics and home-based providers across the country build robust Quality Assurance programs. From setting up templates, providing QA trainings and conducting ongoing support to ensure compliance with current payer standards.

So, together, we've seen (almost) every derivation of how ABA clinics handle QA and audited more ABA notes than anyone in the world!

In theory, QA should be standardized across clinics by payer. If two ABA clinics bill Tricare in Georgia, their requirements and QA process should be identical.

In practice, this couldn't be farther from the truth. This is mostly because payer rules and industry best-practice processes are opaque, so everyone does their best based on what they've seen work in the past. So, every clinic's QA requirements and processes end up looking completely different.

Which is inefficient, and results in a lot of lost sleep, time, and $$ because nobody is quite sure what they should be doing.

In this guide, we'll outline how to most efficiently set up your quality assurance process for your ABA clinic, from our learnings across dozens of ABA provider groups. This guide is most helpful for Quality Assurance Leads at small-to-mid size clinics who are looking to build out an efficient QA process. It'll also be helpful if you're a part of the founding team of a startup ABA clinic, or at a large clinic looking to make your operation more efficient.

Why QA is important

(1) - to make sure your kiddos are being treated correctly and according to your clinical standards. (2) - to make sure that every dollar your payers pay you stays in your pocket, instead of being clawed back months down the line after payment.

In short, good QA = you sleep well at night. It's not the most glamorous part of your business - that's caring for your kiddos and growing your footprint. But, you know you've got a good QA team when you hear about issues upfront, rather than getting an upset phone call from a client's parent or the dreaded "Payer Audit" email.

And good sleep = priceless.

Setting up your note template

Good note template = way less time spent on auditing.

Humans make mistakes. And your RBTs have a million things going on. So, you've got to do your best to make your note template bulletproof.

It's essential to strike a balance between creating preset automated options and free text sections.

Automated recommendations:

1. All session info (Provider info, Client Info, Session Info).
    a. These fields should be populated by your EMR rather than your providers. Populating these ahead of time based on the schedule will reduce clawbacks, and time spent by your RBTs completing their documentation!
2. Required segments (All headers + subsections)
    a. Getting the basics right here is important - make sure your note template has a "plan" for how it should be filled out. E.g first they will fill out the "ABA Techniques" checkbox, then they'll fill in the "Barriers" section, then they'll write their "Session Narrative" etc.
    b. A provider shouldn't have to choose to include an additional Barriers section, they should have a place on the note dedicated to this. This logic holds for all your note's subsections.
    c. Goals - making your goals easy to import is super important for getting billable session notes!
3. Checkboxes
    a. Things like ABA techniques, interventions, and many other sections can be encoded into a checkbox section. Leaving these as free text will make you prone to RBTs writing potentially incorrect or irrelevant info in these sections.
4. Signatures

    a. If possible use automated e-signatures. If not possible, make your signatures super easy to fill out! This is one of the most common mistakes.

Free text:

1. Session narrative
    a. Goes without saying that your RBTs need to be able to talk about what happened in the session! Getting good session narratives is more about RBT training and guidelines than it really is about the note template! One minor point of feedback is to have your narrative after the goals so the RBT knows what they should be discussing!
2. Additional Notes
    a. Edge cases happen. Its important that your providers have the opportunity to explain in free text any exacerbating circumstances in the session.
3. More!
    a. Depending on the type of note, there may be a lot more free text sections that make sense to include.
    b. BCBAs are typically better trained in filling these out so you can be more liberal with the note templates billed with BCBAs!

Automated options are valuable for a session note framework and easy for providers to use but it can limit opportunities for individualized medical records. Only having freeform options is very time consuming on the providers and will result in really unhappy staff!

Creating note templates with the right type of automated options that the providers can elaborate on is crucial for setting your staff up for success. Pro tip: Gryd Consulting is amazing at helping you set this up!

Outlining clear rules for your RBTs and BCBAs

Your QA process is 50% setting up a great session note template and 50% training your staff well.

The key for your organization is to have:

1. A go-to person within your organization that your providers and QA staff can ask questions to while providing services.
2. Clear, objective, and all-inclusive expectations on how your RBTs and BCBAs should complete session notes.

#1 should be your QA team lead, or another experienced member of your QA team. They should respond quickly, deeply understand the day-to-day of both QA and providing services, and be cheery with your providers. Remember—we want to solve issues upfront, so we want providers to feel as comfortable as possible asking for help.

Recommendations for #2:

1. Examples
    a. Give your RBTs and BCBAs good examples to base their note templates off! When doing performance reviews or meeting with them after they ramp up, giving them some good examples of notes they've submitted and bad examples is also helpful!
2. Concrete Deliverables
    a. Outline exactly what should be noted in each free text section. E.g "1 sentence mentioning reinforcers, 1 sentence relating those reinforcers to the client's programs", etc. These will help guide your providers and are often better than just saying "minimum of 3 sentences".

Setting up your audit requirements

Pro tips:

1. Make sure your audit criteria are **actual** insurance requirements (given the individual payers that you are dealing with). Many times you are being extra cautious because you hear that others are doing the same, but it was only

added due to a unique payer's requirement and may not apply you. It can be so frustrating on both your direct and internal service staff to stress on something that doesn't affect your gold standard notes! Check out the above section for guidance on recommendations for requirements to approve, or pull from Brellium's free question bank.

2. Differentiate your criteria between clear cut technical audit requirements vs clinical requirements. Oftentimes, clinical requirements can be more subjective and organizations should have the correct criteria with a proper protocol to double check to see if it is a concern. The last thing you want to do is call out an RBT or BCBA for something wrong that they did with their notes when it was clinically justified and the only reason why you noted an error was due to poor audit criteria!
3. Adjust your criteria based on payer feedback and published changes. Since the industry keeps on changing, its important to look out for payer feedback and updated handbooks to ensure that your criteria are up to date. Some payers can update their standards each quarter! While it may not require an organization to change their audit requirements, its important to look out for anything that needs to be changed. Gryd Consulting is awesome at helping with this too!

Setting up your auditing team (and using Brellium!)

OK, so we've covered how to build a great template, what your RBTs and BCBAs need to know, and what your team should be auditing for. Now, it's time to put our plan into action.

We usually see the most successful audit teams include BCBAs who've transitioned to the operations side of the business. They have context on therapy, working conditions, and can "speak the language" of the RBT and BCBA sessions they're auditing. Note: a BCBA doesn't need to be in the field for years to be successful in QA. They need to have been in the field to understand the providers (usually at least 2 years). Extensive clinical experience is helpful, but not required to be a great auditor.

So, if you have a few BCBAs on your team who're looking to transition towards operations, they can be GREAT candidates to join (and potentially lead) your QA team. They can usually also be paired with a few RBTs-turned-auditors to help show them the ropes.

Your QA team lead should have a comprehensive understanding of both the clinical and business side of your clinic. Quality is vital, but there's a middle ground between zero oversight and needing 50 requirements perfectly filled out in each 97153 note. Be in consistent communication with your QA staff on what their middle ground is and ensure that it is followed.

Of course, Brellium helps all of this move quicker. Instead of needing an army of BCBAs and RBTs to go through every note one-by-one every day, Brellium handles the manual auditing so your team can focus on the important things—helping your providers improve their documentation & standard of care.

If you're not using Brellium, we recommend auditing out of a big Google Sheet with each provider's name in Column A, provider's email in Column B, and date in Row 1 in Tab #1. Tab #2 contains the requirements to screen for that we outlined above, so your auditors can quickly toggle back-and-forth to see what they should be looking for. We recommend asking your auditors to have these 2 screens open, plus your EMR to view the session note, while auditing.

Other manual audit tips:

1. Mark "X" in each cell for each note that's passed audit
2. Mark "Contacting Provider" in each cell for each note that failed audit and specify the reason why
3. Add conditional formatting to highlight cells that contain "Contacting Provider" so it's easy to view yet-to-be-fixed issues
4. Create a third tab that uses a VLOOKUP / INDEXMATCH to give you the # of error instances per provider, so you can easily view providers that have a higher error rate

Setting up how to have RBTs and BCBAs fix errors

You've found all of your errors. Now, it's time to fix them!

Our recommended manual notification method starts with your auditing Google Sheet. At the end of each auditor's day, they should go through each of the cells they've marked as "Contacting Provider" and send an individual email to the provider specifying the note's day & time, and what needs to be fixed or improved on in the future. Note—if your email server is not encrypted & HIPAA compliant (check with your IT team), make sure there is no PHI in the notification email.

Then, ask your auditor to mark the "Notification Sent" cells as orange, so you know they're in progress.

Once the provider has fixed the note and notifies your auditor, they can mark the cell green, confirming that the note has been fixed.

Another Brellium plug—if you use us, you don't have to do any of the above. You can just configure "Please Fix this Note" notifications once, then notifications will automatically send out every week!

Responding to payer audits

The dreaded "Payer Audit" email...

Every so often, each of your payers ask you to send them a portion of their clients' notes.

They want to double check that documentation is correct, and that they're not overpaying for services.

If you're manually auditing notes, we recommend asking your team to focus on only the clients the payer has requested for the audit period for 1-2 weeks. Ask your team to pause their normal auditing, and reaudit the sample size.

It's essential to make sure the initial audit goes smoothly. If errors are found, your payer may ask for a larger sample, which slows your team down even more. If issues are found with the second sample, the payer may claw back funds and/or hold future payments pending the audit. Not good. So, ensure your team understands the gravity of the situation and double checks your notes for the audit period.

Finally, export each requested document from your EMR/PMS, and compile into 1 large PDF to upload to your payer portal.

Final Brellium plug - if you use us, you don't need to do any of the above. Brellium provides a clawback guarantee, where if we make a mistake that a payer claws back on, we pay the bill. Not you. Brellium also lets you easily export all notes for the audit period for a client range in 3 clicks, so you can easily respond to your payer audits.

Your payer may have questions/tips on individual notes & requirements. Answer them politely, quickly, and thoughtfully. If you're ever unsure of a requirement or how to respond to an audit, we HIGHLY recommend reaching out to an ABA quality specialist, like Raizy @ Gryd Consulting!

Brellium helps ABA clinics automate chart review with AI, decreasing time and cost spent auditing by 98%. Book a demo here.

Gryd Consulting helps dozens of ABA clinics and home-based providers across the country build robust Quality Assurance programs. From setting up templates, providing QA trainings and conducting ongoing support to ensure compliance with current payer standards. Reach out here.

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Learn More

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