



ASSOCIATION OF PROFESSIONAL  
BEHAVIOR ANALYSTS

# Audit Preparedness Considerations

**October 2025**

# Audit Preparedness Considerations for ABA Practitioners

## What are audits?

Audits (i.e., formal reviews) are commonly conducted by funding sources (e.g., insurance companies, regulatory agencies) to evaluate whether billed services are accurately documented, appropriately delivered, and compliant with contractual and regulatory standards. The primary purpose of an audit is to ensure the integrity of services, verify that treatment is medically necessary and delivered as authorized, and confirm that documentation supports all claims submitted. For practicing behavior analysts who deliver ABA-based therapy, participation in audits is increasingly common due to growing regulatory oversight and the expansion of insurance-funded services.

Audits may be scheduled in advance, giving providers time to gather requested documentation, or they may occur without prior notice. In either case, the quality and organization of clinical records play a critical role in determining audit outcomes. Being prepared in advance can significantly reduce stress and improve responsiveness when an audit request is received.

## Purpose of Considerations

The purpose of the Audit Preparedness Document is to support practicing behavior analysts and other leaders working in ABA service agencies in preparing for insurance audits by offering structured guidance on documentation practices, compliance considerations, and quality assurance processes. This document serves as a resource to assist providers in proactively identifying potential vulnerabilities and strengthening their internal systems to align with broadly accepted standards in the profession.

It is critical to emphasize that the information contained herein is intended as general guidance only. This document does not replace, alter, or supersede the specific requirements set forth by individual payors. Each payor may impose unique documentation standards, audit protocols, and compliance obligations that must be strictly observed. Providers are responsible for reviewing and adhering to all applicable payor policies, contractual obligations, and regulatory requirements.

We recommend using this guide as a reference and organizational tool to support internal quality assurance processes but not as a substitute for payor-specific policies or legal advice. Reviewing the considerations outlined here can help providers proactively identify areas for improvement and reduce the risk of adverse audit findings. Users of this document are encouraged to integrate these considerations into their existing compliance programs while maintaining vigilance in monitoring and applying payor-specific directives. Reliance solely on this document without reference to current payor policies may result in non-compliance.

# Audit Prep Considerations

## SERVICE DOCUMENTATION

### General Items

- |  |  |
|--|--|
| <input type="checkbox"/> Diagnostic report           | <input type="checkbox"/> Signed intake packet                            |
| <input type="checkbox"/> ABA referral/prescription   | <input type="checkbox"/> Signed receipt of handbook                      |
| <input type="checkbox"/> Client intake documents     | <input type="checkbox"/> Release of Information (if applicable)          |
| <input type="checkbox"/> Authorization documentation | <input type="checkbox"/> Signed consent for emergency treatment/hospital |
| <input type="checkbox"/> Completed consent to assess | <input type="checkbox"/> Other related service reports (e.g., spec, OT)  |
| <input type="checkbox"/> Completed consent to treat  |  |

### Session Notes

Session notes for all billable/billed services must include the following items. NOTE: Refer to funder-specific provider manuals, state, and regulatory requirements for which level of technician may provide each distinct service (e.g., Is an RBT required?, Are midlevel supervisors allowed to bill assessment, treatment development, protocol modification, and/or caregiver training?)

- |  |   |
|--|---|
| <input type="checkbox"/> Client first and last name  | <input type="checkbox"/> Direct care: data on goals targeted in session included  |
| <input type="checkbox"/> Client diagnosis  | <input type="checkbox"/> Page number on all session note pages  |
| <input type="checkbox"/> Organization name   | <input type="checkbox"/> Provider signature (w/in 5 business days)  |
| <input type="checkbox"/> Provider first and last name                                      | <input type="checkbox"/> Caregiver signature (if applicable)  |
| <input type="checkbox"/> Provider credentials  | <input type="checkbox"/> Countersignature of Clinical (if applicable)   |
| <input type="checkbox"/> Place of service  | <input type="checkbox"/> Protocol modification: ensure clinical or (e.g., QHP, BCBA, LBA) documents observations, adjustments to protocol, and direction of the technician. If session occurred w/o presence of technician, ensure documentation of need for adjustments to protocol identified during session. |
| <input type="checkbox"/> Date of service   |   |
| <input type="checkbox"/> Specific start time of service                                    |   |
| <input type="checkbox"/> Specific end time of service                                      |   |
| <input type="checkbox"/> Duration of session   |   |
| <input type="checkbox"/> Modality of service (e.g., in-person, HIPAA-Compliant Telehealth) |   |

### CASP RESOURCE

See the Council of Autism Service Providers' [Session Note Template Training](#) for session note templates for adaptive behavior services. These notes were created by a group of subject matter experts for the purpose of aligning standard medical documentation practices and reflecting generally accepted standards of care for ABA services in accordance with CASP's Applied Behavior Analysis Practice Guidelines for the Treatment of Autism Spectrum Disorder: Guidance for Healthcare Funders, Regulatory Bodies, Service Providers, and Consumers (CASP, 2024) and AMA CPT code requirements, code-specific requirements but is independent of individual payor requirements and state guidelines. These templates are available for no cost following a free training accessible through the CASP website.

# Audit Prep Considerations

## SERVICE DOCUMENTATION

### Coordination of Care

Coordination of care involves the collaborative planning, communication, and implementation of services among all providers involved in an individual's care. ABA professionals often collaborate with one or more service providers which may include the pediatrician or primary care physician, speech and language pathologists, occupational therapists, teachers, other educational providers, psychologists, and/or psychiatrist, etc.



The purpose of collaboration is to support communication and consistency amongst service providers, identify any gaps or duplication of services, recognize any treatment approaches which may impact the delivery of ABA services so that this may be reconciled, and support generalization and maintenance of treatment goals across environments.



Documentation of these communications is important, including the date, provider name and title, modality of meeting, records shared, notes regarding information discussed and next steps. When preparing for a client's transition, coordination of care with current and incoming service providers is important to ensure a smooth transition and maintenance of progress to date.



Frequency of coordination of care activities should both be reflective of client-specific needs and funder-specific requirements.

### Treatment Plan

- |  |   |
|--|---|
| <input type="checkbox"/> Client demographics   | <input type="checkbox"/> Observable & measurable goals  |
| <input type="checkbox"/> Client history: medical and developmental history, educational and therapeutic history, ASD diagnosis and symptoms, client/caregiver's current priorities for treatment | <input type="checkbox"/> Baseline data for <i>all</i> goals   |
| <input type="checkbox"/> File review   | <input type="checkbox"/> Data on goals in progress and met (for reauthorization)                          |
| <input type="checkbox"/> Direct observation  | <input type="checkbox"/> Transition/fading plan   |
| <input type="checkbox"/> Functional Behavior Assessment (FBA)/Functional Analysis (FA)   | <input type="checkbox"/> Discharge plan   |
| <input type="checkbox"/> Direct Assessment (e.g., criterion referenced, skills based)  | <input type="checkbox"/> Crisis/emergency plan  |
| <input type="checkbox"/> Norm-referenced assessment (if applicable)  | <input type="checkbox"/> Recommendations  |
|  | <input type="checkbox"/> Document the barriers to utilizing approved units and state the remediation plan |
|  | <input type="checkbox"/> Provider signature, credentials, & date  |
|  | <input type="checkbox"/> Client/caregiver signature, date, & consent to treatment plan                    |

# Audit Prep Considerations

## SERVICE DOCUMENTATION

### Discharge Summary Report

- |   |  |
|---|--|
| <input type="checkbox"/> Reason for discharge   | <input type="checkbox"/> Progress on goals |
| <input type="checkbox"/> Coordination of care during transition   |  |
| <input type="checkbox"/> Client-specific recommendations (e.g., social skills group, evaluation for speech and language services) |  |
| <input type="checkbox"/> Recommendations for caregivers   |  |
| <input type="checkbox"/> Recommendations for receiving provider (if applicable)   |  |

### Case Supervision

- ☐ Evidence of minimum % of direct care supervised by the behavior analyst (in combination with mid-tier supervisor if applicable) is met



- Be aware of funder-specific requirements for minimum % of direct care supervised. If using mid-tier level supervisors for case supervision, ensure funder-specific requirements for the distribution of total case supervision between the behavior analyst and the mid-tier level supervisor are met.
- When case supervision falls below the prescribed % due to an unplanned client-centered circumstance (e.g. caregiver or client illness during planned supervision date) document this rationale and plan for addressing the deficit.

### Caregiver Training

- ☐ Caregiver training goal data in session notes and reports
- ☐ Ensure Caregiver guidance is specifically detailed as well as the methods used
- ☐ Ensure funder-specific minimum frequency and duration of caregiver training is met

#### Service Documentation Notes:

# Audit Prep Considerations

## PROVIDER DOCUMENTATION

### General

- |  |  |
|--|--|
| <input type="checkbox"/> Staff roster                                  | <input type="checkbox"/> Licensure                               |
| <input type="checkbox"/> Staff hierarchy                               | <input type="checkbox"/> Job title per provider name             |
| <input type="checkbox"/> Resume  | <input type="checkbox"/> Job description                         |
| <input type="checkbox"/> Diploma                                       | <input type="checkbox"/> Registry checks results (if applicable) |
| <input type="checkbox"/> Background check results                      | <input type="checkbox"/> Motor vehicle report (if applicable)    |
| <input type="checkbox"/> Documentation of fingerprints (if applicable) | <input type="checkbox"/> Signature log (if applicable)           |
| <input type="checkbox"/> Certification                                 | <input type="checkbox"/> Reference check documentation           |

### Evidence of Training

- |  |  |
|--|--|
| <input type="checkbox"/> Agency orientation                        | <input type="checkbox"/> Client-specific training based on treatment plan  |
| <input type="checkbox"/> CPR                                       | <input type="checkbox"/> Initial competency/evaluation (timeline dependent on payor- prior to direct care, e.g., 90 day)     |
| <input type="checkbox"/> First aid                                 | <input type="checkbox"/> Crisis intervention/alternatives to restrictive interventions (check minimum hrs required by payor) |
| <input type="checkbox"/> Bloodborne pathogens                      | <input type="checkbox"/> Other trainings required by state and payors (trauma-informed care, cultural responsiveness, etc.)  |
| <input type="checkbox"/> Medication administration (if applicable) |  |
| <input type="checkbox"/> Confidentiality                           |  |
| <input type="checkbox"/> Client rights                             |  |
| <input type="checkbox"/> New hire training (pre client contact)    |  |

### Supervision Documentation

- |   |  |
|---|--|
| <input type="checkbox"/> BT supervision agreement completed   | <input type="checkbox"/> Supervisors meet the requirements for supervision (e.g., BACB 8-hour supervision course completion)   |
| <input type="checkbox"/> Behavior analyst in training supervision agreement completed               | <input type="checkbox"/> Initial competency/evaluation (timeline dependent on payor- e.g., prior to any direct care, 30 days, 90 days)   |
| <input type="checkbox"/> Mid-tier (e.g., BCaBA®) supervision agreement completed                    |  |
| <input type="checkbox"/> Supervision plan: including policy and procedures for provider supervision | <input type="checkbox"/> Evidence of minimum supervision % met (e.g., 5% BTs, RBTs, Behavior Analysts in Training, BCaBA; 2% BCaBA once 1,000 hours accrued and supervised post certification) |
| <input type="checkbox"/> Ongoing performance evaluations  |  |

# Audit Prep Considerations

## PROVIDER DOCUMENTATION

### Provider Documentation Notes:

## Summary

Being prepared for a payor audit is essential for behavior analysts and ABA service providers to ensure compliance, maintain service integrity, and minimize disruption. Audits, whether scheduled or unannounced, are formal evaluations conducted by insurance companies. These audits verify if ABA services are appropriately delivered, medically necessary, and accurately documented. Poor preparedness can lead to non-compliance findings, potential recoupments, or jeopardized funding relationships. To mitigate these risks, this Audit Preparedness Considerations document emphasizes a proactive approach involving the systematic organization of service and provider documentation. Key steps include ensuring that all session notes are timely and completed according to payor policy and regulatory guidelines, treatment plans are comprehensive and signed, and coordination of care is clearly documented. Additionally, provider documentation—such as resumes, licensure, training records, and supervision logs—must be maintained and meet payor-specific requirements. Agencies are encouraged to use tools like the Council of Autism Service Providers' (CASP) session note templates and integrate audit readiness into their quality assurance programs. We highly encourage the use of this guide as a helpful resource to organize and enhance internal quality assurance activities. However, it is not intended to replace payor-specific guidelines, applicable regulations, or legal counsel. Depending solely on this document without consulting current payor rules may lead to noncompliance.