Lumary



2027

ABA Practice Management Insights:

Every Authorized Hour Must Earn Its Place

Insights gathered from ABA operators, financial leaders, and product and revenue cycle executives show that winning ABA providers will protect clinical quality, workforce capacity, authorized hours, and cash flow.

INSIDE THIS REPORT

Contents

Introduction: The Disappearing Margin for Error 03

The Operator Lens 05

The Workforce Lens 09

The Technology Lens 13

The Ecosystem Lens 18

Conclusion: The Only Advantage That Compounds 22

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INTRODUCTION

The Disappearing Margin for Error

ABA enters 2027 facing continued demand and far less tolerance for operational imprecision.

Payers are tightening authorization and documentation requirements. There are about 20 open roles for every available clinician. Reimbursement rates vary dramatically by state. **New CPT codes take effect January 1, 2027**, impacting workflows far beyond the billing department. Preventable denials can disrupt cash flow weeks after care has already been delivered.

Across conversations with ABA operators, CFOs, revenue cycle leaders, and technology executives, one operating principle consistently emerged: **Every authorized hour must be schedulable, deliverable, documented, defensible, and collectible.**

The defining capability for 2027 will be efficiency with precision: **increasing utilization without sacrificing quality, accelerating workflows without weakening compliance, and deploying technology to prevent errors before they snowball into lost revenue.** The practices that treat clinical quality, workforce development, revenue cycle performance, and technology as one connected operating system rather than disparate functions will be best positioned to retain clients and remain financially viable as the external environment tightens.

This report organizes insights from those conversations across four lenses: operator, workforce, technology, and ecosystem. These lenses together give a clear picture of one connected operating system and the practices most likely to thrive inside it.



ONE OPERATING PRINCIPLE

Every authorized hour must be schedulable, deliverable, documented, defensible, and collectible.

01 Authorized
02 Scheduled
03 Delivered
04 Documented
05 Billed
06 Collected

FOUR LENSES



01
The Operator Lens
Every Authorized Hour. Every Claim. Every Dollar.
p. 05

02
The Workforce Lens
Build the Team the Market Cannot Supply
p. 09

03
The Technology Lens
From System of Record to System of Action
p. 13

04
The Ecosystem Lens
The Economics and Expectations of ABA Are Being Rewritten
p. 18



01

The Operator Lens

Every Authorized Hour. Every Claim. Every Dollar.

THE OPERATOR LENS

1. Efficiency with Precision Becomes the Operating Model

In 2027, efficiency won't mean asking employees to work faster or stacking caseloads without adding support. It will look like converting clinically appropriate, preauthorized care into completed sessions, accurate documentation, clean claims, and collected revenue. It will also mean fewer gaps, cancellations, errors, and denials at every stage.

Effective October 1, 2026, New York reduced its technician-delivered CPT 97153 reimbursement to $9.63 per 15-minute unit. This reduction illustrates how quickly a state policy change can narrow margins. When reimbursement flattens or falls while RBT wages continue rising—from approximately $18 to $25-30 per hour in many markets—the math only works if scheduling gaps close, authorized hours get delivered, and billing processes tighten. **Utilization targets that once hovered around 80-85% may need to hit 90-95% to preserve margin** … and they'll need to do so without creating the burnout that accelerates the turnover problem operators are already managing.

This environment makes the right technology partner not a mere tech partner but a strategic asset. Practices that can leverage the data insights on scheduling, documentation, billing, and compliance are positioned to operate efficiently as the year unfolds.

FIELD INSIGHT

Understand the external risks that cannot be controlled, then build the quality, efficiency, data integrity, and financial discipline to overcome them.

Jamie Knapp, CFO, Behavioral Framework

THE OPERATOR LENS

2. Quality Becomes an Operating System

Forward looking operators are cleaning up and rewriting documentation standards, strengthening internal QA processes, hiring dedicated compliance leadership, and reviewing records before payers think to request them.

The stakes became clear in 2026. One multi-location operator received a request to produce approximately 15,000 records. The issues uncovered weren't intentional fraud. But ordinary document errors—a missing printed RBT name beneath a signature, a small inconsistency from one record to another—can be devastating in a climate of heightened payer scrutiny. Small, honest mistakes can delay payment, trigger expensive legal review, and expose an organization to recoupment.

The lesson for 2027 is straightforward: The care delivered, the data collected, and the documentation submitted must be all complete and telling the same story. Providers whose ABA session note records lag behind the quality of their actual care are exposed in ways that may not surface until the audit is already underway.

Also, accountability is moving upward. In high-performing practices, the CEO owns the quality system. They don't necessarily need to manage every note, but they must treat clinical quality as their job.

FIELD INSIGHT

Clinical quality and compliance are not disparate functions, they're woven into every facet of the organization. As a result, it's the CEO with the context across all of those functions who is ultimately accountable, with responsibility held by amazing leaders within each of the functions.

Aimun Malik, CEO, ANNA (Allied Network for Neurodevelopmental Advancement)

THE OPERATOR LENS

3. RCM Becomes a Cash-Flow Management Discipline

Revenue cycle management used to be a back-office billing function. Now it's a business continuity function.

Payroll continues whether or not claims are paid. When denials accumulate and receivables age, the gap between delivered care and collected revenue becomes a liquidity problem—especially when margins are already thin thanks to reimbursement pressure and rising labor costs.

Strong operators will manage revenue cycle performance against defined benchmarks:

Net Collection Rate
~95%
of eligible revenue collected within 90 days

Denial Rate
4%
or below

Days in Accounts Receivable
30–40
days

Receivables Older than 90 Days
10%
or less of total

When denial rates exceed targets, the root cause is rarely in collections. It tends to start upstream before the claim was submitted: in eligibility, authorization, documentation, coding, or credentialing.

Denial backlogs become cash-flow crises when operators attempt to address a symptom without seeking the source.

FIELD INSIGHT

Forward looking leaders are analyzing and layering in robust data from multiple new perspectives in an effort to increase margins of authorized, billable, and collected hours (such as CPT Code 97153).

Ian Santus, COO and Co-Founder, Akoya Behavioral Health



02

The Workforce Lens

Build the Team the Market Cannot Supply

THE WORKFORCE LENS

1. The Strongest Employers Don't Just Recruit Talent; They Build It

With experienced BCBAs and RBTs in short supply (not to mention roughly 20 open positions for every available candidate in some specialties), organizations can't fill every vacancy by competing for existing talent.

Retention bonuses help at the margins but can't solve the underlying problem. **The practices retaining the most staff members are giving employees a reason to build a future inside the organization:** a visible next step, a structured path, and a culture in which leadership takes professional growth opportunities such as RBT training seriously rather than treating it like an afterthought.



FIELD INSIGHT

Strong retention begins with rigorous training, a visible career path and opportunities for internal advancement.

Michele Goldman, Founder and CEO, Possibilities ABA

THE WORKFORCE LENS

2. Real-Time QA Turns Compliance into Coaching

AI-supported documentation review can flag an incomplete or inconsistent session note while the session is still fresh. With this instant info, a BCBA or RBT can correct the error before a claim is submitted, not weeks later when a denial arrives.

This responsiveness shifts QA from a punitive, after-the-fact process to an opportunity for immediate, work-specific coaching. Employees get clearer guidance. Practices improve consistency across locations. Billing teams inherit fewer preventable problems. The compliance benefit and the employee experience benefit from the same mechanism.



FIELD INSIGHT

RBT and other clinician development must be treated as a continuous process—not a one-time orientation—to maintain the best employees who deliver the best care.

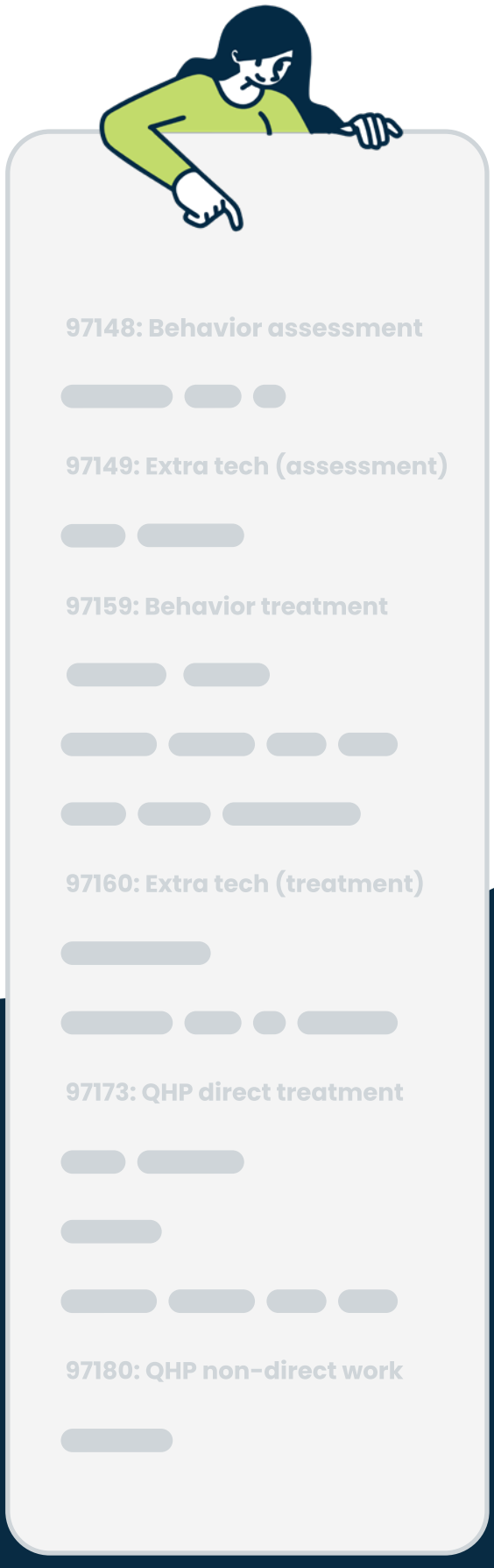
Jeff West, CEO, Lighthouse Kids Centers for Autism

THE WORKFORCE LENS

3. The 2027 CPT Reset Is a Workforce-Readiness Test

The new and revised ABA CPT codes that go into effect January 1, 2027—six new Category I codes, revisions to 97151-97158, and the retirement of temporary T codes—won't just affect billing employees. BCBAs, RBTs, supervisors, authorization teams, and revenue cycle staff members will all need coordinated preparation so documentation, authorizations, and claims can stay aligned throughout the transition.

Risk runs in both directions. Incorrect coding can produce denials, and incomplete capture of legitimate services can cause practices to underbill for care that was already delivered. Organizations that start cross-functional preparation now will be those best positions for the reset on January 1.



Ready for the 2027 ABA CPT Codes?

Lumary has the new 2027 ABA CPT codes built into its platform, helping teams prepare their authorizations, documentation, billing rules, and workflows before the changes take effect.



03

The Technology Lens

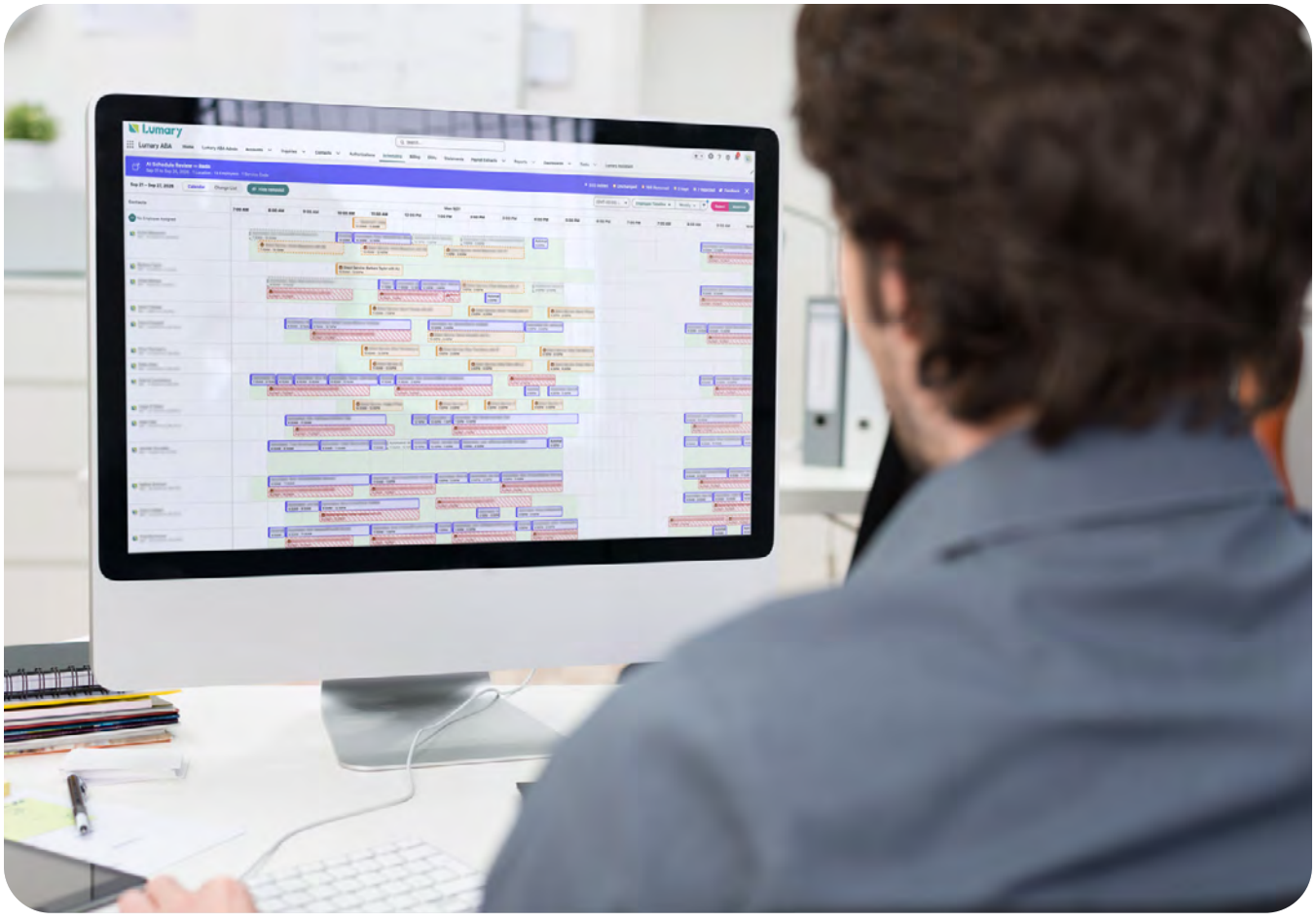
From System of Record to System of Action

THE TECHNOLOGY LENS

1. AI Scheduling Turns Authorized Hours into More Delivered, Billable Care

Authorization does not equal delivery. The gap between what payers have approved and what gets scheduled, attended, and billed is one of the most direct and recoverable opportunities in ABA operations. It's also the most immediate way technology can improve both care access and practice margin.

AI scheduling can account for authorized service hours, family availability, clinician qualifications and preferences, time-off requests, callouts, and last-minute changes … all while continuously reorganizing the schedule as conditions shift. This scheduling fluidity results in more authorized hours completed, fewer unfilled appointments, less revenue lost to scheduling gaps, and more consistent care delivered to waiting families.



Top 5 ABA Practice Management KPI's in 2027

1

Authorization utilization (hours delivered ÷ hours authorized)

This is the most important one. Every authorized hour you don't deliver is revenue you never get back, and payers may cut future authorizations if you under-deliver. Many practices aim for 85–90% or higher, depending on the role.

2

Session fulfillment and cancellation rate

Measure sessions rendered against sessions scheduled, and split cancellations by cause: client, staff or unfilled. Then add a "rescue rate," the share of cancelled sessions you re-cover with another RBT. Staff-driven cancellations are the most fixable, and they hint at retention problems.

3

Clinician billable utilization (billable hours ÷ paid hours)

This applies to RBTs and BCBAs. Drive time, gaps between sessions and fragmented schedules eat margin, so tight geographic and time clustering pays off here. A common target is around 75–85% for RBTs. BCBA utilization also limits how many clients you can supervise.

4

Time to first session (authorization approved to first session delivered)

This is your growth funnel. Families on a waitlist go to competitors, and authorizations can lapse. Shortening it depends mostly on matching staff availability to client availability (after school, location, language and so on), which makes it a scheduling problem more than an intake one.

5

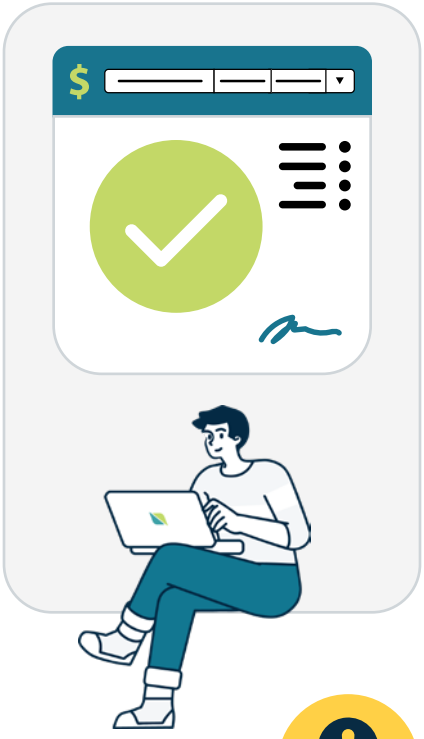
RBT hours stability (scheduled hours vs. hours each RBT wants or was promised)

RBT turnover is the biggest limit on ABA growth, and inconsistent or too-few hours is a leading reason RBTs quit. Stable caseloads also improve client outcomes and parent satisfaction.



THE TECHNOLOGY LENS

2. Pre-Billing Intelligence Becomes the New Gatekeeper



The most expensive denial is the one that could have been prevented.

Technology increasingly sits between care delivery and claim submission. AI can review signatures, credentials, authorization windows, remaining units, session notes, billing codes, modifiers, and payer-specific requirements before a claim leaves the organization. Only exceptions will need to be routed to an employee for attention.

This upgrade in efficiency moves audit preparedness from a periodic compliance project to an ongoing operational process. A problem identified before submission costs a fraction of what the same problem would cost after a denial or recoupment request.

FIELD INSIGHT

Most revenue-cycle issues begin before the claim reaches the payer. Automated claim scrubbing and disciplined pre-submission review can identify these issues while they are still inexpensive to correct.

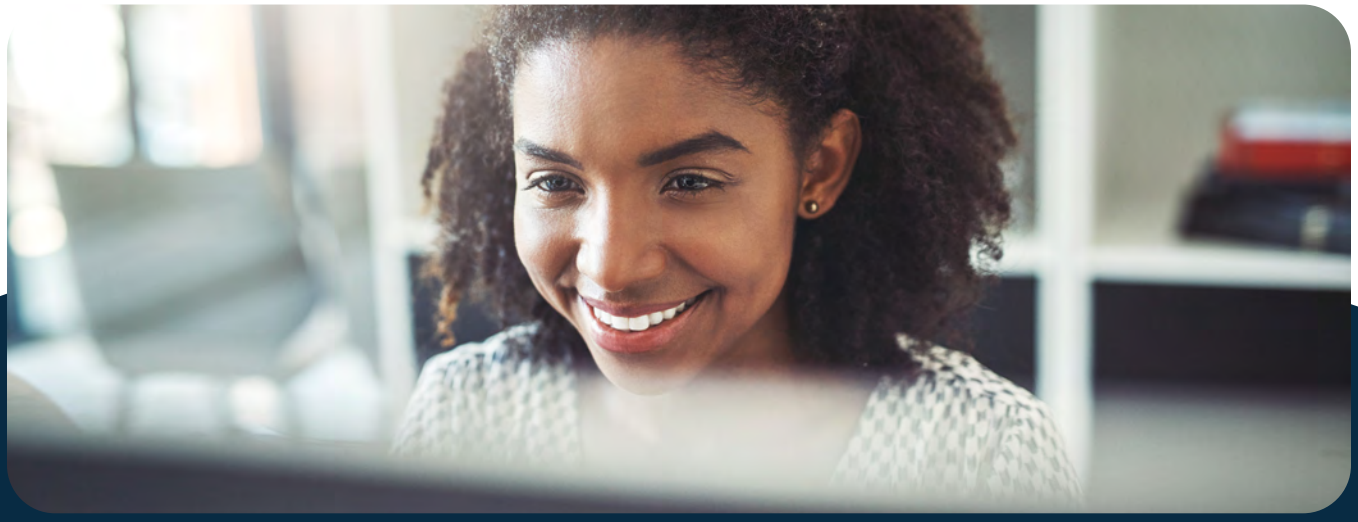
David Dougherty, Sr. Director of Revenue Cycle, Lumary

THE TECHNOLOGY LENS

3. The New Software Interface Is Intent, Not Menus

Traditionally, software has asked its users to know where to look. The future belongs to tech that asks users to describe what they need and uses that info to surface the data, workflow, or action to meet that need. Users are prioritizing software's ability to understand and act on their intent over the depth of its features.

Say a practice leader asks which authorized hours remain unscheduled or which claims are missing documentation. They should receive a direct, usable answer, not a path through filters and reports. The best ABA practice management software is starting to make that possible with conversational AI and native API integrations.



FIELD INSIGHT

The future interface may be less about navigating menus and more about having a conversation with the software.

Jack McGrady, VP of Product & AI, Lumary



04

The Ecosystem Lens

The Economics and Expectations of ABA Are Being Rewritten

THE ECOSYSTEM LENS

1. The Reimbursement-to-Labor Spread Redraws the ABA Map

The margin between what a payer reimburses and the full cost of delivering quality care is becoming a major factor in where ABA organizations choose to (or not to) grow.

In the Operator Lens, we looked at New York's reduction of technician-delivered CPT 97153 to $9.63 per 15-minute unit as a concrete example of how quickly state policy can alter practice economics. Another stark example specifically impacting ABA reimbursement rates is North Carolina's removal of telehealth coverage for paraprofessional services under 97152-97154. Multi-state expansion decisions that once primarily or exclusively considered geographic proximity or referral relationships will increasingly hinge on detailed analysis of reimbursement rates, labor availability, credentialing requirements, and total operating costs.



FIELD INSIGHT

Rather than pursuing national growth, ABA organizations may increasingly expand into adjacent states where they understand the labor market and can establish favorable payer relationships.

Andrew Stapleton, VP, Revenue, Lumary

THE ECOSYSTEM LENS

2. Two Ownership Models Are Splitting the Market

A wave of investments from private equity companies reshaped expectations for a generation of ABA founders. These investments are normalizing the idea of clinician-founders building an organization with an eventual sale in mind.

The market is now separating more clearly into small clinician-owned practices and scaled, professionally managed organizations. The middle road—clinically grounded, privately held, professionally operated—remains viable but demands real business-operator competence alongside clinical expertise.

Regardless of ownership model, the standard is consistent: Clinical quality and integrity of care must anchor every decision.



FIELD INSIGHT

As scrutiny from regulators, payers and consumers intensifies, the ABA companies that will survive and lead the industry are those that combine a genuine commitment to their mission and values with sharp business acumen and deep operational experience.

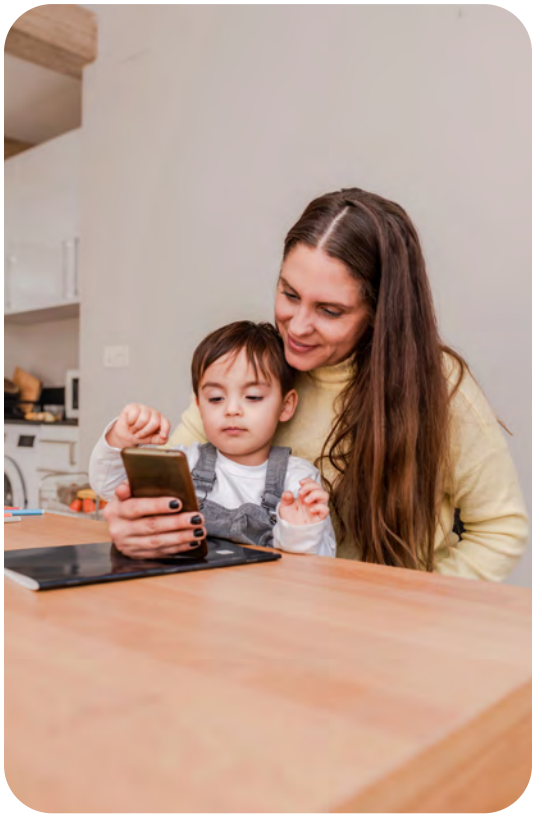
Michele Goldman, Founder and CEO, Possibilities

THE ECOSYSTEM LENS

3. Increasing Numbers of Families Will Find You Through AI Before They Find You Through Search

Families and referral sources are starting to use AI tools to identify and compare ABA providers, meaning that they're asking questions to generate answers rather than clicking through search results. Practices must ensure their services, locations, credentials, outcomes, and differentiators are visible and clear. This always mattered for conventional search engines, but it's even more important for AI tools now synthesizing information on a family's behalf.

Robust, regularly updated web content gives AI models the material they need to accurately represent and recommend a practice. Organizations that treat their digital presence as a passive brochure will soon become invisible in the channels families are actually using.



FIELD INSIGHT

Practices will need to think beyond traditional search rankings and ensure that their services, locations, clinical expertise, and differentiators can be clearly understood and recommended by AI-powered search tools.

Andrew Stapleton, VP of Revenue, Lumary

CONCLUSION

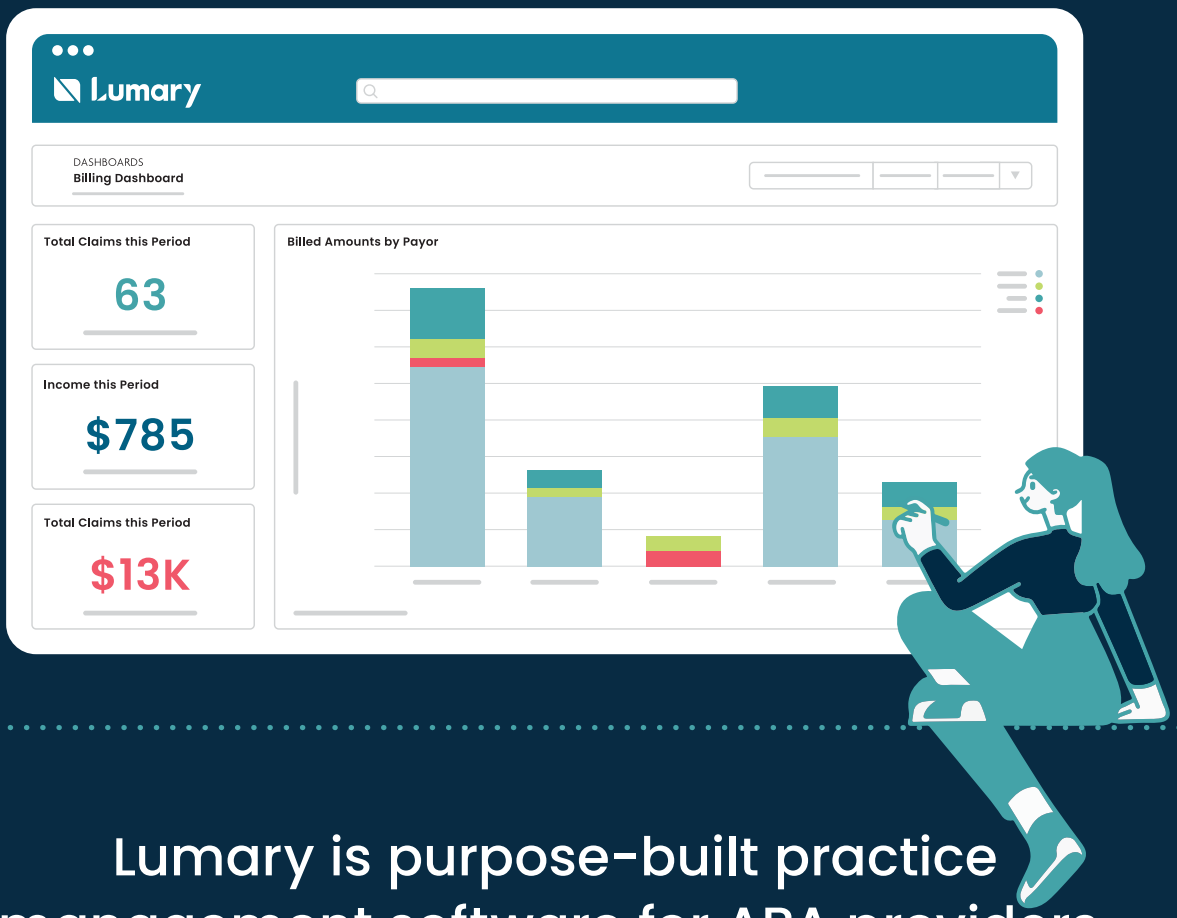
The Only Advantage That Compounds

ABA operators can't control every reimbursement decision, payer policy, labor market shift, or regulatory requirement. But they can control the quality of their care, the integrity of their documentation, the development of their workforce, the intelligence of their technology systems, and the discipline of their financial operations.

The leading ABA practices in 2027 will connect those capabilities into one operating system, thereby ensuring that every authorized hour has its best chance to become high-quality care, a clean claim, and collected revenue.

The right technology partner makes that system accessible to practices at every stage of growth, not just the largest operators with the most resources to build it independently.





Lumary is purpose-built practice management software for ABA providers.

To see how Lumary supports scheduling, documentation, billing, RCM, and compliance workflows, request a demo.

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