THE STRATEGY HIVE

CLEARER DECISIONS
STRONGER SYSTEMS
BETTER OUTCOMES

ABA TECHNOLOGY BUYER'S GUIDE

2026 OWNER EDITION

FREE PREVIEW



A practical guide for ABA owners and leadership teams choosing technology with clarity and confidence.

FREE PREVIEW

Why This Guide Exists

If you own or run an ABA practice, you probably know this routine. It is month-end. The schedule is open in one tab, session notes in another, and a claims aging report in a third, and you are trying to figure out why authorized units, rendered hours, and collected revenue do not line up. Somewhere between the clinical team and the billing team, a session was changed, a modifier was dropped, or a claim never went out.

So you built a spreadsheet to track it. Now the spreadsheet is a fourth system.

In a demo, every vendor can make this look solved. The client profiles are clean, the dashboards are polished, and every workflow runs smoothly. Your clinic does not run on demo data.

The ABA Technology Buyer's Guide is not a feature checklist, and it is not a paid vendor ranking. It is a workflow-first way to evaluate ABA technology, built to help you:

- **Price the handoffs.** See where your staff are acting as the bridge between systems, and what that manual work costs, before you compare license fees.
- **Read the contract before you sign it.** Know which terms to look for: committed seat counts that only go up, compounding annual increases, hourly service minimums, and what it costs to get your data out if you leave.
- **Test payer rules, not promises.** See how each platform handles authorizations, partial weeks, supervision overlap, and payer-specific billing, including Medicaid and TRICARE requirements, and whether it only warns you or actually stops the problem.
- **Run the same demo with every finalist.** Use one demo script so every vendor is tested on your real workflows: offline data collection, callouts, bad notes, corrected claims, and secondary insurance.

This free preview shares a few pages from the full guide. The full edition adds the vendor-by-vendor findings, pricing, worksheets, and checklists you need to make the decision.

BEFORE YOU COMPARE

Start With the Pain Point, Not the Platform

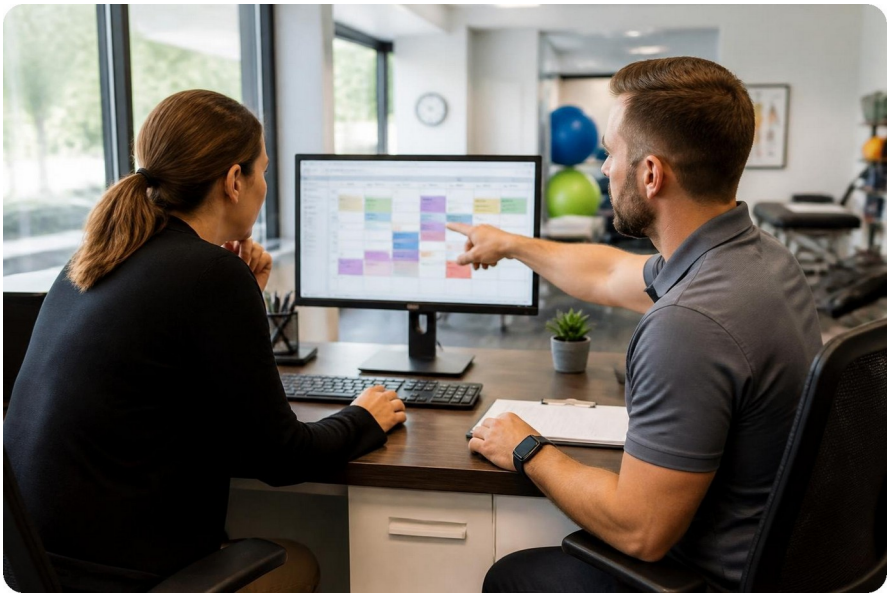
ABA technology has changed fast. Most of the major platforms now do more than one thing. A company that used to be known mainly for data collection may now have practice management. A billing platform may now have scheduling. A scheduling platform may be the strongest choice for one problem even though it is not a full EMR.

That means the question is no longer, "Does this platform have scheduling?" or "Does it have data collection?" The better question is, "How well does it handle the parts of the business that matter most, and how much manual work will still fall on staff?"

A feature can exist and still leave your staff doing most of the work.

HOW TO USE THE FULL GUIDE

First, find the problem you are trying to solve. Then look at every platform that can reasonably handle that area. After that, focus on what makes each option different. Do not eliminate a platform just because it was not listed as a 'top pick' in an old feature list.



Who Uses the Software Every Day

One session passes through several people before it is paid, and each of them judges the software by a different test. An owner can love a platform that frustrates RBTs, and a billing manager can end up re-keying work clinicians thought was finished. Name these roles before you book the first demo, and bring someone from each into the demos that matter.

Role	What they need	The test I would use
Owner or COO	One reliable view of utilization, authorizations, cash flow, and staff hours, and pricing you can forecast.	How long does month-end take: an afternoon, or most of a week?
Clinical director or BCBA	Programs, graphs, treatment reports, and supervision.	Does session data show up as it is collected, and can a progress report come together without copying and pasting from several screens?
RBT	A fast mobile app that keeps working when the wifi does not and makes session notes easy.	Can a new RBT run a session and finish the note after a short training, not a week of it? If not, you will hear about it.
Billing manager	Clean claims, payer rules, denials, and AR.	Does a completed session become a claim without anyone retyping it into another system?

Who should own the decision? The owner or COO, with the clinical director and the billing lead each able to stop a choice that fails their own workflow. That keeps the purchase tied to the business case while protecting the people who will use the system every day.



Price the Handoffs, Then the Seats

The license fee is the number on the quote, so it gets the attention. A larger cost often sits in the staff time spent re-entering data between systems and fixing claims that come back. The example below is hypothetical; replace every number with your own. This way of pricing handoffs draws on a Resident roundup of ABA software published October 16, 2026.

Hypothetical example	Monthly cost
Re-keying: two admins each spend 45 minutes a day moving session data between a scheduler, a notes app, and a billing tool - 7.5 hours a week, or about 32 hours a month	About $975 at a $30/hour loaded cost
Claim rework: 10 claims a month need correction at 20 minutes each - about 3.3 hours	About $100, plus the weeks you wait to be paid
Total handoff cost	About $1,075 a month (about $12,900 a year)

Run this for your own clinic before comparing seat prices. A platform that costs more per user can cost less per month if it removes a handoff. Freed hours are capacity, not savings, until they reduce overtime, avoid a hire, or turn into billable work.

A cheap license only stays cheap if it ends the double entry.



In the full guide: published pricing, evaluation quotes, and pricing models where available, with quote-required vendors clearly identified, compared across one reference organization, plus percentage-based billing costs at four collection levels.

BEFORE YOU SIGN

Five Contract Red Flags

Do not treat the Order Form as a pricing document only. The contract determines what you can leave with, what you must keep paying for, and what the vendor is actually obligated to support.

1. The compounding price increase

Some contracts let the vendor raise subscription fees automatically every year, and each increase builds on the last. CentralReach's published pricing policy, for example, says subscription fees can rise up to 7% a year, compounding, without advance notice. At that rate, a $100,000 annual subscription costs about $131,000 in year five, and about $575,000 over five years instead of $500,000. Ask to remove automatic compounding increases; if the vendor requires one, negotiate a written cap and written notice before any increase takes effect.

2. Seat counts that only go up

If you commit to a number of seats or users, can that number go down when your headcount does, or can the vendor only raise it?

3. Hourly services with minimums

Are data imports, custom reports, or configuration billed hourly, and do they carry minimum hours under a separate statement of work?

4. A data export you cannot use

Are export fees, formats, timing, and support obligations written down? Will the export be usable: clinical graphs and notes in a format you can open, and files with readable names and dates rather than only a stack of PDFs?

5. Vendor services with nothing to measure

If the vendor's staff perform billing, credentialing, or configuration, are response times, payer follow-up, reporting, and transition obligations in the contract? Are days in AR and the vendor's definition of a "clean claim" written in, so you can measure the service against something specific?

In the full guide: the complete contract review checklist, a migration and readiness checklist, and the published contract terms found during the research.

PROVE THE WORKFLOW

A Sample From the Demo Script

Do not let a sales presentation choose what you see. Ask every finalist to run the same real ABA scenarios live, and give credit only for what is shown clearly enough for you to understand how your team would use it.

Scenario	What The Vendor Should Show
Partial-week authorization	Approved units, weekly math, scheduled/rendered/billed/remaining, alerts, overuse prevention, expiration.
RBT callout	Qualified replacement using payer, credential, location, availability, continuity, client needs, supervision and drive time.
Bad note before billing	System finds missing required elements/time/signature/payer issue, routes correction, and holds/releases the claim appropriately.
Secondary insurance	Primary posts, secondary is built with different requirements, balance stays traceable.

Demo red flags

- They keep saying 'yes' but cannot show the workflow.
- The answer is 'coming soon,' 'roadmap,' 'beta,' or 'custom development' for a requirement you need now.
- They call something an integration when it is really only SSO, CSV, or a one-way feed.
- They cannot tell you which system is the source of truth, or how your data leaves the system if you terminate.

In the full guide: all 16 demo scenarios, a vendor comparison checklist, a demo evaluation worksheet, and a weighted finalist scorecard with a must-have check.

FROM THE PLATFORM PROFILES

A Sample of the Vendor Analysis

Every profile in the full guide separates what I have seen or used from what a vendor says, explains why a finding matters operationally, and tells you what to test. Here is one finding from the AlohaABA and Motivity profiles.

How I know this: AlohaABA practice management and Motivity clinical data collection have been in use in my organization since 2023.

The finding

Motivity performed its core clinical-data role, but the connection with Aloha practice management was the main problem. In 2026 we traced part of the problem to a manual sync step: when providers changed a session's time or place of service on the clinical note, the change did not reach billing unless someone triggered the sync in Aloha.

Why it matters

Staff checked profiles, appointment linkage, completion status, and actual session times across both systems before billing and operations could move forward, and some changes required manual reconciliation. That work became harder as census and payer complexity grew. Not every field failed to synchronize; the problem was the combined workflow. When two systems are paired, your staff can quietly become the integration.

What to test

Change a session's time and place of service on a signed clinical note, then show whether the billing record updates on its own, who is alerted if it does not, and which system is the source of truth when the two disagree.

These findings describe my organization's experience with the payers, configurations, staffing, and product versions in place at the time, not how either product performs for every customer today. This is separate from Motivity's own practice-management product.

In the full guide: 16 platform profiles and 5 specialized-tool evaluations written the same way, each with how the findings were gathered, what is still unproven, what to test, and pricing with its basis and date.

THE OCTOBER 2026 OWNER EDITION

What Is in the Full Guide

The full guide is built from firsthand operating experience, live vendor demonstrations, and public research, and it labels the basis for every finding: what was shown, what a presenter described, what was not established, and what is vendor-reported.

Platform profiles and specialized tools

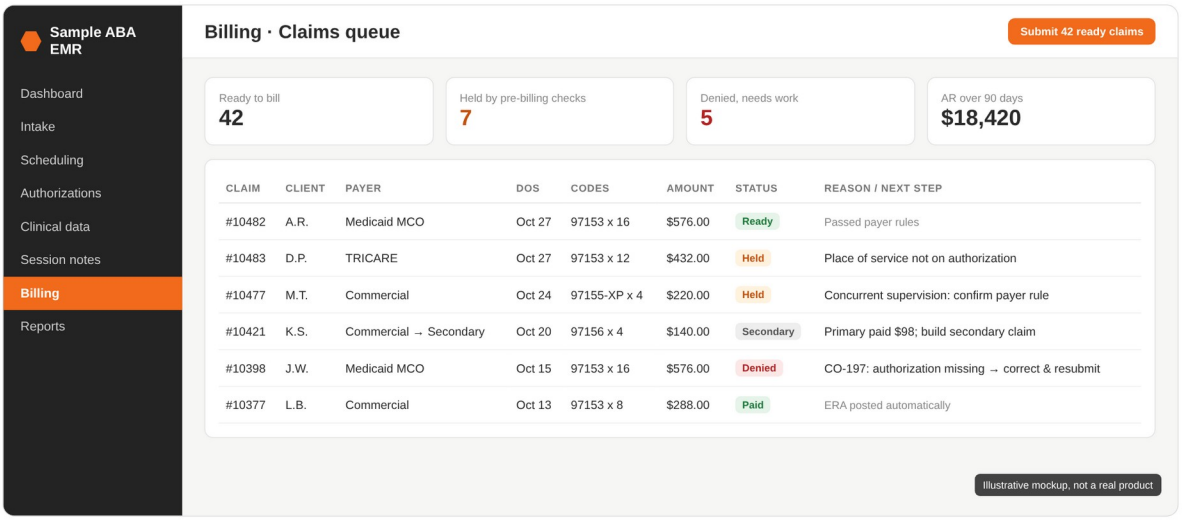
Profiles of AlohaABA, Motivity, RethinkBH, CentralReach, Theralytics, Office Puzzle, Raven Health, Hipp Health, Boost, Passage Health, ABA Engine, ABA Schedules, TheraDriver, Hi Rasmus, Lumary, and Camber, plus specialized tools that may solve one problem without replacing your EMR: Brellium, Frontera Health, Operavo, Silna, and Solum Health. Each profile shows how the findings were gathered, what is still unproven, what to test, and pricing with its basis and date.

Decision tools

- A problem-by-problem comparison of who does what, from intake to billing to caregiver training.
- A pricing snapshot and one reference organization priced across vendors, including the handoff cost.
- The full demo script, vendor comparison checklist, and print-ready demo evaluation worksheet.
- A weighted finalist scorecard, a contract review checklist, and a migration and readiness checklist.
- Market updates through October 23, 2026, and an appendix of vendors on my radar.

A Look Inside

The full guide shows what each workflow should look like, so you know what to ask a vendor to prove.



From Section 1: a sample screen showing what a claims queue should surface. Illustrative, not a real product.

The current full edition

- **137 pages**, updated through October 23, 2026
- **16 main platform profiles** and **5 specialized-tool evaluations**
- **Print-ready decision worksheets:** demo evaluation, finalist scorecard, and final recommendation

Get the Full Buyer's Guide
getwiththehive.com/aba-technology-buyer-guide

This preview reflects independent evaluations informed by current and former customer experience, vendor demonstrations, implementation experience, and public research. Customer experience does not constitute vendor endorsement. © 2026 The Strategy Hive LLC. All rights reserved.

ABOUT THE AUTHOR



Brigitte LaFrance

Founder, The Strategy Hive · Founder, The Guardian Guide

Brigitte has spent more than 17 years in Applied Behavior Analysis, behavioral health, and healthcare operations, leading revenue cycle management, payer relations, prior authorizations, credentialing, compliance, workflow design, and organizational growth.

She serves as Chief Operating Officer of a growing ABA organization. Through The Strategy Hive, she partners with ABA providers across the United States, and through The Guardian Guide, she helps families and caregivers navigate complex systems with more clarity.

Her approach is grounded in organizational psychology and systems thinking: how leadership, culture, incentives, and change shape the way an organization performs. Her interest in technology grew naturally from that work: finding operational gaps, understanding the real burden on teams, and asking whether a system actually makes daily work easier.

This guide began with a question she kept hearing from providers: “What’s the best ABA platform?” After years of hands-on use, demonstrations, product testing, pricing reviews, and vendor conversations, she came to believe the better question is which technology fits a particular organization.

That belief shapes every page. Features and pricing matter, but so do growth plans, staffing, payer mix, operational capacity, implementation demands, and the cost of switching later. The guide also looks ahead to how payer expectations around quality, utilization, outcomes, and value may change what providers need from their technology.

Brigitte wrote this guide to share what she has learned, help buyers ask sharper questions, and connect technology decisions to the people, processes, and goals they are meant to support, today and as each organization grows.

> **“The strongest organizations are built at the intersection of people, leadership, systems, and execution.”**

Get the full ABA Technology Buyer's Guide www.getwiththehive.com