



AI REHAB TRANSFORMATION

# Eight desks. Every one of them transformed by AI.

How artificial intelligence changes each part of running a recovery program, from the first phone call to the owner's weekly report. One of the eight is already built. The rest get built the same way, for your program.

01 Intake and admissions

02 Authorizations and  
utilization review

03 Documentation quality  
and licensing

04 Billing and revenue  
integrity

05 Credentialing and  
workforce

06 Marketing and referral  
sources

07 Curriculum and  
programming

08 The owner's office

## GETTING PEOPLE IN, AND GETTING THEM APPROVED

**01 Intake and admissions**

BUILT

## HOW AI TRANSFORMS IT

- ✓ Every call, text and web form answered in minutes, any hour, with the screening facts captured
- ✓ Medicaid eligibility and the health plan checked before the first visit
- ✓ The state authorization packet drafted from the assessment and filed inside the window
- ✓ Every referral tracked by source, so you know who sends people and who stopped

**Stays human.** Your clinician does the assessment and decides the level of care.

**02 Authorizations and utilization review**

BUILT

## HOW AI TRANSFORMS IT

- ✓ A countdown on every client: authorization end date, extension due at 7, 5 and 3 days out
- ✓ Continued-stay packets drafted from the chart, gaps listed before they go
- ✓ Denials: the right appeal track, a running clock, a criteria-to-chart gap map, the letter drafted
- ✓ An honest call on every appeal: strong, mixed, or not worth filing

**Stays human.** Your clinician signs. A person files.

## STAYING CLEAN, AND GETTING PAID

**03 Documentation quality and licensing**

BUILT

## HOW AI TRANSFORMS IT

- ✓ Every note reviewed the day it is signed: late, missing, cloned, missing elements
- ✓ Hours against the level, every week (2.1 needs 9 or more, 2.5 needs 20 or more)
- ✓ The DBHDS readiness checklist kept current all year, not the week before a visit
- ✓ Serious incidents on a 24-hour clock with the report drafted; staff questions answered with the rule cited

---

**Stays human.** Your clinicians fix and re-sign. You approve the corrective action.

**04 Billing and revenue integrity**

BUILT

## HOW AI TRANSFORMS IT

- ✓ Chart hours match claim units match the authorization before anything leaves
- ✓ Remittances read the day they land; denials and underpayments flagged and opened as cases
- ✓ A monthly picture: billed, paid, denied by plan, at risk, gap days
- ✓ Nothing unsigned and nothing outside the window ever gets billed

---

**Stays human.** Your billing lead releases the claims.

## THE PEOPLE, AND THE PIPELINE

**05 Credentialing and workforce**

IN PART

## HOW AI TRANSFORMS IT

- ✓ Credentialing packets for every Medicaid plan you are not in-network with, chased to contract
- ✓ Every license, registration, supervision hour and expiration tracked in one place
- ✓ Monthly exclusion checks with the evidence saved for the auditor
- ✓ Job posts written, applications screened against the license rules, interviews scheduled

---

**Stays human.** You sign the packets. You hire.

**06 Marketing and referral sources**

IN PART

## HOW AI TRANSFORMS IT

- ✓ A website that converts: level of care, insurance accepted, same-day assessment, a form that works
- ✓ A page for every locality you serve; Google profile current; reviews asked for after discharge
- ✓ A weekly referral routine: probation, the CSB, hospital social workers, drug court, sober homes, churches
- ✓ Content in your voice, three to five posts a week, from twenty minutes of you talking

---

**Stays human.** You approve every word that goes out.

## THE PROGRAM, AND THE OWNER'S OFFICE

**07 Curriculum and programming**

BUILDABLE

## HOW AI TRANSFORMS IT

- ✓ Group curricula by track, with session plans, handouts and client workbooks matched to the required hours
- ✓ Alumni and aftercare: monthly check-ins, alumni groups, recovery capital tracked
- ✓ Staff training modules and the training log the state asks for
- ✓ Every binder versioned, so the auditor sees what the group actually ran

---

**Stays human.** Your clinical director approves and delivers.

**08 The owner's office**

BUILDABLE

## HOW AI TRANSFORMS IT

- ✓ Inbox and calendar triage, meeting notes, vendor follow-ups
- ✓ The policy and procedure manual written to the regulations and kept matched to practice
- ✓ A weekly one-page report: census, authorizations at risk, money, compliance flags, referrals
- ✓ Grant and contract applications drafted and submitted

---

**Stays human.** You decide.

## ALREADY BUILT

# One of the eight **already runs**.

Desks 2, 3 and 4 run on a compliance engine I built for a Virginia PHP/IOP program. It sits beside any EHR, reads the export the program already makes, and checks every chart against a cited, dated Virginia rulebook. It is working software with 440 automated tests, not a slide. I show it on a call.

## 35 clocks

Per client episode: initial plan, authorization, extension window, appeals, incidents.

## Every chart

Late, unsigned, cloned, missing elements, hours against the level, every day.

## 5 plans

Payer profiles for every Virginia Medicaid plan and fee-for-service, each rule with its source.

## THE OTHER SEVEN

Built the same way: plain code where a mistake costs money, AI where reading and writing are needed, a person signing everything that leaves the building. Intake and billing already have their pieces; credentialing and marketing are set up in the first month; curriculum and the owner's office are standard work I have done for other organizations.

**BUILT**

runs today, 440 automated tests

**IN PART**

the pieces exist; the routine is set up in month one

**BUILDABLE**

standard work, built for you in weeks

## HOW I WORK WITH A PROGRAM

# Built with you, **for your program.**

- ✓ **I go deep, not wide.** Each program gets real time, a real read, and systems built for how it actually runs.
- ✓ **I bring the systems with me.** The compliance engine is already built. The other desks get built the same way, for you.
- ✓ **You keep the clinic.** Clinicians treat, you decide and sign. I run everything that is not treatment.
- ✓ **Scope and pay come out of the audit.** Show me how the program runs; I will show you what I would do first and what it is worth.

## HOW WE START

**1****A free audit**

45 to 60 minutes with you. I walk your intake, authorizations, notes, billing and referral flow and tell you where the money is leaking.

**2****A written plan within 24 hours**

Now / Next / Later, one or two pages. Yours to keep whether or not we work together.

**3****Decide how we work together**

Me running the eight desks for your program, full time or part time, or a build-and-grow partnership if you are just starting. Scope and compensation come out of the audit, not a price list.

**Let's talk**

Reply to the email this came with and name a time this week.  
[themetaaialchemist@gmail.com](mailto:themetaaialchemist@gmail.com)

Clinicians sign notes, owners sign filings, people press Send. Nothing clinical. No client record touches an AI tool without a business associate agreement and a Part 2 agreement. No promised outcomes: results are measured in your program, not claimed here.