



The Meta AI Alchemist

AI Rehab Transformation: **the operations framework**

How one operator and an AI system run the non-clinical side of a Virginia 2.1 / 2.5 recovery program: intake, authorizations, compliance, billing integrity, credentialing, marketing, curriculum and the owner's office. What is already built, what it replaces, and how we start.

PREPARED BY TODDRICK D. BOWENS • OCTOBER 2026 • FOR PROGRAM OWNERS AND CLINICAL DIRECTORS

\$500

One ASAM 2.5 day under Virginia Medicaid. One late note and it cannot be billed.

8 desks

Every non-clinical job in the program, each one split into what the system does, what I do, and what stays with your licensed staff.

440 tests

The compliance engine already runs on a fictional program. Nothing in this document is a promise about software that does not exist.

WHAT THIS IS

01 The one-paragraph version

A small Virginia recovery program runs on four or five administrative jobs that are not clinical: intake and admissions, authorizations and billing, compliance and chart quality, credentialing, and marketing. Most owners do these jobs themselves at night or hire people they cannot yet afford. I run all of them as one person with an AI system I built for this exact business in Virginia. The clinicians keep treating. The owner gets the evenings back, the authorizations stop lapsing, the claims go out clean, and the program grows because someone is finally working the referral sources every week. A person still signs every note and presses Send on every packet. The system drafts, checks, reminds and reports. It never touches a client record without a signed business associate agreement and a Part 2 agreement.

02 Who this is for

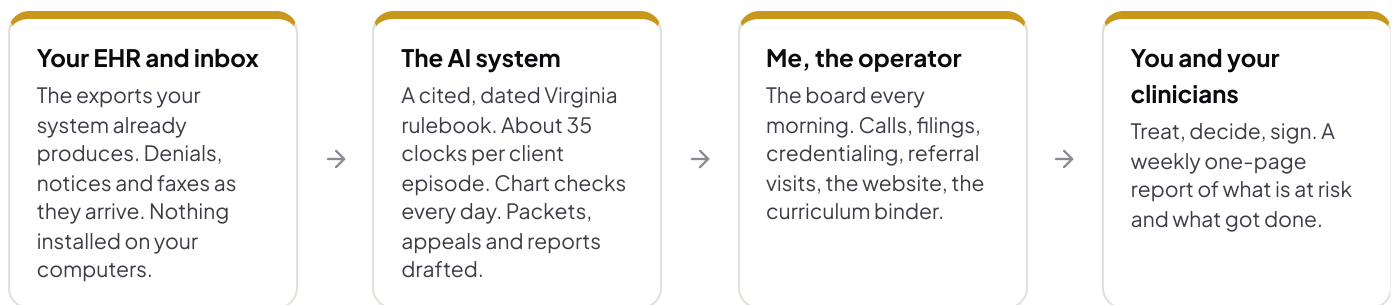
A good fit

- ✓ You hold a DBHDS 2.1 or 2.5 license, one or two locations, 3 to 15 staff.
- ✓ You bill some or all of the five Medicaid plans (Aetna Better Health, Anthem HealthKeepers Plus, Molina, Sentara, UnitedHealthcare).
- ✓ You have a census, or you are about to, and you are doing the admin yourself.
- ✓ The newer the better. A program in its first year has no systems to replace, only systems to build.

Not a fit

- ✗ A hospital system or a chain with a corporate office. They have departments.
- ✗ A program that wants a cheap website and nothing else.
- ✗ An owner who does not return calls. This only works as a working relationship.

03 The system in one picture



Three labels are used throughout. **BUILT: RUNS TODAY** means it exists and runs on a fictional program with automated tests. **BUILT IN PART** means the pieces exist and the routine around them is set up for you in the first month. **BUILDABLE IN WEEKS** means standard work I have done for other organizations and will build for yours.

WHAT RUNS EACH ONE

04 The eight desks

01 Intake and admissions

BUILT: RUNS TODAY

THE SYSTEM DOES	I DO	YOUR STAFF KEEP
Answers the website form, text line and email within minutes with a warm, scripted reply; collects the screening facts; books the assessment	Set up the phone tree, text line and forms; review every inquiry daily; call the ones that need a person	The clinician does the ASAM assessment and decides the level of care
Checks Medicaid eligibility and which plan the person is on before the first appointment; builds the ARTS authorization or registration packet from the assessment with the gaps listed	Submit it inside the one-business-day window and log proof of filing	The clinician signs
Tracks every referral by source	Report it monthly	

02 Authorizations and utilization review

BUILT: RUNS TODAY

THE SYSTEM DOES	I DO	YOUR STAFF KEEP
Runs a clock on every client: authorization end, extension due at 7, 5 and 3 days, hours delivered against hours authorized	Work the countdown board every morning	
Drafts the continued-stay packet from the chart: progress, revised goals, discharge plan, last drug screens	Fix the gaps the packet lists before it goes	The clinician signs
On a denial: picks the appeal track, starts the clock, maps the chart to the plan's criteria, drafts the letter, and says plainly whether the appeal is strong, mixed, or not worth filing	File it; log the outcome	The clinician (and counsel if needed) signs

03 Documentation quality and licensing

BUILT: RUNS TODAY

THE SYSTEM DOES	I DO	YOUR STAFF KEEP
Reviews every note the day it is signed: late, missing, cloned, missing elements, hours against the level (2.1 needs 9+ hours a week, 2.5 needs 20+)	Send same-day fix tasks; run the weekly huddle sheet	Clinicians fix and re-sign
Keeps the DBHDS readiness checklist current (135 items across 19 sections) and shows what is missing before an inspector does	Walk the building quarterly with the list	The owner or compliance officer owns the corrective action plan
Starts the 24-hour clock on a serious incident and drafts the report; drafts corrective-action responses; answers staff questions with the rule cited, from a library of 112 Virginia and federal sources	Submit on time; keep the library current when DMAS or DBHDS changes something	The owner approves

WHAT RUNS EACH ONE

The eight desks (continued)

04 Billing and revenue integrity

BUILT: RUNS TODAY

THE SYSTEM DOES	I DO	YOUR STAFF KEEP
Before a claim goes out: chart hours match claim units match the authorization; nothing unsigned, nothing outside the window (13 revenue rules)	Release only clean claims, or hand the clean list to your biller	The billing lead releases
Reads the remittance, flags denials and underpayments, opens a case for each	Work the denial list weekly	
Monthly report: billed, paid, denied by plan, at risk from expiring authorizations, gap days	Explain it in a 20-minute call	

05 Credentialing and workforce

BUILT IN PART

THE SYSTEM DOES	I DO	YOUR STAFF KEEP
Builds the credentialing packet (ARTS attestation, staff roster, licenses) for each plan you are not yet in-network with	Submit and follow up until the contract lands	The owner signs
Tracks every license, CSAC registration, supervision hours and expiration; runs the monthly OIG and SAM exclusion check and saves the evidence	Keep the credential board green	HR decides on hires
Drafts job posts; screens applications against license requirements; schedules interviews	Interview with you	You hire

06 Marketing and referral sources

BUILT IN PART

THE SYSTEM DOES	I DO	YOUR STAFF KEEP
Website that converts, a landing page for every locality served, Google profile kept current, review requests after discharge	Build it in the first 30 days	You approve the words
Weekly outreach drafts to referral sources: probation and parole, the CSB, hospital social workers, drug court, sober homes, churches, tracked with last touch and next action	Make the visits and the calls	
Social content from your voice, three to five posts a week; flyers, one-pagers, referral packets, admission brochures	Record you for 20 minutes a month; print and deliver	You approve

WHAT RUNS EACH ONE

The eight desks (continued)

07 Curriculum and programming

BUILDABLE IN WEEKS

THE SYSTEM DOES	I DO	YOUR STAFF KEEP
Group curricula by track (relapse prevention, co-occurring, trauma-informed, family, life skills, employment), session plans, handouts, client workbooks, matched to the hours the level requires	Assemble the binder; keep it versioned	The clinical director approves and delivers
Alumni and aftercare: monthly check-in texts, alumni group schedule, recovery capital tracking	Run it	
Staff training modules and the training log DBHDS asks for	Schedule and record	

08 The owner's office

BUILDABLE IN WEEKS

THE SYSTEM DOES	I DO	YOUR STAFF KEEP
Inbox and calendar triage, meeting notes, vendor follow-ups	Be the operations manager	You decide
Policy and procedure manual written to the DBHDS regulations and kept matched to practice	Review annually and when rules change	You adopt
Weekly one-page report: census, authorizations at risk, money, compliance flags, referral activity; grant and contract applications	Walk you through it; write and submit the applications	You sign

THE ARITHMETIC, WITH SOURCES

05 What it replaces

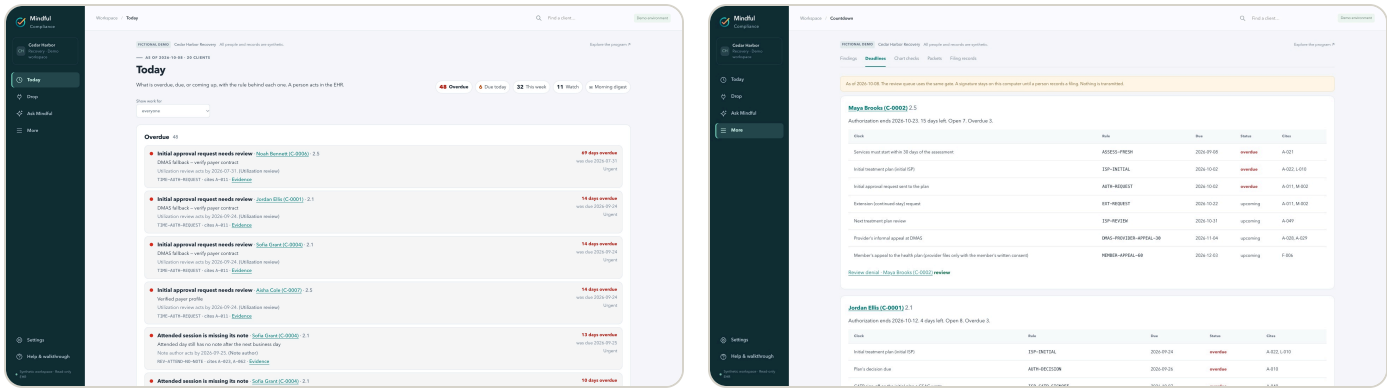
ROLE A PROGRAM WOULD OTHERWISE HIRE	MARKET COST	SOURCE (CHECKED OCTOBER 2026)	DESK
Intake / admissions specialist	\$37,000 to \$50,000 a year	Richmond postings 2026; Robert Half 2026	01
Utilization review / authorization specialist	\$54,000 to \$64,000 a year	Richmond behavioral-health postings 2026; Salary.com Virginia	02
Medical biller, or a billing service's cut of collections	\$38,000 to \$56,000 a year	Indeed Richmond, August 2026	04
Compliance officer (fractional)	\$2,000 to \$6,500 a month	Circa Behavioral pricing	03
Credentialing specialist	\$38,000 to \$64,000 a year	PayScale 2026; Salary.com Virginia	05
Office manager / administrative coordinator	About \$48,000 a year	Richmond Behavioral Health Authority posting, 2025	08

Three to four seats, well over \$150,000 a year in Richmond with payroll taxes and turnover, for one operator and a system. These are market ranges for sizing the conversation, not quotes.

THE COMPLIANCE ENGINE, ON A FICTIONAL PROGRAM

06 What is already built

Desks 2, 3 and 4 run on a compliance engine I built for a Chesterfield, Virginia PHP/IOP program. It sits beside any EHR: a program drops in the export its system already produces, and the engine checks every chart against a cited, dated Virginia rulebook. The output is three screens and a morning email. Everything below runs today on synthetic data with 440 automated tests. The hosted multi-program version is in development. I show it on a call; the screenshots here are from the fictional demo program and contain no real clients.



Today. One list, four groups: overdue, due today, this week, watch. Each row names the client, the rule, the citation, the owner and the due date.

Countdown. Every clock on one client: assessment freshness, initial plan, authorization request, extension window, plan review, appeal deadlines, with the rule each one cites.

PIECE	WHAT IT DOES	STATUS
Clock engine	About 35 deadlines per client episode: 24-hour initial plan, 72-hour decision, 30-day comprehensive plan, extension window, 31-day lapse, provider and member appeal clocks, incident reporting	BUILT
Chart checks	Late, unsigned, cloned, missing elements, co-signature, group size, daily and weekly hour minimums, service outside authorization	BUILT
Revenue rules	13 rules linking attendance, notes, units, authorization and claims	BUILT
Payer profiles	DMAS fee-for-service and the five Cardinal Care plans: filing windows, channels, decision timing, each with its source	BUILT
Note Review	An approval layer for any EHR: readiness checks, QA approval tied to the exact note version, a person posts, a later export reconciles	BUILT
Cases and the send desk	Denials, audits and incidents become cases; drafts are blocked until citations verify and consent is on file; a person signs and records the filing	BUILT
Ask	Plain-language questions answered only from the library and the computed findings, with citations; refuses what it cannot cite	BUILT
Import from any EHR	Any export file today; scheduled reports and PDF bundles; FHIR for certified systems; vendor APIs where the program requests a key	BUILT / PLANNED
Hosted version	Logins with multi-factor, one isolated workspace per program, encryption, audit log, digest by email under a BAA	IN DEVELOPMENT

The honest version of the integration claim: we read your reports on day one and plug in directly where your vendor allows it. Not "plugs into every EHR."

— VALUE FIRST, NO PRESSURE

07 **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.

WAY OF WORKING	WHAT IT IS	WHO IT FITS
The audit	45 to 60 minutes and a written Now / Next / Later plan. Free.	Any program owner who wants a straight read on where the time and money go.
Operator, full time	I run all eight desks inside your program, on site, as part of the team. The compliance engine and everything I build come with me.	An owner-led, licensed program that is growing and ready to build.
Operator, part time	The same eight desks, one or two days a week on site plus remote.	A program that needs the systems but not a full-time seat yet.
Build-and-grow	For a brand-new program: license, credentialing, systems, first clients, first year. A share of what is built.	An owner at the ground floor who wants a partner, not a vendor.

— SAID PLAINLY

08 **How I work with a 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.

FIVE RULES THAT DO NOT MOVE

09 How I work

- ✓ **Clinicians sign notes. Owners sign filings. People press Send.** The system drafts, checks, reminds and reports. Nothing leaves the building on its own.
- ✓ **No client record touches an AI tool without a signed business associate agreement and a 42 CFR Part 2 agreement.** Until then, de-identified or synthetic data only.
- ✓ **Nothing clinical.** No level-of-care decisions, no diagnosis, no ASAM scoring by software.
- ✓ **Every rule is cited.** When the system says a note is late or an extension is due, it shows the Virginia rule and the date it was verified.
- ✓ **No promised outcomes.** Denial rates and audit results are measured in your pilot, not claimed in a brochure.

10 Who I am

Toddric D. Bowens. I spent years in operations and emergency management, including FEMA and federal contracting, before building AI systems for mission-driven businesses as The Meta AI Alchemist. I built the Virginia compliance engine in this document for a Chesterfield PHP/IOP program, a live site and systems for a community arts organization, and a readiness checklist auditors have approved. I am in recovery myself. I know what a program looks like from the client's chair and from the owner's desk, and I want to help build one that works.

Book the audit



themetaaialchemist@gmail.com · Reply to the email this came with and name a time this week. A demo of the compliance engine takes ten minutes on a video call.

Sources

- DMAS, ARTS Reimbursement Structure, 2023–10–04 (select rates updated 2025–07–01): \$500 ASAM 2.5 day, \$250 ASAM 2.1 day.
- DMAS, ARTS Provider Manual, Chapter VI: notes written, signed and dated at the time of service or within one business day; duplicated notes not reimbursed.
- DMAS, ARTS service-authorization timeframes: initial request within one business day of service start; extension before expiry, no more than five days early.
- 12VAC35–105, DBHDS licensing regulations: the readiness checklist is built from these.
- National Council for Mental Wellbeing, via Behavioral Health News, January 2026: about 40% annual behavioral-health workforce turnover.
- Indeed, Richmond medical biller salaries, August 2026 (\$22.01 an hour average).
- Hallmark Youthcare Richmond postings on Indeed, 2026: clinical authorization specialist \$27 to \$31 an hour.
- ZipRecruiter, Richmond intake coordinator postings, 2026: \$17.75 to \$24.25 an hour.
- Robert Half salary guide, 2026: intake/admissions specialist \$39,500 to \$45,750.
- Salary.com, Virginia provider credentialing specialist, June 2026: \$53,152 average. PayScale, 2026: \$38,000 to \$64,000 total pay.
- Circa Behavioral, fractional compliance officer pricing: \$2,000 to \$10,000 a month by tier.
- Richmond Behavioral Health Authority, administrative coordinator posting, November 2025: \$23.08 an hour.
- Screenshots: Mindful Compliance engine, fictional Cedar Harbor Recovery demo program, October 2026. No real clients.