



ABA MSDs AND GUIDELINES FAQ

When does the new Medicaid Service Definitions (MSDs) take effect?

The service definitions are effective February 7, 2025.

Why are the MSDs being released?

The Department of Health and Human Services (DHHS) is releasing the service definitions to ensure there are clearly documented parameters for the determination of clinical appropriateness and reimbursement for these services.

Currently, Nebraska offers some of the highest provider rates in the country for ABA services. We encourage providers to negotiate in good faith to find a reasonable middle ground and close the gap between Nebraska's rates and other states across the country.

How were the MSDs developed?

The MSDs were developed in consultation with Doctoral Board Certified Behavior Analysts (BCBA-Ds), psychologists, psychiatrists, and physicians, who considered industry best practices, Council of Autism Service Providers (CASP) guidelines, national trends for ABA services, and the clinical and developmental appropriateness of care for the individuals being served.

Did you receive or listen to any feedback from providers when considering the MSDs?

DHHS received over 300 comments from ABA providers and members of the community. We want to sincerely thank all the providers who rendered their input on the draft versions of these MSDs during the open provider review and feedback period. All comments were carefully reviewed and used to inform changes and clarifications in the final service definitions.

Will changes impact access to services?

DHHS is committed to ensuring ABA services are available and accessible.

What does the MSD say on hours of service?

Nationwide, ABA services are typically provided over 20-30 hours per week. In the MSD, up to 30 hours per week, and direct service hours of 6 hours per day, is considered a fair balance between treatment needs and the capacity of young children to meaningfully participate in treatment. If there are clinical

needs which justify more than 6 hours per day, or more than 30 hours of treatment per week, they may be requested and will be reviewed for medical necessity.

In what settings can ABA services be provided according to the MSDs?

ABA services can be provided in a clinic, a clinical office, school, home or community setting that is determined to be appropriate for the provision of the service by the treating clinician.

What are the training and qualification requirements for providers?

These requirements are specified in the MSDs and in the document “Medicaid Requirements for Substance Use Disorder and Applied Behavior Analysis Services”

Why is it important for parents or caregivers to participate in ABA treatment?

Parent or caregiver training and involvement in the ABA treatment that the child receives is critical to its success. Parents or caregivers can provide vital input to the ABA provider on the unique needs of the child for the purposes of ABA treatment planning. The ABA provider trains and facilitates the transfer of skills to the parent or caregiver so that the child’s progress can be maintained.

ABA providers are expected to provide flexible hours for service, including evening or weekend hours, to accommodate parent or caregiver participation. Additionally, Nebraska Medicaid allows audiovisual telehealth for particular situations to overcome barriers to care. The MSD requirement is 2-4 hours per month of parent or caregiver involvement in ABA treatment. Medicaid will not deny ABA services based on the lack of parent or caregiver involvement alone. However, the ABA provider must document the reasons why a parent or caregiver is unable to actively be engaged in the care of the child. Medicaid will take this into consideration on a case-by-case basis.

Does cutting ABA rates have an impact on the elimination of the DD waitlist?

This has no impact on the elimination of the DD waitlist.