

ABA Provider FAQ

Are ABA Rates too low?

Access and sustainability of ABA services is the top priority of DHHS. This is why the department went through a very thorough cost analysis to determine what rates would make the State of Nebraska remain competitive with surrounding states while also being responsible with taxpayer dollars.

A nearly 2,000% increase in costs over five years is not sustainable. These adjustments remain above the national average.

These changes are also consistent with federal guidelines that require Medicaid payment rates to support efficiency, economy, and high-quality care.

Rural providers, where mental health services are already in short supply are concerned about rate cuts. Were they considered when deciding on these rate cuts?

Absolutely, and we are confident services in rural areas will not be affected. While our rates will remain above the national average, providers are encouraged to contact Managed Care Organizations and negotiate payment rates.

What main changes/clarifications were made to ABA in the guidelines in January?

- Hours of service up to 30 hours per week, and direct service hours of 6 hours per day, except in cases when more hours are medically necessary.
- Lessening the requirement for Registered Behavior Technicians (RBTs). RBTs must have certification from the Behavior Analyst Certification Board and must be enrolled with Nebraska Medicaid.
- Updated the setting language in the final MSD to clarify that schools are an allowed place of service, and included guidelines for ABA services when provided in a school setting.
- A requirement of 2-4 hours per month of caregiver training.
- A review and update of the treatment plan at least every 90 days.
- A goal of recovery for all individuals, regardless of diagnosis. The working definition of recovery as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) is: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."
- Increased amount of supervision required for RBTs to 10% of direct service hours.
- Provide access to 24/7 crisis services.

- Providers must consider mental health and other co-occurring health conditions as possible contributing factors to the individual's condition.

How were the guidelines from January developed?

The Nebraska ABA MSD guidelines 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 developmental appropriateness of services for the individuals being served.

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

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.

Why were the guideline changes in January necessary?

To improve services for Nebraskans, it was important to develop clearer definitions and parameters related to ABA therapy. The state does not aim to reduce access to services needed by Nebraska youth, but it is important to ensure the care being provided is clinically appropriate and services are sustainable.

The OIG is auditing Medicaid claims for ABA services. A recent study in Indiana showed the state made at least \$56 million in improper fee for service Medicaid payments for applied behavior analysis.

Federal auditors are looking at other states' ABA guidance and utilization to identify possible misuse, fraud and inefficiencies. Given the increase in Nebraska's ABA services over the last three years, this is something that should be taken seriously.