

ABA FAQ

How long has DHHS been looking at changing Medicaid rates for Applied Behavior Analysis?

Medicaid rates are routinely reviewed for market comparison. Per Code of Federal Regulations (CFR) 447.200, payment rates must be established in a way that promotes efficiency, economy, and high quality of care.

What is the process for deciding Medicaid rates for services?

Nebraska Medicaid completed a rate analysis of ABA rates in regional Medicaid markets surrounding Nebraska. Even after the rate adjustments, Nebraska Medicaid rates for ABA services are higher than the average and mean rates nationwide.

What all went into the reasoning behind adjusting the rates?

DHHS completed a review of Nebraska Medicaid rates for ABA services and observed that Nebraska's rates for these services have been significantly higher than other state Medicaid programs. As a result, Nebraska Medicaid is aligning the ABA service codes rates with rates paid by other states for these same services. Even after the rate adjustments, Nebraska Medicaid rates for ABA services compare well with our neighboring states. The most commonly billed rates are still higher than the national average and median.

Will these rate changes impact access to ABA services in Nebraska?

No, DHHS is committed to ensuring Nebraska children in need of ABA services have access.

Even after the rate adjustments, Nebraska Medicaid rates for ABA services are higher than the average and mean rates nationwide. DHHS is committed to ensuring quality care ABA services are available and accessible.

What can you say to parents throughout Nebraska who are concerned?

DHHS is not cutting ABA services, we absolutely understand this is a critical service. We are deeply committed to ensuring that children and families who rely on Medicaid continue to have access to high-quality ABA services.

To ensure top level ABA services remain available to Nebraska families, sustainability is of the utmost importance.

Over the last five years, the cost of providing ABA services in Nebraska has skyrocketed. In 2020, Medicaid paid \$4.6 million for ABA. Last year, that number exceeded \$85 million, a nearly 2,000% increase. No business, state, or federal program can absorb that kind of growth without facing serious long-term risks.

This is why DHHS is adjusting ABA payment rates to align more closely with those of neighboring states. After these adjustments, rates remain competitive with surrounding states and continue to remain above the national average.

How many changes to Medicaid rates for ABA services have happened in the past year?

The state made no ABA rate changes in the last year. Initial changes were focused on clarifying/redefining parameters to ensure clinical appropriateness of care.

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.
- We updated the setting language in the final Medicaid Service Definitions 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 involvement of treatment planning.
- 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.