Service Name	**Applied Behavior Analysis (ABA)**
Allowable Settings	• Community • Home • Office or Clinic *ABA Services in school settings: ABA services are covered as part of the Medicaid school-based services program, and are the responsibility of the school as outlined in Nebraska Administrative Code Title 471, Chapter 25 and the Medicaid State Plan. Independent providers may not bill Medicaid directly for services provided at a school. Services provided by the school must meet the requirements for Applied Behavior Analysis as outlined in this document*
Licensure, Certification, or Accreditation	All providers subject to licensure must be appropriately licensed by the DHHS Division of Public Health as required by DHHS Division of Medicaid and Long-Term Care (MLTC) and the DHHS Division of Behavioral Health, and must maintain current licensure. All providers subject to certification must be appropriately certified by the DHHS Division of Public Health, the DHHS Division of Behavioral Health, or the appropriate certifying entity, and must maintain current certification. All providers billing Medicaid services must ensure that their staff meet the requirements outlined in this document.
Basic Definition	ABA is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors, and to demonstrate that the interventions employed are responsible for the improvement in behavior for individuals with ASD or developmental or intellectual disabilities when it is determined that ABA interventions are needed based on the ABA Behavior Identification Assessment.
Billing Information	Fee schedule codes for this service are: • 97153 - Adaptive Behavior Treatment by Protocol Administered by Technician (per 15 minutes) • 97154 - Group Adaptive Behavior Treatment by Protocol Administered by Technician (per 15 minutes) • 97155 - Adaptive Behavior Treatment by Protocol Administered by Physician or Other Healthcare Professional (per 15 minutes) • 97156 - Family Adaptive Behavior Treatment by Protocol Administered by Physician or Other Healthcare Professional, With or Without Patient Present, With Guardian or Caregiver (per 15 minutes) • 97158 - Adaptive Behavior Treatment Social Skills Group, Administered by Physician or Other Qualified Healthcare Professional with Multiple Patients (per 15 minutes) For more detailed billing information, including current telehealth allowances, please refer to the Medicaid Mental Health and Substance Use Fee Schedule.

Telehealth	Telehealth services are allowed as indicated on the Medicaid Mental Health and Substance Use fee schedule. Telehealth services must be performed within ethical guidelines for each provider's professional competencies and license. Adaptive Behavior Treatment by the licensed clinician (CPT 97155) with protocol modification may be completed via audiovisual telehealth if the following are true: • The individual is receiving 97153 services concurrently • The environment has been assessed and is safe for the individual, family, technician, and others • Caregivers have access to technology and a secure internet connection • The technology available allows the supervisor to effectively see the session, interact with the individual and technician, and give feedback real-time to the participants • The individual's behavior is not so severe as to need more than 1:1 support • There are documented plans in place to reduce or eliminate technology-related distractions • Documentation that justifies the use of telehealth as necessary and formative for the ABA treatment, and not solely for the convenience of the provider or the caregiver Family Adaptive Behavior Treatment by the licensed clinician (CPT 97156) may be completed via audiovisual telehealth if the following are true: • Caregivers are actively participating • The environment has been assessed and is safe for the individual, family, technician, and others • Caregivers have access to technology and a secure internet connection • The technology available allows the supervisor to effectively see the session, interact with the individual, family and technician, and give feedback real-time to the participants • The individual's behavior is not so severe as to need more than 1:1 support • There are documented plans in place to reduce or eliminate technology-related distractions • Documentation that justifies the use of telehealth as necessary and formative for the ABA treatment, and not solely for the convenience of the provider or the caregiver Other ABA treatment services (CPT 97153, 97154, 97158) cannot be provided via telehealth. For telehealth requirements and allowances for ABA assessments (CPT 97151 and 97152), please refer to Medicaid requirements for the Applied Behavior Analysis Behavior Identification Assessment

Admission Criteria	Age: 0-20
	
	All of the following criteria must be met for admission to ABA treatment:
	
	• Individual with a diagnosis of ASD or developmental or intellectual disability when it is determined that ABA treatment is needed based on the ABA assessment, who has significant functional impairments resulting from maladaptive behaviors patterns in at least two of the following areas:
	  ○ Non-verbal or limited functional communication and pragmatic language, unintelligible or echolalic speech, impairment in receptive or expressive language
	  ○ Severe impairment in social interaction, social reasoning, social reciprocity, or interpersonal relatedness
	  ○ Frequent intense behavioral outbursts that are self-injurious or aggressive towards others
	  ○ Exhibits atypical, repetitious, or constrained patterns of behavior
	• The presence of maladaptive behaviors negatively impacts the individual's ability to function successfully in home, community, or school settings
	• Of all reasonable options available to the individual, ABA is the best treatment option with expectation of improvement in the individual's behavioral functioning
	• This level of care is the least restrictive setting that will produce the desired results in accordance with the needs of the individual

Service Expectations	**Assessments** The following must be completed prior to initiating ABA services and be submitted with the initial prior authorization request: • **Initial Diagnostic Interview (IDI)** must be completed, if one has not been completed within the previous 12 months of admission to the service. The IDI must meet the requirements as noted in the Initial Diagnostic Interview definition in this manual ○ The IDI must establish the need for an Applied Behavior Analysis Behavior Identification Assessment (ABA assessment) and outline the needed services and resources for the individual to make progress toward desired behavior changes. • **ABA Assessment:** must be completed prior to the initiation of ABA treatment interventions and must meet the requirements as outlined in the Applied Behavior Analysis Behavior Identification Assessment definition in this manual. **Treatment Planning**

	An Individualized Treatment, Rehabilitation, and Recovery Plan (treatment plan) must be developed based on the results of the ABA assessment. The treatment plan must be completed prior to initiating ABA services and be submitted with the initial prior authorization request. Ongoing and day to day reassessment and treatment planning are considered part of general treatment services, and are included in current ABA codes Review and update of the treatment plan must occur every 90 days or more often as clinically indicated. Review must be completed by a licensed clinician and include the individual, family, guardians, or other supports as appropriate and authorized by the individual. Regular, thorough reviews of the individual's progress in treatment, with documented updates to progress and revision of goals as needed is an integral part of treatment. This review does not require a full reassessment of the individual. This review is required separately from insurance authorization. The treatment plan must meet the requirements outlined in this document for Individualized Treatment, Rehabilitation, and Recovery plans, and must also include all of the following: • Individual's strengths and needs • Available community, family and other supports • Targeted behaviors to be addressed or skills to be achieved • Long and short-term goals, objectives, and interventions defined in observable, measurable, and behavioral terms for both the individual and caregiver • Inclusion of baseline and ongoing measurement of skills, when applicable, using norm-referenced / standardized assessment tools, for example Vineland, VB-MAPP, ABLLS • Schedule of services being provided to the individual • Documentation of specific setting(s) where services will be delivered and how skills will be generalized and maintained across settings when services are only provided in a single setting • The planned frequency, intensity, and duration of treatment across all settings to reflect the severity of symptoms and impairments, goals of treatment, expected response, and individual variables that may affect the recommended treatment dosage • Frequency must always be commensurate with the individual's age, clinical needs, and level of functioning, as well as evidence-based standards of practice; it is not for the convenience of the caregivers or the provider. The treatment plan must include clinical justification for why the requested number of hours is required to meet the individual's specific needs including: o What, if any, skills can be treated in a less intensive group format

	○ What is the individual's availability to participate in ABA given other commitments (i.e. school, other therapies, family engagements) ○ Impact of co-occurring behavior or medical conditions on skill attainment ○ Overall symptom severity and developmental level of the individual ○ Assessment and documentation of time allotted for individual needs including age-appropriate rest breaks, meals, play, and interaction with peers. Unless there are documented clinical needs in the ABA assessment related to these activities that are linked to goals in the Individualized Treatment, Recovery, and Rehabilitation Plan, these activities are not part of the child's treatment and are not reimbursable but must be accounted for. Naps are never reimbursable and must be accommodated as developmentally appropriate • Any adjustments made to the treatment plan, environment, or protocols to improve progress • Description of how supervision of technicians will be occurring including monitoring for treatment fidelity, what tasks each staff will own, and how progress will reviewed • Evaluation of any barriers to accessing or fully benefiting from services and the proposed plan to manage barriers • Evaluation of needs and a plan to adjust and adapt treatment environments and procedures to account for sensory sensitivities common among individuals with ASD/IDD, such as lighting, sound, and touch preferences • The individual and their caregiver must be involved with treatment planning. Participation by the individual should be age appropriate, and providers may need to adapt their communication strategies to meet the individual's needs, including visual aids, clear and concise language, or alternative communication methods for those with speech and language difficulties <u>School Planning</u> • A school plan is required for all educational settings, to include both public and private schools. This is not required in daycare or after-school settings If ABA therapy is being provided in the school setting, the Individualized Treatment, Rehabilitation, and Recovery Plan must outline a separate school plan that is included in the student's IEP. The school plan must: ○ Clearly define the behaviors that are being targeted for reduction specific to this setting ○ List behavior reduction goals

	○ Focus on reducing behaviors that impede the individual's ability to engage in academic tasks. Skill development must be focused on school-related behaviors and replacing maladaptive behaviors that impede engagement with academic tasks. ○ ABA therapy in schools or other educational environments should be time limited, and the treatment plan should clearly identify a transition plan and how instructional control will be shifted to school staff **Clinical Services** • ABA behavior interventions may include the following: ○ Family assessment ○ Parent instruction ○ De-escalation techniques ○ Behavior intervention techniques ○ Coping skills ○ Social and life skills development ○ Self-management training • ABA behavior intervention may be delivered as: ○ Individual sessions ○ Group sessions ○ Family sessions • ABA behavior intervention techniques may include: ○ Teaching the individual socially acceptable behaviors via modeling, prompting, roleplaying, and reinforcing appropriate behaviors ○ Providing the family/caregiver with training on acceptable behaviors via modeling, prompting, role playing, and reinforcing appropriate behaviors ○ Supporting development of self-management and token economy systems, working with caregivers to modify the current environment and create supports within the environment including visual schedules • All services and treatment must be actively engaging and must be carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice • All services provided must be documented in progress notes **Support Services** • Provide consultation, referral, or both for medical, psychological, and psychopharmacology needs • Assist the individual and caregiver with accessing community supports and

resources. The program must provide the following assistance as appropriate:

- Coordinate with community resources on behalf of the individual
- Assist with healthcare navigation
- Coordinate with and facilitate access to external providers for individuals who require concurrent treatment
- Assist individuals with application for and access to benefits and social support services
- Assist individuals with reintegration into the community by identifying and connecting individuals with off-site vocational and educational resources

Discharge Planning

- Discharge planning is an ongoing process that occurs through the duration of service. A documented discharge plan must be completed as part of the Individualized Treatment, Rehabilitation, and Recovery Plan
- A transition plan must be completed prior to discharge. A copy of the transition plan must be given to the individual and to providers at the individual's next level of care, as applicable
- The program must assist individuals with transition and discharge planning. The program must:
  - Coordinate with community resources on behalf of individuals and caregivers to facilitate successful reintegration into daily activity such as work, school, or family living as appropriate
  - Provide referrals and coordinate transition to a lower or higher level of care as clinically indicated
  - Address the individual's ongoing treatment needed to maintain or continue stable physical and mental development post discharge

Caregiver Participation

Caregivers are essential to the generalization and ongoing maintenance of skills for individuals receiving ABA services.

Participation by parents or caregivers is vital to the fidelity of ABA services. Caregiver participation is expected, and continued authorization for ABA services will take into consideration their involvement and ability to reinforce behavior changes over time and across settings. Exceptions to this general expectation may be considered on a case-by-case basis. For example: for an individual in residential placement through the Division of Child and Family Services who has a treatment plan designed to address this limitation. In these cases, persons involved in the individual's care are encouraged to be involved in implementation of the therapeutic interventions in the home and community. Teachers may be considered allowable caregivers for training, but training provided to teachers may

	not account for more than 25% of required parent or caregiver training hours. IEP meetings are not billable and may not count towards training hours. ABA services will not be denied solely on the basis of lack of parent or caregiver involvement; however, parent or caregiver involvement may affect the effectiveness, durability, and generalizability to natural settings of the treatment and may be considered when making determinations regarding effectiveness of the treatment requested. In cases where caregiver participation is not possible, providers must have documentation of how skills will be maintained upon discharge To support appropriate engagement, ABA providers must: • Include goals for family involvement within the treatment plan • Document family agreement to participate in treatment • Assess for barriers to family engagement, and document a plan for addressing barriers • Ensure family participation. For individuals receiving 10 hours or less per month of ABA services, 1 hour per month is required. For individuals receiving more than 10 hours per month of ABA services, 2-4 hours per month at minimum is required. Inability to meet this requirement must be documented and will be considered on a case-by-case basis • Provide weekend and evening availability for family involvement **ABA is not covered for:** • Diagnoses for which ABA is not evidence-based or for which ABA is not determined to be medical necessary • Intensity and duration of services beyond what is appropriate based on the individual's age, years of treatment, progress toward goals • Services focused on recreational, educational, or exclusively self-care goals • Services delivered by 2 LBAs unless non-duplicative and clinically appropriate • Services rendered by someone legally responsible for the individual's care • Services delivered in the school setting as a shadow, or an aide, or to provide general support to the child or youth • Services delivered concurrently (at the same time) as another treatment modality (i.e. ST, OT, PT) • LBAs are not permitted as the sole provider of a feeding treatment plan
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay as well as the individual's ability to make progress on individual goals. The anticipated duration of the service must be documented in the Individualized Treatment, Rehabilitation, and Recovery Plan. Direct ABA service

	hours provided to the individual may not exceed 6 hours per day up to a total of 20-30 hours per week. • Treatment takes into consideration the developmental level of each individual, and treatment schedule considers the needs of the individual including rest and nutrition breaks and interactions with peers. • Additional daily or weekly treatment hours may be requested in certain clinical circumstances for which clinical justification must be submitted for prior authorization and be approved
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay as well as the individual's ability to make progress on individual goals. The anticipated duration of the service must be documented in the Individualized Treatment, Rehabilitation, and Recovery Plan. Direct ABA service hours provided to the individual may not exceed 6 hours in a single day or a total of 20 hours per week. • Treatment takes into consideration the developmental level of each individual, and treatment schedule considers the needs of the individual including rest and nutrition breaks and interactions with peers Additional daily or weekly treatment hours may be requested in certain clinical circumstances for which clinical justification must be submitted for prior authorization and be approved
Staffing	ABA services must be provided by or under the supervision of a licensed clinician with training and expertise in ABA. Clinicians are expected to adhere to applicable ethical guidelines for their discipline. **Licensed Clinicians may include:** • Psychiatrist with training in ABA • Physician with training in ABA • Psychologist with training in ABA • Provisionally licensed psychologist with training in ABA • Licensed Behavior Analyst (LBA) Technicians who can bill CPT 97153, 97154 under the supervision of a licensed clinician may include: • Licensed assistant Behavior Analyst (LaBA) • Registered Behavior Technician (RBT) As of 01/01/2025, all Board-Certified Behavior Analysts (BCBAs) must be credentialed as a Licensed Behavior Analyst (LBA), and all Board-Certified assistant Behavior Analysts (BCaBAs) must be credentialed as a Licensed assistant Behavior

	Analyst (LaBA) by the Nebraska Department of Public Health as required by Nebraska state law. **Supervision** Provisionally licensed psychologists providing ABA services must be supervised by a licensed psychologist with training in ABA. ABA services performed by a Licensed assistant Behavior Analyst (LaBA) must be provided under the supervision and direction of an LBA. Services provided by a Registered Behavior Technician (RBT), must be provided under the supervision and direction of a Licensed Behavior Analyst or a psychologist with training in ABA. • Supervision entails the following: critical oversight of a treatment activity or course of action; review of the treatment plan and progress notes; individual specific case discussion; periodic assessments of the individual; and diagnosis, treatment intervention or issue specific discussion • Direct supervision by observation of the technician must occur no less than 10% of direct service hours (97153/97154/97155) provided in a week. Supervision must be documented in progress notes. Failure to meet 10% of direct service hours must be documented, including the reason that the supervision did not take place and a corrective action plan • The supervisor must provide direct supervision by observation of the technician or LaBA in person for at least one hour per month. • Involvement of the supervising practitioner must be reflected in the treatment plan, and documentation of the interventions provided • The treating LBA or psychologist must provide at least one hour of in-person, direct services to the individual receiving services at least monthly • Behavior analysts must identify their services accurately and include all required information on reports, bills, invoices, requests for reimbursement, and receipts • ABA providers must not implement or bill nonbehavioral services under an authorization or contract for behavioral services. Examples include, but are not limited to: naps, extended recreational reinforcement, meals without active goals and treatment, extended breaks in active intervention
Staffing Ratio	97151 – 1 licensed clinician: 1 child 97152 – 1 technician: 1 child

	97153 – 1 technician: 1 child 97154 - 1 technician: 2-5 children 97155 – 1 licensed clinician: 1 child 97156 - 1 licensed clinician: 1 family 97158 - 1 licensed clinician: 2-5 children An LBA may not supervise more than 24 technicians
Hours of Operation	To ensure access for all individuals, providers should have the capacity to provide services during evening and weekend hours in addition to typical business hours. Weekend and evening hours may be by appointment as appropriate for established clients if the provider is not typically open outside of business hours.
Continued Stay Criteria	All of the following criteria must be met for continuing treatment at this level of care: • The acuity of the individual's symptoms continues to necessitate treatment at the current level of care based on admission criteria • The individual does not require a more intensive level of services and no less intensive level of care is appropriate • The individual's treatment plan is up to date, with targets that are appropriate and related to improvement in the individual's symptoms and achievement of their goals. ▪ The individual is making progress towards rehabilitation goals and they are showing progress towards symptom reduction as demonstrated by objective behavioral measurement of functional improvement or standardized report from the member or guardian of symptom and/or functional improvement. Preferred assessment tools:Vineland-3 ▪ Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) ▪ Assessment of Basic Language & Learning Skills (ABLLS) o Behavioral assessments must be documented within the updated treatment plan • If progress has not been made or symptoms are increased, the treatment plan has been modified to focus on any new symptoms or to address barriers to progress. • There is evidence that the treatment team is working towards a transition plan to meet the individual's treatment needs once this level of care is no longer appropriate. • Caregivers are participating in treatment a minimum of 2-4 hours per month to support generalization and maintenance of skills

Desired Individual Outcome	Discharge should occur when documentation indicates improvement from baseline in targeted skill deficits and behaviors to the extent that goals are achieved, or maximum benefit has been reached as evidenced by any of the following: • Functional improvement has been made to the extent possible and further progress is not occurring as measured by assessments over two consecutive authorization periods • Symptoms no longer materially impact functioning • Symptoms can be managed by less intensive or alternative services • Caregiver is able to implement ABA strategies without additional specialized support • Caregiver is not engaged in treatment or inhibits progress • Inability to reconcile differences between caregivers and ABA providers • Treatment is worsening behavior or symptoms, and no changes have been made to the treatment plan to address barriers to progress • ABA is no longer the most appropriate or least costly service, and the individual can be safely and effectively treated through alternative modalities • Services continued for longer than 6 months without demonstrated progress or no changes have been made to the treatment plan to address barriers to progress • The precipitating condition has stabilized such that the individual's condition can be managed without specialized ABA supports and interventions • The individual and guardian have support systems in place to help the individual maintain stability in the community