

Service Name	<b>Applied Behavior Analysis (ABA)</b>
Setting	<p>Applied Behavior Analysis (ABA) can be provided in any of the following settings:</p> <ul style="list-style-type: none"> <li>• Clinic</li> <li>• Office</li> <li>• School</li> <li>• Community setting that is appropriate for the provision of the service as determined by the treating clinician</li> <li>• Home</li> </ul>
Licensure, Certification, or Accreditation	<p>If this service is provided by a Mental Health Substance Abuse Treatment Center, they must be licensed by the DHHS Division of Public Health and accredited by CARF, TJC, or COA, and accredited to provide the level of care applicable to this service as required by DHHS Division of Medicaid and Long-Term Care (MLTC)</p> <p>If this service is provided by a hospital, the hospital must be licensed by the DHHS Division of Public Health and accredited by TJC or AoA and must be accredited to provide the level of care applicable to this service as required by DHHS Division of Medicaid and Long-Term Care (MLTC)</p> <p>Individual providers must be licensed by the DHHS Division of Public Health as required by DHHS Division of Medicaid and Long-Term Care (MLTC)</p>
Basic Definition	<p>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.</p>
Service Expectations	<ul style="list-style-type: none"> <li>• ABA behavior interventions may include the following: <ul style="list-style-type: none"> <li>○ Family assessment</li> <li>○ Parent instruction</li> <li>○ De-escalation techniques</li> <li>○ Behavior intervention techniques</li> <li>○ Coping skills</li> <li>○ Social and life skills development</li> <li>○ Self-management training</li> </ul> </li> <li>• ABA behavior intervention may be delivered as: <ul style="list-style-type: none"> <li>○ Individual sessions</li> <li>○ Group sessions</li> <li>○ Family sessions</li> </ul> </li> <li>• ABA behavior intervention techniques may include: <ul style="list-style-type: none"> <li>○ Teaching the individual socially acceptable behaviors via modeling, prompting, roleplaying, and reinforcing appropriate behaviors</li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>○ Providing the family/caregiver with training on acceptable behaviors via modeling, prompting, role playing, and reinforcing appropriate behaviors</li><li>○ 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</li><li>● School Plan: A school plan is required for all educational settings, to include both public and private schools with exception only to a daycare or an after-school setting<ul style="list-style-type: none"><li>○ If ABA therapy is being provided in the school setting, the Individualized Treatment, Rehabilitation, and Recovery Plan must outline a separate school plan that must:<ul style="list-style-type: none"><li>▪ Clearly define the behaviors that are being targeted for reduction specific to this setting</li><li>▪ List behavior reduction goals</li><li>▪ Focus on reducing behaviors that impede the individual's ability to engage in academic tasks and should not include skill acquisition goals</li><li>▪ 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 educational/school staff</li></ul></li></ul></li><li>● The ABA provider must consult with, or refer, the individual to other health care providers for suspected or diagnosed comorbid medical, psychiatric, and psychological needs as needed</li><li>● Provide the individual and caregiver with referrals and resources to community-based support services as needed</li><li>● All services and treatment are actively engaging and must be carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice</li><li>● All services provided must be documented in progress notes</li><li>● Ongoing and day to day reassessment and treatment planning are considered part of general treatment services, and are included in current ABA codes.</li><li>● ABA services performed by a Licensed assistant Behavior Analyst (LaBA) or a Registered Behavior Technician (RBT), must be provided under the supervision and direction of a licensed clinician as defined in this document, with training in ABA</li><li>● All services must be provided with cultural competence</li><li>● Crisis assistance must be available 24 hours a day, 7 days a week. If a provider is not able to provide access to crisis services, they may refer individuals to telephonic, text, and chat crisis intervention call centers that meet 988 Suicide &amp; Crisis Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide. The resources provided and a plan for access must be included in the</li></ul>
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individual's Individualized Treatment, Rehabilitation and Recovery Plan.

**Initiation of Services:** 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 Medicaid Service Definition
  - 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 Medicaid Service Definition.
  
- **Individualized Treatment, Rehabilitation, and Recovery Plan:** An Individualized Treatment, Rehabilitation, and Recovery Plan (treatment plan) must be developed based on the results of the ABA assessment. The treatment plan must 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:

- 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 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 be 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.

**Continuation of Services:**

- **Transition and discharge planning** must begin at admission, be based on transitioning the individual to a different level of care, and address the individual's ongoing treatment needed to maintain or

continue stable physical and mental development post discharge

- **Review and update** of the Individualized Treatment, Rehabilitation, and Recovery 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 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.

**Caregiver Participation:** Caregivers are essential to the generalization and ongoing maintenance of skills for individuals receiving ABA services. Participation by the parents or caregivers is vital to the fidelity of ABA services. Caregiver participation is expected, and continued authorization for ABA services will take consideration of 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.

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 2-4 hours per month at minimum. 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

**Discharge Criteria:** Discharge planning is an ongoing process that occurs through the duration of service. A Discharge summary must be completed prior to discharge.

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

**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
- Training for school personnel
- 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

All services, including progress notes, Individualized Treatment, Rehabilitation, and Recovery Plans, discharge planning and discharge summaries must be completed in accordance with this document and the requirements outlined in the document titled *Medicaid Requirements for Substance Use Disorder and Applied Behavior Analysis Services*

<p>Length of Service</p>	<p>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.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> </ul>
<p>Staffing</p>	<p>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.</p> <p><b>Licensed Clinicians may include:</b></p> <ul style="list-style-type: none"> <li>• Psychiatrist with training in ABA</li> <li>• Physician with training in ABA</li> <li>• Psychologist with training in ABA</li> <li>• Provisionally licensed psychologist with training in ABA</li> <li>• Licensed Behavior Analyst (LBA)</li> </ul> <p>Technicians who can bill CPT 97153, 97154 under the supervision of a licensed clinician may include:</p> <ul style="list-style-type: none"> <li>• Licensed assistant Behavior Analyst (LaBA)</li> <li>• Registered Behavior Technician (RBT)</li> </ul> <p>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.</p> <p><b>Supervision</b></p> <p>Provisionally licensed psychologists providing ABA services must be supervised by a licensed psychologist with training in ABA.</p> <p>ABA services performed by a Licensed assistant Behavior Analyst (LaBA) must be provided under the supervision and direction of an LBA.</p> <p>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.</p>

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Involvement of the supervising practitioner must be reflected in the IDI, the treatment plan, and the interventions provided.</li> <li>• The treating LBA or psychologist must provide direct service hours to the individual receiving services at least monthly</li> <li>• Direct supervision by observation of the technician must occur no less than 10% of direct service hours provided</li> <li>• Behavior analysts must identify their services accurately and include all required information on reports, bills, invoices, requests for reimbursement, and receipts</li> <li>• 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</li> </ul> <p>All staff must meet the qualifications and supervision requirements as defined in the document titled <i>Medicaid Requirements for Substance Use Disorder and Applied Behavior Analysis Services</i></p> <p>All staff are required to work within their scope of practice to provide treatment</p>
Staffing Ratio	<p>It is a provider’s responsibility to ensure their services meet any and all staffing ratio requirements as determined by the Division of Behavioral Health, the Division of Public Health or relevant accrediting body. MLTC regulations do not have specific criteria regarding staffing ratios</p> <p>An LBA may not supervise more than 24 technicians</p>
Hours of Operation	<p>ABA services must be available during times that meet the needs of the individual and families being served, to include typical business hours with evening and weekend hours available by appointment</p>
Desired Individual Outcome	<ul style="list-style-type: none"> <li>• The individual substantially meets the Individualized Treatment, Rehabilitation, and Recovery Plan goals and objectives.</li> <li>• The precipitating condition has stabilized such that the individual’s condition can be managed without specialized ABA supports and interventions</li> <li>• The individual and guardian have support systems in place to help the individual maintain stability in the community</li> </ul>
Admission Guidelines	<p>All of the following criteria must be met for admission to ABA treatment:</p> <ul style="list-style-type: none"> <li>• Individual with ASD or developmental or intellectual disability when it is determined that ABA treatment is needed based on the ABA assessment,</li> </ul>

	<p>who has significant functional impairments resulting from maladaptive behaviors patterns in at least two of the following areas:</p> <ul style="list-style-type: none"> <li>○ Non-verbal or limited functional communication and pragmatic language, unintelligible or echolalic speech, impairment in receptive or expressive language</li> <li>○ Severe impairment in social interaction, social reasoning, social reciprocity, or interpersonal relatedness</li> <li>○ Frequent intense behavioral outbursts that are self-injurious or aggressive towards others</li> <li>○ Exhibits atypical, repetitious, or constrained patterns of behavior</li> </ul> <ul style="list-style-type: none"> <li>● The presence of maladaptive behaviors negatively impacts the individual’s ability to function successfully in home, community, or school settings</li> <li>● Of all reasonable options available to the individual, ABA is the best treatment option with expectation of improvement in the individual's behavioral functioning</li> <li>● This level of care is the least restrictive setting that will produce the desired results in accordance with the needs of the individual</li> </ul>
Continued Stay Guidelines	<p>All of the following guidelines must be met to continue ABA treatment:</p> <ul style="list-style-type: none"> <li>● The individual continues to meet admission guidelines for ABA services <ul style="list-style-type: none"> <li>○ There is reasonable likelihood of substantial benefit as a result of continued ABA services, as demonstrated by objective behavioral measurements of improvement using norm-referenced and standardized assessment tools. Assessments may include: <ul style="list-style-type: none"> <li>▪ Vineland-3</li> <li>▪ Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)</li> <li>▪ Assessment of Basic Language &amp; Learning Skills (ABLLS)</li> </ul> </li> <li>○ Behavioral assessments must be documented within the updated treatment plan</li> </ul> </li> <li>● The individual is making progress toward goals and is actively participating in the interventions</li> <li>● Caregivers are participating in treatment a minimum of 2-4 hours per month to support generalization and maintenance of skills</li> <li>● The individual should be transferred or discharged to a different level of care and referred for a different type of treatment when review of the individual’s Individualized Treatment, Rehabilitation, and Recovery Plan shows that treatment at the current level of care is not adequately addressing the individual’s new or existing problems</li> </ul>
Telehealth	<p>Telehealth services are allowed as indicated on the Mental Health and Substance Use fee schedule. Telehealth services must be performed within ethical guidelines for each provider’s scope of practice and license.</p>

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 for 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 for 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 the Medicaid Service Definition titled *Applied Behavior Analysis Behavior Identification Assessment*