


To: All Providers Participating in the Nebraska Medicaid Program
From: Drew Gonshorowski, Director 
Date: January 31, 2025
Re: Behavioral Health Providers: Applied Behavior Analysis Service Definitions

This provider bulletin is being issued to notify providers that the final versions of the Applied Behavior Analysis (ABA) Medicaid Service Definitions (MSDs) for Nebraska Medicaid will be posted to the Medicaid and Long-Term Care website at <https://dhhs.ne.gov/Pages/Medicaid-Behavioral-HealthDefinitions.aspx>. These service definitions are effective February 7, 2025. Prior to this date, the service definitions are available to view here:

- [Applied Behavior Analysis](#)
- [Applied Behavior Analysis Behavior Identification Assessment](#)
- [Medicaid Requirements for Substance Use Disorder and Applied Behavior Analysis Services](#)

DHHS received over 300 comments from ABA providers and members of the community. We want to sincerely thank all the providers who submitted feedback 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.

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. Areas with significant public comment are addressed below:

Hours of Service:

Providers expressed concern with the proposed guidelines in the Nebraska ABA Medicaid Service Definition (MSD) for 6 hours of direct patient assessment and treatment per day, up to a total 20-30 hours per week.

The majority of treatment requests for ABA services nationwide are for 20-30 hours per week, and this allows for varied intensity of treatment services. Up to 30 hours per week, and direct service hours of 6 hours per day, was 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.

Provider Requirements:

Providers expressed concern with the longstanding requirement that Registered Behavior Technicians (RBTs) must have a bachelor's degree and one year of relevant experience or graduate education.

In response to provider and community concerns, we are lessening this requirement. Registered Behavior Technicians must have certification from the Behavior Analyst Certification Board and must be enrolled with Nebraska Medicaid.

Schools as a place of service:

Language in the MSD was interpreted as excluding schools as a place of service.

Many providers and members of the community interpreted language in the MSD to exclude ABA services from school settings. We updated the setting language in the final MSD to clarify that schools are an allowed place of service.

Individual and caregiver involvement:

Providers expressed concern over the requirement for the parent / caregiver to be involved in treatment planning, and that caregivers engage in ABA services for at least 2-4 hours per month.

Caregiver involvement and training in ABA is crucial to increase treatment success, allow informed involvement in treatment planning, and to facilitate transfer of skills beyond ABA treatment sessions. Providers are expected to provide flexible availability, including weekend or evening hours, to accommodate parent/caregiver involvement. Additionally, Nebraska Medicaid allows for telehealth flexibility for situations where access or transportation are barriers to caregiver involvement. We believe that with these flexibilities in place, a requirement of 2-4 hours per month of caregiver involvement is reasonable. Coverage for services will not be denied on lack of parent/caregiver involvement alone. Lack of parent/caregiver involvement must be documented and will be taken into consideration on a case-by-case basis.

Individualized Treatment, Recovery, and Rehabilitation Plan review and update frequency versus Prior authorization frequency:

Providers interpreted the MSD requirement that the specified frequency of at least every 90 days for the review and update of the treatment plan, was equivalent to the prior authorization frequency.

Treatment planning is not synonymous with Medicaid authorization, and language in the service definitions was updated to clarify this. Regular, thorough reviews of the individual's progress are an integral part of treatment. Findings from these reviews should be documented, and treatment goals should be revised based on these findings as needed. Treatment plan reviews must be completed on a regular basis regardless of the length of Medicaid authorization. A treatment plan review does not require a full assessment of the individual as is done for a new patient. The frequency of prior authorization for Medicaid coverage is based on medical necessity and therefore is variable in duration.

“Recovery”

Providers have objected to the use of the word ‘recovery’ as used in the title of the Individualized Treatment, Recovery, and Rehabilitation Plan, stating that individuals cannot ‘recover’ from autism or intellectual disability.

Recovery as used in this context is not synonymous with ‘cure’. 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.” Based on this definition, we feel that the goal of recovery is appropriate for all individuals, regardless of diagnosis.

Supervision requirements

Providers had concern with the amount of supervision required (10-20%) for Registered Behavior Technicians (RBTs) as noted in the MSD.

In order to ensure quality services are provided by RBTs, the supervisor must have active involvement in providing guidance and oversight of the services the RBT is providing. This is particularly important to ensure quality of care as we are relaxing the requirements for RBT training, as requested in the public comments.

Crisis:


Providers asked if the MSD expectation to provide access to 24/7 crisis services meant that they had to have this capacity within their organization.

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 & Crisis Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide. This has been clarified in the service definitions.

Scope of practice:

Providers objected to the MSD requirement that they consider mental health and other co-occurring health conditions as possible contributing factors to the individual’s condition, or that they assess an individual’s need for education, vocational support, or accessing medications.

Nebraska Medicaid does not expect ABA providers to work outside their scope of practice or to diagnose or treat co-occurring factors, but to acknowledge and note the impact of co-occurring symptoms and to look at the full spectrum of an individual’s needs. Providers should be aware that many individuals with autism spectrum disorder or intellectual and developmental disabilities may have co-occurring symptoms or conditions and should recognize and acknowledge these symptoms in their documentation. If symptoms appear to merit evaluation or a provider is unsure, the provider should facilitate referrals to experts for evaluation as needed, and work in collaboration with other treating providers.



Thank you for your valuable feedback. Your feedback helps improve the quality of mental and behavioral health care that Nebraska Medicaid members receive. If you have questions regarding this bulletin, please contact DHHS.MLTCEXperience@Nebraska.gov.

Provider Bulletins, such as this one, are posted on the DHHS website at <http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx>. Please subscribe to the page to help you stay up to date about new Provider Bulletins.