



Statement from the Nebraska Association for Behavior Analysis (NEABA) Regarding Medicaid Service Definitions and Inequitable Access to Care

The Nebraska Association for Behavior Analysis (NEABA) formally objects to the severe limitations established in Nebraska Medicaid's revised Applied Behavior Analysis (ABA) Service Definitions, specifically the aggregate cap of 20 hours per week across all ABA treatment service codes (97153, 97154, 97155, 97156, 97157, and 97158).

National standards recognize that each ABA billing code represents a distinct medically necessary service with different clinical purposes, supervision requirements, and caregiver training needs. For this reason, service codes are authorized separately based on an individual's clinical needs—not combined under a single weekly cap. By aggregating all ABA services into one 20-hour limit, Nebraska Medicaid departs from established national practice and forces providers to reduce or eliminate essential components of treatment in order to remain compliant.

This policy has significant unintended consequences for children and families. Clinical supervision by a Licensed Behavior Analyst (LBA), caregiver training, and treatment modifications become direct competitors with the child's therapy hours. For example, when a child requires additional supervision during a challenging session, those supervision hours count against the same weekly limit as direct therapy. As a result, the child must receive fewer direct treatment hours later in the week simply to remain within the cap. Likewise, providers may be forced to limit caregiver training or clinical oversight—not because these services are unnecessary, but because providing them reduces the child's access to direct intervention.

The result is a less effective, less individualized treatment model that is inconsistent with generally accepted standards of care. It also creates scheduling instability for families, disrupting caregiver employment and reducing participation in caregiver training, which is itself an evidence-based component of successful ABA treatment.

Most importantly, this policy creates inequitable access to medically necessary care. Children with commercial insurance routinely receive treatment recommendations exceeding 20 hours per week when clinically indicated, while children covered by Medicaid are effectively denied equivalent access regardless of medical necessity. Although Nebraska Medicaid states that medically necessary services remain available through prior authorization, providers have experienced routine denials of requests exceeding the aggregate cap, making the 20-hour limit a de facto maximum rather than a flexible clinical guideline.

This disparity raises significant concerns regarding equitable access to medically necessary behavioral health services. ABA is a medically necessary treatment for autism as well as intellectual and developmental disabilities. Treatment intensity should be determined by



individualized clinical assessment—not by an arbitrary funding limitation tied solely to payer source.

The evidence supporting early, intensive ABA intervention is substantial. As summarized in the Council of Autism Service Providers (CASP) 2024 white paper and decades of research, comprehensive ABA delivered at higher intensity—typically 30 to 40 hours per week for children with significant needs—is associated with greater improvements in intellectual functioning, communication, adaptive behavior, and long-term independence than lower-intensity or eclectic interventions. Effective early intervention also allows many children to transition to less intensive services sooner, ultimately benefiting both families and the healthcare system.

NEABA is also concerned about the process by which these service definitions were developed. Prior to their release, NEABA offered its expertise and collaboration but did not receive a response. National standards were requested only after the proposed definitions had been published and contradictory evidence was presented. As written, the current policy places Nebraska Medicaid beneficiaries at a disadvantage solely because of their insurance coverage.

NEABA urges Nebraska Medicaid to revise these service definitions by removing the aggregate weekly cap across ABA service codes and aligning policy with nationally accepted clinical standards. Direct therapy, clinical supervision, caregiver training, and treatment modification each serve distinct and essential roles in effective ABA treatment and should not compete against one another for limited hours.

NEABA remains committed to working collaboratively with Nebraska Medicaid to develop service definitions that preserve clinical quality, reflect current evidence, and ensure equitable access to medically necessary ABA services for all Nebraska children.