

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026136 AUGUST 18, 2026

Minimum caregiver coaching and training requirements for ABA therapy clarified

The Indiana Health Coverage Programs (IHCP) previously released a minimum requirement of 12 hours of caregiver coaching and training per standard six-month authorization period for comprehensive applied behavior analysis (ABA) therapy in *IHCP Bulletin* [BT202662](#).

The IHCP understands that families and caregivers have nuanced and variable circumstances that may interfere with their ability to meet the minimum 12-hour caregiver coaching and training during an authorization. Given these considerations, the IHCP is releasing stipulations for prior authorization (PA) caregiver coaching and training requests, documentation, and extenuating circumstances.



PA regarding caregiver coaching and training

When submitting a PA request, providers should request 12-18 hours of caregiver coaching and training based on the member's medical necessity. Additional hours beyond 18 may be requested when medically necessary. Prior to requesting caregiver coaching and training hours, providers should evaluate the family and caregivers for barriers that could affect their ability to complete at least 12 hours of caregiver coaching and training during the authorization period. The 12-hour minimum is based on a six-month authorization period and should be prorated for authorization periods of shorter duration.

The PA request should reflect a realistic number of caregiver coaching and training hours that can reasonably be completed during the authorization period. Any reduction below the minimum expectation should be supported by documented barriers that significantly limit the caregiver's ability to participate despite reasonable efforts by the provider to offer flexible scheduling, telehealth opportunities, and other accommodations. Barriers must be clearly documented and submitted with the PA request.

Examples of qualifying barriers may include, but are not limited to:

- **Caregiver Availability and Custody Issues:** Foster care placement, pending adoption, custody disputes, reunification efforts or other circumstances in which a consistent caregiver is not available to participate
- **Serious Medical Circumstances:** Extended illness, hospitalization, surgery, intensive treatment regimens or chronic medical conditions that substantially limit caregiver participation
- **Competing Caregiving Responsibilities:** Responsibility for a medically fragile family member or other dependent requiring intensive care that significantly limits caregiver availability
- **Socioeconomic Hardship:** Homelessness, housing instability, lack of transportation, utility interruption affecting service delivery or limited access to technology necessary for participation
- **Emergency Events:** Natural disasters, displacement from the home, fire, flood or other significant emergencies
- **Legal Circumstances:** Protective orders, incarceration, court-mandated restrictions or other legal barriers affecting caregiver availability

The presence of a barrier does not automatically justify a reduction in caregiver coaching and training hours. Providers should demonstrate that the barrier materially limits caregiver participation despite reasonable efforts to offer alternative scheduling, service delivery methods or other accommodations.

Providers must document the specific barriers, its anticipated duration and the impact on caregiver participation. Documentation may include provider notes, hospital discharge records, court documentation, insurance claims, proof of participation in assistance programs or other relevant supporting materials. Providers should also document efforts to mitigate barriers, including referrals to community resources and attempts to offer alternative scheduling or service delivery options.



When documented barriers are identified and submitted with the PA request, providers should request caregiver coaching and training hours that are attainable based on the caregiver's circumstances and expected availability during the authorization period. Supported requests may include fewer than 12 hours of caregiver coaching and training when documented barriers would reasonably prevent completion of the minimum expectation.

Noncompliance for caregiver coaching and training mid-authorization

If no barriers to minimum caregiver coaching and training are identified when the PA is requested, but barriers arrive mid-authorization, the provider should document the barrier as outlined above. How the barrier inhibits caregiver coaching and training and formal documentation of the barrier should be provided in the reauthorization report. Providers are expected to continue making reasonable efforts to engage caregivers and complete caregiver coaching and training hours to the extent possible. If the barrier is expected to continue into the next authorization period, the subsequent PA request should reflect a realistic number for caregiver coaching and training hours based on the caregiver's anticipated availability. Managed care organizations (MCOs) and the fee-for-service (FFS) prior authorization and utilization management (PA-UM) contractor will evaluate these circumstances on a case-by-case basis.

Provider responsibility in caregiver coaching and training

To demonstrate reasonable and documented efforts to facilitate caregiver coaching and training, providers should maintain documentation of the following:

- All caregiver coaching and training meetings that were scheduled, occurred, absent or cancelled
- Attempts by provider to schedule caregiver meetings
- Attempts by caregivers to schedule meetings
- Accommodated schedules that were offered to the caregiver
- Telehealth option provided to caregivers
- In home, clinic or community options to meet with caregivers
- Attempts to identify and engage an alternative relevant **caregiver** when the primary caregiver is unable to consistently participate in caregiver coaching and training.
 - ⇒ An alternative relevant caregiver should be an individual that has regular and consistent contact with the member who can help generalize ABA interventions and participate in caregiver coaching and training goals. This should not be an individual that has inconsistent contact with the member, cannot or does not have the opportunity to generalize ABA interventions, or cannot participate in caregiver coaching and training goals.
- Rationale of barriers that inhibit the caregiver from meeting if they are present
- Formal documentation of barriers that inhibit the caregiver from meeting if they are present

Caregiver coaching and training improvement plan

When the minimum caregiver coaching and training does not occur during an authorization period, the provider must include a caregiver coaching and training improvement plan with the reauthorization request. The improvement plan should identify the specific barriers that limited participation, describe the actions taken by the provider to address those barriers, and outline strategies to increase caregiver participation during the next authorization period.

Examples may include offering alternative appointment times, telehealth options, alternative training locations, revised caregiver goals engagement of an alternative relevant caregiver, or referrals to supportive services and community resources.

The IHCP recognizes that there may be limited circumstances in which meeting the minimum caregiver coaching and training expectation is not reasonably attainable despite documented provider efforts. In these cases, providers must continue to document barriers, mitigation efforts, and caregiver engagement attempts so that MCOs and the FFS PA-UM contractor can accurately assess each situation on a case-by-case basis.

QUESTIONS

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