

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026159 SEPTEMBER 29, 2026

IHCP announces policy for sleeping and naps during ABA therapy

The Indiana Health Coverage Programs (IHCP) has observed media reports that members receiving applied behavior analysis (ABA) therapy services are only permitted to nap for seven minutes at a time, if at all. To safeguard members, the IHCP is announcing a policy regarding the allowance of naps and sleep during ABA therapy hours.



Sleep and naps are essential for brain development and can impact an individual's attention, cognition, memory and behavior. Providers are required to follow the [American Academy of Pediatrics \(AAP\) recommendations](#) on sleep per the age of the member in coordination with parents/guardians to ensure a nap is permitted during therapy hours when needed. Members must not be prevented from napping during ABA therapy hours due to it being nonbillable time.

The policy for sleeping and naps during ABA therapy is as follows:

- Necessary nap time based on age must be included in the schedule of services within the treatment plan.
- If there are comorbid diagnoses affecting sleep, nuanced medical issues related to sleep, and so on, the provider must coordinate care with the member's primary care provider and parent/guardians to determine appropriate naps during ABA therapy hours as necessary. This must be documented in the treatment plan.
- If providers and parents/guardians identify issues around sleep routine and hygiene to promote a more robust sleep schedule at home, it must be documented in the treatment plan. Providers must evaluate the necessity of caregiver coaching and training goals related to the member's sleep in these instances.
- If naps do not appear to be necessary at the beginning of the authorization and a specific amount of hours are requested for procedure code 97153 – *Adaptive behavior treatment by technician using an established plan, each 15 minutes*, and the necessity of naps become evident for the member mid-authorization, the treatment plan must reflect this change. Naps must be reflected in the schedule with accurate duration, as well as the following information documented within the treatment plan: the duration of naps, the date naps became a consistent necessity, the dates naps titrate with updated duration, and the date naps stop. Robust documentation must explain less 97153-hour utilization due to following AAP recommendations on naps.
- Members must not be kept awake **or** woken up by physically moving them, forcing them to engage in activities, tickling or other efforts. Members may be woken up after the appropriate duration based on AAP recommendations to rejoin therapy but may not be physically moved to do so.
- During "one-off" scenarios where members are sick or other factors influencing sleep are present (home disturbances, medication side effects, parent/guardian work schedule, and so on), it is up to the provider and the parent/guardian to determine if the member should remain in ABA therapy care while napping or be sent home.

- For scenarios where the member is being repeatedly sent home for naps or exceeding recommended nap time according to the AAP, providers and parents/guardians must coordinate to determine a more appropriate ABA therapy schedule and adjust hours accordingly. This must be documented in the treatment plan.

There will be instances in which a member qualifies for naps based on their age and hours per night that they sleep in reference to the AAP; however, the IHCP acknowledges that each member's development is individual. Not every member that qualifies for a nap will need one. The intent of this policy is to ensure members that need sleep during ABA therapy hours can take naps, as well as ensure that providers are engaging in good faith efforts to support the member's essential needs.

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