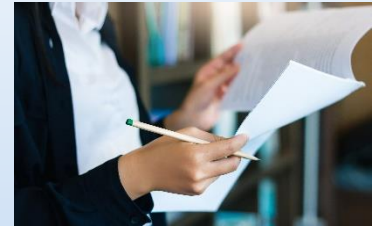


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202687 MAY 28, 2026

IHCP announces document delivery requirements for Medicaid HCBS waiver providers

In compliance with *House Enrolled Act (HEA) 1277*, effective July 1, 2026, 1915(c) Medicaid Home- and Community-Based Services (HCBS) waiver providers (provider type 32) must provide the service delivery accounting records for the member upon request by the individual receiving services or their legal guardian. These records may be requested no more than once per calendar quarter.



In addition, the provider must deliver an itemized statement of services billed by the provider for the member upon request by the individual or their legal guardian. This itemized statement may be requested no more than twice per calendar year. The statement must be in plain language.

All requests for itemized statements and accounting records must be completed by the waiver provider within 30 calendar days.

QUESTIONS

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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