Parent/Caregiver Participation in ABA Treatment

Parent/caregiver participation may be a goal of the treatment provider, but parent/caregiver participation cannot be a prerequisite to treatment. While parent participation in ABA treatment may optimize the benefits of treatment, treatment may still be extremely effective without parent participation. When clinically appropriate, providers should endeavor to train parents in ABA and involve them in the treatment plan, but some parents will not participate to the extent that health plans hope. A parent’s ability to participate and support treatment, and the nature and degree of that support, may vary based on numerous factors. Most often, parents who don’t participate can’t get time off from work or have other children whose schedules interfere. Parents may have mental or physical disabilities themselves that make participation in the treatment plan extraordinarily challenging. It is always improper to deprive children of medically necessary treatment because of a lack of parent/caregiver participation.

Parent/caregiver participation may be an aspirational goal but cannot be a condition of medically necessary treatment. Health plans cannot deny medically necessary treatment because parents/caregivers don’t participate. Some plans have stated – improperly – that the goal of treatment is to shift treatment delivery to the parents. Of course, the goal of treatment is to address the deficits and behaviors associated with the autism diagnosis, not to shift treatment from highly trained health care professionals to the parents/caregivers.

CARD clinicians convey the importance of parent/caregiver participation whenever it is clinically appropriate and provide a wide array of options to facilitate parent/caregiver participation, including offering parent/caregiver training opportunities outside of traditional work hours and via the Internet. To deprive a patient of medically necessary treatment because of a parent’s failure or inability to participate in the treatment violates EPSDT (Medicaid), the Mental Health Parity and Addiction Equity Act (MHPAEA), and the Americans with Disabilities Act (ADA) and is wholly improper.

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