

GENERAL

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GENERAL

Q1: When are the new/revised HNT and ECR policies supposed to go into effect?

A1: The HNT and ECR policies are expected to “go live” in Fall 2026.

Q2: Should my family be doing anything to prepare for the new policies and assessment tool?

A2: Yes, your family should review the current hours that your child receives. If there is a chance that your child may not receive the same number of hours they have historically due to new age-based limitations for attendant care or weekly habilitation hour limitations, you should begin to plan for other ways your child may be cared for, e.g., daycare or unpaid supports.

Q3: Who will be impacted by the new rule and forthcoming policy changes?

A3: The October 15, 2025 Emergency Rulemaking and subsequent April 13, 2026 Emergency Rulemaking Renewal will impact Arizona Long Term Care System (ALTCS) members under the age of 18 who are assessed for direct care and/or habilitation services either through the Division of Developmental Disabilities (DDD-ALTCS) or a health plan administering the Elderly and Physically Disabled program (EPD-ALTCS), including UnitedHealthcare Community Plan LTC, Banner-University Family Care LTC, or Mercy Care LTC.

Adults served by ALTCS DDD and EPD health plans are not subject to the age limitations in the HNT.

Q4: What rules and policies are changing, and why?

A4: AHCCCS is pursuing an Emergency Rule Renewal, development of a Regular Rule related to the HNT and ECR, working to finalize the revised HNT/guidance documents, and finalize the newly created ECR policy.

The state law signed in April of 2025 directed AHCCCS to adopt “a strengthened standardized assessment tool to determine the need for extraordinary care for minor children.” AHCCCS updated the Home and Community Based Services (HCBS) Needs Tool (HNT), which assesses the needs of children for both direct care and habilitation services, to meet this requirement.

ALTCS health plans, including DDD, began assessing eligible children using the updated HNT on October 1, 2025: After hearing from families, the Governor directed AHCCCS to pursue emergency rulemaking and have clinicians re-evaluate and make any appropriate changes to the HNT. These changes include the addition of an extraordinary care review (exception) process, and new assessment categories, like specialty meal preparation, specialty eating, and specialty toileting. The emergency rulemaking allows AHCCCS to comply with state law while it proceeds with the regular rulemaking process.

AHCCCS issued an expedited public comment process for the relevant policies in November 2025: Families, providers, clinicians, other experts, and interested parties had the opportunity to provide feedback during expedited comment and feedback periods. AHCCCS will continue to update the community regarding the rulemaking and policy change timeline.

HNT POLICY

Q1: What does HNT stand for?

A1: HNT stands for Home and Community Based Services (HCBS) Needs Tool.

Q2: What is the purpose of the HNT?

A2: The HNT is an assessment tool used to figure out if members would benefit from direct care services (e.g., attendant care, personal care) and/or habilitation services. It is used by a case manager/support coordinator to evaluate member needs and how many hours of support should be provided.

Q3: How often is the HNT completed?

A3: The HNT is completed annually or more frequently if there are any changes in the member's condition that could cause a change to the member's needs and assessed hours. The annual HNT is reviewed at each 90-day review.

Q4: Do the time guides for each task on the HNT indicate the maximum amount of time allowed for each task?

A4: No, the time guides are suggestions based on average times spent by caregivers. The actual time assessed should be based on the individual member's needs and how long it takes to complete each task.

Q5: Can the HNT be completed without the member/Health Care Decision Maker?

A5: No, the HNT must be completed with participation from the Health Care Decision Maker, and the member should be involved as much as possible. Adult members may not have a Health Care Decision Maker, which is okay if the member is comfortable making their own decisions.

Q6: Can the Case Manager/Support Coordinator assess the member for a task if they do not meet the age requirement?

A6: No, a task cannot be assessed for time if the child does not meet the age requirement. However, if the Health Care Decision Maker thinks that the child should be assessed for a task even though they are below the age requirement, an ECR can be requested. The case manager/support coordinator should make notes on the HNT if the Health Care Decision Maker has concerns about the task not being assessed so that there is documentation of the conversation and concerns raised.

ECR POLICY

Q1: What does ECR stand for and what is it?

A1: ECR stands for Extraordinary Care Review. The ECR is a secondary assessment process, conducted by a clinician. The ECR process is available to members under the age of 18 who have been assessed for services using the HCBS Needs Tool (HNT) but the Health Care Decision Maker disagrees with the number of assessed hours due to age based limitations for direct care services or maximum hourly limits for habilitation or both types of concerns, if present.

Q2: How does an ECR get started?

A2: Once the ECR policy is finalized, the member's health plan will be required to develop a process for the ECR. Case managers/support coordinators will provide educational materials to the Health Care Decision Maker after the completion of the HNT. The health plan will also be required to include the information on their website. All materials and website information will include instructions on where to go for additional information or to ask questions.

Q3: Who conducts the ECR?

A3: The ECR process will be conducted by a clinician with relevant professional experience that aligns with the specific diagnoses and needs of the member (i.e., developmental pediatrician, child/adolescent psychiatrist, internal medicine physicians, occupational therapists, etc.). The ECR clinician will also be able to consult with other ECR-approved clinicians when appropriate.

Q4: What exactly is the ECR Clinician evaluating?

A4: The ECR clinician is making a determination that any service provided to a member under 18 is extraordinary in nature. Specifically, they are reviewing the services or tasks that were not assessed due to age-based limits (for attendant care) or maximum hourly limits (for habilitation) and evaluating if:

- Any of the services/tasks are ordinary requirements of a legally responsible person (parent or guardian),
- The member can benefit from the services,
- The services are medically necessary, and
- If needed and appropriate, how many hours of care should be added to the HNT.

RULEMAKING

Q1: What is an Emergency Rule?

A1: An Emergency Rule is a temporary rule that allows a state agency to implement policy changes more quickly than the standard rulemaking process when there is an urgent need. Emergency rules are effective for a limited period of time and must meet specific legal requirements. They are typically used to ensure continuity of services, comply with federal or state direction, or address immediate operational needs.

Q2: Why is the Emergency Rule being renewed?

A2: The Emergency Rule is being renewed to ensure there is no disruption to services while the agency completes the regular rulemaking process. The Renewal allows AHCCCS to maintain work on finalizing policies, including the HNT and ECR processes, while incorporating feedback and moving toward a permanent (regular) rule.

Q3: What is a Regular Rule?

A3: A Regular Rule is a part of the standard rulemaking process that establishes permanent requirements for an Agency. This process includes public notice, an opportunity for public comment, and review by oversight entities. Regular rulemaking ensures transparency, stakeholder engagement, and long-term regulatory stability.

Q4: Why is AHCCCS pursuing a Rule for the HNT and ECR policies?

A4: AHCCCS is pursuing formal rulemaking to establish long-term and consistent standards for the HNT and ECR processes. While these policies were initially revised (HNT) or newly drafted (ECR) through emergency rulemaking, transitioning to a regular rule ensures the processes are fully vetted, aligned with federal and state requirements, and informed by stakeholder input.

Q5: Will services change as a result of this rulemaking?

A5: The rulemaking process is intended to provide clarity and consistency, not disrupt access to medically necessary services. Some service assessment outcomes may be different once the Regular Rule is implemented based on the Extraordinary Care requirements. Any updates to policies and related service assessment processes will be communicated in advance of implementing the changes.

Q6: Will there be an opportunity for public input?

A6: Yes. The regular rulemaking process includes opportunities for public comment as well as a public hearing. AHCCCS also engages with stakeholders through outreach and communication efforts to ensure feedback is considered.