A Few House Keeping Items

- Simultaneous interpretation in both American Sign Language and Spanish is available.
- All participants need to choose whether they want to hear the meeting in English or Spanish.
- In a moment, we will turn on interpretation services in Zoom and you will see an Interpretation button at the bottom of your Zoom window.
  - Click that button and then select either English or Spanish
- Finally, select Mute Original Audio from that same menu if you selected Spanish.
- We are now going to give everyone a minute to select their preferred language.

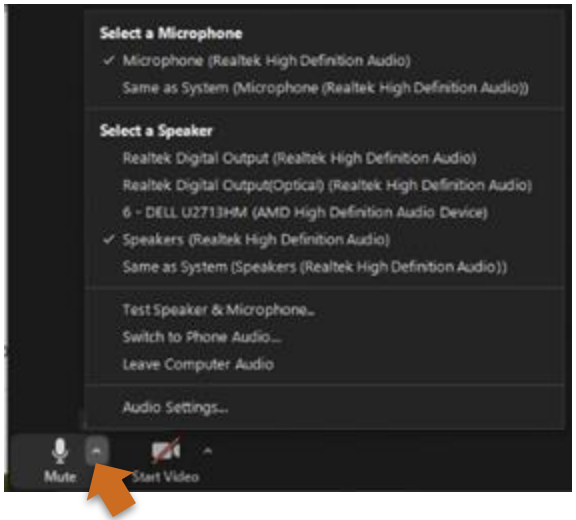
Welcome to the HNT and Exception Policy Meeting

- You were automatically muted upon entry.
- Please only join by phone or computer.
- Please use the chat feature for questions and/or comments

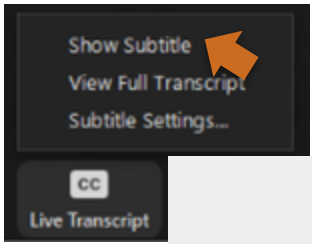
Zoom Webinar Controls

Navigating your bar on the bottom…

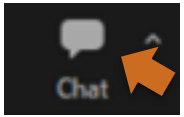
Audio Settings



Turn on Closed Captioning



Chat



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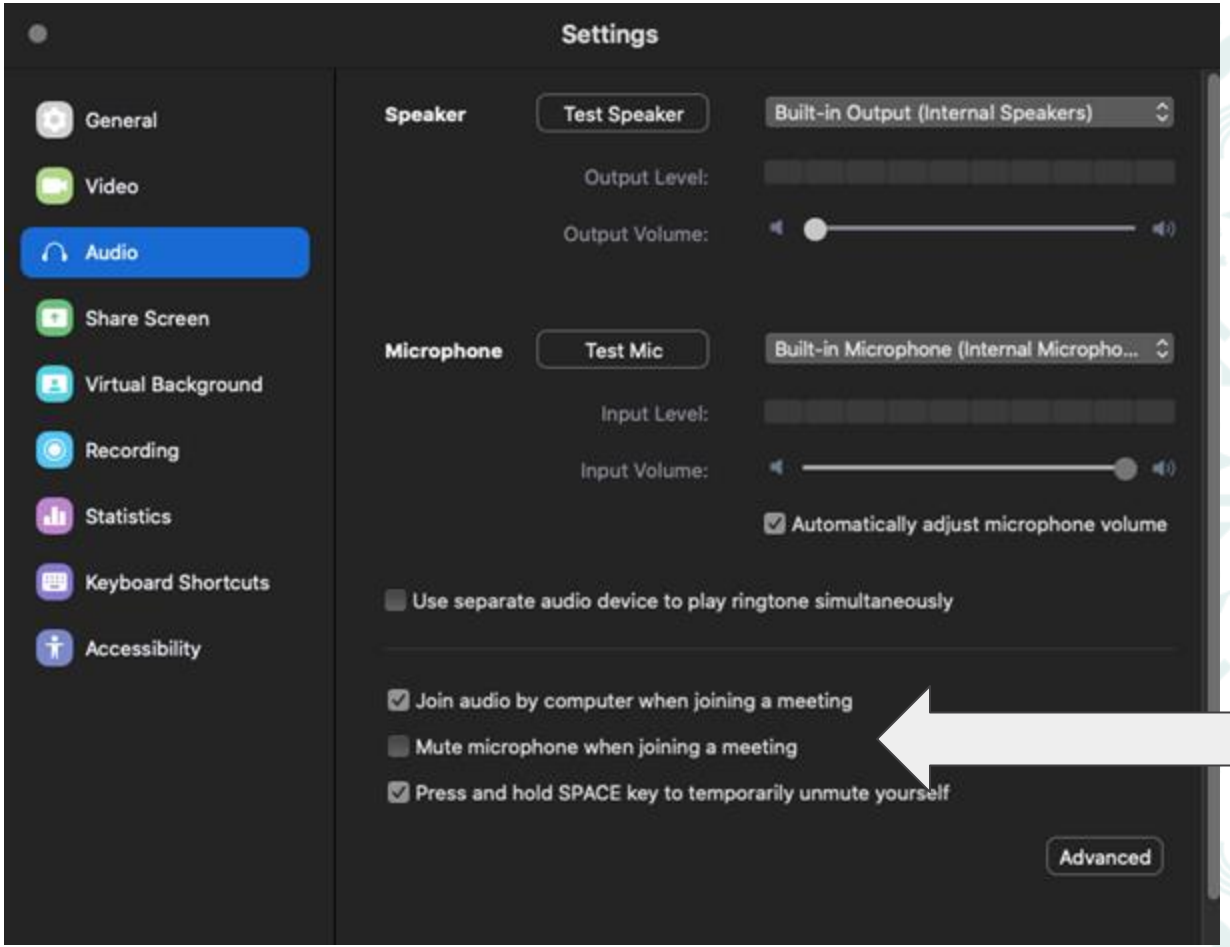
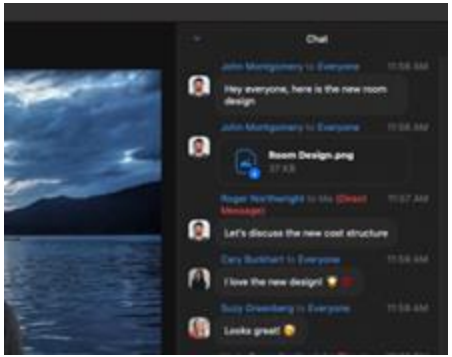


Webinar Tips

Limit background noise and distractions if feasible.



Use chat feature (or Q&A when available) to ask questions or share resources.

This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS; participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

This recording will be posted to the AHCCCS website after conclusion of this meeting.

Please disconnect from this meeting if you do not agree to these terms.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

ALTCS HNT and Exception Process Policy Review

November 2025

Welcome and Overview

Jakenna Lebsock,
Deputy Assistant Director,
Division of Managed Care -
ALTCS

ARIZONA
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AGENDA

- Overview
- Policy Review
- Next Steps
- Timeline
- How to Engage

Overview

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How Did We Get Here?

- AHCCCS placed draft policies up for public comment in May 2025
- Those policies were finalized in early September 2025 and implemented on 10/1.
    - For some policies, there were significant concerns about the changes from draft versions to final versions, mostly related to the removal of an exception process and additional age limitations especially for habilitation hours.
- Governor Hobbs heard from families regarding the concerns, impacts, and risk to the HCBS delivery system. She paused the 10/1 policies on 10/16.
    - She directed AHCCCS to pause the 10/1 HNT and to create an exception, or extraordinary care review, process for members under the age of 18.

What Is Happening?

- AHCCCS was directed to pursue an emergency rule to support the Home and Community Based Services (HCBS) Needs Tool (HNT) pause for children under the age of 18.

- This allows AHCCCS to:
  - Revise the HNT, including the assessment categories and age limits
  - Establish an exception process (extraordinary care review)

Member Experience Right Now

- The new (10/1 version) assessment tool (HNT) for children is paused:
  - Members under the age of 18 should be receiving the same services/service hours as they were prior to 10/01/25 UNLESS the Health Care Decision Maker (e.g. parent/guardian) requests a change.
  - Members who experience a change in condition or who need to reassessed for any reason will be reassessed with the tools/processes used prior to 10/01/25.
  - New members will be assessed with the tools/processes used prior to 10/01/25.
  - Quarterly visits with case managers/support coordinators are still occurring.
- There is no change for adults (members aged 18 and older); the 10/1 tool is still in effect, as are standard PCSP reviews and assessment processes.

What Policies Have Been Updated or Created?

- AHCCCS has posted four policies for public comment:
  - 1620-17A: HCBS Needs Tool (revised)
    - Child's Tab
    - Adult Tab
  - 1620-17B: HNT Guidance for Child Tool (revised)
  - 1620-17C: HNT Guidance for Adult Tool (revised)
  - ACOM 450: ALTCS Extraordinary Care Review Process for Minor Members (new)
    - Attachment A
- All of these policies can be commented on.

Policy Review/Public Comment Process

- Draft policies posted to the AHCCCS website on Monday, November 10. You can find them and provide Public Comment at: https://ahcccs.commentinput.com/comment
- In order to meet the requirements of the Rule and state law, policies will be open for an expedited public comment period.
    - This means that they will be posted for 14 days to review and provide feedback.
- Policies will be available for public comment until:
    - 5:00 PM on Monday, November 24, 2025.

Policy Review

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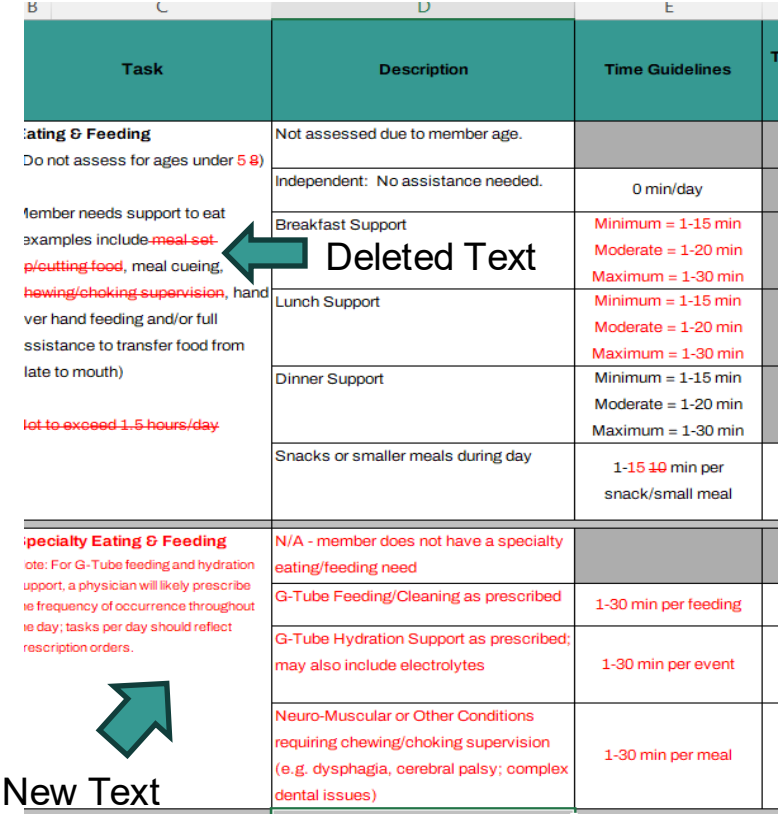
Things to Note

- Please take time to read the policy drafts and make sure what you hear today is what you see reflected:
  - Does it read the same way? Does it make sense?
  - Are there gaps? Are there concerns?
- You may see text in different colors throughout the policies (especially the revised policies) – the individual colors do not have a meaning.
  - The colors indicate where changes have occurred from the 10/1 versions that were posted.
  - Some colors (usually blue) may indicate a hyperlink.
- Underlined text generally shows new language; struck through language shows language intended to be removed.

Revision Examples



Task	Description	Time Guidelines
:ating & Feeding Do not assess for ages under 5 ~~8~~)	Not assessed due to member age.	
	Independent: No assistance needed.	0 min/day
lember needs support to eat examples include ~~meal set p/cutting food~~, meal cueing, ~~hewing/choking supervision~~, hand ver hand feeding and/or full ssistance to transfer food from late to mouth)	Breakfast Support	Minimum = 1-15 min Moderate = 1-20 min Maximum = 1-30 min
	Lunch Support	Minimum = 1-15 min Moderate = 1-20 min Maximum = 1-30 min
~~lot to exceed 1.5 hours/day~~	Dinner Support	Minimum = 1-15 min Moderate = 1-20 min Maximum = 1-30 min
	Snacks or smaller meals during day	1-15 ~~10~~ min per snack/small meal
:pecialty Eating & Feeding ote: For G-Tube feeding and hydration upport, a physician will likely prescribe e frequency of occurrence throughout e day; tasks per day should reflect rescription orders.	N/A - member does not have a specialty eating/feeding need	
	G-Tube Feeding/Cleaning as prescribed	1-30 min per feeding
	G-Tube Hydration Support as prescribed; may also include electrolytes	1-30 min per event
	Neuro-Muscular or Other Conditions requiring chewing/choking supervision (e.g. dysphagia, cerebral palsy; complex dental issues)	1-30 min per meal

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New Text

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with modifications such as blended, pureed, mechanical soft, etc. ~~In general, meal preparation and cleanup should not exceed 75 minutes per day.~~ If meals are prepared for the child while at another setting (e.g. school) by staff onsite, that time should not be considered in this needs assessment. There is not an age limit for this task.

- Independent:
  0 min/day.
- Breakfast Preparation and/or Modification:
  1-30 ~~15~~ min.
- ~~Breakfast Modification:~~
  ~~1-5 min/day.~~
- Lunch Preparation and/or Modification:
  1-30~~20~~ min.
- ~~Lunch Modification:~~
  ~~1-5 min/day.~~
- Dinner Preparation and/or Modification:
  1-30~~40~~ min.
- ~~Dinner Modification:~~
  ~~1-5 min/day.~~
- Alternative Meal Schedule/Snacks:
  1-15~~10~~ min per meal/snack.

EATING & FEEDING

For specialty feeding needs such as G-Tube or significant choking risk associated with neuro-muscular or other conditions (e.g. dysphagia, cerebral palsy, complex dental, etc.), do not assess in this section. This should be assessed in the Specialty Eating & Feeding section.

Eating and Feeding is the process of getting oral nourishment from a …acle (dish, plate, cup, glass,

New Text

1620-17A: HCBS Needs Tool (Child Tab)

AMPM Exhibit 1620-17A, Child HCBS Needs Tool (for ages 0-17) DRAFT

This tool is to be used when assessing ALTCS members, aged 0 through 17 years. This tool is to be used as a guide by ALTCS Case Managers and is not intended to replace professional experience.
Members have a right to a comprehensive assessment, based on their unique needs and circumstances, and regardless of the presence or lack thereof of informal supports.
If there are questions or comments about a specific task, ~~please~~ case managers shall review with ~~your~~ their Supervisor.
This tool is to be used anytime the person-centered planning process determines that a member might benefit from Attendant Care, Personal Care, Homemaker, and/or Habilitation services or when a member/Health Care Decision Maker (HCDM) requests this assessment for these services. Time entered should be reflective of the number of minutes each day that support is needed for the task.

☐ Lives with Family ☐ Lives with Non-Family

Use the guidance in the section below ("do not assess for") to ensure age appropriate milestones are not authorized for paid services.
If a member/HCDM makes a comment/request about a task that is not age-appropriate, please document those comments as this may support the extraordinary care review (exception) process post completion of the HNT assessment process.

Member Age on Date of Assessment: _____ **DRAFT** **Assessment Date:** _____

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Housekeeping & Cleaning (Do not assess for ages under 18; allowable as an age-appropriate Habilitation goal for members aged 16+)	Not assessed due to member age.													
Laundry (Do not assess for ages under 18; allowable as an age-appropriate Habilitation goal for members 16+)	Not assessed due to member age.													
Incontinence-Based Laundry (Do not assess for ages under 4) ~~7~~)	Not assess member age.													
	Inc assistance needed.	0 min/day												

Child HNT (for ages 0-17) | Adult HNT (18+)

1620-17A: HCBS Needs Tool (Child Tab)

This exhibit includes the HCBS Needs Tool (HNT) that is used to assess each member's direct care and habilitation service needs for members under the age of 18.

- Remember, services must be extraordinary in nature
  - This means that hours cannot be assessed/paid for a service/task that all parents are required to do for their minor child.

Age Limitation Adjustments

- Incontinence based laundry – reduced to “do not assess for ages under 4”
  - Previously was under age 7
- Eating and Feeding – reduced to “do not assess for ages under 5”
  - Previously was under age 8
- Bathing – reduced to “do not assess for ages under 5”
  - Previously was under age 8
- Toileting– reduced to “do not assess for ages under 4”
  - Previously was under age 6

Note: AHCCCS is working on a clinical summary document that will show sources for the age limitations.

New Service Categories

- Specialty Meal Prep and Clean Up
  - No age limitation
  - Specific to needs resulting from inability to eat the same meal as the family for reasons such as:
    - Specialty diet
    - Food allergies
    - Food consistency such as pureeing
    - Medically tailored meals
    - Texture needs such as thickening, thinning
  - Each meal of the day is listed as is alternate meal schedules and snacks

New Service Categories

- Specialty Eating and Feeding
  - No age limitation
  - Specific to needs for
    - G-Tube feeding and/or hydration
    - Eating supervision, specific to chewing/choking monitoring because of a medical condition and/or eating behavior

Service Category Adjustments

- Meal Prep and Clean Up
  - Combined preparation and modification considerations
  - Removed some considerations now covered under Specialty Meal Prep/Clean Up
  - Allowed for base time to be consistent for all meals due to cultural considerations
- Eating and Feeding
  - Age change from do not assess under 8 to under 5
  - Removed some considerations now covered under Specialty Eating & Feeding
  - Allowed for base time to be consistent for all meals due to cultural considerations

Service Category Adjustments

- Bathing
  - Age change from do not assess under 8 to under 5
  - Removed minimum and moderate considerations
    - Replaced with Partial Assistance
    - Adjusted base time to 1-20 minutes/day
- Specialty Toileting
  - Added an independent category as a child may have a specialty toileting consideration but is able to self-manage
  - Added new sub-tasks that support assessment of specialty toileting need
    - Smearing behaviors – note this also includes time for clean up of the person and/or the environment
    - Chronic constipation/holding behaviors
    - Formal toileting schedules

Attendant Care Supervision

- No changes in the draft policy

- AHCCCS intends to add a Specialty Supervision category; we would like public input on this:
  - What conditions, diagnoses, and/or specific behaviors should be included in this task?
  - What would be appropriate guidelines for evaluating this?

Habilitation

Note: AHCCCS has determined that long-term work is needed for the habilitation benefit; the Agency is committed to forming a workgroup to review this service over the next several months. However, habilitation must still be addressed in the policy revisions.

- Removed daily limits

- Changed the weekly limits:
  - All ages for children aged 3 and older = 10 hour weekly limit
  - This was based on clinician feedback and review of utilization data from state fiscal years 2019 through 2025

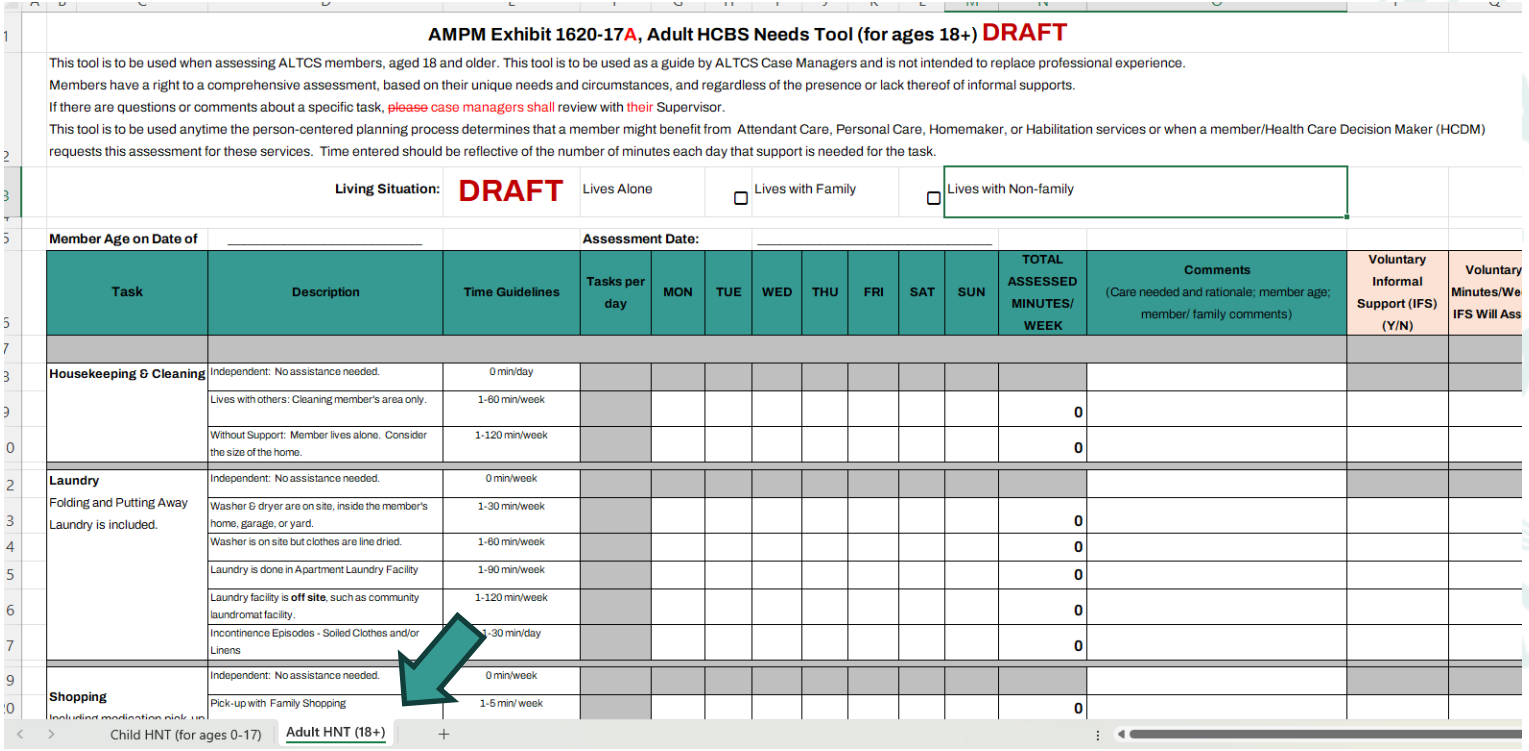
Other Child HNT Updates

- Added space for clear overnight care documentation
- Added information regarding the Extraordinary Care Review (ECR) process.
    - Documents family interest in learning more about the ECR process
    - Documents the dates information is shared with the family, the date of the ECR decision (when applicable), the outcome of the ECR, and the date the Health Care Decision Maker (HCDM) is made aware of the ECR decision
    - Summarizes any changes to the HNT because of the ECR process

Note: Health Plans will be required to provide clear information on the ECR process in several ways (e.g. website, member handbook) and regardless of whether the information is formally requested or not.

1620-17A: HCBS Needs Tool (Adult Tab)

This exhibit includes the HCBS Needs Tool (HNT) that is used to assess each member's direct care and habilitation service needs for members aged 18 and older.



AMPM Exhibit 1620-17A, Adult HCBS Needs Tool (for ages 18+) DRAFT

This tool is to be used when assessing ALTCS members, aged 18 and older. This tool is to be used as a guide by ALTCS Case Managers and is not intended to replace professional experience.
Members have a right to a comprehensive assessment, based on their unique needs and circumstances, and regardless of the presence or lack thereof of informal supports.
If there are questions or comments about a specific task, ~~please~~ case managers shall review with their Supervisor.
This tool is to be used anytime the person-centered planning process determines that a member might benefit from Attendant Care, Personal Care, Homemaker, or Habilitation services or when a member/Health Care Decision Maker (HCDM) requests this assessment for these services. Time entered should be reflective of the number of minutes each day that support is needed for the task.

Living Situation: DRAFT ☐ Lives Alone ☐ Lives with Family ☐ Lives with Non-family

Member Age on Date of _____ **Assessment Date:** _____

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/We IFS Will Ass
Housekeeping & Cleaning	Independent: No assistance needed.	0 min/day												
	Lives with others: Cleaning member's area only.	1-60 min/week									0			
	Without Support: Member lives alone. Consider the size of the home.	1-120 min/week									0			
Laundry Folding and Putting Away Laundry is included.	Independent: No assistance needed.	0 min/week												
	Washer & dryer are on site, inside the member's home, garage, or yard.	1-30 min/week									0			
	Washer is on site but clothes are line dried.	1-60 min/week									0			
	Laundry is done in Apartment Laundry Facility	1-90 min/week									0			
	Laundry facility is **off site**, such as community laundromat facility.	1-120 min/week									0			
	Incontinence Episodes - Soiled Clothes and/or Linens	1-30 min/day									0			
Shopping Including medication pick-up	Independent: No assistance needed.	0 min/week												
	Pick-up with Family Shopping	1-5 min/ week									0			

Child HNT (for ages 0-17) | Adult HNT (18+)

Adult HNT Revisions

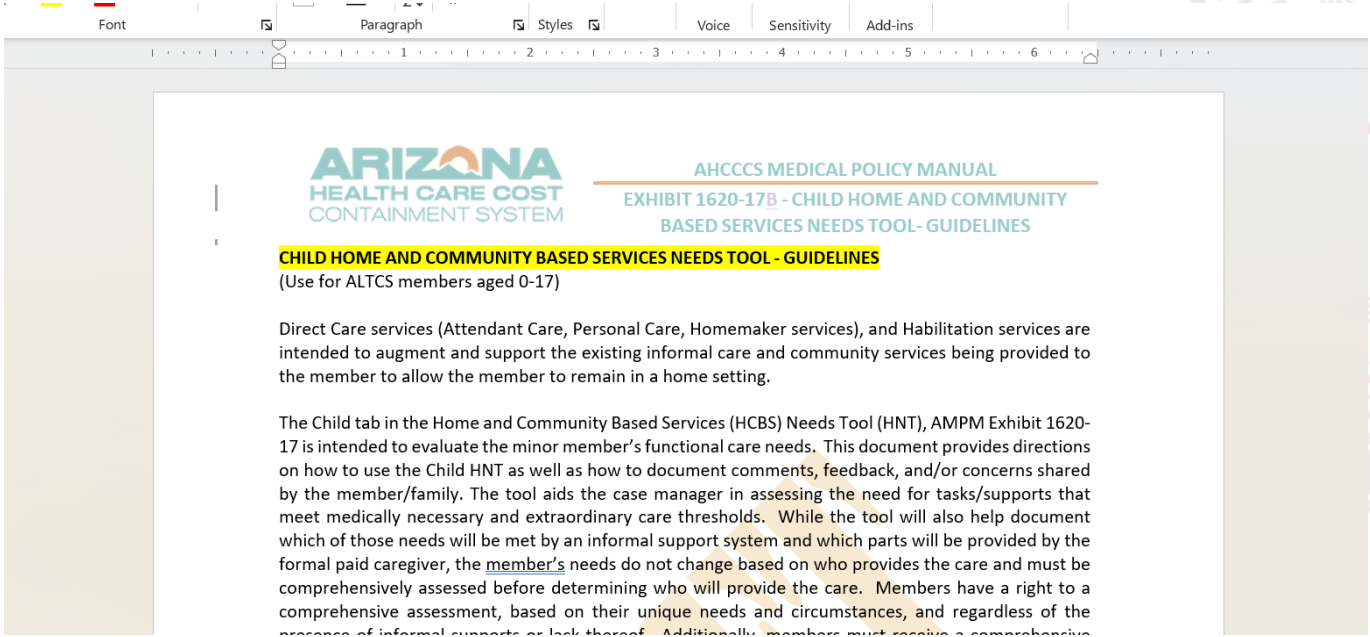
- Very similar to the child tool; most revisions were made to promote alignment and consistency
- Removed daily limit language to support full assessment of need
- Other revisions include:
  - Meal Prep & Clean Up:
    - Combined preparation and modification considerations
    - Allowed for base time to be consistent for all meals due to cultural considerations
  - Eating & Feeding
    - Added G-Tube feeding and G-tube hydration

Adult HNT Revisions, continued

- Other revisions include:
  - Toileting
    - Added components covered under Child Specialty Toileting (e.g. smearing, holding behaviors)
  - Habilitation
    - Removed the daily limit

1620-17B: Child HNT Guidelines (Instructions)

The Child Guidelines document outlines how case managers/support coordinators should utilize the HNT and conduct conversations with families, specific to members under the age of 18.



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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

AHCCCS MEDICAL POLICY MANUAL

EXHIBIT 1620-17B - CHILD HOME AND COMMUNITY BASED SERVICES NEEDS TOOL- GUIDELINES

CHILD HOME AND COMMUNITY BASED SERVICES NEEDS TOOL - GUIDELINES

(Use for ALTCS members aged 0-17)

Direct Care services (Attendant Care, Personal Care, Homemaker services), and Habilitation services are intended to augment and support the existing informal care and community services being provided to the member to allow the member to remain in a home setting.

The Child tab in the Home and Community Based Services (HCBS) Needs Tool (HNT), AMPM Exhibit 1620-17 is intended to evaluate the minor member's functional care needs. This document provides directions on how to use the Child HNT as well as how to document comments, feedback, and/or concerns shared by the member/family. The tool aids the case manager in assessing the need for tasks/supports that meet medically necessary and extraordinary care thresholds. While the tool will also help document which of those needs will be met by an informal support system and which parts will be provided by the formal paid caregiver, the member's needs do not change based on who provides the care and must be comprehensively assessed before determining who will provide the care. Members have a right to a comprehensive assessment, based on their unique needs and circumstances, and regardless of the

Child Guideline Revisions

- Further clarified need to document parent/HCDM concerns, especially for tasks with age limitations:

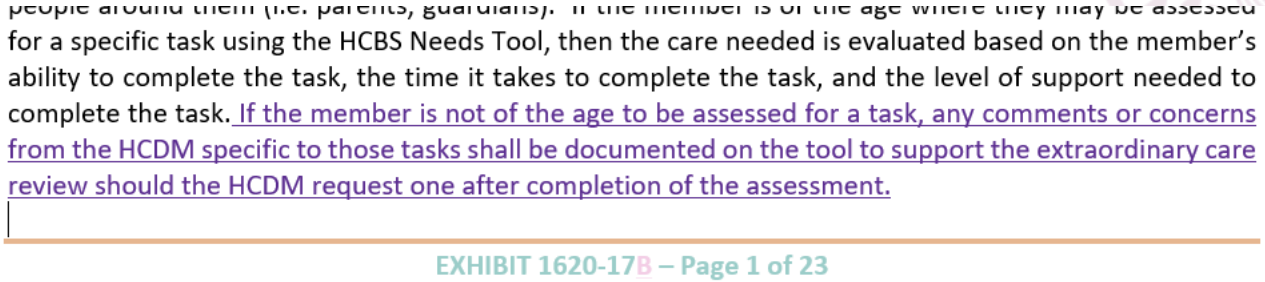
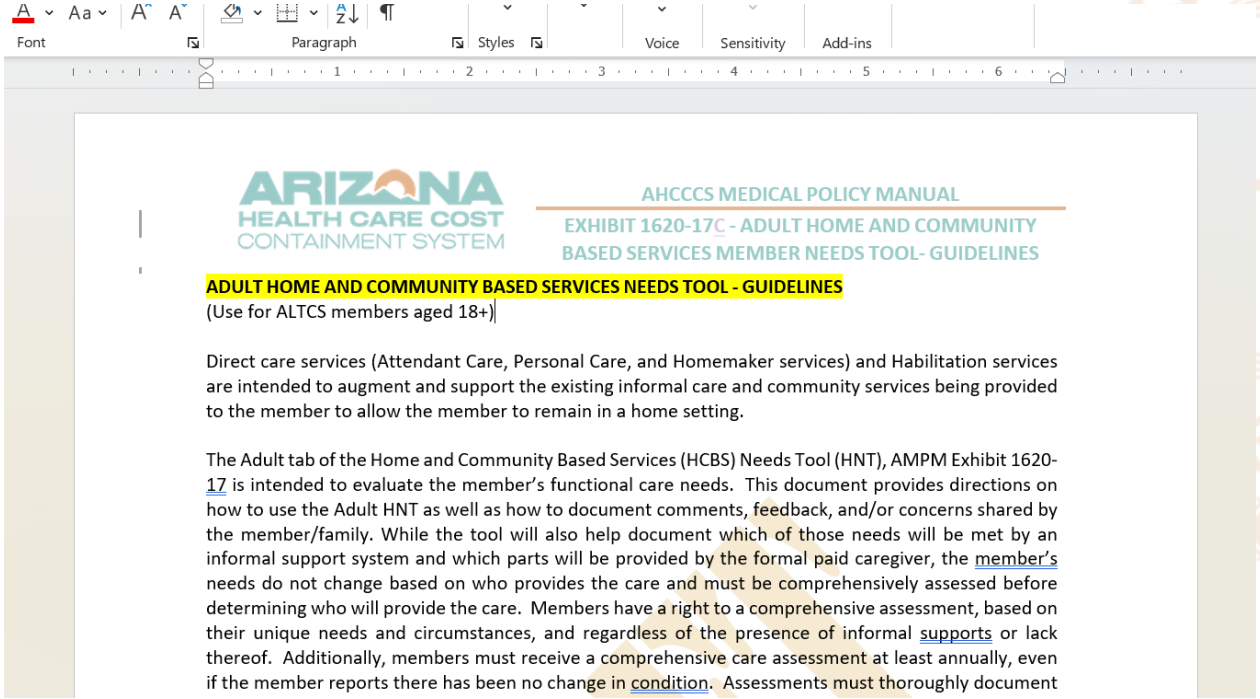

people around them (i.e. parents, guardians). If the member is of the age where they may be assessed for a specific task using the HCBS Needs Tool, then the care needed is evaluated based on the member's ability to complete the task, the time it takes to complete the task, and the level of support needed to complete the task. If the member is not of the age to be assessed for a task, any comments or concerns from the HCDM specific to those tasks shall be documented on the tool to support the extraordinary care review should the HCDM request one after completion of the assessment.

EXHIBIT 1620-17B – Page 1 of 23

- Clarified documentation requirements regarding overnight care needs
- Adjusted all guidance language for tasks that were revised
- Added new guidance language for new tasks

1620-17C: Adult HNT Guidance Instructions

The guidance document outlines how case managers/support coordinators should utilize the HNT, specific to members aged 18 and older.



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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

AHCCCS MEDICAL POLICY MANUAL

EXHIBIT 1620-17C - ADULT HOME AND COMMUNITY BASED SERVICES MEMBER NEEDS TOOL- GUIDELINES

ADULT HOME AND COMMUNITY BASED SERVICES NEEDS TOOL - GUIDELINES
(Use for ALTCS members aged 18+)

Direct care services (Attendant Care, Personal Care, and Homemaker services) and Habilitation services are intended to augment and support the existing informal care and community services being provided to the member to allow the member to remain in a home setting.

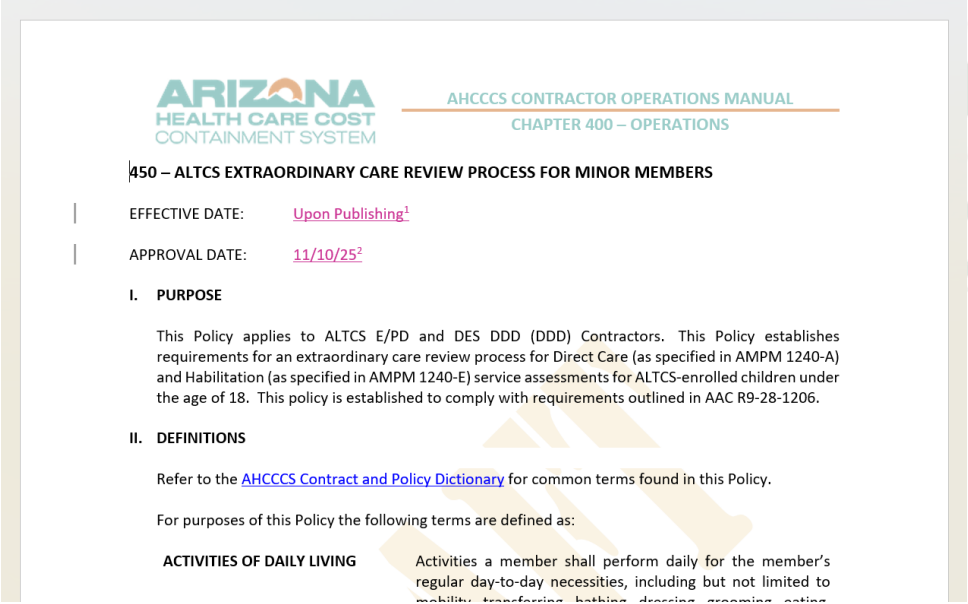
The Adult tab of the Home and Community Based Services (HCBS) Needs Tool (HNT), AMPM Exhibit 1620-17 is intended to evaluate the member's functional care needs. This document provides directions on how to use the Adult HNT as well as how to document comments, feedback, and/or concerns shared by the member/family. While the tool will also help document which of those needs will be met by an informal support system and which parts will be provided by the formal paid caregiver, the member's needs do not change based on who provides the care and must be comprehensively assessed before determining who will provide the care. Members have a right to a comprehensive assessment, based on their unique needs and circumstances, and regardless of the presence of informal supports or lack thereof. Additionally, members must receive a comprehensive care assessment at least annually, even if the member reports there has been no change in condition. Assessments must thoroughly document

Adult Guideline Revisions

- Adjusted all guidance language for tasks that were revised
- Added new guidance language for new sub-tasks (e.g. G-tube feeding and hydration)

ACOM 450: ALTCS Extraordinary Care Review

The policy establishes an Extraordinary Care Review (ECR) or exception process for ALTCS children under 18 when parents disagree with assessed service hours for Direct Care or Habilitation due to age-based limits in the HCBS Needs Tool. The goal is to ensure medically necessary, extraordinary care that supports the child's health, safety, and ability to remain at home.



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

AHCCCS CONTRACTOR OPERATIONS MANUAL
CHAPTER 400 – OPERATIONS

450 – ALTCS EXTRAORDINARY CARE REVIEW PROCESS FOR MINOR MEMBERS

EFFECTIVE DATE: Upon Publishing[1]

APPROVAL DATE: 11/10/25[2]

I. PURPOSE

This Policy applies to ALTCS E/PD and DES DDD (DDD) Contractors. This Policy establishes requirements for an extraordinary care review process for Direct Care (as specified in AMPM 1240-A) and Habilitation (as specified in AMPM 1240-E) service assessments for ALTCS-enrolled children under the age of 18. This policy is established to comply with requirements outlined in AAC R9-28-1206.

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy.

For purposes of this Policy the following terms are defined as:

ACTIVITIES OF DAILY LIVING Activities a member shall perform daily for the member's regular day-to-day necessities, including but not limited to

What is the Extraordinary Care Review (ECR) Process?

- ECR is a process for children under the age of 18 when parents or health care decision makers (HCDMs) disagree with assessed service hours, or lack there of**, due to an age limitation**.
- ECR applies to direct care (e.g. attendant care, personal care) and habilitation services.
- ECR promotes independent review of members unique needs, conditions, and circumstances and, if appropriate as determined by a clinician, allows for additional services and/or service hours.

When Can I Request an ECR?

- An ECR can be requested when a parent/HCDM disagrees with the assessed hours on the HNT because:
  - Services/service hours are limited due to age limitations on the HNT, and
  - The parent/HCDM believes that their child's unique needs are not adequately reflected/accounted for on the HNT due to the age limitations – meaning they believe their child needs more hours because of the child's unique needs, conditions, and/or behaviors.
- AHCCCS intends to limit the ECR process to one time a year unless:
  - The member has a significant change in condition
  - The parent/HCDM wants a service/task reviewed that was not previously looked at in an ECR process.

How Can I Request an ECR?

- Requests can be made verbally or in writing to your health plan.
  - Each health plan will establish processes on how to make these requests.
  - AHCCCS will approve the health plan's process before it can be implemented.
- Parents/HCDMs can choose to submit additional documentation for review/consideration during the ECR process. Examples may include:
  - Therapy notes
  - Behavioral treatment plans
  - IEPs

What Will Happen During the ECR?

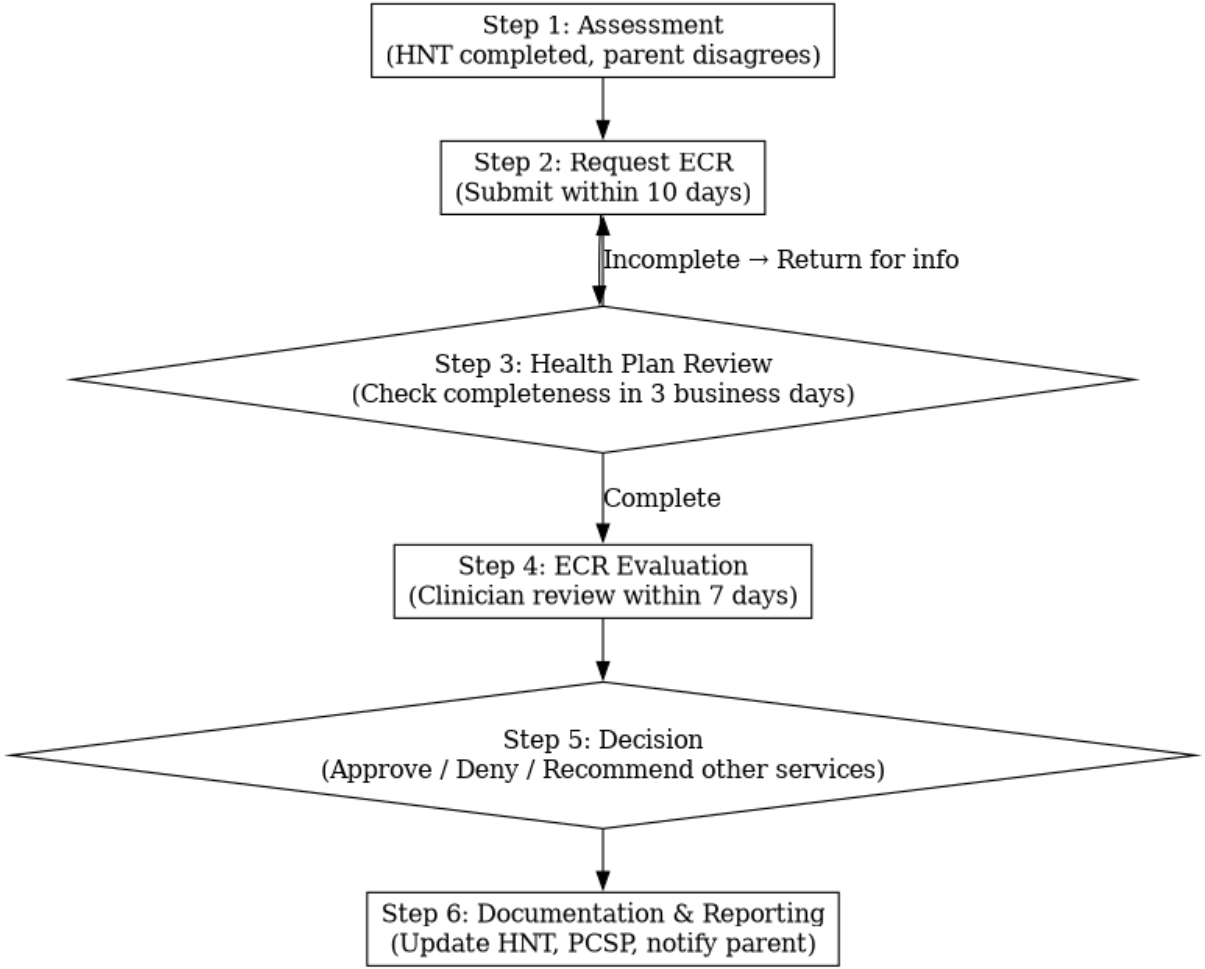
- The ECR will be conducted by a qualified clinician. The clinician should have relevant professional experience.
- Clinicians will review lots of information, including but not limited to the member's HNT, service utilization data (such as therapies or recent hospitalizations), and data from a national tool that will support more in-depth understanding of the child's specific disabilities/limitations.
- Clinicians will consider the following (not all inclusive):
    - The child's diagnosis and specific needs
    - Time and effort required to achieve daily tasks (above/beyond standard parenting requirements)
    - Other services the child actively receives
    - The risk of institutionalization or out of home placement

What Will Happen During the ECR?

- If a member has an assessment and the assessment shows a reduction in hours because of the age limits, the parent/HCDM may request an ECR.
    - If a parent/HCDM requests an ECR process, services will not be reduced during ECR process.
    - New services/service hour increases can be implemented while the member's ECR process is happening.

What Are the Possible Outcomes from an ECR?

- Clinicians may decide the following:
  - No change to the HNT – the assessed hours stay the same.
  - Increase in service hours and/or approval of additional tasks – more hours are added to the member's care plan
  - Other services may be recommended, such as LHA or therapies
    - In this instance, network adequacy/service availability must first be confirmed so the child is not delayed in receiving needed care.
    - These recommendations are just that – a recommendation. The family has the ability to decide if they want to pursue the service. This will be done in conversation with the case manager/support coordinator.
- Decisions will be documented and shared with the parent/HCDM in writing, along with details on relevant next steps.


Step 1: Assessment
(HNT completed, parent disagrees)
Step 2: Request ECR
(Submit within 10 days)
Incomplete → Return for info
Step 3: Health Plan Review
(Check completeness in 3 business days)
Complete
Step 4: ECR Evaluation
(Clinician review within 7 days)
Step 5: Decision
(Approve / Deny / Recommend other services)
Step 6: Documentation & Reporting
(Update HNT, PCSP, notify parent)

Other Things to Note About the ECR

- AHCCCS will be monitoring this process and related outcomes closely.
- AHCCCS intends to create an ECR Oversight Committee that will review the process and related data along with the Agency.
    - This will be made up of representatives from outside of AHCCCS.
    - This group will advise on potential actions that the Agency may need to take as a result of the ECR process/ECR outcomes.
    - Details on this will be shared as information is available.
    - If you have ideas on this Committee such as who should be included, what this committee should look at, etc., please share with us! We are interested in your feedback.

ACOM 450: Attachment A

This is a reporting template that Health Plans will be required to submit to AHCCCS at regular intervals.

- There are two tabs:
  - Data
  - Narrative/Analysis
- This will be used to support monitoring and oversight efforts of the ECR process.
- AHCCCS also intends to publish ECR data each quarter to support transparency and give the public insight on this process.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

AHCCCS CONTRACTOR OPERATIONS MANUAL
AHCCCS CONTRACTOR EXTRAORDINARY CARE REVIEW (ECR) REPORT

Reporting Period:	
Total # of HNT Assessments Completed During the Reporting Period, for members under the age of 18	

		DATA DETAIL	CONTRACTOR NOTES
1	Number of COMPLETE ECR requests received during the reporting period		
2	Number of INCOMPLETE ECR requests received during the reporting period		
3	Number of ECRs completed during the reporting period		
4	**Number of ECR decisions, by type:**		
4.a.	ECRs with approval decisions documented		
4.a.i	Only additional direct care tasks/hours:		
4.a.ii	Only habilitation service and/or additional hours:		
4.a.iii	Both direct care services and habilitation services:		
4.b	ECRs with hours and/or additional services denied		
4.b.i	Only direct care tasks/hours:		
	Only habilitation service and/or		

R Report Template

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

AHCCCS CONTRACTOR OPERATIONS MANUAL

AHCCCS CONTRACTOR EXTRAORDINARY CARE REVIEW (ECR) REPORT NARRATIVE

Reporting Period: _____

Identified Trends: (if any identified)	
Identified Concerns: (if any identified)	
Planned Process Improvements: (if any identified)	

1. ECR Report Template | 2. ECR Trends Analysis

Next Steps

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What Happens Next?

- Policies will be open for public comment until 5:00 PM on Monday, November 24.

- AHCCCS will continue to engage with the community; we want to hear from you and would welcome ideas on how you would like this to happen and how often you want this to happen?

- AHCCCS will review every public comment:
  - Determine if an update is needed
  - Determine if a non-policy related action or response is needed

Public Comment Review

- All public comments are being tracked, including the Agency's action for each one
- Subject matter experts (SMEs) are reviewing all feedback
  - ALTCS Program/Policy SMEs
  - AHCCCS clinicians
- If there are really nuanced requests/suggestions, AHCCCS may have to seek advise from external experts (e.g. community-based clinicians)
- Not all comments can be implemented –
  - In many instances, we already see comments that are in conflict with each other
  - AHCCCS will make decisions that are clinically and programmatically appropriate.

Finalizing the Policies

- AHCCCS will host two public forums before the policies are finalized.

- These forums will focus on:
  - Data related to the comments received (e.g. volume, type of comments, what the key themes are),
  - Any planned revisions and rationale behind the revisions,
  - Other opportunities/next steps (if any identified) that AHCCCS is committing to outside of the policy process.

Policy Implementation

- Health plans (including DDD) will need time to review final policies. They will also have to:
  - Update systems, print outs, and/or internal processes
  - Train staff on the new policies and related requirements
- Health plans will need to document their ECR process and submit their plans to AHCCCS for approval.
  - ALTCS SMEs will review each plan to make sure it complies with policy and that the process is equitable/accessible.
  - AHCCCS will provide a response to the health plans, which can then move forward with implementation.

Policy Implementation

- Once health plans are ready to implement the new policies, they will start member assessments.
    - These will occur during regularly scheduled times throughout the 90 days following the “go live” date.
- AHCCCS anticipates that the “go live” date (the date that health plans are ready to use the new HNT/implement the ECR process) will be in early January.
    - AHCCCS will clearly identify this date once we have reviewed public comments and have a better understanding of updates and how much time may be needed to implement the new policies.

Policy Implementation

- As a reminder, if a parent/HCDM requests an ECR process, services will not be reduced during this time.
    - New services/service hour increases can be implemented while the member's ECR process is happening.
- Once an ECR decision is made, there is still some time before changes happen:
    - For increased services/service hours, this may take up to seven days
    - For decreased services/service hours (meaning that the HNT shows a reduction and no additional time was approved by the clinician reviewer), those will go into effect 10 days after the decision/notification to the HCDM.

Timelines

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Timelines

- November 17: In-depth Policy Overview Public Forum
- November 24: Policies close for Public Comment
- Early December: AHCCCS finalizes Policies
    - AHCCCS will host public forums to provide insight to any changes prior to posting final policies
- Early January: Final policies are implemented (start using the new HNT)
- Early January: Health plans (including DDD) finalize/implement their Exception process

How To Engage

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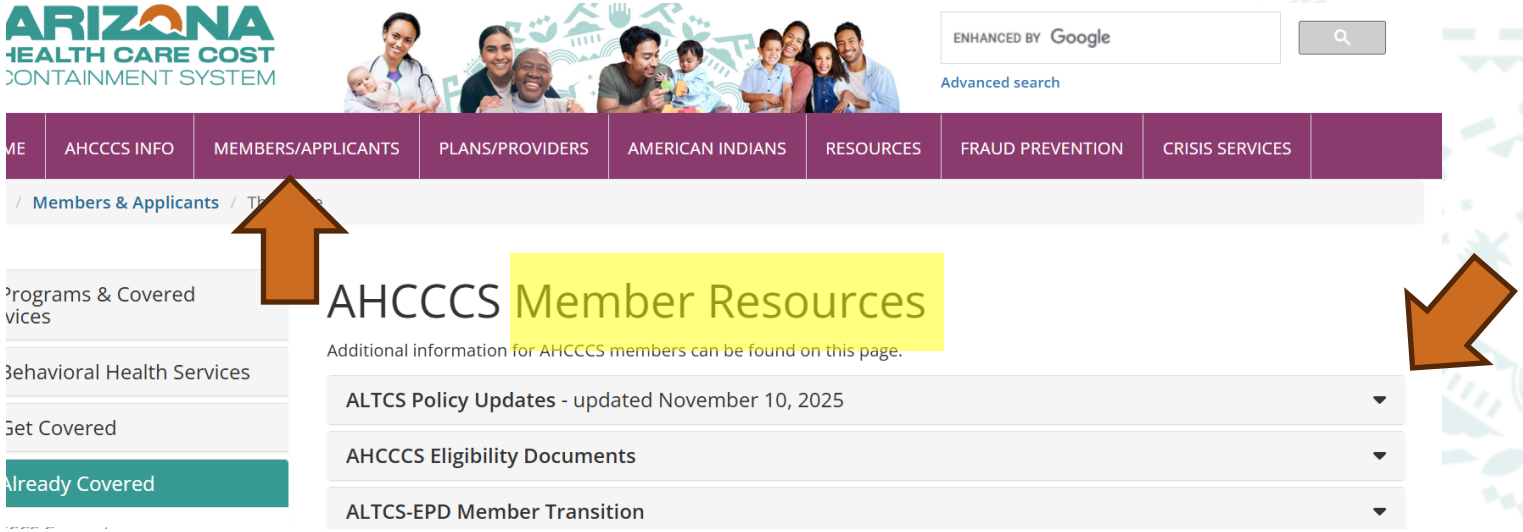
Where Can I Find More Information About Today's Topics?

- This presentation and recording will be posted to the AHCCCS website at:
  - www.azahcccs.gov/Members/AlreadyCovered/MemberResources/



Where Can I Find More Information about Policies?

- AHCCCS posted policies for public comment on our website:
  - https://ahcccs.commentinput.com/comment

- You can get updates on future policies as they post for public comment by signing up HERE.

- AHCCCS will host another public forum about the policies (just like today's session):
  - November 17: 6:00-7:30 PM – register HERE.

Public Forums

- Scheduled forums include:
  - In-Depth Policy Reviews:
    - November 17: 6:00-7:30 PM – register HERE.
- Upcoming forums not yet scheduled:
  - Policy Updates/Planned Final Policy Review
  - Regular Rulemaking In-depth Overview and Feedback

How to Engage

- Public Forums
- Email Us: PPCG@azahcccs.gov
  - With questions/concerns
  - With ideas on how to best engage you
- Talk to your support agencies/advocacy organizations
  - They'll share feedback and ideas for us to consider.
- Talk to your health plan
  - They'll follow up with us as needed.
- Review policies and provide Public Comment

Review of Chat Messages

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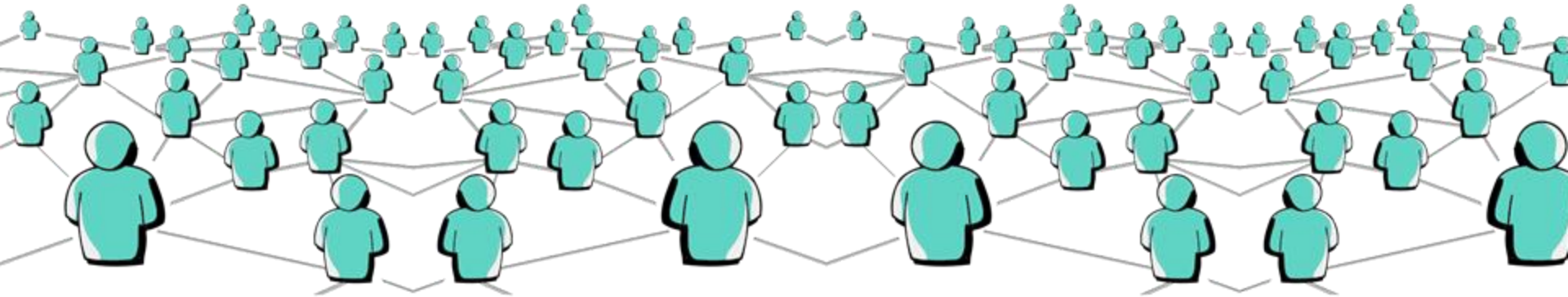
Follow & Support AHCCCS on Social Media

facebook	X	Instagram	LinkedIn	YouTube
@AHCCCSgov	@AHCCCSgov	@AHCCCSGov	@AHCCCS	AHCCCSgov



Learn about AHCCCS' Medicaid Program on YouTube!

YouTube

Watch our Playlist:

Meet Arizona's Innovative Medicaid Program

Other Resources - Quick Links

- About AHCCCS
- Acronyms
- State Medicaid Advisory Committee (SMAC)
- Communicating the BAC and MAC
- Beneficiary Advisory Council (BAC)
- Tribal Relations

Thank You

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