

Roles within the Nurse Assessor Program

Wednesday July 9, 2025

Presented by Candace Bailey, HCBS Division Director

Office of Community Living (OCL)

Agenda

- Case Manager Process
- Home Health Agency Process
- Telligen, the Nurse Assessor vendor Process



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CMA Process

For members currently receiving Health Maintenance Activity (HMA) services through Consumer Directed Attendant Support Services (CDASS) or In-Home Support Services (IHSS):

1. **At the time of scheduling the member's Level of Care (LOC) assessment, Case Managers will submit a referral to the Nurse Assessor (NA).**
 - a. NA Referrals can be made up to 60 days ahead of a members certification end date.
 - b. The LOC assessment can be completed whilst the NA Acuity Assessment is being scheduled/completed.
 - c. During the Acuity Assessment, if tasks are identified that are not considered skilled, the NA will complete the Direct Care Services Calculator (DCSC).
2. **Once the Acuity Assessment is completed, the case manager will receive a copy of the Recommendation Letter, Acuity Assessment, and DCSC (if applicable).**

CMA Process Continued

3. **After receipt of the Recommendation Letter, Acuity Assessment, and DCSC, the case manager will complete the Person Centered Support Plan (PCSP).**
 - a. During this time, case managers will discuss service delivery options with the member.
 - b. They will also discuss non-duplication of services and hours recommended by the Nurse Assessor, and finish the DCSC if needed.

4. **Case Manager will submit PAR:**
 - a. For CDASS: case manager will complete the CDASS Monthly Allocation and submit Prior Authorization Request (PAR) to the FMS.
 - b. For IHSS: case manager will send the DCSC to the IHSS Agency. The IHSS Agency will provide their IHSS Care Plan for case manager approval.
 - i. The DCSC and IHSS Agency Care Plan do not need to match, however, overall service authorization must align.

CMA Process: New Members

For members newly enrolling in Community First Choice (CFC), interested in receiving HMA through CDASS or IHSS:

- 1. Case manager completes the intake process for CFC.**
- 2. Once approved financial eligibility has been received, case manager will place a referral to the NA.**
 - a. A referral to the NA may not be submitted prior to approved financial eligibility.
- 3. NA will contact the member and schedule the Acuity Assessment.**
 - a. During the Acuity Assessment, if tasks are identified that are not considered skilled, the NA will complete the Direct Care Services Calculator (DCSC).

CMA Process: New Members Continued

4. After receipt of the Recommendation Letter, Acuity Assessment, and DCSC, the case manager will schedule/complete the Person Centered Support Plan (PCSP) meeting.
 - a. During this time, case managers will discuss service delivery options with the member.
 - b. They will also discuss non-duplication of services and hours recommended by the Nurse Assessor.
5. Case manager will follow enrollment process for either Participant-Directed option (CDASS or IHSS).
6. Case manager will submit PAR

HHA Process

1. **Complete the Mandatory Training for Nurse Assessor (NA) Referrals**
2. **Make Referral to NA**
 - a. Required for new and existing Long-Term Home Health (LTHH) and Private Duty Nursing (PDN) members.
 - b. Referrals are required for Nursing (RN/LPN) and Certified Nursing Assistant (CNA) services only. This process does not include LTHH therapies.
 - c. For current members, referrals may be submitted up to 60 days before the expiration of the existing PAR, starting from the Go-Live date.
 - d. New members will not have a PAR in place. Referrals can be made at any time beginning August 1, 2025.
3. **NA Intake Call**
 - a. Telligen contacts the member to gather information and schedule the assessment.
4. **NA conducts Assessment**

HHA Process Continued

5. Receive Recommendation Letter

- a. NA sends a recommendation to the member and HHA, including suggested service(s), hours and documentation.

6. HHA Assessment

- a. HHA will still be required to complete licensure-required assessments
 - i. Start of Care, Recertification
- b. HHA submits the PAR, assessment, POC, required forms, and documentation to UM Vendor, Acentra Health via the Atrezzo Provider Portal.
- c. HHA may request hours beyond NA recommendation if clinically justified (i.e., documentation showing skilled intervention).

7. PAR Review and Determination

Telligen Process

Referral

1. When a referral is sent to Telligen, they will process the referral within one (1) business day.
2. Telligen will outreach the member to complete an Intake Call, where preliminary information is gathered and the Acuity Assessment appointment is scheduled.
3. The Acuity Assessment appointment will be scheduled within seven business days of the referral for a standard referral, or sooner for an expedited referral.



Telligen Process Cont.

Assessment

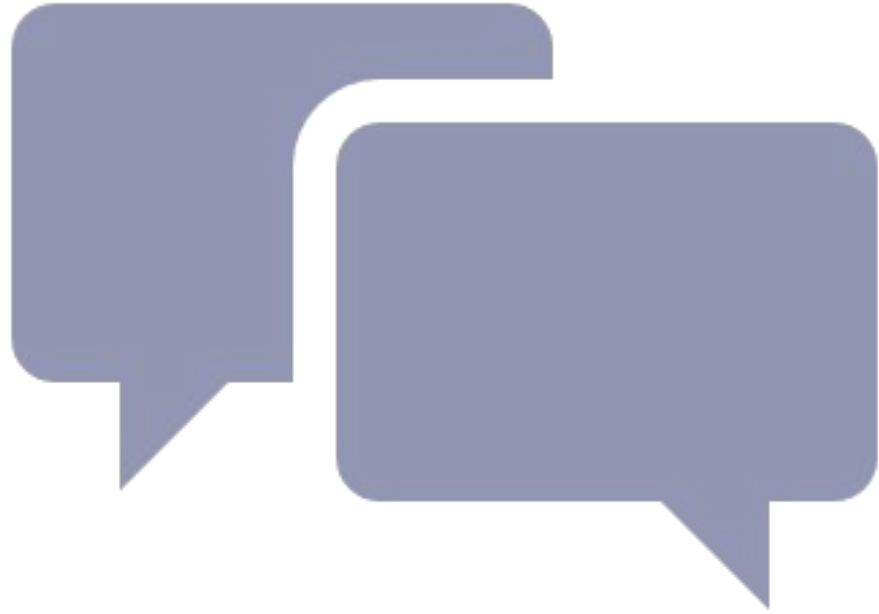
1. A Nurse Assessor from Telligen will be present for an in-person or virtual appointment, based on established criteria, to complete the Acuity Assessment.
2. The Nurse Assessor will complete the Acuity Assessment during this appointment by asking a series of questions, gathering information from the member and others that may be present. After the Acuity Assessment has been completed, the Nurse Assessor will discuss the results with the member and/or caregiver.
3. They will also provide education to the member regarding the service and delivery models available to the member that can meet their care needs.



Telligen Process Cont.

Recommendation

1. For a standard Assessment, Telligen will have seven business days to complete the Assessment and one business day to issue the Service Recommendation Letter after the completion of the Assessment. Telligen will send the recommendation letter and the completed Assessment to the member and any other parties involved in the referral process.



Questions?