



OPERATIONAL MEMO

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Audience: Members, Home Health Agencies, Case Management Agencies, Advocates	Sub-Topic: Implementation
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Purpose and Audience:

The purpose of this Operational Memo is to provide information and guidance to members, Home Health Agencies (HHAs), Case Management Agencies (CMAs), advocates and other interested stakeholders of the implementation of the Nurse Assessor and Skilled Care Acuity Assessment beginning Aug. 1, 2025. The use of the Nurse Assessor and Skilled Care Acuity Assessment will streamline how members are assessed for skilled care services including Private Duty Nursing (PDN), Long-Term Home Health (LTHH) (excluding LTHH Therapies), and Health Maintenance Activities (HMA).

Information:

HCPF continually works to improve members' experiences in accessing Health First Colorado services. Since 2021, HCPF has been working to develop and implement the Nurse Assessor and Skilled Care Acuity Assessment through [American Rescue Plan Act \(ARPA\) initiative 6.01](#), to ensure reliability and consistency in all member evaluations for skilled care. ARPA 6.01 concluded in September 2024. Additionally, the Joint Budget Committee (JBC) approved HCPF's budget request for funding to implement a third-party assessor for nursing services to ensure a holistic approach to evaluation and service selection across all skilled care. (See [Budget Request \(R-10\)](#).)

Beginning Aug. 1, 2025, the Nurse Assessor, using the newly developed Skilled Care Acuity Assessment, will wholistically assess members for the appropriate level of skilled care services across selected service modalities. The Skilled Care Acuity Assessment features questions designed to help the Nurse Assessor determine the level of support a member may need from a private duty nurse (PDN), certified nursing assistant (CNA), intermittent nursing visit, or Health Maintenance Activities (HMA). With the implementation of this new model for accessing skilled care services, it is important that stakeholders understand the action steps they must take.

Action To Be Taken:

Members & Families

For members currently receiving skilled care services, you will continue to receive your services. At some point over the next year, you will receive a request from Telligen, the third-party Nurse Assessor, to schedule an assessment with you. **It is important that you respond to Telligen's request to set up a time to complete the assessment.**

After the assessment is complete you will receive a recommendation letter for skilled care services (and Personal Care and Homemaker services, if applicable) from Telligen. The recommendation letter will also be sent to your Home Health Agency (HHA) and Case Manager (if applicable).

For members who need but are not currently receiving skilled care services, a referral will be made to Telligen by your hospital discharge planner, HHA, Case Management Agency (CMA), or your Health First Colorado Regional Organization if they think you need skilled care services. You or a family member can make a referral, too.

If you choose to receive skilled care services through Participant-Directed options like Consumer-Directed Attendant Support Services (CDASS) or In Home Support Services (IHSS), your Case Manager will help you to set up or continue services.

If you choose to receive skilled care services through Private Duty Nursing (PDN) or Long-Term Home Health (LTHH), your Home Health Agency (HHA) will help you to set

up services. If you need a Home Health Agency, your [Health First Colorado Regional Organization](#) can help you.

For more information about Telligen and the use of their IT platform, a member focused training will be provided. More information on the training can be found of the HCPF [Nurse Assessor webpage](#).

If you do not receive a request from Telligen by April 1, 2026, please reach out to your HHA or Case Management Agency to request a referral.

Home Health Agencies (HHA)

Required Qualitrac Use & Training

1. To be successful using the Nurse Assessor process, it is imperative that agencies set up accounts through Telligen's Qualitrac system prior to Aug. 1, 2025 and attend trainings on navigating their IT system. Submitting a Nurse Assessor referral can only occur in the Qualitrac system.
2. Please see the [Nurse Assessor webpage](#) for training information.

Referrals

1. HHAs must submit referrals to Telligen, in the Qualitrac portal, for all members to receive an assessment. The referrals shall be made on a rolling basis and align with the:
 - a. Certification date of an existing Prior Authorization Request (PAR)
 - b. Time a member is newly accessing services, or
 - c. Restarting of Pediatric Long-Term Home Health (LTHH) PARs, per [OM 25-037](#).
2. All members must receive a Skilled Care Acuity Assessment by April 15, 2026.

Recommendation

1. After the Skilled Care Acuity Assessment has been completed, the HHA will access the Service Recommendation Letter in Qualitrac, which outlines the recommended services and hours the member requires to meet their care needs.

Prior Authorization Request (PAR)

1. Once the Service Recommendation Letter is obtained, the HHA will proceed to the medical necessity review.
2. HHAs will continue to submit all required documentation to Acentra Health, the Department's Utilization Review (UR) contractor, for a medical necessity review.
 - a. HHA's will be required to send any documentation provided by Telligen, including the Service Recommendation Letter, to Acentra Health to include in their review.
3. If an HHA or member does not agree with the recommendation from the Nurse Assessor, they may submit a PAR for hours that deviate from that recommendation. A final determination on hours will be made by Acentra Health.
4. HHAs may not provide and bill for services until Acentra Health has completed their medical necessity review and supplied the PAR. However, services provided during the period between the provider's submission of the PAR form to HCPF or its Designee, to the final approval or denial by HCPF may be approved for payment. Payment may be made retroactive to the start date on the PAR form, or up to 30 working days, whichever is shorter, per 10 CCR 2505-10 8.520.8.C.7.c and 8.540.7.C.2.

Case Management Agencies (CMAs)

For members who currently receive or are interested in receiving Health Maintenance Activity (HMA) skilled services through Participant-Directed options (Consumer Directed Attendant Support Services and/or In Home Support Services), Case Managers (CM) must submit a referral through Telligen's Qualitrac system. Below is guidance for Case Managers for members who are:

- Existing CDASS or IHSS members
- Newly enrolling in Community First Choice (CFC) services, and have chosen to have their skilled care provided through Health Maintenance Activity (HMA) services via CDASS or IHSS

Existing Members:

For members currently receiving HMA services through CDASS or IHSS, CMs will complete the following steps:

1. At the time of scheduling the member's annual Level of Care (LOC) assessment, CMs will submit a referral to Telligen through the Qualitrac system.

- a. Please note that though a LOC assessment may be scheduled 90 days prior to a member's end-date, referrals to the Telligen Nurse Assessor may only be made up to 60 days in advance.
 - b. CMs may complete the LOC assessment while the Nurse Assessor Acuity Assessment is being scheduled/completed.
 - c. During the assessment by the Nurse Assessor, if tasks are identified that are not deemed skilled, the Nurse Assessor will complete the Direct Care Services Calculator (DCSC) in conjunction with the Acuity Assessment.
2. Once completed, the CM will obtain a copy of the Acuity Assessment, Recommendation Letter, and DCSC (if applicable) via Telligen's Qualitrac system.
3. Once the completed Acuity Assessment, Recommendation Letter, and DCSC are received, the CM will upload all documents to the member record in the Care and Case Management system (CCM) Documents center.
 - a. Please see below for information on steps to follow up if the member or CM disagrees with the service hours recommended on the Recommendation Letter and/or DCSC.
4. CM will schedule/complete the Person-Centered Support Plan (PCSP) meeting with the member and will complete benefits counseling to include:
 - b. Discussing options between the CDASS and IHSS service delivery methods.
 - c. Review and ensure non-duplication of services.
 - d. CDASS Only: CM will complete the CDASS Monthly Allocation and follow steps for Financial Management Service (FMS) PAR submission.
 - e. IHSS Only: CM will provide a copy of the DCSC to the IHSS Provider.
 - i. IHSS Agencies shall also provide the CM a copy of their Care Plan to ensure alignment with services authorized.
5. CM completes the PAR process.

Members newly enrolling in CFC, interested in receiving HMA through CDASS or IHSS:

1. CM completes the intake process for the Community First Choice (CFC) Option
2. CM schedules and completes the LOC Assessment
 - a. During the assessment, CM completes benefits counseling to include:
 - i. CFC service options (if applicable)
 - ii. Waiver service options (if applicable)
3. CM documents LOC in the Care and Case Management System (CCM)
4. CM receives financial eligibility approval
 - a. **Please note financial eligibility approval is required before a referral to the Nurse Assessor can be made.**
5. CM identifies the need for skilled care:
 - a. CM sends a Nurse Assessor initial referral via Telligen's Qualitrac system. The CM should notify the member someone from Telligen will be reach out to schedule the assesment.

- i. Telligen will process the referral within 1 business day. During this time, Telligen will outreach the member to complete an Intake Call, where preliminary information is gathered. At this time, the Assessment appointment will be scheduled.
 - ii. Upon successful scheduling of the Assessment appointment, the Nurse Assessor will have 7 business days to complete the Acuity Assessment, and render the Nurse Assessor Recommendation Letter.
 - iii. During the Acuity Assessment, if tasks that are not deemed skilled are identified, the Nurse Assessor will complete the Direct Care Services Calculator (DCSC) in conjunction with the Acuity Assessment.
6. CM obtains a copy of the DCSC, Recommendation Letter, and Acuity Assessment via Telligen's Qualitrac system.
 - a. CM discusses the recommendation with the member and service delivery options for skilled care.
 - b. Member chooses between Participant-Directed Programs (CDASS or IHSS).
 - i. CM follows the enrollment process for the applicable program.
7. CM completes PAR submission process.

Deviations from the Recommendation/Appeals Process

Case Managers hold service authorization authority. If a member disagrees with the outcome of HMA service hours recommended by the Nurse Assessor via the DCSC or Recommendation Letter, the CM should:

1. Review reported concerns of hours based on the Recommendation Letter, Acuity Assessment, and DCSC (if applicable).
2. If a CM agrees on the need to deviate from the recommended HMA hours provided in the Recommendation Letter, CMs should:
 - a. Utilize the CFC HMA Documentation Guide and Age Appropriate Guidelines as reference.
 - b. Complete the HMA Attestation tab of the DCSC with hours identified and upload the final version to the members Document Center within CCM.
 - c. Complete the PAR submission process.
3. If a CM disagrees with the need for a deviation from HMA hours recommended by the Nurse Assessor, the CM shall follow the Notice of Action/803 process.

Telligen Responsibilities and Expectations

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.

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.

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.

Definition(s):

CDASS Consumer-Directed Attendant Support Services (CDASS) allows the member to direct and manage attendants who provide their personal care, homemaker, and health maintenance services, rather than working through an agency. Through CDASS, the member is empowered to hire, train and manage attendants of their choice to best fit their unique needs or they may delegate these responsibilities to an authorized representative.

IHSS In-Home Support Services (IHSS) lets the member direct and manage the attendants who provide their personal care, homemaker and health maintenance services, with the added support of an agency. Through IHSS, the member is empowered to select, train and manage attendants of their choice to best fit their

unique needs or they may delegate these responsibilities to an authorized representative. The IHSS agency hires the attendants, provides 24-hour back-up services, and has a nurse on staff for supervision. The IHSS agency provides additional supports, services and training to help members live independently and fully participate in the community.

Nurse Assessor refers to the Nurse Assessor, employed by the vendor, Telligen, that uses the Acuity Assessment to assess members for their skilled care needs.

Service Recommendation Letter refers to the letter that includes the Nurse Assessor's recommendation of hours needed to meet the needs of the member following the completion of the Acuity Assessment.

Skilled Care Acuity Assessment refers to the clinically reliable and validated tool(s) to determine the appropriate level of care and associated hours for members seeking skilled care services.

Skilled Care Services encompasses the following care: Registered Nurse (RN), Licensed Practical Nurse (LPN), Certified Nursing Assistant (CNA), and Health Maintenance Activities (HMA).

Attachment(s):

<https://hcpf.colorado.gov/nurse-assessor>

[OM 25 - 037](#) - Pediatric Long-Term Home Health (LTHH) Prior Authorization Request (PAR) RN and CNA Go-Live

HMA [Documentation](#) Guide

Age Appropriate [Guidelines](#)

HCPF Contact:

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