



## OPERATIONAL MEMO

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<b>Title:</b> Nurse Assessor (NA) Temporary Implementations	<b>Topic:</b> Benefits
<b>Audience:</b> Home Health Agencies, Case Management Agencies, Members, Family Members, Advocates, Utilization Review Contractor	<b>Sub-Topic:</b> Provider Guidance
<b>Supersedes Number:</b> N/A	<b>Division:</b> Benefits and Services
<b>Effective Date:</b> Sept. 8, 2025	<b>Office:</b> Office of Community Living
<b>Expiration Date:</b> Sept. 8, 2027	<b>Program Area:</b> Policy
<b>Key Words:</b> Nurse Assessor (NA), Long-Term Home Health (LTHH), Private Duty Nursing (PDN), Health Maintenance Activities (HMA), Prior Authorization Request (PAR), Home Health Agency (HHA), Case Management Agency (CMA), Telligen	
<b>Legal Authority:</b> N/A	
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<b>Approved By:</b> Bonnie Silva	

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### Purpose and Audience:

The purpose of this Operational Memo is to provide guidance to Home Health Agencies (HHA), Case Management Agencies (CMA), members, family members, and advocates about temporary adjustments to the Nurse Assessor program managed by Telligen, including explaining changes to referrals, Prior Authorization Requests (PARs), and billing procedures that are intended to ease referral backlogs and help members receive care without interruption.

### Information:

On August 1, 2025, the Department of Health Care Policy and Financing (HCPF) launched the Nurse Assessor Program, a new process that uses the Skilled Care Acuity Assessment conducted by third-party Nurse Assessors employed by Telligen to evaluate members' skilled care needs and recommend skilled services to meet those

needs. However, higher-than-expected referral volumes combined with staffing shortages have led to significant delays in scheduling and completing assessments, as well as challenges in accessing timely prior authorizations. To address these issues, preserve member services, and reduce administrative burden, the Department is implementing temporary adjustments to Telligen's workload and assessment process.

**Effective September 8, 2025:**

- Nurse Assessor referrals and the use of the Skilled Care Acuity Assessment was temporarily paused for members seeking or receiving Long-Term Home Health (LTHH) and Private Duty Nursing (PDN) services, except when a member receives a combination of Health Maintenance Activities (HMA), LTHH and/or PDN.
- New referrals for LTHH and PDN without HMA are not being accepted; only assessments already scheduled before a member's PAR expiration date will be completed. If unscheduled or set after the PAR expiration date, the referral will be voided and Telligen will notify the member and the referrer of the voided referral. A notification will be sent to the referrer that the Qualitrac portal has a message waiting to view. Additionally, members will receive an electronic notification of the voided assessment if they are opted to receive electronic communication, otherwise the notice will be sent via USPS mail.
- The Nurse Assessor will continue to assess members seeking or utilizing Health Maintenance Activities (HMA) services using the Skilled Care Acuity Assessment to determine recommended skilled care hours. If the member also requires unskilled services (Personal Care or Homemaker), the Nurse Assessor will additionally complete the Direct Care Services Calculator (DCSC). All assessment results will be returned to the Case Manager for authorization and PAR submission.
- PAR requirements remain in place. All LTHH and PDN PARs must be submitted directly to Acentra with clinical documentation, including 15% of pediatric LTHH cases each month.
- Billing flexibility is in place for LTHH only: services provided from August 1, 2025 through September 15, 2025 can be billed up to the point of PAR determination, even if above the approved PAR level. Claims must be submitted between September 15, 2025 and October 30, 2025.
- HHAs will be reimbursed for PDN services that follow the physician-ordered Plan of Care for new admissions and previously approved hours for renewals.

This temporary PDN Claim Override Process, which applies to both adult and pediatric members, extends the 30-day interim denial payment (see 10 CCR 2505-10 8.540.7.C.2). Providers must complete the [claims submission form](#) to initiate payment. Additional information on this process can be found on this [guidance](#).

### **Action To Be Taken - Home Health Agencies:**

- HHAs should stop submitting new PDN and LTHH referrals to the Nurse Assessor; HHAs should instead follow Acentra's PAR process for medical necessity approvals. This temporarily suspends the HHA requirements listed under 10 CCR 2505-10 8.540.5.C.1.h.
- HHAs should continue providing care to avoid service gaps. HHAs should submit LTHH claims for services delivered between August 1 and September 15, 2025, during the claim window of September 15, 2025 through October 30, 2025. PDN providers should also submit claims for this time period, as described above. This will ensure reimbursement for services rendered if an HHA was waiting for an assessment.
- HHAs may start care for LTHH and PDN without a Skilled Care Acuity Assessment. The provider can submit for a medical necessity review without the assessment and Recommendation Letter.
- HHAs may use other assessment tools or clinical guidelines in order to determine the level of care, but those tools do not need to be submitted to Acentra for the medical necessity review. Supporting clinical documentation is still required to support the PAR submission and the level of care being requested.
- Attend Nurse Assessor Office Hours.
- Stay attentive to forthcoming updates and communication about the Nurse Assessor Program.

### **Action To Be Taken - Case Management Agencies:**

- Case managers are responsible for submitting referrals when members receive Health Maintenance Activities (HMA) along with PDN or LTHH. A referral should always be submitted by the case manager if the member receives HMA services. Referrals for HMA should be made 30-60 days prior to the Continued

Stay Review expiration and preferably before the CSR meeting with the member.

- If a member only requires Personal Care and/or Homemaker services, no referral to the Nurse Assessor is needed. The Direct Care Services Calculator (DCSC) should be performed by the case manager to determine the Personal Care and Homemaker hours during the Person-Centered Support Planning process. Only if the Nurse Assessor is involved in an assessment with the member would the Nurse Assessor complete the DCSC.
- The Department is allowing case managers to complete a new Prior Authorization Request (PAR), with no Skilled Care Acuity assessment completed, for members with 9/30/25 end dates. Once the Recommendation Letter is received, the case manager can review the PAR and edit the units if necessary.
- If a case manager submits a referral for a member new to HMA, they can submit a request for an expedited assessment to ensure services can start on time.
- Attend Case Management Office Hours on September 23, 2025.
- Stay attentive to forthcoming updates and communication about the Nurse Assessor Program.

### **Action To Be Taken - Members:**

- If you have already received an assessment by the Nurse Assessor for LTHH and/or PDN, no further action is needed.
- If you have an assessment scheduled with Telligen, the assessment will take place as scheduled. However, if the assessment date is set for after the date the PAR is set to expire, the assessment will be cancelled.
- If the assessment is not scheduled, the referral will be voided, and the provider may proceed with the necessary PAR approval process through Acentra. A provider does not need to wait for the referral to be voided before they begin

the PAR process. Please note, this does not apply to your HMA services. Those assessments will continue to be scheduled and completed as appropriate.

- Telligen will send an electronic notification or USPS mailed letter to all members with a pending referral for PDN and/or LTHH, informing them of this change and the voiding of their referral.
- The Department is also communicating directly with Case Management Agencies and provider agencies, ensuring they understand the appropriate actions to take.

**Next Steps:**

Oversight by HCPF staff will remain in place throughout this period. There is no set date in which the temporary changes will be lifted. Outcomes are being closely monitored, and these temporary measures will be lifted once the current issues have been fully resolved and HCPF is confident the full volume of referrals can be processed according to contractual requirements. Additional guidance and updates will be shared as they become available.

**Definition(s):**

None

**Attachment(s):**

None

**HCPF Contact:**

HCPF Contact:

PDN and LTHH benefit questions and escalations may be directed to:  
[homehealth@state.co.us](mailto:homehealth@state.co.us)

Telligen Contact:

For support with Nurse Assessor Referrals or Qualitrac please contact the Colorado SNA Call Center and Provider Help Desk at [CO\\_SNA@Telligen.com](mailto:CO_SNA@Telligen.com) or 844-650-0560.