

Nurse Assessor Program - Private Duty Nursing Agency Guidance

Fact Sheet July 2025

NOTE: This document provides guidance for all Home Health Agencies (HHAs) on the implementation of the Nurse Assessor (NA) Program, effective August 1, 2025. The program establishes a standardized referral and assessment process for skilled care services - Registered Nurse (RN), Licensed Practical Nurse (LPN) and Certified Nursing Assistance (CNA) services - under the Long-Term Home Health (LTHH) and Private Duty Nursing (PDN) benefits. It also provides member education about skilled care services and all service delivery options, including self-direction.

Program Overview

What is the Nurse Assessor Program? The Nurse Assessor Program is a new process that streamlines the way members are assessed and receive recommendations for skilled care services, including Private Duty Nursing (PDN), intermittent RN/LPN, CNA, and Health Maintenance Activities (HMA). The Nurse Assessor will be responsible for providing education to members on all the available services to the member to meet their skilled care needs; this enables the member an opportunity to choose the service delivery option(s) that best meets their needs.

Who should submit NA referrals? All Home Health Agencies (HHAs) providing LTHH and/or PDN services are required to participate in the Nurse Assessor Program. As part of this process, providers must obtain a completed assessment and a Recommendation Letter, which outlines the services recommended by the Nurse Assessor based on the assessment. This Recommendation Letter and completed assessment are mandatory components of the Prior Authorization Request (PAR) submission.

Step-by-Step NA Referral and PAR Process

1. Log Into Telligen Qualitrac

- a. Navigate to the Nurse Assessor Referral section
- b. Confirm your agency's Authorized Official (AO) has completed training and system access
- c. The AO will have assigned their agencies' users their credentials to login to be able to use the system and make referrals

2. Submit NA Referral

- a. This applies to all RN/LPN (intermittent and PDN) and CNA services, including both existing members and those newly starting services
- b. May be submitted up to 60 days prior to the current PAR expiration date
- c. Include all necessary member details and documentation
- d. HHA must notify the member to expect a call/email from Telligen to schedule assessment. This step is critical in ensuring the process is completed as quickly as possible!

3. Member Intake Call

a. Telligen contacts the member or guardian to gather information and schedule assessment

4. Assessment Completed

NA conducts a standardized in-home or virtual assessment

Recommendation Letter

- b. HHA receives notification that the assessment and Recommendation Letter is complete
- c. Provider accesses documents in Qualitrac in order to provide to Acentra for the medical necessity review
- d. Letter includes suggested service types, number of hours and supporting rationale

5. HHA Licensure-Based Assessments

a. Agencies must still complete required Start of Care or Recertification assessments. These assessments may be conducted at the same time as the NA assessments to ensure the Home Health Agency (HHA) meets required timelines.

6. Submit PAR to Acentra Health

- a. Via the Atrezzo Provider Portal
- b. Include: Telligen Recommendation letter, Plan of Care (POC), and required supporting documentation
- c. Agencies may request hours beyond the NA Recommendation Letter with clinical justification

7. PAR Review and Determination

- a. Decision Letter sent by Acentra to the member and provider
- b. Appeals guidance included if applicable

PAR Caseload Submission Requirements

Beginning August 1, 2025, HHAs will be required to submit all Private Duty Nursing cases for a Nurse Assessor recommendation and medical necessity review prior to the end of the current PAR.

Additional FAQs

Is this process required for all new and renewing RN/CNA PARs?

Yes. All PDN, intermittent RN/LPN and CNA services require a Nurse Assessor referral beginning August 1, 2025.

Can agencies request more hours than the NA recommendation?

Yes, with appropriate clinical documentation. Acentra will review submitted justification as part of the PAR decision.

I need to admit a member within 48 hours of receiving a referral per CMS guidelines; how can an agency do that with the NA process in place?

If a member does not meet either the acute home health criteria or the expedited NA criteria, then the HHA should discuss with the physician whether or not a delay in start of care (SOC) is safe for the member and get an updated physician-ordered SOC date. The Nurse Assessor process does not prohibit the start of care, but is required for a prior authorization request to be issued.



Resources

To support successful implementation of the Nurse Assessor (NA) Program, the following materials and guidelines are available for reference:

- <u>Telligen Qualitrac Training Materials</u> Access the full training slide deck to review steps, system navigation, and assessment workflows.
- Qualitrac Authorized Official User Training
- Submitting a Referral Through Qualitrac
- Operational Memo OM 25-052 NA Program Implementation Provides policy context, timeliness, referral expectations, and member impact guidance
- <u>Nurse Assessor Program Webpage</u> Central hub for updates, FAQs, forms, and ongoing resources for participating agencies.

We encourage all agency staff involved in RN/CNA service delivery and PAR submission to bookmark these resources and check back for updated materials and guidance.

For more information contact

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