

Telligen addresses the complexities of today's Home & Community-Based Services (HCBS) and Long-Term Care (LTC) service programs by helping states manage beneficiary eligibility requirements, quality of care oversight and standardized assessments that support individualized care planning. These are a few of the strategies that we employ nationwide to help states increase access to HCBS while improving service delivery, managing costs, and maintaining beneficiary protections and autonomy.

**Settings Evaluation and Monitoring** – Telligen ensures compliance with the CMS Final Rule for HCBS settings by assisting states with planning, stakeholder education, implementing, and monitoring state transition plans and working directly with HCBS providers to understand and effectively implement the rule.

**Care Transitions** – We set providers up for success through clinical and technical support during the process of transitioning individuals from institutional care to LTC services.

**Quality Assurance** – Whether it's incident and complaint management, Money Follows the Person participant surveys as well as general HCBS experience surveys, Telligen provides the education and resources for achieving quality benchmarks.



## PROGRAM COMPONENTS - TAILORED FOR EACH CLIENT'S NEEDS

<b>Level of care and beneficiary eligibility determinations</b> based on federal and state guidelines.	<b>Core standardized assessments</b> using state-defined assessment tools.
<b>Prior authorization</b> to ensure services are appropriate and necessary.	<b>Care plan review</b> to prevent duplication of services.
<b>Quality assurance</b> to evaluate provider compliance with state and federal regulations.	<b>Onsite provider evaluation</b> to address program quality improvement and provider certification.
<b>Education and technical assistance</b> for providers, case managers, targeted case managers and integrated health home coordinators.	<b>Participant experience surveys</b> , used to identify gaps in services, ensure needs are being met and evaluate satisfaction.
<b>Analytics</b> for state and federal reporting requirements and identification of trends and topics for focused improvement efforts.	

## TELLIGEN'S VALUE PROPOSITION

As beneficiary need for HCBS continues to grow, states are presented with a broader array of services than ever before. States who partner with Telligen can rely on the experience and innovation we provide in helping to navigate the complexities of these programs.

## DIFFERENTIATORS



- Expertise in HCBS spans more than 40 years
- Experience with both FFS and Managed Care environments
- End-to-end performance improvement of processes and innovation

## ABOUT TELLIGEN

Telligen delivers customized, innovative solutions that improve the quality and cost-effectiveness of healthcare in state, federal, and commercial sectors. We have more than 50 years of proven success impacting our clients' outcomes and helping them manage their costs.

We bring clinical, analytics, IT and technical assistance expertise together to turn information into action to improve the quality and reduce the cost of healthcare.

## EXPERIENCE

Telligen provides analytics, population health management services and IT solutions to 36 million covered lives in the State, Federal and Commercial markets.

- Medicare — Currently serve as the federally designated:
  - Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Iowa, Illinois, Colorado, and Oklahoma.
  - Hospital Quality Improvement Contractor (HQIC).
- Medicaid — Provide care management, quality improvement and utilization review solutions in Colorado, Idaho, Iowa, Maryland, Massachusetts, Montana, Oklahoma, Pennsylvania, Virginia and Wyoming.
- Commercial — Offer clients (employers, payers and third-party administrators), flexible population health solutions that optimize the health of members served, while improving outcomes and lowering costs.

## CONTACT OUR STATE HEALTH SOLUTIONS EXPERTS FOR MORE INFORMATION



**NEAL COHEN, LMHC, MBA**  
Vice President  
State Health Solutions



**CHAD BENNETT**  
Vice President  
Business Development

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