

# NCQA Corrections, Clarifications and Policy Changes to the 2020 CM-LTSS Standards and Guidelines

March 27, 2023

This document includes the corrections, clarifications and policy changes to the 2020 CM-LTSS standards and guidelines. NCQA has identified the appropriate page number in the publication and the standard/element head and subhead for each update. Updates have been incorporated into the Interactive Review Tool (IRT). NCQA operational definitions for correction, clarification and policy changes are as follows:

- A **correction (CO)** is a change made to rectify an error in the standards and guidelines.
- A **clarification (CL)** is additional information that explains an existing requirement.
- A **policy change (PC)** is a modification of an existing requirement.

An organization undergoing a survey under the 2020 CM-LTSS standards and guidelines must implement corrections and policy changes within 90 calendar days of the IRT release date, unless otherwise specified. The 90-calendar-day advance notice does not apply to clarifications or FAQs, because they are not changes to existing requirements.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date																								
11	Policies and Procedures—Section 1: Eligibility and the Application Process	Evaluation Options	<p>Add the following new section head, text and table before “Eligibility for Accreditation”:</p> <table><tr><th colspan="4">Evaluation Options</th></tr><tr><td colspan="4">An <b>Evaluation Option</b> is defined by its distinct combination of requirements, scoring, statuses and length of Accreditation. NCQA CM-LTSS Accreditation has three Evaluation Options: Interim, Initial, Renewal.</td></tr><tr><td colspan="4"><i>Table 1: Summary of Evaluation Options’ eligibility, status duration and scoring</i></td></tr><tr><th>Evaluation Option</th><th>Eligibility</th><th>Available Statuses and Ratings</th><th>Status Duration</th></tr><tr><td>Interim</td><td>Organizations new to NCQA Accreditation or whose NCQA Accreditation status has been expired for more than 2 years.</td><td><ul style="list-style-type: none"><li>• Interim</li><li>• Denied</li></ul></td><td>Up to 18 months for Interim</td></tr><tr><td>Initial</td><td>Organizations new to NCQA Accreditation or whose NCQA Accreditation status has been expired for more than 2 years.</td><td><ul style="list-style-type: none"><li>• Accredited-3 years</li><li>• Accredited-2 years</li><li>• Denied</li></ul></td><td>Up to 24 months for “Accredited-2 years” and up to 36 months for “Accredited-3 years”</td></tr></table>	Evaluation Options				An <b>Evaluation Option</b> is defined by its distinct combination of requirements, scoring, statuses and length of Accreditation. NCQA CM-LTSS Accreditation has three Evaluation Options: Interim, Initial, Renewal.				<i>Table 1: Summary of Evaluation Options’ eligibility, status duration and scoring</i>				Evaluation Option	Eligibility	Available Statuses and Ratings	Status Duration	Interim	Organizations new to NCQA Accreditation or whose NCQA Accreditation status has been expired for more than 2 years.	<ul style="list-style-type: none"><li>• Interim</li><li>• Denied</li></ul>	Up to 18 months for Interim	Initial	Organizations new to NCQA Accreditation or whose NCQA Accreditation status has been expired for more than 2 years.	<ul style="list-style-type: none"><li>• Accredited-3 years</li><li>• Accredited-2 years</li><li>• Denied</li></ul>	Up to 24 months for “Accredited-2 years” and up to 36 months for “Accredited-3 years”	PC	3/27/23
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Initial	Organizations new to NCQA Accreditation or whose NCQA Accreditation status has been expired for more than 2 years.	<ul style="list-style-type: none"><li>• Accredited-3 years</li><li>• Accredited-2 years</li><li>• Denied</li></ul>	Up to 24 months for “Accredited-2 years” and up to 36 months for “Accredited-3 years”																										

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			<div> <b>Renewal</b> Organizations with current NCQA CM-LTSS Accreditation. <ul style="list-style-type: none"> <li>• Accredited-3 years</li> <li>• Accredited-2 years</li> <li>• Denied</li> </ul> Up to 24 months for “Accredited-2 years” and up to 36 months for “Accredited-3 years” </div> <p>Organizations can begin with either the Interim or the Initial Evaluation Option. After an organization has progressed to a Renewal Evaluation Option, all subsequent surveys will be for that Evaluation Option unless the organization’s Accreditation status lapses for more than 2 years.</p>		
15	Policies and Procedures—Section 2: The Accreditation Process	Accreditation Surveys	<p>Add the following bullet under “1. Full Survey”:</p> <ul style="list-style-type: none"> <li>• Interim Survey</li> </ul>	PC	3/27/23
15	Policies and Procedures—Section 2: The Accreditation Process	Accreditation Surveys—Full Survey	<p>Revise the paragraph to read:</p> <p>Organizations that have never completed a survey under NCQA’s Health Plan Accreditation undergo a Full Survey for either the Interim or the Initial Evaluation Option. Organizations with Interim status must choose to undergo a Full Survey for Initial or Renewal Evaluation Options for their subsequent Accreditation Survey. During a Full Survey, NCQA evaluates the organization against all of the CM standards. The survey process for Full Surveys is outlined in <i>Section 3: The Survey Process</i>.</p>	PC	3/27/23
15	Policies and Procedures—Section 2: The Accreditation Process	Accreditation Survey—Introductory Survey	<p>Revise the first and second paragraph to read:</p> <p>For organizations that pursue an Initial Survey for their first time, NCQA offers an Introductory Survey option. Organizations that pursue an Interim Survey for their first time, do not have the option of pursuing an Introductory Survey for their subsequent Initial Survey.</p> <p>Under the Introductory Survey option, the organization may undergo the following two types of Accreditation surveys before receiving an Accreditation decision:</p>	PC	3/27/23

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18	Policies and Procedures—Section 2: The Accreditation Process	Accreditation Status	<p>Add the following new table after the second paragraph:</p> <p><b>Table 3: Accreditation status descriptions</b></p> <table><tr><th>Status</th><th>Description</th><th>Applicable Evaluation Options</th></tr><tr><td>Accredited</td><td>Service and quality meet or exceed rigorous requirements.</td><td>Initial, Renewal</td></tr><tr><td>Interim</td><td>Basic structure and processes in place to meet expectations for delivery of case management services.  Needs to undergo a Full Survey within 18 months to show that processes have been executed effectively.</td><td>Interim</td></tr><tr><td>Denied</td><td>Service and quality did not meet NCQA requirements during the Accreditation Survey.</td><td>Interim, Initial, Renewal</td></tr></table>	Status	Description	Applicable Evaluation Options	Accredited	Service and quality meet or exceed rigorous requirements.	Initial, Renewal	Interim	Basic structure and processes in place to meet expectations for delivery of case management services.  Needs to undergo a Full Survey within 18 months to show that processes have been executed effectively.	Interim	Denied	Service and quality did not meet NCQA requirements during the Accreditation Survey.	Interim, Initial, Renewal	PC	3/27/23
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Denied	Service and quality did not meet NCQA requirements during the Accreditation Survey.	Interim, Initial, Renewal															
18	Policies and Procedures—Section 2: The Accreditation Process	Corrective Action	<p>Revise the first paragraph to read:</p> <p>In certain circumstances, NCQA may require the organization to take corrective actions and submit a corrective action plan (CAP). <b>Corrective actions</b> are steps taken to improve performance when specific NCQA Accreditation requirements are not met. Corrective action requests are not specific to failed must-pass elements, which are also addressed during the CAP Survey process.</p> <p>Specific to interrater reliability (IRR) issues during the survey process, if an organization is found to be noncompliant during its survey, and the issue was not identified during a previous survey where the same requirement was reviewed and evaluated with evidence provided by the organization that was the same as or similar to the evidence provided previously, NCQA may require the organization to submit a corrective action plan addressing the noncompliant requirement.</p> <p>In most cases, this will not adversely impact the organization’s Accreditation status. Failure to timely comply with requested corrective action requests may result in a lower score, or reduction or loss of Accreditation status. Refer to <i>Interrater Reliability</i> in <i>Section 5: Additional Information</i> for the definition and information about interrater reliability.</p>	CL	3/27/23												

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18	Policies and Procedures—Section 2: The Accreditation Process	Status Descriptions	Add the following as a new third status:  Interim: The organization demonstrated basic structure and processes in place to meet expectations for delivery of case management services.	PC	3/27/23															
18	Policies and Procedures—Section 2: The Accreditation Process	Status Descriptions	Revise the “Seals and certificates” status to read:  Seals and certificates: NCQA issues Accreditation Seals for 3-year, 2-year and Interim Accreditation status levels and a Certificate of Accreditation to the organization, with the applicable dates of its Accreditation status. NCQA provides the organization with a final version of the survey tool that includes the final status scores on all elements, standards.	PC	3/27/23															
19	Policies and Procedures—Section 2: The Accreditation Process	Determining Status — Status and scoring	Add the following new table after the first paragraph:  <b>Table 4: Scoring ranges for Accreditation statuses</b> <table><tr><th></th><th>Interim</th><th>Initial and Renewal (Standards Only)</th></tr><tr><td>Accredited-3 years</td><td>NA</td><td>85-100</td></tr><tr><td>Accredited-2 years</td><td>NA</td><td>70-84.99</td></tr><tr><td>Interim</td><td>80-100</td><td>NA</td></tr><tr><td>Denied</td><td>Below 80</td><td>Below 70</td></tr></table>		Interim	Initial and Renewal (Standards Only)	Accredited-3 years	NA	85-100	Accredited-2 years	NA	70-84.99	Interim	80-100	NA	Denied	Below 80	Below 70	PC	3/27/23
	Interim	Initial and Renewal (Standards Only)																		
Accredited-3 years	NA	85-100																		
Accredited-2 years	NA	70-84.99																		
Interim	80-100	NA																		
Denied	Below 80	Below 70																		
20	Policies and Procedures—Section 2: The Accreditation Process	Determining Status— Minimum requirements	Revise the section to read:  An organization must receive 70% of the possible points to be eligible for Accredited—2 Years status. An organization with a standards score of lower than 70 for an Initial or Renewal survey receives Denied status.  An organization must receive 80% of the possible points to be eligible for Interim status. An organization with a standards score of lower than 80 for an Interim survey receives Denied status.	PC	3/27/23															

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25	Policies and Procedures—Section 3: The Survey Process	About the Survey Process	<p>Add the following new table after the first paragraph:</p> <p><b>Table 6: Survey component occurrences by Evaluation Option</b></p> <table><tr><th>Components of Accreditation Survey</th><th>Interim Evaluation Option</th><th>Initial Evaluation Option</th><th>Renewal Evaluation Option</th></tr><tr><td>Offsite Review</td><td>✓</td><td>✓</td><td>✓</td></tr><tr><td>Onsite Review</td><td></td><td>✓</td><td>✓</td></tr></table>	Components of Accreditation Survey	Interim Evaluation Option	Initial Evaluation Option	Renewal Evaluation Option	Offsite Review	✓	✓	✓	Onsite Review		✓	✓		3/27/23
Components of Accreditation Survey	Interim Evaluation Option	Initial Evaluation Option	Renewal Evaluation Option														
Offsite Review	✓	✓	✓														
Onsite Review		✓	✓														
32	Policies and Procedures—Section 4: Reporting Results	CM-LTSS Report Card—Status levels	<p>Revise the first paragraph to read:</p> <p>Accredited—3 years, Accredited—2 years, Interim, Denied.</p>	PC	3/27/23												
38	Policies and Procedures—Section 5: Additional Information	Lapse in Accreditation Status	<p>Revise the section to read:</p> <p>An organization that has allowed its Accreditation status to lapse for any reason, including Denied status, may bring its products through for Accreditation again.</p> <ul style="list-style-type: none"><li>• If the organization’s prior survey was Interim or First, the organization must go through the Interim or First Evaluation Option.</li><li>• If the organization’s Accreditation status has lapsed for <i>less than 2 years</i>, the Renewal Evaluation Option look-back period applies if the prior survey was a Renewal.</li><li>• If the organization’s Accreditation status has lapsed for <i>more than 2 years</i>, the organization must go through the Interim or First Evaluation Option.</li></ul> <p>The organization must sign the Agreement again following a lapse in its Accreditation status, as part of the application process.</p> <p>The length of time a status has lapsed is measured from the date of expiration or withdrawal of the status until the scheduled start date of the next survey.</p>	PC	3/27/23												
39, 48, 53, 60, 63, 71, 96, 98, 100, 101, 104, 105, 107, 109, 110	LTSS 1, Element A LTSS 2, Elements B, C LTSS 3, Elements A, B LTSS 4, Element A LTSS 6, Elements A-E LTSS 7, Elements A-D	Look-back period	<p>Add the following to the look-back period:</p> <p><i>For Interim Surveys:</i> Prior to the survey date.</p>	PC	3/27/23												

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98	LTSS 6, Element B	Scope of review	Revise the scope of review to read: <i>For All Survey Types:</i> NCQA reviews the organization's documented processes or materials for LTSS provider qualifications and the assistance available to them. <i>For Initial and Renewal Surveys:</i> NCQA also reviews the organization's reports for the results from the background checks and results from the additional screening tool.	PC	3/27/23
101	LTSS 6, Element D	Scope of review	Revise the scope of review to read: <i>For All Survey Types:</i> NCQA reviews the organization's initial training process. <i>For Initial and Renewal Surveys:</i> NCQA also reviews the organization's training materials.	PC	3/27/23
105	LTSS 7, Element A	Scope of review	Revise the scope of review to read: <i>For All Survey Types:</i> NCQA reviews the organization's process for managing critical incidents. <i>For Initial and Renewal Surveys:</i> NCQA also reviews the organization's reports documenting incidents tracked and implementation of interventions.	PC	3/27/23
107	LTSS 7, Element B	Scope of review	Revise the scope of review to read: <i>For All Survey Types:</i> NCQA reviews the organization's documented process for providing individuals with information on their rights and responsibilities. <i>For Initial and Renewal Surveys:</i> NCQA also reviews materials for evidence that the organization communicates the rights of individuals. If the organization's purchasers prohibit the distribution of rights information, NCQA reviews the organization's policies and procedures describing rights afforded to individuals, as listed in the factors.	PC	3/27/23
109	LTSS 7, Element C	Scope of review	Revise the scope of review to read: <i>For All Survey Types:</i> NCQA reviews the organization's documented process for distributing information to individuals. <i>For Initial and Renewal Surveys:</i> NCQA also reviews the organization's materials demonstrating that the organization distributes the information to individuals.	PC	3/27/23
113, 115	LTSS 8, Element A, B	Look-back period	Revise the look-back period for to read: <i>For Interim and Initial Surveys:</i> 6 months.	PC	3/27/23

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117	LTSS 8, Element C	Look-back period	Revise the look-back period to read: <i>For Interim and Initial Surveys:</i> Once during the prior year.	PC	3/27/23
117	LTSS 8, Element C	Exceptions	Add a second paragraph to the Exceptions that reads: Factors 2–4 are NA for Interim Surveys.	PC	3/27/23
1-1	Appendix 1—Standard and Element Points for 2020		Revise the table to add applicable points for the Interim survey option.	PC	3/27/23
2-10	Appendix 2—Delegation and Automatic Credit Guidelines	Table 2: Automatic credit for delegating to a CM-LTSS-Accredited organization, NCQA-Accredited health plan with LTSS Distinction, NCQA-Accredited MBHO with LTSS Distinction or CM-Accredited organization with LTSS Distinction	Revise Table 2 to add the CM-LTSS Organization Interim survey option.	PC	3/27/23
3-2	Appendix 3—Mergers, Acquisitions and Consolidations for Case Management LTSS Organizations	Definitions	Add the following definition: <b>Interim Survey Option:</b> A survey for an organization new to NCQA Accreditation. Includes a subset of non-file review elements only. The Interim Evaluation Option is valid for up to 18 months.	PC	3/27/23
3-4	Appendix 3—Mergers, Acquisitions and Consolidations for Case Management LTSS Organizations	MAC Evaluations and Outcomes —When a survey is not required	Revise the first and second paragraphs to read: NCQA does not require a MAC Survey or Full Accreditation Survey if the merger involves only NCQA-Accredited organizations; however, NCQA reserves the right to conduct a MAC Survey or require a Full Survey if the merger involves an Accredited new CM-LTSS larger than the Accredited CM-LTSS or involves a CM-LTSS organization with Interim Accreditation status. The date of the next survey is based on the larger Accredited organization's expiration date. The new score and status are based on the larger organization's score and status. If a CM-LTSS organization with Interim Accreditation status is involved in the merger, NCQA does not consider its score and status.	PC	3/27/23

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18	Policies and Procedures— Section 2: The Accreditation Process	Corrective Action	<p>Replace the text with the following:</p> <p>In certain circumstances, NCQA may require corrective action and submission of a corrective action plan (CAP) by the organization. Corrective actions are steps taken to improve performance when an organization does not meet specific NCQA Accreditation requirements. Failure to timely comply with requested corrective action may result in a lower score or reduction or loss of Accreditation status.</p> <p>A CAP is considered complete when NCQA notifies the organization that all identified deficiencies are resolved and corrective actions have been implemented. If the CAP is not completed within the agreed-on time frame, the organization must notify NCQA of the reason.</p> <p>The ROC determines completion of the CAP. If the CAP is considered incomplete, the ROC may extend the CAP, reduce the organization's status or issue a Denied Accreditation status as specified below.</p> <table><tr><th>If the Organization...</th><th>The ROC May...</th></tr><tr><td>Formulates a satisfactory CAP but fails to adequately implement it within the time frame specified in the CAP.</td><td>Extend the CAP or reduce the organization's status from Accredited to Denied.</td></tr><tr><td>Does not complete the CAP after an extension, <b>or</b> Is unwilling or unable to formulate a satisfactory CAP within the required time frame, <b>or</b> Makes no attempt to complete an agreed-on CAP.</td><td>Issue a Denied Accreditation status.</td></tr></table>	If the Organization...	The ROC May...	Formulates a satisfactory CAP but fails to adequately implement it within the time frame specified in the CAP.	Extend the CAP or reduce the organization's status from Accredited to Denied.	Does not complete the CAP after an extension, <b>or</b> Is unwilling or unable to formulate a satisfactory CAP within the required time frame, <b>or</b> Makes no attempt to complete an agreed-on CAP.	Issue a Denied Accreditation status.	CL	11/23/20
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11	Policies and Procedures— Section 1: Eligibility and the Application Process	Eligibility for Accreditation	<p>Add the following new subhead and text at the end of “Eligibility for Accreditation.”</p> <p><b>Eligibility for international organizations</b></p> <p>NCQA standards evaluate performance of U.S. health care organizations and their U.S. operations only. Organizations that apply for and participate in an NCQA Survey must agree to comply with all applicable U.S. federal, state and other applicable laws, and must agree that the use of NCQA products and services shall for all purposes be governed, interpreted, construed and enforced solely and exclusively in accordance with U.S. laws and regulations, without regard to conflicts of law provisions thereof.</p> <p>NCQA limits evaluation to organizations that operate in and outside the United States, and limits award of NCQA status to an organization’s U.S. operations. Organizations that do not operate in the United States (i.e., conduct all activities in the U.S., including in states and territories; conduct operations for U.S. members and clients) or have members, patients or clients in the United States are not eligible for CM-LTSS Accreditation. NCQA does not evaluate operations of organizations that do not operate in the United States, or that do not have U.S. members, patients or clients.</p> <p>When determining eligibility of an organization with both U.S. and foreign operations, NCQA applies the following criteria:</p> <ol style="list-style-type: none"> <li>1. The applicant organization must be the accountable (responsible) entity for performing NCQA-reviewed functions, and must describe how it meets NCQA’s definition of an accreditable, certifiable or eligible entity. A parent, holding or shell company may not be eligible to apply.</li> <li>2. The applicant organization must be a U.S. company, or be owned by a U.S. company, and provide services in the United States. An applicant organization that is not a U.S. company, but is owned by a U.S. company, must be domiciled in the United States by holding a business license or registration in at least one U.S. state or territory. The organization must submit evidence to reflect incorporation, registration or licensure to satisfy this criterion.</li> <li>3. To be listed on NCQA’s public report card, the applicant organization must have a United States address for a facility, business office or administrative location. NCQA does not allow organizations to list an address of a personal residence or U.S. statutory agent unless the organization conducts NCQA-reviewed functions from the address.</li> </ol>	CL	11/14/22

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			<p>4. If any function to be reviewed is performed outside the United States, the organization must have the capability to complete the onsite survey (and/or any tour) virtually, and to present all required files electronically. Because NCQA does not travel outside the country for onsite reviews, the applicant organization must coordinate a virtual review to satisfy onsite requirements, which may include staff interviews or site tours, as described in NCQA standards. All virtual reviews must be conducted in English or with English translations for the NCQA survey team.</p> <p>5. The applicant organization must meet all other eligibility criteria specified in the preceding section.</p> <p>Any organization with U.S. and foreign operations that meets the criteria above may apply for an NCQA Survey, and may include functions performed outside the United States in its NCQA Survey.</p>		
22	Policies and Procedures—Section 2	A Standard's Structure—Look-back period	<p>Add the following subhead and text immediately below <b><i>Meeting the look-back period for records or files:</i></b></p> <p><b><i>Expanding the look-back period for records and files</i></b></p> <p>For Renewal Surveys, if the organization has fewer than 40 files when it submits its completed survey tool, NCQA expands the look-back period in 6-month increments to allow more files to be included in the file universe. (This extension is optional for Initial Surveys.) The extension does not go past the date when the organization completed its last survey.</p> <ul style="list-style-type: none"> <li>• If the extension yields a file universe of fewer than 8 files, all files are reviewed, results are documented in the survey tool as a comment or issue and file review elements are scored NA.</li> <li>• If the extension yields a file universe of at least 8 files but fewer than 40, the normal 8/30 file review process applies.</li> <li>• If the extension yields a file universe of fewer than 30 files and the first 8 files do not meet the requirements, all files are reviewed.</li> </ul> <p>File review element scores are based on file review results.</p>	CL	3/29/21

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22	Policies and Procedures— Section 2: The Accreditation Process	Expanding the look-back period for records and files	Revise the bullets under “Expanding the look-back period for records and files” to read: <ul style="list-style-type: none"><li>• If the extension yields a file universe of at least 30 files but fewer than 40, the file review process of reviewing a minimum of 30 files applies. Refer to “File Review Universe” in Section 3 of the Policies and Procedures below.</li><li>• If the extension yields a file universe of fewer than 8 files, all files are reviewed, results are documented in the survey tool as a comment or issue and file review elements are scored NA.</li></ul>	PC	11/22/21
25	Policies and Procedures— Section 3: The Survey Process	File Review Results	Add the following section before “File Review Results”: <b>File review universe</b> For surveys starting July 1, 2022, NCQA will review a minimum of 30 files. The organization submits a random selection of 40 files (30 file sample + 10 oversample). If an organization has fewer than 30 files, an expansion to the look-back period may be warranted. Refer to the “Expanding the look-back period for records and files” section above for more information.	PC	11/22/21
25	Policies and Procedures— Section 3: The Survey Process	File review universe	Revise the second sentence to read: The organization submits a full universe of its files, and NCQA randomly selects 40 files (a 30-file sample and a 10-file oversample).	CL	11/14/22
36	Policies and Procedures— Section 5: Additional Information	Notifying NCQA of Reportable Events	Add the following as a new third bullet: <ul style="list-style-type: none"><li>• Self-identification of systemic issues affecting 5% or more of eligible case management files.</li></ul>	CL	7/25/22
36	Policies and Procedures— Section 5: Additional Information	Notifying NCQA of Reportable Events	Add the following as a new second and third paragraph: Reporting obligations are effective upon issuance of the notice of sanctions, issuance of a fine or request for corrective action, or self-identification of issues. The notification requirement is not paused as a result of any appeal or negotiations with the applicable regulatory authority. All Reportable Events must be submitted through My NCQA ( <a href="https://my.ncqa.org">https://my.ncqa.org</a> ).	CL	7/25/22

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36	Policies and Procedures— Section 5: Additional Information	Notifying NCQA of Reportable Events— Annual Attestation of Compliance With Reportable Events	<p>Revise the information in this section to read:</p> <p>On an annual basis, the organization must also complete an attestation signed by an officer or other authorized signatory of the organization affirming that it has notified NCQA of all Reportable Events specified within NCQA policies and procedures. Failure to comply with Reportable Events submission or annual attestation requirements may result in suspension or revocation of Accreditation status.</p> <p>Annually, NCQA will send an email reminder to the designated Accreditation contact to complete the annual attestation on My NCQA (<a href="https://my.ncqa.org">https://my.ncqa.org</a>). The attestation must be completed within 30 days of the email notification..</p>	CL	7/25/22
37	Policies and Procedures	Section 5: Additional Information	<p>Add the following new section head and text between “Notifying NCQA of Reportable Events” and “Discretionary Survey.”</p> <p><b>Interrater Reliability</b></p> <p>NCQA strives for consistency in the Accreditation/Certification process and across all surveys.</p> <p>NCQA defines “interrater reliability” (IRR) as the extent to which two or more independent surveyors produce similar results when assessing whether the same requirement is met—the level of confidence that similarly trained individuals would be likely to produce similar scores on the same standards for the same product when the same evidence is evaluated.</p> <p>To support consistency, NCQA will continue to clarify standards and educate surveyors. Organizations preparing for survey should also review all applicable standards, including changes between standards years and related NCQA corrections, clarifications, and policy changes, as well as FAQs, focusing on the standards’ intent, scored elements and factors, explanations, and type of evidence (data sources) required to demonstrate that a requirement is met.</p> <p><b>Reporting IRR Issues to NCQA</b></p> <p>Report suspected IRR issues to NCQA during the following survey stages:</p> <ul style="list-style-type: none"> <li>• When the organization responds to initial issues (following the conference call with the surveyor and ASC).</li> </ul>	CL	7/25/22

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			<ul style="list-style-type: none"> <li>During the organization review and comment stage (during the post-survey review process).</li> <li>During a Reconsideration (after the survey is completed).</li> </ul> <p>Issues may be reported in the survey tool (IRT) or by submitting a case to My NCQA (<a href="https://my.ncqa.org">https://my.ncqa.org</a>).</p> <p>To protect the integrity of the Accreditation process, NCQA does not accept materials in an IRR report that did not exist at the time of the original completed survey tool submission.</p> <p>As a reminder, file review results may not be disputed or appealed once the onsite survey is complete, whether completed in-person or virtually. If you suspect an IRR issue related to a file review element, the issue should be reported during the onsite survey.</p> <p>NCQA performs an expedited review of reported IRR concerns on non-file review elements to ensure timely and accurate Accreditation/ Certification decisions. Based on review of a potential issue, NCQA may:</p> <ol style="list-style-type: none"> <li>If NCQA's scoring was inconsistent for non-file review elements, issue a one-time exception for scoring of the standard, and require a Corrective Action Plan (CAP). NCQA reserves the right to determine if scoring was inconsistent.</li> <li>If no inconsistency is found, maintain the standard score.</li> </ol> <p>NCQA analyzes IRR information to identify opportunities to clarify requirements or enhance surveyor education.</p>		
37	Policies and Procedures—Section 5: Additional Information	Mergers and Acquisitions	Revise the email address in the second paragraph to read: <a href="mailto:sig@ncqa.org">sig@ncqa.org</a>	CO	3/28/22
39	Policies and Procedures—Section 5: Additional Information	Suspending Accreditation	Revise the first sentence under the “Grounds for immediate suspension” subhead to read: Grounds for recommending suspension of Accreditation status include, but are not limited to:	CL	7/25/22

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39	Policies and Procedures—Section 5: Additional Information	Suspending Accreditation	Add the following as a new sixth bullet under the “Grounds for immediate suspension” subhead: <ul style="list-style-type: none"> <li>Failure to comply with Reportable Events submission or annual attestation completion requirements.</li> </ul>	CL	7/25/22
39	Policies and Procedures—Section 5: Additional Information	Revoking Accreditation	Revise the sixth bullet under “Grounds for revocation” to read: <ul style="list-style-type: none"> <li>The organization violates other published NCQA policies, including failure to submit Reportable Events or completion of annual attestation.</li> </ul>	CL	7/25/22
39	LTSS 1, Element A	Explanation	Revise the second paragraph to read: Factor 3 is a critical factor; if this critical factor is scored “no” the organization’s score cannot exceed 20% for each program.	CL	7/25/22
43	LTSS 1, Element B	Look-back period	Revise the text to read: <i>For Renewal Surveys:</i> 24 months.	CO	3/29/21
43	LTSS 1, Element B	Explanation—Review of new evidence and professional standards	Remove the second paragraph under this section, which reads: If the organization’s program is based on evidence or standards set by the state or other purchaser, it is not required to ensure that the state or purchaser has reviewed the evidence and professional standards. In these situations, the organization validates that its operations are current with the state or purchaser requirements.	CL	3/29/21
43	LTSS 1, Element B	Exceptions	Add a third bullet to the Exceptions that reads: <ul style="list-style-type: none"> <li>If the organization’s program is based on evidence or standards set by the state or another purchaser.</li> </ul>	CL	3/29/21
45	LTSS 1, Element C	Look-back period	Revise the look-back period for Renewal Surveys to read: <i>For Renewal Surveys:</i> At least once during the prior 24 months.	CL	7/25/22
45	LTSS 1, Element C	Explanation	Add the following subhead and text below the Exceptions: <b>Related information</b> If the organization’s program is based on evidence or standards set by the state or another purchaser, the organization validates that its operations are current with state or purchaser requirements and provides evidence of its review as it relates to factors 1-4.	CL	3/29/21

Key = CO—Correction, CL—Clarification, PC—Policy Change

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46	LTSS 2, Element A	Scope of review	Revise the first paragraph of scope of review to read: <i>For factor 1:</i> NCQA reviews a report of the organization's most recent and previous year's annual assessment of its enrolled populations and relevant subpopulations.	CO	7/25/22
49, 57	LTSS 2, Elements B, D	Explanation—Factor 2: Documentation of clinical history	Add the following as the second sentence of the second paragraph: If dates are not present in the file, NCQA reviews the organization's complex case management policies and procedures. If the organization has a process for collecting dates as part of the clinical history, NCQA assumes the file does not include dates because the member or other individual giving information did not provide dates. The requirement is not met if the organization does not have a process for collecting dates as part of the clinical history.	CL	11/23/20
49, 57	LTSS 2, Elements B, D	Explanation—Factor 2: Documentation of clinical history	Add the following text as the last paragraph: Factor 2 does not require assessment or evaluation.	CL	3/30/20
49	LTSS 2, Element B	Explanation—Factor 3: Assessment of activities of daily living	Revise the explanation to read: Case management policies and procedures specify a process for assessing functional status related to activities of daily living, such as eating, bathing and mobility. Supports include both assistive technology and human assistance needed to complete an activity.	CO	11/23/20
56, 67	LTSS 2, Element D, LTSS 3, Element C	Look-back period	Revise the text for Renewal Surveys to read: <i>For Renewal Surveys:</i> 6 months for surveys between July 1, 2020, and June 30, 2021, and 12 months for surveys effective July 1, 2021.	CO	7/27/20
56	LTSS 2, Element D	Explanation—Files excluded from review	Revise the subbullet under the second bullet to read: — The organization provides evidence of the individual's identification date and that the individual was in case management for less than 60 calendar days during the look-back period.	CL	7/27/20
59	LTSS 2, Element D	Explanation—Factor 15: Assessment of community resources	Revise the last sentence to read: If the individual needs no community resources, the file or case record reflects this (e.g., "Individual does not need community resources").	CL	11/23/20

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61	LTSS 3, Element A	Explanation	Revise the second paragraph to read: Factors 1, 2 and 3 are critical factors; if one critical factor is scored “no” the organization’s score cannot exceed 20% for the element. If two or more critical factors are scored “no,” the organization’s score cannot exceed 0% for the element.	CL	7/25/22
64	LTSS 3, Element B	Explanation	Revise the second paragraph to read: Factor 1 is a critical factor; if this critical factor is scored “no” the organization’s score cannot exceed 20% for the element.	CL	7/25/22
67	LTSS 3, Element C	Scoring	Revise the 100% and 50% scoring categories to read: 100% = High (90-100%) on file review for 11-13 factors 50% = High (90-100%) or medium (60-89%) on file review for 7-8 factors and low (0-59%) on 1-6 factors or medium (60-89%) on file review for all 13 factors	CO	3/29/21
68	LTSS 3, Element C	Explanation—Files excluded from review	Add a subbullet under the second bullet that reads: — The organization provides evidence of the individual’s identification date and that the individual was in case management for less than 60 calendar days during the look-back period.	CL	7/27/20
69	LTSS 3, Element C	Explanation—Factor 10: Follow-up and communication with LTSS providers	Revise the explanation to read: The file or case record documents the roles and responsibilities of LTSS providers, case management plan details and the follow-up schedule that are communicated to providers.	CL	7/27/20
78	LTSS 5, Element A	Explanation—Factor 1 Obtaining feedback from individuals	Revise the text to read: To identify complaint patterns, the organization collects complaint data from the entire population of individuals in the case management program, or draws statistically valid samples from the population. If the organization uses a sample, it describes the sample universe and the sampling methodology.	CL	11/22/21
78	LTSS 5, Element A	Explanation—Factor 2: Analyzing complaints from individuals	Revise the text to read: The organization analyzes complaints to identify opportunities to improve individual experience with its case management program. <i>For initial measurement</i> , the organization conducts quantitative and qualitative analysis of data.	CL	11/22/21

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			<p><i>For remeasurement</i>, the organization conducts quantitative analysis, and conducts qualitative analysis if quantitative analysis demonstrates that stated goals were not met.</p> <p>Refer to <i>Appendix 4: Glossary</i> for the full definition of and requirements for quantitative analysis and qualitative analysis.</p>		
81, 84, 87	LTSS 5, Elements B-D	Explanation—Measures	Revise the last sentence in the Explanation to read: Organizations may select process or outcome measures.	CL	3/29/21
81, 84, 87	LTSS 5, Elements B-C	Explanation—Factor 5: Quantitative and qualitative analysis	<p>Revise the factor subhead and text to read:</p> <p><b>Factor 5: Quantitative and qualitative analysis</b></p> <p><i>For initial measurement</i>, the organization conducts quantitative and qualitative analysis of data.</p> <p><i>For remeasurement</i>, the organization conducts quantitative analysis, and conducts qualitative analysis if quantitative analysis demonstrates that stated goals were not met.</p> <p>Refer to <i>Appendix 4: Glossary</i> for the full definition of and requirements for quantitative analysis and qualitative analysis.</p>	CL	11/22/21
92	LTSS 5, Element G	Related Information	<p>Add the following subhead and text under the explanation:</p> <p><b>Related information</b></p> <p>If the organization is required to use a regulatory agency's definition of "active participation" that is different from NCQA's, it may use the regulatory agency's definition if it also provides the definition to NCQA. NCQA will use the regulatory agency's definition to determine whether the organization's active participation is consistent with the definition.</p>	CL	7/25/22
98	LTSS 6, Element B	Explanation—Factors 2, 3: Background checks and additional screening tool for paid LTSS providers	<p>Add the following as the last sentence of the first paragraph:</p> <p>NCQA does not consider it delegation if the organization uses another entity to conduct background checks.</p>	PC	3/30/20

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2-1	Appendix 2—Delegation and Automatic Credit Guidelines	Definitions	Add the following as a new definition: <b>Previously unidentified delegate</b> A contracted delegate identified during a survey that was not initially reported by the organization in the NCQA delegation worksheet.	CL	3/28/22
2-7	Appendix 2—Delegation and Automatic Credit Guidelines	How NCQA Evaluates Delegation—Delegation oversight—De facto delegation	Revise the following subhead and first paragraph to read: <b>Previously unidentified delegates and de facto delegation</b> If NCQA identifies previously unidentified delegates or de facto delegation at any point after selecting the delegates (including during the offsite survey), NCQA reserves the right to review oversight of the previously unidentified delegates or de facto delegates by selecting them at random to include up to two delegates in addition to the four originally selected.	CL	3/28/22
2-12	Appendix 2: Delegation and Automatic Credit Guidelines	Credit for LTSS 8 when Delegating to a PCMH	Added <i>Table 3: Credit for LTSS 8 when delegating to a PCMH</i> to address scenarios where organizations delegate LTSS functions to an NCQA-Recognized PCMH. See the updated <i>Appendix 2: Delegation and Automatic Credit Guidelines</i> posted in the IRT to view the table.	CL	3/29/21
4-4	Appendix 4—Glossary		Add the following as a new definition: <b>interrater reliability:</b> The extent to which two or more independent surveyors produce similar results when assessing whether the same requirement is met—the level of confidence that similarly trained individuals would be likely to produce similar scores on the same standards for the same product when the same evidence is evaluated.	CL	7/25/22
4-4	Appendix 4—Glossary		Revise the definition of “qualitative analysis” to read: An examination of the underlying reason for or cause of results, including deficiencies or processes that may present barriers to improvement or cause failure to reach a stated goal. Qualitative analysis must draw conclusions about why the results are what they are and involves staff responsible for executing a program or process. Also called a <i>causal</i> , <i>root cause</i> or <i>barrier</i> analysis.	CL	11/22/21

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4-4	Appendix 4—Glossary		Revise the definition of “quantitative analysis” to read: A comparison of numeric results against a standard or benchmark, trended over time. Quantitative analysis must draw conclusions about what results mean. Unless specified, tests of statistical significance are not required, but may be useful when analyzing trends. NCQA does not require that results be trended for First Surveys.	CL	11/22/21