Case Management for Long-Term Services and Supports

Standards for Long-Term Services and Supports

LTSS 1: Program Description

The organization's case management program description includes the evidence and professional standards from which the program was built, and the organization reviews and adopts relevant findings as they become available.

Intent

The organization uses up-to-date evidence and professional standards to develop its case management program, and regularly updates the program with emerging findings and information.

Element A: Program Description

The description of the organization's case management program includes:

1. **Criteria for identifying individuals who are eligible for the program.**
2. **Services offered to individuals.**
3. **Evidence and professional standards used for program operations.***
4. **Defined program goals.**
5. **How case management nonclinical and/or clinical services are coordinated with the services of others involved in individuals' care.**
6. **How the organization promotes health equity.**

Critical factors: Score cannot exceed ~~20%~~ Partially Met if one critical factor is scored "no."

Scoring

Met	Partially Met	Not Met
The organization meets 4-6 factors	The organization meets 2-3 factors	The organization meets 0-1 factors

Data source Documented process

Scope of review

NCQA reviews the organization's program description for factors 1–5.

NCQA scores this element for each program the organization brings forward for Accreditation. The score for the element is the average of the scores for all programs.

Look-back period

For Interim Surveys: Prior to the survey date.

For Initial Surveys: 6 months; prior to the survey date for factor 6.

For Renewal Surveys: 24 months; prior to the survey date for factor 6.

Explanation

This element may not be delegated.

Factor 3 is a critical factor; if this critical factor is scored "no" the organization's score cannot exceed ~~20%~~ Partially Met for each program.

Case management is a collaborative process of assessment, planning, facilitation, coordination, evaluation and advocacy for supports and services to meet the needs of an individual while promoting quality and cost-effective outcomes.

Long-term services and supports is care for older adults and people with disabilities who need support because of age; physical, cognitive, developmental or chronic health conditions; or other functional limitations that restrict their ability to care for themselves. The program description should identify all populations served, and may include:

- Individuals 65 and older.
- Individuals with intellectual/developmental disorders.
- Adults with disabilities.
- Children with disabilities.
- Traumatic brain injury.
- Acquired brain injury.
- Serious mental illness.
- Serious emotional disturbance.
- Mental health/substance use disorder.
- Foster care/adult family care.
- Others.

The overall goal of case management long-term services and supports programs is to help individuals function optimally in their preferred setting.

Factor 1: Eligibility criteria

A **purchaser** is an entity (e.g., state, health plan) that purchases services provided by the organization.

The program description states the eligibility criteria for the case management program. Eligibility criteria may be set by the purchaser. NCQA does not require the organization to use specific criteria.

Factor 2: Services

The program description specifies services available to eligible individuals across all programs the organization brings forward for accreditation. The organizations may provide the services directly or may arrange for the services to be provided by other entities.

Factor 3: Evidence and professional standards

Professional standards of care are stated ethical or legal requirements to exercise the level of care, diligence and skill prescribed in a profession's code of practice.

The program description specifies the evidence and professional standards the organization uses to determine which services it offers to individuals and how it provides services. Evidence derives from:

- Scientific evidence from technical literature or government research sources.
- Literature reviews on best practices (e.g., motivational interviewing, methods to improve health literacy).

Examples

***Factor 2:* Services**

- Care coordination, including arranging appointments and referrals to community resources.
- Case management plan development, with person-centered goals.
- Assistance with navigating the appeal process and/or information about resources, agencies or advocacy groups that individuals can use or be connected with to aid the appeal process.
- Self-management plan development and monitoring.
- Self-directed services.
- Personal care assistance.
- Housekeeping and chore service.
- Money management.
- Transportation.
- Housing-related services.

***Factor 3:* Evidence and professional standards**

The organization uses a combination of evidence and professional standards to support staff interactions with individuals, which may be derived from its research or from research organizations such as:

- Administration for Community Living.
- Administration on Aging.
- ADvancing States (formerly National Association of States United for Aging and Disabilities).
- American Case Management Association.
- American Nurse Association Guidelines.
- American Society on Aging.
- Association for Behavioral Analysis International.
- Case Management Society of America
- Leadership Council of Aging Organizations.
- National Association of Social Workers.
- National Association of State Directors of Developmental Disabilities Services
- National Coalition of Care Coordination.
- National Core Indicators—Aging and Disabilities.
- National Council on Independent Living.
- Society of Medicaid Medical Directors.
- The John A. Hartford Foundation.
- The SCAN Foundation.

***Factor 4:* Program goals**

Program goals may include:

- 30% of participants who are served for 6 months or longer report that their quality of life improved since the initial assessment.
- Improve individual experience with the program by 20% in the calendar year.

- 85% of individuals who are served in the community for at least 6 months have no long-term nursing home stays.
- Reduce 30-day hospital readmissions by 10%.
- Increase rates of supported employment by 25%.

Factor 5: **How case management nonclinical and/or clinical services are coordinated**

~~Coordination of case management services may include:~~

- ~~Medical providers, including palliative care providers.~~
- ~~Behavioral healthcare providers.~~

Coordination of case management nonclinical services may include:

- Social services providers, such as housing, employment supports, nutritional assistance.
- Case managers. ~~from other organizations the individual is affiliated with (discharge care managers, health plan care mangers).~~
- Caregivers.

Coordination of case management clinical services may include:

- Medical providers, including palliative care providers.
- Behavioral healthcare providers.
- Case managers from other organizations the individual is affiliated with (discharge care managers, health plan care managers).

Element B: Systematic Review of Evidence and Professional Standards

At least every 2 years, at least two appropriate professionals perform a systematic review of new evidence and professional standards (including technical literature or government research sources).

Scoring

Met	Partially Met	Not Met
The organization meets the requirement	No scoring option	The organization does not meet the requirement

Data source Documented process, Reports, Materials

Scope of review NCQA reviews the organization's documented process for conducting a systematic review of new evidence and professional standards. The documented process is in place throughout the look-back period.

NCQA also reviews reports or materials demonstrating that the organization followed its documented process. Reports or materials demonstrate that at least two appropriate professionals were involved in the systematic review and that reviews were conducted at least every 2 years.

NCQA scores this element for each program the organization brings forward for Accreditation. The score for the element is the average of the scores for all programs.

Look-back period *For Renewal Surveys:* 24 months.

Explanation This element may not be delegated.

Review of new evidence and professional standards

At least every 2 years, the organization reviews sources of new evidence and professional standards to determine if its program information is up to date, and demonstrates that at least two appropriate professionals were involved in the review.

Appropriate professional involvement

Appropriate professionals (e.g., nurses, pharmacists, social workers, social service providers) are certified, received specialized training, or has experience related to the program's subject matter. NCQA does not require a formal committee to review evidence; however, appropriate professional involvement may be through participation on a committee. Qualified professionals who advise the organization are not required to be employees of the organization.

Exceptions

This element is NA:

- For Interim and Initial Surveys.
- If all evidence and professional standards have been in effect for less than 2 years.
- If the organization's program is based on evidence or standards set by the state or another purchaser.

Examples None.

Element C: Program Content Consistent With Evidence and Professional Standards

For its case management program, the organization:

1. **Reviewed program content against evidence and professional standards used to operate the program.**
2. **Assessed whether materials for individuals served are consistent with current evidence and professional standards, and if they are not, that it took action to make them consistent.**
3. **Assessed whether staff training materials are consistent with current evidence and professional standards, and if they are not, that it took action to make them consistent.**
4. **Reviewed program content for cultural and linguistic appropriateness.**

Scoring

Met	Partially Met	Not Met
The organization meets 3-4 factors	The organization meets 1-2 factors	The organization meets 0 factors

Data source Reports, Materials

Scope of review *For factors 1-3*, NCQA reviews:

- Reports demonstrating that the organization reviewed its program content.

- Materials for individuals and staff training, for consistency with the evidence and professional standards used as the basis of the case management program.
- At least two examples of program content demonstrating that materials are consistent with current evidence and professional standards.

For factors 2 and 3, if the organization's review determines that updates are needed, NCQA reviews materials demonstrating that the organization updated the materials accordingly.

For factor 4, NCQA reviews reports demonstrating it reviewed program content for cultural and linguistic appropriateness and at least two examples of program content and materials provided to individuals that demonstrate cultural and linguistic appropriateness.

NCQA scores this element for each program the organization brings forward for Accreditation. The score for the element is the average of the scores for all programs.

Look-back period

For Initial Surveys: 6 months.

For Renewal Surveys: At least once during the prior 24 months.

Explanation

This element may not be delegated.

Evidence and professional standards form the basis of a case management program. Program content and information provided to staff and individuals receiving services must be consistent with evidence and professional standards used to operate the program.

***Factor 1:* Review of program content**

Program content includes all information (e.g., materials, assessment and care plan templates, reminders, phone call scripts) and interventions the organization disseminates to individuals, staff or providers to improve service delivery and to promote high-quality, cost-effective outcomes.

***Factors 2, 3:* Consistency with evidence or professional standards**

Materials for individuals include all information the organization disseminates to individuals to help them manage conditions or health and social risks.

Staff training materials include all information the organization disseminates to staff to help them provide professionally relevant and evidence-based care based on the needs of the population it serves.

***Factor 4:* Cultural and linguistic appropriateness**

The organization provides reports documenting how it reviewed its program content for cultural and linguistic appropriateness.

Exception

This element is NA for Interim Surveys. ~~None~~

Related information

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.

Examples

***Factors 1–3:* Reports demonstrating review**

- Internal memos containing results of reviews against evidence or professional standards.
- Consultant reports/comments showing review of program content.

***Factor 2:* Materials for individuals**

- Educational materials.
- Brochures and pamphlets.

***Factor 3:* Training materials**

- Training curricula.
- Scripts.
- Assessment forms.
- Care plan templates.
- Care *management materials (e.g., flow charts).*

***Factor 4:* Cultural and linguistic appropriateness**

- Review and of feedback from staff or contractors trained in cultural competency.
- Review and feedback from staff or contractors fluent in languages spoken by the population.
- Reports showing review and input from community organizations representative of the membership's cultural and linguistic diversity.
- Review and feedback from members who are intended users.

QUESTIONS FOR PUBLIC COMMENT CM-LTSS 1: PROGRAM DESCRIPTION			
Question CM-LTSS	**Applicable Element**	**Recommendation**	**Targeted Questions**
Q.1A	CM-LTSS 1, Element A: Program Description	Update the explanation to include examples of populations that can be served by the organization.	Do you support updating the element to require organizations to describe the populations included in their LTSS program?
Q. 1B	CM-LTSS 1, Element A, factor 5: How case management nonclinical and/or clinical services are coordinated with the services of others involved in individuals' care	Update the standard to reflect that the organization's program description includes how nonclinical and/or clinical care is coordinated.	Do you support updating the standard to require that the organization's program description includes how nonclinical and/or clinical care is coordinated?
Q. 1C	NEW: CM-LTSS 1, Element A, factor 6: Promote health equity	Add a factor requiring the organization's program description to describe its commitment to improving health equity and include at least one action to promote equity in management of individual care.	Do you support adding a factor requiring the organization's program description to describe its commitment to improving health equity and include at least one action to promote equity in management of individual care?

LTSS 2: Assessment Process

The organization has a systematic population and individual level assessment process.

Intent

The case management program's systematic process for collecting demographic data and assessing the needs and characteristics of individuals seeks to optimize the overall care and services delivered to the population the organization serves.

Element A: Demographic Data Collection

The organization collects the following demographic data from individuals:

1. **Race/ethnicity.**
2. **Language.**

Scoring

Met	Partially Met	Not Met
The organization meets 1-2 factors	No scoring option	The organization meets 0 factors

Data source Documented process, Reports, Materials

Scope of review *For All Surveys:* NCQA reviews the organization's documented process for collecting individual's demographic data, and reviews reports or materials demonstrating the data collection.

Look-back period *For All Surveys:* Prior to the survey date.

Explanation Though it is voluntary for individuals to report race/ethnicity and language, the organization must attempt to collect it. The organization may collect data directly at various points of interaction with individuals or may utilize other mechanisms that make a direct request for the data (electronic health records, health information exchanges, state or local agencies).

The organization's process for collecting race/ethnicity and language includes:

- A defined process for soliciting information from individuals if a response was requested but not provided.
- When data will be collected.
- Where data will be collected (setting).
- How data will be collected (method) and by whom (e.g., case manager, staff member).
- Questions that will be used to collect data (to guide staff who collect or assess data verbally).

***Factor 1:* Race/ethnicity**

The organization collects race/ethnicity using the OMB race/ethnicity categories. The organization may use race/ethnicity categories that are more detailed than the OMB race/ethnicity categories, as long as the organization has the ability to roll up to OMB race/ethnicity categories.

OMB categories. In 1977, the OMB issued the Race and Ethnic Standards for Federal Statistics and Administrative Reporting that are set forth in Statistical Policy Directive No. 15. The federal government uses these standards for recordkeeping, collection and presentation of data on race and Hispanic origin, and they form the basis for race/ethnicity data collection for many health care organizations. They have been used in two decennial censuses and in surveys of the population; in data collections to meet statutory requirements for civil rights monitoring and enforcement; and in other administrative program reporting.

The organization must be able to report race/ethnicity using the OMB categories, including the response option of "Other." While the OMB recommends a two-question format, asking for ethnicity before race, the organization may also use a combined format. In both cases, the IOM recommends that respondents be instructed to select one or more categories that may apply (Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement http://www.nap.edu/catalog/12696.html).

OMB two-question format

- Ethnicity
  - Hispanic or Latino
  - Not Hispanic or Latino
  - (Declined)
- Race (select one or more)
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Asian
  - American Indian or Alaska Native
  - Some other race
  - (Declined)
- OMB combined format (check all that apply)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Hispanic or Latino
  - Native Hawaiian or Other Pacific Islander
  - White
  - Other, please specify:
  - (Declined)

Organizations may use another method to ask these questions if responses can be systematically aggregated to OMB categories.

Factor 2: **Language**

The organization collects language data on the individuals it serves and identifies the threshold languages for translation purposes. **Threshold languages** are all languages other than English spoken by 5% of the population.

The organization may use the National Academy of Medicine (NAM) recommendation to evaluate language needs, or may use another method of asking about language preference if it describes the process. The NAM recommends the use of two questions to determine language needs:

- Spoken English Language Proficiency (Very well, Well, Not well, Not at all), with limited English proficiency, defined as "less than very well."
- Spoken Language Preferred for Health Care, using locally relevant choices from a national standard list, plus a response option for "Other, please specify," and including American Sign Language (ASL) in the spoken language need list.

The NAM also recommends collecting preferred language for written materials where possible, and including Braille when written language is elicited.

The organization may use language needs information obtained directly from individuals to enable communication in the requested language (e.g., written information in a language other than English). The organization may also share language needs information with practitioners and providers, enabling them to provide language services more effectively. The organization must also disclose to individuals the possibility of the information being shared.

Exception

None.

Related information

The organization should use as many channels as available to collect race/ethnicity and language from individuals. However, asking all individuals to self-identify race/ethnicity and language may yield initial results from only a small percentage of individuals. The organization may utilize estimation methods to supplement its understanding of an individual's race/ethnicity and language. If an individual is unable to provide a response (e.g., due to age or functional inability to communicate), data collected from the individual's caregiver meets the intent.

Examples

Data collection mechanisms and OMB categories

- Enrollment forms, if not prohibited by state law.
- The organization's website.
- Surveys.
- Calls to Member Services.
- Population health management intake or programs involving enrollment or registration.
- Health assessments.
- Data feeds from a state Medicaid agency that directly collects race/ethnicity data that can be rolled up to OMB categories.

HRET Toolkit.[1] The Health Research and Educational Trust (HRET) Toolkit, endorsed by the National Quality Forum (NQF), provides detailed instructions for direct data collection of race/ethnicity data and may serve as a guide for asking about race/ethnicity. The toolkit uses the OMB categories with additional options, including "Declined" and "Multiracial." Although NCQA does not currently require organizations to follow NAM data collection recommendations, organizations are advised to add a response option for "Other (specify)" and to replace the "multiracial" response option with "Select all that apply."

USCDI.[2] The United States Core Data for Interoperability version 2 (USCDI v2), released by the U.S. Department of Health and Human Services Office of the National Coordinator for Health Information Technology (ONC), is a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange. NCQA does not currently require

organizations to follow the USCDI data collection categories, which are more granular than OMB categories.

Third-party sources of direct data

- Health plans.
- State Medicaid agencies.
- State or federal agencies (e.g., CMS).
- Health care providers.
- Health care practitioners.

Framework for asking about language

The HRET Toolkit provides detailed instructions for direct collection of language data.

[1]hretdisparities.org
[2]https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#uscdi-v2

Element B: Privacy Protections for Data

The organization has policies and procedures for managing access to and use of race/ethnicity and language data, including:

1. **Controls for physical and electronic access to the data.**
2. **Permissible use of the data.**
3. **Impermissible use of the data.**

Scoring

Met	Partially Met	Not Met
The organization meets 3 factors	No scoring option	The organization meets 0-2 factors

Data source Documented process

Scope of review *For All Surveys:* NCQA reviews the organization's policies and procedures in place throughout the look-back period for managing access to and use of race/ethnicity and language data.

Look-back period *For All Surveys:* Prior to the survey date.

Explanation This element is a **structural requirement.** The organization must present its own documentation.

The organization's policies and procedures for managing access to and use of race/ethnicity and language data may be integrated with its HIPAA privacy policies or may be separate. If the organization's privacy policies are intended to include race/ethnicity and language information in addition to HIPAA-defined PHI, this must be explicitly stated.

***Factor 1:* Access to data**

The organization has policies and procedures to govern and track the receipt, removal of and access to devices and media that contain individual-level

race/ethnicity and language data or that may be used to access these data. Policies and procedures cover media, devices and hardware movement, data storage, disposal and reuse of media and devices.

Media include, but are not limited to:

- Diskettes, CDs, tapes and mobile applications.
- Portable drives.
- Laptops.
- Secure portals.

To minimize the risk of impermissible access to sensitive information, the organization has a process for limiting employee access and for terminating access of employees who are no longer authorized to have access.

***Factors 2, 3:* Permissible and impermissible uses**

The organization outlines permissible and impermissible use of the data. If the organization shares data with clients or other entities, it outlines the process for sharing data. The organization describes the methods or systems for data sharing, including how information is securely shared and received.

Exceptions

None.

Examples

***Factor 1:* Data access control**

- Maintain paper documents in locked file cabinets.
- Require that protected electronic data remain on physically secure media.
- Maintain electronic data in password-protected files.

***Factor 2:* Permissible uses of data**

- Assess health care disparities.
- Design intervention programs.
- Design and direct outreach materials.
- Share data to inform health care practitioners and providers about individuals' language needs and pronouns.
- Provide referrals for nonclinical services.

***Factor 3:* Impermissible uses of data**

- Disclose to unauthorized users or organizations.

Element C: Population Assessment

The organization annually:

1. **Assesses the characteristics and needs of its enrolled population and relevant subpopulations.**
2. **Reviews its case management processes and updates them, if necessary to address population needs.**
3. **Reviews its case management resources and updates them, if necessary to address population needs.**

Scoring

Met	Partially Met	Not Met
The organization meets 2-3 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Reports, Materials

Scope of review

For factor 1: NCQA reviews a report of the organization's most recent and previous year's annual assessment of its enrolled populations and relevant subpopulations.

For factors 2 and 3: NCQA reviews committee minutes or similar documents showing process and resource review and updates, if necessary.

NCQA scores this element for each program the organization brings forward for Accreditation. The final element score is the average of the scores for all programs.

Look-back period

For Initial Surveys: At least once during the prior year.

For Renewal Surveys: 24 months.

Explanation

The organization's enrolled population reflects the demographics of the service area, its eligibility for services, referral patterns and patterns of individual choice. A program designed with the majority of the enrolled population in mind may not be equipped to support the needs of subpopulations served by the organization. The organization considers the characteristics of population subgroups when designing or revising services provided by the case management program.

***Factor 1:* Characteristics and needs of populations**

The organization identifies the enrolled population's characteristics and needs and, if applicable, the characteristics and needs of relevant subpopulations using data and information available to the organization.

Characteristics can be demographic, such as race or ethnicity~~, such as~~ culture or language spoken, functional or cognitive limitations, or social or other conditions that can affect the needs of a population and services provided by the organization.

***Factors 2, 3:* Reviewing and updating processes and resources**

The organization considers assessment results from factor 1 when defining the case management program's structure and resources (e.g., number and types of staff, job training, external resource needs and contacts, cultural competency), and updates them to meet the needs of its membership.

Exception

This element is NA for Interim Surveys. ~~None~~.

Examples

***Factor 1:* Characteristics and needs of populations**

Relevant characteristics

- Race.
- Ethnicity.
- Mobility, vision or other physical disability.
- Physical health.
- Intellectual and developmental disabilities.
- Serious and persistent mental illness.
- Dual eligibility for Medicare and Medicaid.
- Age.
- Languages spoken.
- Housing status.
- Food security.
- Employment status.

Relevant subpopulations

- Subpopulations with common comorbidities.
- Subpopulations of a certain age group.

Assessing population and subpopulation characteristics

The organization used demographic information derived from available data sources (e.g., enrollment data, membership data, care plan data [e.g., goals, preferences]) to assess the needs of its enrolled population. Data indicated that 40% of individuals are eligible for Medicaid and Medicare, and that within this group, 10% of individuals are over the 80 years of age.

Element D: Assessment of Health, Functioning and Communication Needs

The organization's case management process includes the following assessments:

1. **Health status, including condition-specific issues.**
2. **Clinical history, including medications.**
3. **Activities of daily living, including use of supports.**
4. **Instrumental activities of daily living, including use of supports.**
5. **Behavioral health status.**
6. **Cognitive functioning.**
7. **Social needs.*determinants of health.**
8. **Social functioning.**
9. **Health beliefs and behaviors.**
10. **Cultural and linguistic needs, preferences or limitations.**
11. **Visual and hearing needs, preferences or limitations.**
12. **Physical environment for risk.**

Critical factors: These factors must be scored "yes" to score at least Partially Met.

Scoring

Met	Partially Met	Not Met
The organization meets 8-12 factors	The organization meets 4-7 factors	The organization meets 0-3 factors

Data source Documented process

Scope of review NCQA reviews the organization's process for assessing individuals.

Look-back period

For Interim Surveys: Prior to the survey date.

For Initial Surveys: 6 months.

For All Surveys: For factor 7: Prior to the survey date.

For Renewal Surveys: 24 months; 6 months for the "current medications, including schedules and dosages" aspect of factor 1 and all of factor 2.

Explanation

This element is a **structural requirement**. The organization must present its own documentation.

Factor 7 is a critical factor; if this critical factor is scored "no," the organization's score cannot exceed Partially Met for the element.

At a minimum, case management policies and procedures address how the organization documents and confirms that assessments have been completed. Assessments are not required to take place in a single encounter.

If another organization conducts assessments, the case management process explains how the organization obtains and documents the information.

If a state-mandated tool is used for assessments, the organization documents how factors not addressed by the tool are evaluated.

***Factor 1:* Assessment of individual's health status**

Case management policies and procedures specify a process for assessing an individual's health status, including active diagnoses. Assessment includes:

- Screening for the presence or absence of physical conditions and their current status.
- The individual's self-reported health status.
- Current medications, including schedules and dosages.

***Factor 2:* Documentation of clinical history**

Case management policies and procedures specify a process for documenting clinical history, including:

- Past hospitalization and major procedures, including surgery.
- Significant past illnesses and treatment history.
- Relevant past medications.

The information may be reported by the individual or collected from another source. 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.

Factor 2 does not require assessment or evaluation.

Factor 3: **Assessment of activities of daily living**

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.

Factor 4: **Assessment of instrumental activities of daily living**

Case management policies and procedures specify a process for assessing functional status related to instrumental activities of daily living, such as housekeeping, money management and ability to navigate transportation. Supports include both assistive technology and human assistance needed to complete a certain activity.

Factor 5: **Assessment of behavioral health status**

Case management policies and procedures specify a process for assessing behavioral health status, including:

- Mental health conditions.
- Substance use disorders.

Factor 6: **Assessment of cognitive functioning**

Case management policies and procedures specify the process for assessing cognitive function, including:

- The individual's ability to communicate and understand instructions.
- The individual's ability to process information.

Factor 7: **Assessment of social ~~determinants of health~~ needs**

Social needs are the nonclinical needs individuals identify as essential to their well-being. Case management policies and procedures must specify a process for assessing at least three of the following social needs that may affect an individual's ability to meet goals:

- Financial insecurity.
- Food insecurity.
- Housing stability.
- Access to transportation.
- Interpersonal safety.

~~**Social determinants of health** are economic and social conditions that affect a wide range of health, functioning and quality-of-life outcomes and risks. Case management policies and procedures specify a process for identifying social determinants of health that may affect an individual's ability to meet goals.~~

~~Because social determinants of health are a combination of influences, the organization considers more than one social determinant of health for a comprehensive overview of the individual's health.~~

Factor 8: **Assessment of social functioning**

Social functioning refers to an ability to interact easily and successfully with other people. Case management policies and procedures specify a process for assessing social functioning that may affect an individual's mental and physical health.

Factor 9: **Assessment of health beliefs and behaviors**

Health beliefs and behaviors may reflect cultural and social beliefs about health problems, perceived benefits of action and barriers to action. Case management policies and procedures specify a process for assessing health beliefs and behaviors (e.g., optimism, self-efficacy, nutrition habits, physical activity and alcohol and tobacco use) that could improve or impede an individual's ability to adhere to the case management plan.

Factor 10: **Assessment of cultural and linguistic needs**

Case management policies and procedures specify a process for assessing culture and language, to identify potential needs or barriers to effective communication or care and acceptability of specific treatments. The process considers an individual's preferred language and health literacy.

Policies and procedures consider cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Factor 11: **Assessment of visual and hearing needs**

Case management policies and procedures specify a process for assessing vision and hearing needs to identify potential needs or barriers to effective communication, care or well-being.

Factor 12: **Assessment of risk in physical environment**

Case management policies and procedures specify a process for assessing an individual's physical environment to identify risks.

Exceptions

None.

Examples

Factor 2: **Clinical history**

- Past inpatient stays.
- Medication list.
- Symptom history.
- Exposure to toxins history.
- Health care providers regularly seen by the individual.
- Emergency Department.

Factor 3: **Activities of daily living**

- Grooming.
- Dressing.
- Bathing.
- Toileting.
- Eating.
- Transferring (e.g., getting in and out of chairs).
- Continence.
- Walking.

Factor 4: **Instrumental activities of daily living**

- Managing finances.
- Shopping.

- Preparing meals.
- Managing medications.
- Housework and basic home maintenance.
- Handling transportation (driving or navigating public transit).
- Using the telephone and other communication devices.

Factor 5: **Behavioral health status**

- Substance use disorders.
- Suicidal ideation.
- Depression.
- Anxiety.
- Psychosis.

Factor 6: **Cognitive functioning**

- Alert/oriented, able to focus and shift attention, comprehends and recalls direction independently.
- Requires prompting (cuing, repetition, reminders) only under stressful situations or unfamiliar conditions.
- Requires assistance and some direction in specific situation (e.g. on all tasks involving shifting attention) or consistently requires low stimulus environment due to distractibility.
- Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time.
- Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state or delirium.

~~***Factor 7:*** **Social determinants of health**~~

~~- Current housing and housing security.~~
~~- Access to local food markets.~~
~~- Exposure to crime, violence and social disorder.~~
~~- Residential segregation and other forms of discrimination.~~
~~- Access to mass media and emerging technologies.~~
~~- Social support, norms and attitudes.~~
~~- Access to transportation and financial barriers to obtaining treatment.~~

Factor 8: **Social functioning**

- Engagement with friends and family.
- Social isolation.
- Employment status.

Factor 9: **Health beliefs and behaviors**

- Optimism.
- Self-efficacy.
- Physical activity.
- Smoking.
- Alcohol use.

- Medication adherence.
- Beliefs and concerns about the condition or services the individual is receiving.

Factor 10: **Cultural and linguistic preferences**

- Health care treatments or procedures discouraged or forbidden by religious or spiritual beliefs.
- Family traditions related to decision-making, illness, death and dying.
- Health literacy assessment.

Factor 11: **Visual and hearing needs**

- Visual impairment and need for, or use of, visual aids (e.g., talking clocks, large-font prescription labels).
- Hearing impairment and need for, or use of, hearing aids or other supports or devices (e.g., sign language interpreters, bed shakers).

Factor 12: **Physical environment for risk**

- Home-based initial assessment for fall risks, medication risks, accessibility of exits, access to emergency assistance (e.g., telephone, medical alert service).

Element E: Clinical Integration

The organization demonstrates that it receives health status from clinical providers within 60 days.

Scoring

Met	Partially Met	Not Met
The organization meets the requirement	No scoring option	The organization does not meet the requirement

Data source Materials, Reports

Scope of review *For Initial Surveys and Renewal Surveys:* NCQA reviews materials or reports as evidence that the organization received individuals' health status from a clinical provider within 60 days.

Look-back period *For Initial Surveys and Renewal Surveys:* Prior to the survey date.

Explanation **Clinical integration** is the direct exchange of information about an individual's health status and clinical history from their clinical provider (primary care physician, clinical case manager, nurse) to an LTSS/case management organization. The organization demonstrates that it receives individuals' health status (LTSS 1, Element B, factor 1) from their clinical providers within 60 days.

Exception

This element is NA for Interim Surveys.

Related information

There are no points associated with this element. Organizations that score "Met" receive a status modifier as a clinically integrated organization. A "Not Met" score does not impact an organization's overall score or performance.

Element F: Resource Assessments

The organization's case management process specifies assessment of the following resources:

1. **Paid and unpaid caregiver resources, involvement and needs.**
2. **Available benefits within the organization.**
3. **Community resources.**

Scoring

Met	Partially Met	Not Met
The organization meets 3 factors	The organization meets 2 factors	The organization meets 0-1 factors

Data source Documented process

Scope of review *For All Surveys:* NCQA reviews the organization's process for assessing resources.

Look-back period *For Interim Surveys:* Prior to the survey date.

For Initial Surveys: 6 months.

For Renewal Surveys: 24 months.

Explanation This element is a **structural requirement**. The organization must present its own documentation.

At a minimum, case management policies and procedures address how the organization documents and confirms that assessments have been completed for each individual. Assessments are not required to take place in a single encounter.

If a state-mandated tool is used for the assessment, the organization documents how factors not addressed by the tool are evaluated.

***Factor 1:* Assessment of caregiver resources**

Case management policies and procedures specify a process for assessing the adequacy of paid and unpaid caregiver resources (e.g., family involvement in the case management plan and in carrying out the plan). Evaluation assesses availability, skills and caregiver capacity to provide support. Evaluation also considers and anticipates undue burden on the caregiver (e.g., unreasonable stress or strain) and caregiver support needs (e.g., training, respite).

***Factor 2:* Assessment of available benefits**

Case management policies and procedures specify a process for assessing the adequacy of health benefits and available resources to fulfill a case management plan.

***Factor 3:* Assessment of community resources**

Case management policies and procedures specify a process for assessing eligibility for supplemental community resources (e.g., organizations, facilities, services) that can address the social needs ~~social determinants of health~~ or ~~needs or~~ barriers identified in the assessment (Element D, factor 7). The assessment includes a determination of eligibility for supplemental community resources.

Exceptions

None.

Examples

***Factor 1:* Caregiver resources**

- The individual is independent and does not need caregiver assistance.
- Number of caregivers, and current assistance provided.
- Caregiver needs for training or other supportive services.

***Factor 2:* Available benefits**

- Benefits covered by the organization and by providers.
- Services carved out by the purchaser.
- Services that supplement those the organization is contracted to provide, such as:
  - Community mental health.
  - Subsidized housing.
  - Palliative care programs.

***Factor 3:* Community resources**

- Community mental health.
- Vocational programs.
- Volunteer companion services.
- Government aid (e.g., food stamps, maternal-child health programs, housing assistance).
- Senior centers.
- Adult day care.
- Support groups.
- Poverty outreach groups.
- Housing resources.
- Legal aid.

Element G: Comprehensive Assessment Implementation

An NCQA review of a sample of the organization's case management files demonstrates that the organization follows its documented processes for assessing:

1. **Health status, including condition-specific issues.**
2. **Clinical history, including medications.**
3. **Activities of daily living, including use of supports.**
4. **Instrumental activities of daily living, including use of supports.**
5. **Behavioral health status.**
6. **Cognitive functioning.**
7. **Social ~~determinants of health~~ needs.**
8. **Social functioning.**
9. **Health beliefs and behaviors.**

10. **Cultural and linguistic needs, preferences or limitations.**
11. **Visual and hearing needs, preferences or limitations.**
12. **Physical environment for risk.**
13. **Paid and unpaid caregiver resources, involvement and needs.**
14. **Available benefits within the organization.**
15. **Community resources.**

Scoring

Met	Partially Met	Not Met
High (90-100%) on file review for at least 8 factors and medium (60-89%) on file review for any remaining factors	Low (0-59%) on file review for no more than 5 factors and high (90-100%) or medium (60-89%) on file review for any remaining factors	Low (0-59%) on 6 or more factors

Data source Records or files

Scope of review NCQA reviews initial assessments in a random sample of up to 40 case management files. Files are selected from active or closed member cases that were identified during the look-back period and remained open for at least 60 calendar days during the look-back period, from the date when the individual was identified for case management.

The organization must provide the identification date for each case in the file universe.

Look-back period *For Initial Surveys:* 6 months.

For Renewal Surveys: ~~6 months for surveys between July 1, 2020, and June 30, 2021, and~~ 12 months; prior to the survey date for factor 7.for surveys effective July 1, 2021.

Explanation This element evaluates the organization's assessment of health status, functioning, communication needs and resources, according to the policies evaluated in Element D and Element F.

Documentation to meet the factors includes evidence that assessments were completed and results were documented. A checklist of assessments without documentation of results does not meet the requirement.

Assessment components may be completed by members of the care team and with assistance of the individual's family or caregiver. Assessment results for each factor must be clearly documented in the case management notes, even if a factor does not apply.

If the individual is unable to communicate because of infirmity, the assessment may be completed by professionals on the care team, with assistance from the patient's family or caregiver.

If case management stops when an individual is admitted to a facility and the stay is longer than 30 calendar days, a new assessment must be performed after discharge if the individual is identified for case management.

Dispute of file review results

NCQA conducts onsite file review in the presence of the organization's staff and works with the organization to resolve any disputes during the onsite survey. An organization that is unable to resolve a dispute with the survey team must contact NCQA before the onsite survey is complete. File review results may not be disputed or appealed once the onsite survey is complete.

Files excluded from review

The organization excludes files from review that meet these criteria:

- Eligible individuals whom it cannot locate or contact after three or more attempts across a 2-week period, within the first 30 calendar days after identification, through at least two of the following mechanisms:
  - Telephone.
  - Regular mail.
  - Email.
  - Fax.
- Individuals enrolled in case management for less than 60 calendar days during the look-back period.
  - 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.

Files that meet these criteria and are inadvertently included in the organization's file review are scored NA for all factors.

NCQA confirms that the files met the criteria for an NA score.

Factor 1: Assessment of individual's health status

The file or case record documents a case manager's assessment of the individual's current health status, including:

- Information on the presence or absence of comorbidities and their current status.
- Self-reported health status.
- Current medications, including dosages and schedules.

Factor 2: Documentation of clinical history

The file or case record contains information on the individual's clinical history, including:

- Past hospitalization and major procedures, including surgery.
- Significant past illnesses and treatment history.
- Past medications.

Dates are a necessary component of accurate documentation of the individual's clinical history. 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. To the extent possible, the organization collects dates as part of documenting clinical history; however, NCQA does not penalize an organization if an individual or other person providing the information cannot provide dates.

Factor 2 does not require assessment or evaluation.

Factor 3: **Assessment of activities of daily living**

The file or case record documents the results of the assessment of activities of daily living.

For activities with which the individual needs assistance, the case manager documents the reason and type of assistance. The case manager is not required to describe activities with which the individual does not need assistance.

If the individual needs no assistance with activities of daily living, the file or case record documents this (e.g., "Individual is fully independent").

Factor 4: **Assessment of instrumental activities of daily living**

The file or case record documents the results of the assessment of instrumental activities of daily living.

For activities with which the individual needs assistance, the case manager documents the reason and type of assistance. The case manager is not required to describe activities with which the individual does not need assistance.

If the individual needs no assistance with instrumental activities of daily living, the file or case record documents this (e.g., "Individual is fully independent").

Factor 5: **Assessment of behavioral health status**

The file or case record documents the case manager's assessment of:

- Mental health conditions.
- Substance use disorders.

Factor 6: **Assessment of cognitive functioning**

The file or case record documents the case manager's assessment of:

- Cognitive functions.
  - The individual's ability to communicate and understand instructions.
  - The individual's ability to process information about an illness.

Factor 7: **Assessment of social <u>needs</u> ~~determinants of health~~**

The case manager assesses ~~social determinants of health~~ social needs, which are <u>the nonclinical needs individuals identify as essential to their well-being. The file or case record documents the case managers assessment of at least three of the following:</u>

- <u>Financial insecurity.</u>
- <u>Food insecurity.</u>
- <u>Housing stability.</u>
- <u>Access to transportation.</u>
- <u>Interpersonal safety.</u>

~~economic and social conditions that affect a wide range of health, functioning and quality-of-life outcomes, and assesses risks that may affect an individual's ability to meet goals.~~

~~Because social determinants of health are a combination of influences, the organization considers more than one social determinant of health for a comprehensive overview of the individual's health~~

Factor 8: **Assessment of social functioning**

The file or case record documents the case manager's assessment of social functioning that may affect an individual's mental and physical health.

Factor 9: **Assessment of health beliefs and behaviors**

The file or case record documents the case manager's assessment of health beliefs and behaviors (e.g., optimism, self-efficacy, nutrition habits, understanding ones health condition, views on the importance of physical activity, alcohol and tobacco use).

Factor 10: **Assessment of cultural and linguistic needs**

The file or case record documents the case manager's assessment of the individual's culture and language needs and their impact on communication, care or acceptability of specific treatments. At a minimum, the case manager evaluates:

- Cultural health beliefs and practices.
- Preferred languages.

Factor 11: **Assessment of visual and hearing needs**

The file or case record documents the case manager's evaluation of the individual's vision and hearing. The document describes specific needs to consider in the case management plan and barriers to effective communication or care.

Factor 12: **Assessment of physical environmental risk**

The file or case record documents the case manager's assessment of the individual's physical environment and identified risks.

Factor 13: **Assessment of caregiver resources**

The file or case record documents the case manager's assessment of the adequacy of caregiver resources (e.g., family involvement in and decision making about the care plan) whether paid or unpaid, during initial individual assessment. Documentation describes the resources in place and whether they are sufficient for the individual's needs and notes specific gaps to address.

Factor 14: **Assessment of available benefits**

The file or case record documents the case manager's evaluation of the adequacy of the individual's health insurance benefits in relation to the needs of the case management plan. The evaluation goes beyond checking insurance coverage; it includes a determination of whether the resources available to the individual are adequate to fulfill the case management plan.

Factor 15: **Assessment of community resources**

The file or case record documents the case manager's evaluation of the individual's eligibility for community resources, and the availability of those resources and documents which the individual may need.

For the community resources the individual needs, the availability and individual's eligibility is also recorded in the file. The case manager does not need to address community resources the individual does not need.

If the individual needs no community resources, the file or case record reflects this (e.g., "Individual does not need community resources").

Exception

This element is NA for Interim Surveys. ~~None~~

Examples None.

QUESTIONS FOR PUBLIC COMMENT CM-LTSS 2: ASSESSMENT PROCESS			
Question CM-LTSS	**Applicable Element**	**Recommendation**	**Targeted Questions**
Q. 2A	***NEW:*** CM-LTSS 2, Element A: Demographic Data Collection	Add an element requiring organizations to collect race, ethnicity and language data. ***Note:*** *NCQA does not measure or score completeness of race, ethnicity and language data.*	Do you support adding an element requiring organizations to collect race, ethnicity and language data?
Q. 2B	***NEW:*** CM-LTSS 2, Element A: Demographic Data Collection	Add an element requiring organizations to collect race, ethnicity and language data. ***Note:*** *NCQA does not measure or score completeness of race, ethnicity and language data.*	What are your organization's biggest challenges and barriers to collecting race and ethnicity data?
Q. 2C	***NEW:*** CM-LTSS 2, Element B: Privacy Protections for Data	Add an element requiring organizations to have policies and procedures for managing access to and use of race, ethnicity and language data.	Do you support adding an element requiring organizations to have policies and procedures for managing access to and use of race, ethnicity and language data?
Q. 2D	***NEW:*** CM-LTSS 2, Element E: Clinical Integration	Add an element requiring organizations to demonstrate clinical integration or the ability to receive and exchange information on an individual's health status from their clinical provider within 60 days. This element gives organizations the ability to receive a status modifier as a clinically integrated organization if scored "Met." A "Not Met" score does not affect an organization's overall performance score.	Do you support adding an element allowing organizations to demonstrate clinical integration?
Q. 2E	CM-LTSS 2: Element D: Assessment of Health, Functioning and Communication Needs Factor 7: Assessment of social needs *(critical factor)* Element G: Comprehensive Assessment Implementation	Update the elements to replace "social determinants of health" with "social needs." Organizations must specify a process for assessing at least two of five social needs listed in the standards. Designate factor 7 as a critical factor in Element D.	Do you support updating the elements to replace "social determinants of health" with "social needs"?

Question	Applicable Element	Recommendation	Targeted Questions
Q. 2F	CM-LTSS 2:Element D: Assessment of Health, Functioning and Communication Needs Factor 7: Assessment of social needs *(critical factor)* Element G: Comprehensive Assessment Implementation	Update the elements to replace "social determinants of health" with "social needs." Organizations must specify a process for assessing at least two of five social needs listed in the standards. Designate factor 7 as a critical factor in Element D.	Do you support requiring organizations to assess at least three of five social needs listed in the standards?
Q. 2G	CM-LTSS 2:Element D: Assessment of Health, Functioning and Communication Needs Factor 7: Assessment of social needs *(critical factor)* Element G: Comprehensive Assessment Implementation	Update the elements to replace "social determinants of health" with "social needs." Organizations must specify a process for assessing at least two of five social needs listed in the standards. Designate factor 7 as a critical factor in Element D.	Do you support designating factor 7 as a critical factor?

LTSS 3: Person-Centered Care Planning and Monitoring

The organization coordinates person-centered services for individuals through the development of individualized case management plans and monitors progress against the plans.

Intent

The organization has a process to provide care that is driven by the preferences, needs and values of the individual in the case management plan and monitors progress against the plan.

Element A: Person-Centered Assessments

The organization has a process to:

1. **Assess individual's service needs.***
2. **Assess individuals' ~~prioritized~~ person-centered goals.***
3. **Assess individuals' preferences.***
4. **Assess individuals' life planning activities.**
5. **Identify individuals' preferred method of communication.**

Critical factors: Score cannot exceed ~~20%~~ Partially Met if one critical factor is scored "no." Score cannot exceed ~~0%~~ Not Met if two or more critical factors are scored "no."

Scoring

Met	Partially Met	Not Met
The organization meets 4-5 factors	The organization meets 2-3 factors	The organization meets 0-1 factors

Data source

Documented process

Scope of review

NCQA reviews the organization's process for completing person-centered assessments.

Look-back period

For Interim Surveys: Prior to the survey date.

For Initial Surveys: 6 months.

For Renewal Surveys: 24 months; ~~6 months for factor 1.~~

Explanation

This element is a **structural requirement**. The organization presents its own documentation.

Factors 1, 2 and 3 are critical factors; if one critical factor is scored "no" the organization's score cannot exceed Partially Met ~~20%~~for the element. If two or more critical factors is scored "no," the organization's score cannot exceed Not Met 0% for the element.

Person-centered planning involves viewing, listening to and supporting individuals, based on their strengths, abilities, aspirations and preferences, to make decisions for maintaining a life that is meaningful to them. The resulting care plan reflects the goals and interests of the individual. Individuals should be involved in the care planning process to the extent they prefer.

A caregiver who is involved in the plan development process may contribute to discussions about goals and other aspects of the process, but may not define goals for an individual.

Factor 1: **Assessment of service needs**

Case management policies and procedures specify a process for assessing which services the individual needs and documenting services the individual receives.

Factor 2: **Assessment of ~~prioritized~~ person-centered goals**

An individual's goals are the foundation of person-centered care planning and address a desired outcome. Person-centered goals must be SMART: specific, measurable, attainable, relevant and time-bound (have a target completion date). Case management policies and procedures specify a process for assessing the goals and priorities that are important to the individual. The organization uses these goals to develop a person-centered case management plan (assessed in Element B). Designating goals as long-term or short-term is not sufficient to meet the requirement. The organization must rank or prioritize goals.

Factor 3: **Assessment of preferences**

Preferences refer to individuals' inclinations toward lifestyle, living situation and how care is to be provided. Case management policies and procedures specify a process for assessing personal preferences for how case management and LTSS services are delivered.

Factor 4: **Assessment of life-planning activities**

An individual's expressed preferences can influence a case management plan. Case management policies and procedures specify a process for assessing whether individuals have completed life-planning activities such as wills, living wills or advance directives and health care powers of attorney and Medical or Physician Orders of Life-Sustaining Treatment forms.

If life planning activities are determined to be appropriate, the case manager documents what activities the individual has performed and what documents are in place. If life-planning activities are determined not to be appropriate, the case manager documents the reason in the case management record or file. A designated representative can make decisions on behalf of individuals who are incapacitated and cannot communicate life-planning preferences.

Documentation that the organization provided life-planning information (e.g., brochure, pamphlet) to all individuals in case management meets the intent of this requirement.

Factor 5: **Assessment of preferred communication methods**

Case management policies and procedures specify a process for assessing an individual's preferred method to receive communications from the organization (e.g., email, text, mail, phone).

Exceptions

None.

Examples

Factor 1: **Service needs**

- Modifications to the home.
- Transportation services.
- Meal delivery.

Factor 2: **Goals**

SMART Goals Toolkit: https://www.cdc.gov/publichealthgateway/phcommunities/resourcekit/evaluate/develop-smart-objectives.html

- Educational goals.
- Volunteer goals.
- Social goals.
- Continue to live in my own home.
- Go to church.
- Attend my card game.

Factor 3: **Preferences**

- Where to live.
- With whom to live.
- When to go to bed.
- When and what to eat.
- Whom to involve in care planning.
- Which services and service providers to use.

Factor 4: **Life-planning activities**

- Legal documents, including wills, health care power of attorney.
- Designation of people permitted to make decisions on behalf of the individual, obtain information about the individual's health status and services received, be notified about transitions in care.
- Providing life-planning information (e.g., brochure, pamphlet) to all individuals in case management.
- Plan for caregiver transition in the event of death or illness that would prevent the caregiver from assisting the individual.

Element B: Person-Centered Care Planning Process

The organization's care planning procedures address:

1. **Development of an individualized case management plan that includes services needed, individuals' preferences and ~~prioritized~~ person-centered goals.***
2. **Identification of barriers to meeting the individual's goals and preferences or implementing the plan.**
3. **Development of a schedule for follow-up and communication with individuals.**
4. **Development of a plan for follow-up and communication with LTSS providers.**
5. **Development of an emergency back-up plan.**
6. **Development of a self-management plans.**
7. **Facilitation of referrals to resources and follow-up process to determine whether individuals acted on referrals.**
8. **A process to capture whether individuals received services identified in the case management plan.**

9. A process to assess individual's progress against case management plans.

10. Assessing progress against one person-centered goal.

Critical factors: Score cannot exceed ~~20%~~ Partially Met if one critical factor is scored "no."

Scoring

Met	Partially Met	Not Met
The organization meets 8-10 factors	The organization meets 4-7 factors	The organization meets 0-3 factors

Data source Documented process

Scope of review NCQA reviews the organization's process for creating individualized, person-centered case management plans.

Look-back period

For Interim Surveys: Prior to the survey date.

For Initial Surveys: 6 months; prior to the survey date for factor 10.

For Renewal Surveys: 24 months, ~~6 12 months for factors 1 and 8;~~ prior to the survey date for factor 10.

~~For All Surveys: For factor 10: Prior to survey date.~~

Explanation This element is a **structural requirement**. The organization presents its own documentation.

Factor 1 is a critical factor; if this critical factor is scored "no" the organization's score cannot exceed Partially Met ~~20%~~ for the element.

***Factor 1:* Individualized case management plan**

Case management policies and procedures specify a process for working with individuals to develop a case management plan based on the individual's ~~prioritized~~ person-centered goals and preferences assessed in Element A. Designating goals as long-term or short-term does not meet this requirement. The personalized case management plan meets the individual's needs and includes:

- Services needed.
- Person-centered ~~Prioritized~~ goals.
  - ~~Prioritized~~ Person-centered goals consider individual and caregiver needs and preferences; they may be documented in any order, as long as the level of priority is clear.
- Resources to be utilized, including appropriate level of care, to make progress on person-centered goals.
- Collaborative approaches to be used, including level of family participation

***Factor 2:* Identification of barriers**

Case management policies and procedures specify a process for assessing barriers to receipt of services or to implementing the agreed-on case management plan. The organization may use assessments completed in LTSS 2, Element D and Element F to identify barriers. The organization documents that it assessed barriers, even if none are identified. A barrier analysis may assess:

- Language or literacy level.
- Access to reliable transportation.
- Understanding of a condition.

- Motivation.
- ~~Financial or~~ insurance issues such as eligibility disputes, reduction of benefits, denial of services or appeals.
- Cultural or spiritual beliefs.
- Visual or hearing impairment.
- Psychological impairment.

Factor 3: **Follow-up schedule**

Case management policies and procedures have a process for determining if follow-up is appropriate or necessary (e.g., after an individual is referred to a disease management program or health resource). The case management plan contains a schedule for follow-up that includes, but is not limited to:

- Counseling.
- Education for the individual.
- Frequency of in-person and telephone check-ins.
- Self-management support.
- Determining when follow-up is not appropriate.

Factor 4: **Communication with LTSS providers**

LTSS providers are paid and unpaid individuals and organizations that provide LTSS. Case management policies and procedures specify the roles and responsibilities of LTSS providers, case management plan details that are communicated to providers and a process for developing a follow-up schedule

Factor 5: **Emergency back-up plans**

Emergency back-up plans account for short-term and long-term needs and may address circumstances such as temporary replacements for personal care attendants and how to respond to power outages that affect equipment. The case management plan includes an emergency back-up plan customized to the individual.

Factor 6: **Self-management plans**

Self-management is an individual's role in managing the effects, physical and social consequences and lifestyle changes inherent in living with a chronic condition or a functional limitation. **Self-management plans** are based on instructions or materials provided to individuals or their caregivers and contain activities that help individuals manage a condition. Case management policies and procedures specify a process for communicating the self-management plan to the individual or caregiver (verbally, in writing).

Factor 7: **Referrals to resources**

Case management policies and procedures specify a process for facilitating referrals to other available resources that may benefit individuals. The organization may assist in the referral process, however, individuals maintain the freedom of whether to act on referrals.

Factor 8: **Receipt of services**

Case management policies and procedures specify a process for verifying that the individual has received the services included in the case management plan.

Factor 9: **Assessing progress against case management plan**

Case management policies and procedures specify a process for assessing individual progress to overcoming barriers to care and to meeting treatment goals, and for assessing and adjusting the care plan and its goals, as needed, at least every 12 months. Time frames for reevaluation of goals are specified in the case management plan.

Factor 10: **Assessing progress against one person-centered goal**

Case management policies and procedures specify a process for assessing progress against at least one person-centered goal. The organization's process specifies that it uses either goal attainment scaling or a patient-reported outcome measure (PROM; e.g., PHQ-9, GAD-7, PROMIS) in its approach to continuously track progress on goal attainment.

- *Goal attainment scaling* is a scale of five possible quantifiable outcomes for the prioritized goal.
- *PROM* captures progress using a standardized questionnaire related to health, quality of life, mental well-being or health care experience. The PROM should best fit the goal or should be related to a barrier to progress or to achieving the goal.

Exceptions

None.

Examples

Factor 2: **Assessment of barriers**

- Does the individual understand the condition and treatment?
- Does the individual want to participate in the case management plan?
- Does the individual believe that participation will improve health?
- Are there financial or transportation limitations that may hinder the individual from participating in care?
- Does the individual have the mental and physical capacity to participate in care?

Source: Lorig, K. 2001. *Patient Education, A Practical Approach.* Sage Publications, Thousand Oaks, CA. 186–92.

Factor 3: **Follow-up schedule**

- Monthly telephone check-ins.
- Biannual home visits to assess progress and update the plan.
- Planned telephone check-in after a scheduled intervention (e.g., home modification) to assess its impact.

Factor 5: **Emergency back-up plan**

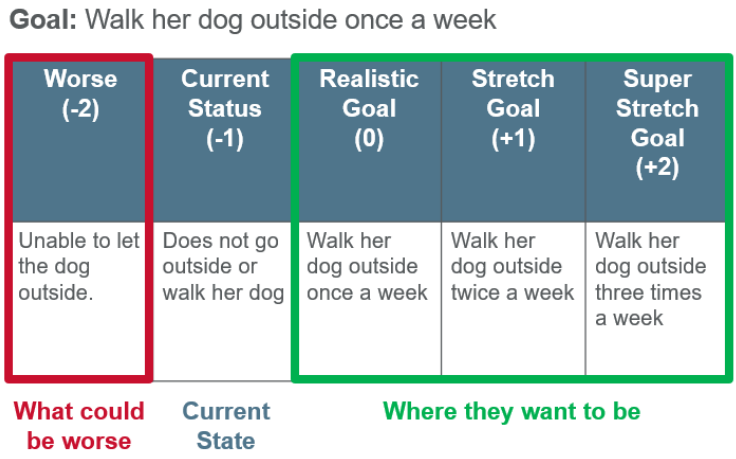
- Whom to call in the event of equipment failure.
- What to do if power goes out.
- What to do in the event of a natural disaster.

***Factor 6:* Self-management plan**

- Perform activities of daily living (e.g., transfer/ambulation, bathing, dressing, toileting, eating/feeding).
- Perform instrumental activities of daily living (e.g., meals, housekeeping, laundry, telephone, shopping, finances).
- Using adaptive equipment (e.g., wheelchair, walker, cane).
- Ability to monitor their condition.
- Reporting an exacerbation of a condition or change in caregiver availability that requires a change in services.
- Money management.
- Paperwork (e.g., annual assessments, financial redetermination, utility assistance, food benefits, transportation).
- Engaging in community resources.

***Factor 10:* Assessing progress against one prioritized goal**

For goal attainment scaling, the individual's current status is documented in "-1" and the goal is documented in "0." Scale the goal up in the "+1" and "+2" boxes. The "-2" box is the outcome if the individual did not work toward the goal. The case management plan provides the steps needed to achieve the goal. Refer to the illustration for an example of goal attainment scaling.



When tracking a goal over time, select the PROM that best fits the goal or that is related to a barrier to progress or achieving a goal. Refer to the table below.

Goal	PROM Chosen	Reason PROM Chosen
Go out with friends 2 times per month	GAD-7	Individual has anxiety that causes them to stay home
Be able to live at home	PROMIS Self-Efficacy to Manage Daily Activities	Individual has difficulty managing everyday activities
Walk around the block	PROMIS Physical Function	PROM related to goal

NCQA National Training Session on Person-Centered Outcomes: https://www.ncqa.org/videos/national-training-session-person-centered-outcomes-march-2022/

Element C: Implementing the Care Planning Process

NCQA's review of a sample of the organization's case management files demonstrates that the organization follows its documented processes for:

1. **Assessment of individuals' need for service needs.**
2. **Assessment of the individuals' ~~prioritized~~ person-centered goals.**
3. **Assessment of the individuals' preferences.**
4. **Development and communication of self-management plans.**
5. **Assessment of individuals' life-planning activities.**
6. **Identification of individuals' preferred method of communication.**
7. **Development of an individualized case management plan that includes preferences and ~~prioritized~~ person-centered goals.**
8. **Identification of barriers to meeting goals or implementing the plan.**
9. **Development of a schedule for follow-up and communication with individuals.**
10. **Development of a plan for follow-up and communication with LTSS providers.**
11. **Development of an emergency back-up plan.**
12. **Documentation of whether individuals received the services identified in the case management plan.**
13. **Assessment of progress against case management plans and goals, and modification as needed.**

Scoring

Met	Partially Met	Not Met
High (90-100%) on file review for at least 7 factors and medium (60-89%) on file review for any remaining factors	Low (0-59%) on file review for no more than 5 factors and high (90-100%) or medium (60-89%) on file review for any remaining factors	Low (0-59%) on file review for 6 or more factors

Data source Records or files

Scope of review NCQA reviews initial assessments in a random sample of up to 40 case management files. Files are selected from active or closed member cases that were identified during the look-back period and remained open for at least 60 calendar days during the look-back period, from the date when the member was identified for case management.

The organization must provide the identification date for each case in the file universe.

Look-back period *For Initial Surveys:* 6 months.

For Renewal Surveys: ~~6 months for surveys between July 1, 2020, and June 30, 2021, and 12 months for surveys effective July 1, 2021~~12 months.

Explanation **Dispute of file review results**

NCQA conducts onsite file review in the presence of the organization's staff and works with the organization to resolve any disputes during the onsite survey. An organization that is unable to resolve a dispute with the survey team must contact

NCQA before the onsite survey is complete. File review results may not be disputed or appealed once the onsite survey is complete.

Files excluded from review

The organization excludes file from review that meet these criteria:

- Individuals whom it cannot locate or contact after three or more attempts across a 2-week period, within the first 30 calendar days after eligibility using at least two of the following mechanisms:
  - Telephone.
  - Regular mail.
  - Email.
  - Fax.
- Individuals enrolled in case management for less than 60 calendar days during the look-back period.
  - 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.

Files that meet these criteria and are inadvertently included in the organization's file review are scored NA for all factors.

NCQA confirms that the files met the criteria for an NA score.

***Factor 1:* Assessment of service needs**

The care plan documents the services the individual needs.

***Factor 2:* Assessment of case management plans and goals**

The organization documents a plan for case management that:

- Is specific to the individual's situation and needs.
- Includes goals that reflect issues identified in the individual assessment and the supporting rationale for each selected goal.
  - Goals are SMART: specific, measurable, attainable, relevant and time-bound (have a target completion date).

Case management goals are prioritized by high/low, numeric rank or similar designation. Priorities reflect the individual or caregiver's input and preferences and priorities. Designating goals as long-term or short-term is not sufficient to meet the requirement. The organization must rank or prioritize goals.

***Factor 3:* Assessment of individual's preferences**

The file or case record documents the individual's personal preferences for how case management plan interventions and LTSS are delivered.

***Factor 4:* Self-management plans**

The self-management plan includes actions the individual agrees to take to manage a condition or circumstances. The file or case record documents that the plan was communicated to the individual. Communication may be verbal or written. The self-management plan documents the individual's acknowledgment of an agreement with prescribed actions.

Factor 5: **Assessment of life-planning activities**

The file or case record documents the case manager's assessment of whether the individual has in place or has considered the need for wills, living wills or advance directives, Medical or Physician Orders of Life-Sustaining Treatment forms and health care powers of attorney.

If life-planning activities are determined appropriate, the case manager documents the individual's activities and the documents that are in place.

If life-planning activities are determined not appropriate, the case manager documents the reason in the case management record or file.

As an alternative to an assessment of life-planning needs, the organization may provide life-planning information (e.g., brochure, pamphlet) to individuals in complex case management during the time frame allowed for completing the initial assessment. The file or case record must document that the information was provided and the date.

Factor 6: **Identification of preferred method of communication**

The file or case record documents the individuals' preferred method of communication. Individual communication may be documented in the form of in-person appointments, telephone, email or web portal.

Factor 7: **Development of case management plan**

The file or case record documents a case management plan that is specific to the individual's situation and needs, and includes goals that reflect issues identified in the individual's assessment and the supporting rationale for selected goals.

Factor 8: **Identification of barriers**

The file or case record identifies barriers related to the individual or to the individual's circumstances, not to the case management process. The organization documents barriers to the individual meeting the goals specified in the case management plan.

Factor 9: **Follow-up and communication with individuals**

The file or case record documents the next scheduled contact with the individual, including the scheduled time or time frame which may be an exact or relative (e.g., "October 15," "in 2 weeks") date, and the contact method.

Factor 10: **Follow-up and communication with LTSS providers**

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.

Factor 11: **Assessment of emergency back-up plans**

The file or case record documents an emergency back-up plan that accounts for short-term and long-term needs, and may address circumstances such as temporary replacements for personal care attendants and how to respond to power outages that affect equipment. The file includes an emergency back-up plan customized to the individual.

Factor 12: **Documentation of services received**

The file or case record documents whether the individual received the services specified in the case management plan.

Factor 13: **Assessment of progress**

The organization documents the individual's progress toward goals. If the individual does not demonstrate progress over time, the organization reassesses whether the goals apply to the individual's circumstances and modifies them if appropriate.

Exception

This element is NA for Interim Surveys. ~~None~~

Examples None.

QUESTIONS FOR PUBLIC COMMENT CM-LTSS 3: PERSON CENTERED CARE PLANNING AND MONITORING			
Question CM-LTSS	**Applicable Element**	**Recommendation**	**Targeted Questions**
Q.3A	CM-LTSS 3, Element A, factor 2: Assess person-centered goals	Update the factor to reflect SMART (specific, measurable, attainable, realistic, time-bound), person-centered goals.	Do you support updating the factor to reflect SMART (specific, measurable, attainable, relevant, time-bound), person-centered goals?
Q. 3B	***NEW:*** CM-LTSS 3, Element B, factor 10: Assessing progress against one person-centered goal	Add a factor requiring organizations to assess progress against at least one person-centered goal, using a standardized approach.	Do you support adding a factor requiring organizations to assess progress against at least one person-centered goal, using a standardized approach?

LTSS 4: Care Transitions

The organization has a process for managing care transitions, identifying problems that can cause unplanned transitions and preventing unplanned transitions, when possible.

Intent

The organization works to reduce unplanned transitions by managing transitions and identifying problems that can result in transitions of care.

Element A: Process for Transitions of Care

To facilitate safe transitions of care, the organization has a documented process to:

1. **Identify individuals who transition between settings.**
2. **Notify individuals' usual providers of a transition within a specified time frame.**
3. **Assign a consistent person or unit within the organization responsible for supporting the individual through the transition within a specified timeframe.**
4. **Communicate necessary information with the receiving setting within a specified time frame.**
5. **Communicate the care transition process to individuals and their designated representatives within a specified time frame.**
6. **Track transition status.**
7. **Collaborate with the discharge team on the discharge plan.**
8. **Reassess the appropriateness of an existing case management plan within a specified time frame, and modify as needed.**
9. **Discuss changes to the case management plan with individuals and their designated representatives within a specified time frame.**
10. **Document medications with individuals and their designated representatives and communicate identified discrepancies to an appropriate provider.**

Scoring

Met	Partially Met	Not Met
The organization meets 7-10 factors	The organization meets 5-6 factors	The organization meets 0-4 factors

Data source Documented process

Scope of review NCQA reviews the organization's documented process for managing planned and unplanned care transitions.

Look-back period

For Interim Surveys: Prior to the survey date.

For Initial Surveys: 6 months.

For Renewal Surveys: 24 months.

Explanation

This element may not be delegated.

A **care transition** is movement of individuals between care settings (e.g., from home to hospital) as their condition and care needs change during the course of a chronic or acute illness. Individuals moving between settings are particularly vulnerable to receiving fragmented and unsafe care if transitions are poorly coordinated. If the organization does not manage care transitions for all individuals who receive services, the documented process must describe the population for which it manages transitions.

Planned transitions include elective surgery or a decision to enter a long-term care facility. **Unplanned transitions** include sudden hospitalizations resulting from emergencies.

A **care setting** is a provider or place that delivers health care and health-related services, and includes:

- Acute care facilities.
- Emergency departments.
- Skilled nursing facilities.
- Custodial nursing facilities.
- Rehabilitation facilities.
- The home and community.

The **receiving setting** is the setting responsible for care after a transition.

Factor 1: **Identify individuals who transition**

The organization has a process to identifying individuals who transition between settings.

Because individuals may transition between various types of settings for different reasons, the process should address transitions that impact the delivery of services provided by the organization. For example, an organization arranging for provision of LTSS in a home-based setting may chose to focus its process on transitions out of the home and into inpatient or residential facilities.

Factor 2: **Notify usual providers**

Usual care providers include LTSS providers, primary care practitioners or specialists responsible for individuals' care. The organization attempts to connect individuals with primary care practitioners if they do not have one.

Case management policies and procedures specify the process for:

- Notifying individuals' usual care providers about transitions between settings.
- The defined time frames for notification.
  - The organization establishes a time frame for carrying out activities after being notified of a transition.

Factor 3: **Support during transition**

The organization's policies and procedures specify a process for assigning a consistent person or unit to support individuals during a transition. When the organization is notified of a transition, the organization contacts the individual or their designated representative within a specified time frame to communicate the person or unit responsible for supporting them during their transition.

Factor 4: **Communicate key information**
Sharing necessary information can facilitate continuity of care across settings. Case management policies and procedures specify a process for conveying information to the receiving setting, to help an individual continue to receive vital care. Key information can include how the individual's health status and goals impact the transition and how the transition impacts the plan of care. Sharing a case management plan meets the intent of this factor, but is not the only way organizations can share pertinent information during a transition between settings.

The organization establishes a time frame for carrying out activities after being notified of a transition.

Factor 5: **Communicate about the care transition process**

The organization establishes a time frame for carrying out activities after being notified of a transition.

Case management policies and procedures specify a process for communicating about the transition process with individuals and their designated representatives. Individuals decide their designated representatives' level of involvement.

Factor 6: **Track the status of transitions**

Case management policies and procedures specify a process for tracking individuals who have transitioned to another care setting. Tracking the status of transitions will alert the organization when to resume and initiate new services.

Factor 7: **Collaborate with the discharge team**

Case management policies and procedures specify a process (e.g., discharge plan) for collaborating with the discharge team to resume or initiate services for individuals who are transitioning back to their usual setting.

Factor 8: **Reassess the existing case management plan**

Case management policies and procedures specify a process for determining if the case management plan continues to meet an individual's needs. The organization works with the individual to modify the plan, if necessary. This may include screening for eligibility for additional services or reassessing goals or other components included in LTSS 2, Element B and Element C, and LTSS 3, Element A.

Factor 9: **Communicate changes to the case management plan**

The organization's case management policies and procedures specify a time frame and process for discussing changes to the case management plan with individuals and their designated representatives during transition from a care setting.

Factor 10: **Documentation of medications**

Case management policies and procedures specify a process for documenting new and existing medications during a transition between settings, and for informing an appropriate provider of discrepancies between the medication list and documented medications.

Exceptions

None.

Examples

***Factor 1:* Identify individuals who transition**

- Organization A's process indicates that the organization receives automated notifications when individuals are admitted to the local hospital.
- Organization B's process indicates that a coordinator has been assigned to check the admissions reports from the local hospitals on a daily basis to determine if individuals enrolled in the program have experienced a transition.

***Factor 6:* Track the status of transitions**

The organization establishes a process to document:

- The current location of the individual in the care record.
- The planned date of transfer to another location.
- The anticipated receiving setting.
- Contact information for those coordinating care at the current setting.

***Factor 7:* Collaborate with the discharge team**

- Email correspondence.
- Telephone correspondence.
- Meeting notes.
- Documentation of information submitted to the receiving setting such as, but not limited to:
  - Original care plan information.
  - Description of the home environment.
  - Details about informal supports available to the individual.
  - Resources and supports the LTSS case management organization can provide to the individual upon their return to the community.
- Updated discharge plan reflecting the roles and responsibilities of both the discharging setting and the LTSS case management organization.
- Updated care plan based on discharge orders.

***Factor 10:* Documentation of medications**

The organization's process indicates that when an individual experiences a care transition, the organization obtains a medication list from the last setting the individual received care in. The organization's process also indicates that an LTSS care manager compares the medication list provided at discharge and the medications currently in the home. The LTSS care manager then identifies, documents and reports discrepancies to the individual's appropriate provider.

Element B: Clinical Coordination

The organization demonstrates how it coordinates care with clinical providers within a specified time frame

Scoring

Met	Partially Met	Not Met
The organization meets the requirement	No scoring option	The organization does not meet the requirement

Data source Reports, Materials

Scope of review *For Initial and Renewal Surveys:* NCQA reviews reports or materials as evidence that the organization coordinates care with clinical providers during care transitions.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation

Clinical coordination is the exchange of information to individuals' clinical providers (primary care physician, clinical case manager, nurse) on care transitions. The organization demonstrates that it notifies individual's usual providers of a transition within a specified time frame (Element A, factor 2), tracks transition status (Element A, factor 6), and collaborates with the discharge team (Element A, factor 7)

Exception

This element is NA for Interim Surveys.

Related information

There are no points associated with this element. Organizations that score "Met" will receive a status modifier as a clinically coordinated organization. A "Not Met" score does not impact an organization's overall score or performance.

Element C: Reducing Unplanned Transitions for Individuals

The organization uses available case management information to:

1. **Identify individuals at high risk of an unplanned transition, at least monthly.**
2. **Take action to mitigate risk of unplanned transitions.**

Scoring

Met	Partially Met	Not Met
The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Reports, Materials

Scope of review NCQA reviews reports for evidence that the organization identifies individuals at high risk of unplanned transition and acts to reduce unplanned transitions.

NCQA also reviews evidence that the organization takes action to mitigate risk by providing information to individuals.

Look-back period

For Initial Surveys: 6 months.

For Renewal Surveys: 24 months.

Explanation

***Factor 1:* Identifying individuals at risk**

To minimize avoidable and unplanned transitions, the organization monitors individuals' information (e.g., self-reported, case manager reports) and identifies individuals who are at risk of experiencing an unplanned transition.

The more frequently the organization receives reports or analyzes information, the better it can respond to a health issue before it results in an admission or a change in level of care.

NCQA does not prescribe a method for determining at-risk individuals.

***Factor 2:* Mitigating risk**

As part of identifying and coordinating care to prevent potential problems, the organization takes action to mitigate risks of unplanned transitions identified in factor 1.

Exception

This element is NA for Interim Surveys. ~~None~~

Examples

***Factor 1:* Identifying individuals at risk**

Use predictive modeling to identify individuals at risk by considering information from the following sources:

- In-home assessment.
- Case manager reports.
- LTSS provider reports.
- Reports from family/friends/caregivers.
- Information reported by the individual.
- Redacted reports that show predictive modeling to assign individuals a risk score.

***Factor 2:* Mitigating risk**

- Arrange for meal delivery to improve nutritional status.
- Work with the individual and arrange for home modifications to reduce fall risk (e.g., increase physical therapy, reduce clutter, tape down loose rugs, eliminate long electrical cords, install grab bars in the bathroom).
- Provide brochure on prescription adherence.
- Provide educational materials on how to manage chronic conditions such as diabetes.
- Arrange for companion service or adult day program to reduce social isolation.
- Develop a triggering criteria to identify individuals whose condition might trigger an intervention.
- Care coordination for at-risk individuals.

Element D: Reducing Unplanned Transitions for the Population

At least annually, the organization uses available information to:

1. **Analyze rates of unplanned admissions to facilities and emergency room visits, to identify areas for improvement.**
2. **Take action to address areas identified for improvement.**

Scoring

Met	Partially Met	Not Met
The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Reports

Scope of review NCQA reviews the organization's reports for evidence that it analyzes rates of unplanned admissions and takes action on areas identified for improvement.

Look-back period

For Initial Surveys: At least once during the prior year.

For Renewal Surveys: 24 months; prior to the survey date for factor 1.

For All Surveys: For factor 1: Prior to the survey date.

Explanation

***Factor* 1: Analyzing population-based data and taking action**

The organization completes a quantitative and qualitative analysis of admission rates for the population and defined subpopulations ~~that receives services~~ and identifies opportunities for improvement across each. NCQA is not prescriptive in the subpopulations the organization chooses, it may choose to analyze admission rates by race/ethnicity, preferred language, age, mobility, geography or other characteristics.

Analysis may include a clinical focus on patterns of unplanned admissions; readmissions; emergency room visits and repeat visits; and admission to participating and nonparticipating facilities, in addition to assessing receipt of identified nonclinical services based on a social needs assessment.

~~NCQA does not specify the type of information the organization uses to analyze admission rates.~~ The organization is not required to include all these areas in its analysis, but at a minimum, it must evaluate rates of unplanned admissions to facilities, ER visits and services received based on a social needs assessment to identify areas for improvement. If the organization has no access to patient record systems, it may gather information about unplanned admissions during visits with participants.

Quantitative analysis requires a mathematical or logical examinations of measurable and verifiable data against a goal, benchmark or prior measurement periods. The organization draws a conclusion from the data by explaining the results.

Qualitative analysis explores the reasons for results. The drivers of results may include, but are not limited to, systems, processes, staff, equipment.

***Factor 2:* Taking action**

The organization implements interventions based on the causes of unplanned transitions for the population identified in factor 1.

Exception

This element is NA for Interim Surveys. ~~None~~

Examples

Factor 1: **Reports**

- Redacted reports that identify individuals who experienced an unplanned transition, using claims data, assessment data, care plan data or other data.
- Reports on analysis of root causes and opportunities for improvement.

Factor 2: **Taking action**

- Increase contact with subpopulations identified as having higher rates of unplanned admissions.
- Address unmet needs that lead to unplanned transitions.

QUESTIONS FOR PUBLIC COMMENT CM-LTSS 4: CARE TRANSITIONS			
Question CM-LTSS	**Applicable Element**	**Recommendation**	**Targeted Questions**
Q.4A	***NEW:*** CM-LTSS 4, Element B: Clinical Coordination	Add an element requiring organizations to demonstrate how they coordinate care with clinical providers within a specified time frame during care transitions. This element gives organizations the ability to receive a status modifier as a clinically coordinated organization if scored "Met." A "Not Met" score does not affect an organization's overall performance score.	Do you support adding an element allowing organizations to demonstrate how they coordinate care with clinical providers within a specified time frame during care transitions?

LTSS 5: Measurement and Quality Improvement

The organization measures individuals' experience, program effectiveness and participation rates, and works to improve its performance.

Intent

The organization identifies opportunities to improve the way it coordinates services through a structured process of evaluating individual experience, program effectiveness and participation rates.

Element A: Experience With Case Management

At least annually, the organization evaluates experience with its case management program by:

1. **Obtaining feedback from individuals.**
2. **Analyzing complaints from individuals.**

Scoring

Met	Partially Met	Not Met
The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Reports

Scope of review

For Initial Surveys: NCQA reviews the organization's most recent annual data collection and evaluation report that it collects feedback from individuals and analyzes individuals' complaints.

For Renewal Surveys: NCQA reviews the organization's most recent and previous year's annual data collection and evaluation reports that it collects feedback from individuals and analyzes individuals' complaints.

Look-back period

For Initial Surveys: At least once during the prior year.

For Renewal Surveys: 24 months.

Explanation

***Factor 1:* Obtaining feedback from individuals**

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.

***Factor 2:* Analyzing complaints from individuals**

The organization analyzes complaints to identify opportunities to improve individual experience with its case management program.

For initial measurement, the organization conducts quantitative and qualitative analysis of data.

For remeasurement, the organization conducts quantitative analysis, and conducts qualitative analysis if quantitative analysis demonstrates that stated goals were not met.

Refer to *Appendix 4: Glossary* for the full definition of and requirements for quantitative analysis and qualitative analysis.

Exception

This element is NA for Interim Surveys. ~~None~~.

Examples

***Factor 1:* Obtaining feedback**

Measures of experience

- Overall experience with the program.
- Respectful treatment by LTSS providers.
- Care manager helpfulness.
- Perception of quality of care/services.

Access to supports and services

- Limited access to care manager.
- Dissatisfaction with care manager.
- Dissatisfaction with care management plan.
- Timeliness of case management services.

***Factor 2:* Analyzing complaints**

- Themes and significance of complaints about a specific service area or service provider.
- Themes and significance of complaints about a care manager.
- Themes and significance of complaints about a case management strategy.
- Volume of complaints provided by an individual or population group.
- Changes in trends of complaints.

Element B: Track and Analyze a Measure of Effectiveness

At least annually, the organization monitors one measure to evaluate the effectiveness of its case management program. For the measure, the organization:

1. **Identifies a relevant process or outcome.**
2. **Uses valid methods that provide quantitative results.**
3. **Sets a performance goal.**
4. **Clearly identifies measure specifications.**
5. **Collects and analyzes results.**
6. **Identifies opportunities for improvement, if applicable.**

Scoring

Met	Partially Met	Not Met
The organization meets 4-6 factors	The organization meets 3 factors	The organization meets 0-2 factors

Data source Reports

Scope of review

For Initial Surveys: NCQA reviews the organization's most recent report of assessment of the first measure of program effectiveness.

For Renewal Surveys: NCQA reviews the organization's most recent and the previous year's annual reports of assessment of the first measure of program effectiveness.

NCQA scores this element for each program the organization brings forward for Accreditation. The score for the element is the average of the scores for all programs.

Look-back period

For Initial Surveys: At least once during the prior year.

For Renewal Surveys: 24 months.

Explanation

Measures

Organizations are required to track three measures of effectiveness. The organization presents its results and analysis of each measure separately in Elements B–D. The intent of these elements is to establish a basis for sound quality measurement and improvement. Because different programs have different population bases, enrollment methods, service obligations and data access, the organization may select any measure that is most relevant and useful for its quality improvement program. Organizations may select process or outcome measures.

Note: NCQA does not publish or compare organizations based on measure results submitted for these elements.

***Factor 1:* Relevant process or outcome**

Relevant process measures are measures of evidence-based case management actions, or policies or procedures that have a direct or indirect effect on the well-being or social outcomes of the case management of individuals served.

Relevant outcome measures assess how case management programs or interventions improve individual well-being.

Evidence-based information is based on the best available scientific evidence, on professional standards or on expert opinion.

***Factor 2:* Valid methods and quantitative results**

Measurement of case management effectiveness includes the use of quantitative information derived from valid methodology. NCQA considers the following criteria when evaluating a measure's validity:

- Numerator and denominator.
- Sampling methodology.
- Sample size calculation.
- Measurement periods and seasonality effects.

***Factor 3:* Performance goal**

A **performance goal** is the organization's desired level of achievement. The organization establishes an explicit, quantifiable performance goal for the measure. The goal may be based on external benchmarks (i.e., known levels of best performance) or on the organization's actual performance from prior years.

***Factor 4:* Measure specifications**

The organization describes the data source, the eligible population, the coding or other means of identifying the process or outcome. The intent is to provide detailed measure specifications that can guide valid measurement.

***Factor 5:* Quantitative and qualitative analysis**

For initial measurement, the organization conducts quantitative and qualitative analysis of data.

For remeasurement, the organization conducts quantitative analysis, and conducts qualitative analysis if quantitative analysis demonstrates that stated goals were not met.

Refer to *Appendix 4: Glossary* for the full definition of and requirements for quantitative analysis and qualitative analysis.

***Factor 6:* Opportunities for improvement**

The organization uses the results of its analysis to prioritize opportunities for improvement, which may be different each time the organization measures and analyzes the data. The organization is not required to identify a specific number of improvement opportunities.

Exceptions

This element is NA for Interim Surveys.

Factor 6 is NA if the organization's analysis of results shows no opportunities for improvement. NCQA evaluates whether this conclusion is reasonable, given assessment results.

Examples

***Factor 1:* Process measures**

- Timeliness of completion of initial assessment.
- Timeliness of completion of case management plan.
- Timeliness of contact (e.g., phone, visits, assessments).
- Timeliness of reporting critical incidents and complaints.
- Timeliness of initiation of services.
- Comprehensiveness of case management plan (addresses all prioritized goals).
- Percentage of transitions from the community in which the case management plan is shared with the receiving facility.
- Participation rates.

Outcome measures

- Improved quality of life.
- Percentage of individuals who have made progress toward achieving priority goals.
- Health status (e.g., SF-36® or SF-12® results).
- Experience with case management services.
- Readmission rates.
- Unmet needs addressed.
- Percentage of individuals admitted to skilled nursing facility.

***Factor 4:* Measure specifications**

Table 1: Measure Specifications

~~**Measure Specifications**~~	
~~**Name of Measure:**~~	~~Long Term Community Residence~~
~~**Activity Objective:**~~	~~Increase the percentage of enrolled individuals residing in the community (non-institutional)~~
~~**Quantifiable Measure:**~~	~~Percentage of individuals residing in the community~~
~~**Population Included:**~~	~~100% of enrolled program participants~~
~~**Data source:**~~	~~Care Management Record, field: current residence~~
~~**Numerator:**~~	~~Enrollees residing in a community setting (non-institutional)~~
~~**Denominator:**~~	~~All individuals enrolled in the program~~
~~**Exclusion:**~~	~~Short-term institutional stays (e.g., rehabilitation)~~
~~**Baseline Goal:**~~	~~>80%~~
~~**Timeframe:**~~	~~January-December 31, 2020~~

Name of Measure:	Long-Term Community Residence
Activity Objective:	Increase the percentage of enrolled members residing in the community (noninstitutional)
Quantifiable Measure:	Percentage of members residing in the community
Population Included:	100% of enrolled program participants
Data source:	Care Management Record, field: current residence
Numerator:	Enrollees residing in a community setting (noninstitutional)
Denominator:	All members enrolled in the program
Exclusion:	Short-term institutional stays (e.g., rehabilitation)
Baseline Goal:	>80%
Time Frame:	January–December 31, 2023

Element C: Track and Analyze a Second Measure of Effectiveness

At least annually, the organization monitors a second measure to evaluate the effectiveness of its case management program. For the measure, the organization:

1. **Identifies a relevant process or outcome.**
2. **Uses valid methods that provide quantitative results.**
3. **Sets a performance goal.**
4. **Clearly identifies measure specifications.**
5. **Collects and analyzes results.**
6. **Identifies opportunities for improvement, if applicable.**

Scoring

Met	Partially Met	Not Met
The organization meets 4-6 factors	The organization meets 3 factors	The organization meets 0-2 factors

Data source Reports

Scope of review

For Initial Surveys: NCQA reviews the organization's most recent report of assessment of the second measure of program effectiveness.

For Renewal Surveys: NCQA reviews the organization's most recent and the previous year's annual reports of assessment of the second measure of program effectiveness.

NCQA scores this element for each program the organization brings forward for Accreditation. The score for the element is the average of the scores for all programs.

Look-back period

For Initial Surveys: At least once during the prior year.

For Renewal Surveys: 24 months.

Explanation

Measures

Organizations are required to track three measures of effectiveness. The organization presents its results and analysis of each measure separately in Elements B–D. The intent of these elements is to establish a basis for sound quality measurement and improvement. Because different programs have different population bases, enrollment methods, service obligations and data access, the organization may select any measure that is most relevant and useful for its quality improvement program. Organizations may select process or outcome measures.

Note: NCQA does not publish or compare organizations based on measure results submitted for these elements.

***Factor 1:* Relevant process or outcome**

Relevant process measures are measures of evidence-based case management actions, or policies or procedures that have a direct or indirect effect on the well-being or social outcomes of the case management of individuals served.

Relevant outcome measures assess how case management programs or interventions improve individual well-being.

Evidence-based information is based on the best available scientific evidence, on professional standards or on expert opinion.

Factor 2: **Valid methods and quantitative results**

Measurement of case management effectiveness includes the use of quantitative information derived from valid methodology. NCQA considers the following criteria when evaluating a measure's validity:

- Numerator and denominator.
- Sampling methodology.
- Sample size calculation.
- Measurement periods and seasonality effects.

Factor 3: **Performance goal**

A **performance goal** is the organization's desired level of achievement. The organization establishes an explicit, quantifiable performance goal for the measure. The goal may be based on external benchmarks (i.e., known levels of best performance) or on the organization's actual performance from prior years.

Factor 4: **Measure specifications**

The organization describes the data source, the eligible population, the coding or other means of identifying the process or outcome. The intent is to provide detailed measure specifications that can guide valid measurement.

Factor 5: **Quantitative and qualitative analysis**

For initial measurement, the organization conducts quantitative and qualitative analysis of data.

For remeasurement, the organization conducts quantitative analysis, and conducts qualitative analysis if quantitative analysis demonstrates that stated goals were not met.

Refer to *Appendix 4: Glossary* for the full definition of and requirements for quantitative analysis and qualitative analysis.

Factor 6: **Opportunities for improvement**

The organization uses the results of its analysis to prioritize opportunities for improvement, which may be different each time the organization measures and analyzes the data. The organization is not required to identify a specific number of improvement opportunities.

Exceptions

This element is NA for Interim Surveys.

Factor 6 is NA if the organization's analysis of results shows no opportunities for improvement. NCQA evaluates whether this conclusion is reasonable, given assessment results.

Examples

Factor 1: **Process measures**

- Timeliness of completion of initial assessment.
- Timeliness of completion of case management plan.
- Timeliness of contact (e.g., phone, visits, assessments).
- Timeliness of reporting critical incidents and complaints.
- Timeliness of initiation of services.

- Comprehensiveness of case management plan (addresses all prioritized goals).
- Percentage of transitions from the community in which the case management plan is shared with the receiving facility.
- Participation rates.

Outcome measures

- Improved quality of life.
- Percentage of individuals who have made progress toward achieving priority goals.
- Health status (e.g., SF-36® or SF-12® results).
- Experience with case management services.
- Readmission rates.
- Unmet needs addressed.
- Percentage of individuals admitted to skilled nursing facility.

Factor 4: **Measure specifications**

Table 2: Measure Specifications

~~**Measure Specifications**~~	
~~**Name of Measure:**~~	~~Long Term Community Residence~~
~~**Activity Objective:**~~	~~Increase the percentage of enrolled individuals residing in the community (non-institutional)~~
~~**Quantifiable Measure:**~~	~~Percentage of individuals residing in the community~~
~~**Population Included:**~~	~~100% of enrolled program participants~~
~~**Data source:**~~	~~Care Management Record, field: current residence~~
~~**Numerator:**~~	~~Enrollees residing in a community setting (non-institutional)~~
~~**Denominator:**~~	~~All individuals enrolled in the program~~
~~**Exclusion:**~~	~~Short-term institutional stays (e.g., rehabilitation)~~
~~**Baseline Goal:**~~	~~>80%~~
~~**Timeframe:**~~	~~January-December 31, 2020~~

Name of Measure:	Long-Term Community Residence
Activity Objective:	Increase the percentage of enrolled members residing in the community (noninstitutional)
Quantifiable Measure:	Percentage of members residing in the community
Population Included:	100% of enrolled program participants
Data source:	Care Management Record, field: current residence
Numerator:	Enrollees residing in a community setting (noninstitutional)
Denominator:	All members enrolled in the program
Exclusion:	Short-term institutional stays (e.g., rehabilitation)
Baseline Goal:	>80%
Time Frame:	January–December 31, 2023

Element D: Track and Analyze a Third Measure of Effectiveness

At least annually, the organization monitors a third measure to evaluate the effectiveness of its case management program. For the measure, the organization:

1. **Identifies a relevant process or outcome.**
2. **Uses valid methods that provide quantitative results.**
3. **Sets a performance goal.**
4. **Clearly identifies measure specifications.**
5. **Collects and analyzes results.**
6. **Identifies opportunities for improvement, if applicable.**

Scoring

Met	Partially Met	Not Met
The organization meets 4-6 factors	The organization meets 3 factors	The organization meets 0-2 factors

Data source Reports

Scope of review *For Initial Surveys:* NCQA reviews the organization's most recent report of assessment of the third measure of program effectiveness.

For Renewal Surveys: NCQA reviews the organization's most recent and the previous year's annual reports of assessment of the third measure of program effectiveness.

NCQA scores this element for each program the organization brings forward for Accreditation. The score for the element is the average of the scores for all programs.

Look-back period *For Initial Surveys:* At least once during the prior year.

For Renewal Surveys: 24 months.

Explanation

Measures

Organizations are required to track three measures of effectiveness. The organization presents its results and analysis of each measure separately in Elements B–D. The intent of these elements is to establish a basis for sound quality measurement and improvement. Because different programs have different population bases, enrollment methods, service obligations and data access, the organization may select any measure that is most relevant and useful for its quality improvement program. Organizations may select process or outcome measures.

Note: *NCQA does not publish or compare organizations based on measure results submitted for these elements*.

Factor 1: Relevant process or outcome

Relevant process measures are measures of evidence-based case management actions, or policies or procedures that have a direct or indirect effect on the well-being or social outcomes of the case management of individuals served.

Relevant outcome measures assess how case management programs or interventions improve individual well-being.

Evidence-based information is based on the best available scientific evidence, on professional standards or on expert opinion.

Factor 2: Valid methods and quantitative results

Measurement of case management effectiveness includes the use of quantitative information derived from valid methodology. NCQA considers the following criteria when evaluating a measure's validity:

- Numerator and denominator.
- Sampling methodology.
- Sample size calculation.
- Measurement periods and seasonality effects.

Factor 3: Performance goal

A **performance goal** is the organization's desired level of achievement. The organization establishes an explicit, quantifiable performance goal for the measure. The goal may be based on external benchmarks (i.e., known levels of best performance) or on the organization's actual performance from prior years.

Factor 4: Measure specifications

The organization describes the data source, the eligible population, the coding or other means of identifying the process or outcome. The intent is to provide detailed measure specifications that can guide valid measurement.

Factor 5: Quantitative and qualitative analysis

For initial measurement, the organization conducts quantitative and qualitative analysis of data.

For remeasurement, the organization conducts quantitative analysis, and conducts qualitative analysis if quantitative analysis demonstrates that stated goals were not met.

Refer to *Appendix 4: Glossary* for the full definition of and requirements for quantitative analysis and qualitative analysis.

Quantitative analysis requires a mathematical or logical examinations of measurable and verifiable data against a goal, benchmark or prior measurement periods. The organization draws a conclusion from the data by explaining what the results mean.

Qualitative analysis explores the reasons for results. The drivers of results may include, but are not limited to, systems, processes, staff, equipment.

Factor 6: **Opportunities for improvement**

The organization uses the results of its analysis to prioritize opportunities for improvement, which may be different each time the organization measures and analyzes the data. The organization is not required to identify a specific number of improvement opportunities.

Exceptions

This element is NA for Interim Surveys.

Factor 6 is NA if the organization's analysis of results shows no opportunities for improvement. NCQA evaluates whether this conclusion is reasonable, given assessment results.

Examples

***Factor* 1: Process measures**

- Timeliness of completion of initial assessment.
- Timeliness of completion of case management plan.
- Timeliness of contact (e.g., phone, visits, assessments).
- Timeliness of reporting critical incidents and complaints.
- Timeliness of initiation of services.
- Comprehensiveness of case management plan (addresses all prioritized goals).
- Percentage of transitions from the community in which the case management plan is shared with the receiving facility.
- Participation rates.

Outcome measures

- Improved quality of life.
- Percentage of individuals who have made progress toward achieving priority goals.
- Health status (e.g., SF-36® or SF-12® results).
- Experience with case management services.
- Readmission rates.
- Unmet needs addressed.
- Percentage of individuals admitted to skilled nursing facility.

Factor 4: **Measure specifications**

Table 3: Measure Specifications

~~Measure Specifications~~	
~~**Name of Measure:**~~	~~Long Term Community Residence~~
~~**Activity Objective:**~~	~~Increase the percentage of enrolled individuals residing in the community (non-institutional)~~
~~**Quantifiable Measure:**~~	~~Percentage of individuals residing in the community~~
~~**Population Included:**~~	~~100% of enrolled program participants~~
~~**Data source:**~~	~~Care Management Record, field: current residence~~
~~**Numerator:**~~	~~Enrollees residing in a community setting (non-institutional)~~
~~**Denominator:**~~	~~All individuals enrolled in the program~~
~~**Exclusion:**~~	~~Short-term institutional stays (e.g., rehabilitation)~~
~~**Baseline Goal:**~~	~~>80%~~
~~**Timeframe:**~~	~~January -December 31, 2020~~

Name of Measure:	Long-Term Community Residence
Activity Objective:	Increase the percentage of enrolled members residing in the community (noninstitutional)
Quantifiable Measure:	Percentage of members residing in the community
Population Included:	100% of enrolled program participants
Data source:	Care Management Record, field: current residence
Numerator:	Enrollees residing in a community setting (noninstitutional)
Denominator:	All members enrolled in the program
Exclusion:	Short-term institutional stays (e.g., rehabilitation)
Baseline Goal:	>80%
Time Frame:	January–December 31, 2023

Element E: Action and Remeasurement

Based on the results of its measurement and analysis of case management effectiveness, the organization:

1. **Acts to improve on one measure of effectiveness, if applicable.**
2. **Acts to improve on one measure of experience, if applicable.**
3. **Remeasures to determine the action's impact on effectiveness, if applicable.**
4. **Remeasures to determine the action's impact on experience, if applicable.**

Scoring

Met	Partially Met	Not Met
The organization meets 3-4 factors	The organization meets 2 factors	The organization meets 0-1 factors

Data source Reports

Scope of review NCQA reviews the organization's most recent year's reports on annual improvement and remeasurement activities.

NCQA scores this element for each program the organization brings forward for accreditation. The score for the element is the average of the scores for all programs.

Look-back period *For Renewal Surveys:* 12 months.

Explanation The organization implements at least one intervention that addresses one or more opportunities identified in Elements B–D.

***Factors 1, 2:* Acts to improve**

The organization selects interventions that have a reasonable chance of affecting results and describes the interventions, including the date of implementation and the period of interventions, when possible.

***Factor 3:* Impact on effectiveness**

Using the methodology and performance measure specifications described in Elements B–D, the organization remeasures to determine the impact of interventions. Additional process measures regarding interventions may supplement remeasurement.

The organization continues to remeasure to determine the effectiveness of the interventions, using methods consistent with initial measurements.

***Factor 4:* Impact on experience**

Using the methodology and experience measure specifications described in Element A, the organization remeasures to determine the impact of interventions. Additional experience measures regarding interventions may supplement remeasurement.

Exceptions

This element is NA for Interim Surveys and Initial Surveys.

Factors 1 and 3 are NA if the organization does not identify opportunities for improvement of effectiveness. NCQA evaluates whether this conclusion is reasonable, given the organization's analysis.

Factors 2 and 4 are NA if the organization does not identify opportunities for improvement of experience. NCQA evaluates whether this conclusion is reasonable, given the organization's analysis.

Examples None.

Element F: Transparency in Reporting Outcomes

The organization is transparent about the methods it uses to calculate the effectiveness of its case management program.

Scoring

Met	Partially Met	Not Met
The organization meets the requirement	No scoring option	The organization does not meet the requirement

Data source Reports, Materials

Scope of review NCQA reviews up to three reports or materials distributed to the state or to other purchasers during the look-back period with evidence that the organization was transparent about its method of measurement.

Look-back period *For Initial Surveys:* 6 months.

For Renewal Surveys: 24 months.

Explanation

Transparency in reporting

The organization shares measurement details with its state or other purchasers, which facilitates understanding of results and comparison among organizations, including:

- The definition of the population included in the denominator.
- How individuals are placed in the numerator.
- The time period, and how it affects inclusions and exclusions in the numerator and denominator.

Exceptions

This element is NA ~~if:~~

- For Interim Surveys.
- ~~The~~ If the organization has no purchasers.
- ~~The~~ If the organization is not required to report measurement quality information to its state or other purchasers.
  - The organization provides documentation, such as contracts or other service agreements, demonstrating that no clients receive measurement quality data reporting.

Examples None.

Element G: ~~Active~~ Diversity of Participation Rates

At least annually, the organization measures and reports on the diversity of participation rates

Scoring

Met	Partially Met	Not Met
The organization meets the requirement	No scoring option	The organization does not meet the requirement

Data source Reports

Scope of review

For Initial Surveys: NCQA reviews the most recent participation report completed during the look-back period for each program the organization brings forward.

For Renewal Surveys: NCQA reviews the most recent and previous year's participation report completed during the look-back period for each program the organization brings forward.

If the organization measures participation separately for each purchaser, NCQA reviews up to three reports that were distributed to purchasers during the look-back period.

NCQA scores this element for each program the organization brings forward for Accreditation. The score for the element is the average of the scores for all programs.

Look-back period

For ~~Initial~~ All Surveys: At least once during the prior year

~~*For Renewal Surveys:* 24 months prior to the survey date.~~

Explanation

Case management participation rate

The **participation rate** is the number of individuals who received an initial assessment and at least one additional interactive contact, divided by the number of individuals identified as eligible for the program.

Eligible individuals are individuals for whom the organization has been contracted to provide case management services.

Calculating ~~active~~ participation. The organization may not use the enrollment rate to calculate the ~~active~~ participation rate. The ~~active~~ participation rate is:

- *Numerator:* The number of individuals with completed assessments and at least one additional interactive contact.
- *Denominator*: Total number of eligible individuals.

Interactive contact is two-way interaction in which the individual receives self-management support, health education or care coordination through one of the following methods:

- Phone.
- In person contact (individual or group).
- *Online contact:*
  - Interactive web-based module.
  - Live chat.
  - Secure email.
- Interactive contact does not include:
  - Completion of a health appraisal, except as noted in C*lient restrictions.*

– Contacts made only to make an appointment, leave a message or acknowledge receipt of materials.

~~The organization reports on the diversity of the participation rate. **Diversity** describes the presence of differences in characteristics (e.g., race/ ethnicity, preferred language, age, mobility, geography) in the individuals that are actively participating in the programs. NCQA does not prescribe the characteristics the organization chooses to review for differences, but the organization must select at least one characteristic in order to determine the diversity of the participating individuals.~~

~~**Client restrictions**~~

~~Some programs do not identify eligible individuals because of restrictions by the client organization. These programs are based on attracting participation (e.g., using contacts through newsletters) from an employee population or a health plan's individual population at large. NCQA expects that for these programs the organization will calculate its rate of participation using an expected percentage of the at-large population with a specific condition. For example, if the rate of diabetes in the general U.S. population is 4 percent and the organization recruits 200 diabetics from an employer population of 10,000, it can estimate the participation rate as 50 percent of 400 diabetics (10,000 x 4% = 400).~~

Exception

This element is NA for Interim Surveys. ~~None~~

Related information

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.

Examples

The organization is contracted to provide case management to 100 individuals (the denominator) identified as needing LTSS.

- Of the 100 individuals identified, the organization is able to contact 80 individuals (the organization is unable to find or reach 20 individuals).
- Of the 80 individuals reached, the organization can schedule an initial assessment with 78 individuals (2 individuals refused).
- The organization conducts an initial scheduled assessment of 75 individuals (1 individual dies, 1 is admitted to a skilled nursing facility,1 refuses to meet the case manager on the day of the scheduled assessment).
- Of the 75 assessments completed, case managers have interactive contact (in-person visits or telephone check-ins) with 60 individuals.

In this scenario, the participation rate is 60/100. Of the 60 participating individuals, the organization reports the following breakdown of diversity between race/ ethnicity:

- White: 35
- Black or African American: 15
- American Indian or Other Pacific Islander: 6
- Asian: 4

Element H: Improving Participation Rates

At least annually, the organization:

1. **Analyzes participation rates.**
2. **Identifies at least one opportunity for improvement.**
3. **Identifies at least one opportunity to improve the diversity in participation rates.**
4. **Implements at least two ~~one~~ actions to improve participation rates.**

Scoring

Met	Partially Met	Not Met
The organization meets 3-4 factors	The organization meets 2 factors	The organization meets 0-1 factors

Data source

Reports

Scope of review

For All ~~Initial~~ Surveys: NCQA reviews the organization's most recent evaluation report for analyzed participation rates.

~~*For Renewal Surveys:* NCQA reviews the organization's most recent and previously completed annual evaluation report for analyzed participation rates.~~

If the organization identifies opportunities for improvement by purchaser, NCQA reviews reports on at least three purchasers or a single report with information about all purchasers.

Look-back period

For Initial Surveys: At least once during the prior year.

For Renewal Surveys: 24 months; prior to the survey date for factors 3 and 4.

Explanation

Improving participation rates increases the number of eligible individuals who receive case management interventions.

***Factor 1:* Analysis**

Analysis of findings compares results against goals and past performance, and assesses the cause of deficiencies (if appropriate). Quantitative and qualitative data collection and analysis may be performed across all purchasers or by each purchaser, depending on the organization's preference.

***Factors 2, 3:* Opportunities for improvement**

Based on the results from the analysis in factor 1, the organization identifies at least one opportunity for improvement and one opportunity to improve the diversity of participating individuals.

***Factor 4:* Implementing actions**

No additional explanation required.

Exceptions

This element is NA for Interim Surveys.

Factors 2 and 3 are NA:

- If the organization's analysis of results shows that there are no opportunities for improvement.
  - NCQA evaluates whether this conclusion is reasonable, given assessment results.

Examples None.

Element I: Transparency in Reporting Participation

The organization reports program participation rates to purchasers and is transparent about measure specifications by reporting:

1. **The defined population included in the denominator.**
2. **How individuals are included in the numerator.**
3. **The specified measurement period and how it affects inclusion and exclusion in the numerator and denominator.**

Scoring

Met	Partially Met	Not Met
The organization meets 3 factors	The organization meets 2 factors	The organization meets 0-1 factors

Data source Documented process, Reports, Materials

Scope of review NCQA reviews up to three reports or materials that were distributed to purchasers during the look-back period, for evidence that the organization was transparent about its calculation method.

If participation is measured by the purchaser, NCQA reviews the organization's documented process for providing measure specifications to each purchaser.

NCQA reviews evidence that the organization reports its active participation rate, as defined in Element G.

Look-back period *For Initial Surveys:* 6 months.

For Renewal Surveys: 24 months.

Explanation Measure components (e.g., denominator, numerator) may be defined in materials provided to purchasers with measure reports.

Purchaser organization

NCQA expects the primary audience for this disclosure to be the organization's purchasers.

Factors 1–3

No additional explanation required.

Exception

This element is NA: ~~if:~~

- For Interim Surveys.
- ~~The~~ If the organization has no purchasers.
- ~~The~~ If the organization is not required to report measurement quality information to its state or other purchasers.
  - The organization provides documentation, such as contracts or other service agreements, demonstrating that no clients receive measurement quality data reporting.

Examples None.

QUESTIONS FOR PUBLIC COMMENT CM-LTSS 5: MEASUREMENT AND QUALITY IMPROVEMENT			
Question CM-LTSS	**Applicable Element**	**Recommendation**	**Targeted Questions**
Q. 5A	CM-LTSS 5, Element G: Diversity of Participation Rates	Update the element title and stem to reflect that organizations measure and report on the diversity of participation rates at least annually.	Do you support requiring organizations to measure and report on the diversity of participation rates at least annually?
Q. 5B	***NEW:*** CM-LTSS 5, Element H, factor 3: Identifies at least one opportunity to improve diversity in participation rates	Add a factor requiring organizations to identify at least one opportunity to improve diversity of participating individuals.	Do you support adding a factor requiring organizations to identify at least one opportunity to improve diversity of participating individuals?
Q. 5C	CM-LTSS 5, Element H, factor 4: Identifies at least two actions to improve participation rates	Update the factor to require at least two actions to improve participation rates. At a minimum, one opportunity must improve the diversity of participating individuals.	Do you support updating the factor to require at least two actions to improve participation rates, requiring a minimum of one opportunity to improve the diversity of participating individuals?

LTSS 6: Staffing, Training and Verification

The organization defines staffing needs, provides staff with ongoing training and oversight and verifies health care staff credentials.

Intent

The organization provides training and oversight to its staff so that staff interactions with individuals are evidence based and supported by professional standards.

Element A: Defining Staffing Needs

The organization defines:

1. **The categories of staff needed to perform the services it provides.**
2. **The categories of staff that require licensure.**
3. **The number of staff in each category needed to perform the services the organization provides.**
4. **The recruiting and hiring processes that support diversity, equity and inclusion in its workforce.**

Scoring

Met	Partially Met	Not Met
The organization meets 2-4 factors	No scoring option	The organization meets 0-1 factors

Data source Documented process

Scope of review NCQA reviews the organization's documented process for defining and identifying its staffing needs, including processes that support diversity, equity and inclusion.

Look-back period

For Interim Surveys: Prior to the survey date.

For Initial Surveys: 6 months; prior to the survey date for factor 4.

For Renewal Surveys: 24 months; prior to the survey date for factor 4.

Explanation This element may not be delegated.

Factor 1: **Staffing needs**

The organization identifies the categories of staff needed to perform the services it provides. Identification may come from the population assessment data gathered and assessed in LTSS 2, Element A; from industry standards or from other information gathered by the organization.

Factor 2: **Licensed staffing needs**

The organization identifies staff who require licensure to provide case management services. The organization's policies and procedures indicate if no staff requires licensure.

Factor 3: **Number of staff in each category**

The organization identifies the number of staff in each category who are needed to perform services through the case management program, relevant to the number and severity of the populations and conditions being managed.

Factor 4: **Recruiting and hiring processes that support diversity, equity and inclusion**

Diversity in recruiting and hiring describes the presence of differences (e.g., race/ethnicity, preferred language, gender identity, sexual orientation, age, mobility) in the pool of candidates for employment opportunities that reflects the population served.

Equity is developing, strengthening and supporting procedural and outcome fairness in systems, procedures and resource distribution mechanisms to create fair opportunities for all individuals. Equity and "equitable" are distinct from **equality** or "equal," which refers to everyone having the same treatment but does not account for different needs or circumstances. Equity focuses on eliminating barriers that have prevented the full participation of historically and currently oppressed groups.

Inclusion is intentionally designed, active and ongoing engagement with individuals that ensures opportunities and pathways for participation in all aspects of a group, organization or community, including decision-making processes. Inclusion refers to how groups show that individuals are valued as respected members of the group, team, organization or community. and is often created through progressive, consistent actions to expand, include and share.

The organization's process describes how it promotes diversity, equity and inclusion in hiring and recruitment practices, including internal and external positions, promotions and reclassifications~~,~~ and temporary and permanent positions. At a minimum, the organization's hiring and recruitment practices consider:

- How the organization's workforce reflects the diversity of the population served.
- Groups that are inadequately represented in the workforce.
- Whether particular groups are marginalized, disenfranchised or disempowered by the organization's recruitment and hiring practices.

Exceptions

None.

Examples

Factor 1: **Staff categories**

- RN case managers.
- Health educators.
- Dietitians.
- Individual advocates.
- Social workers.

Factor 3: **Staffing needs documentation**

- Workflow.
- Protocols.
- Job descriptions.
- Organizational charts.

Element B: Qualifications and Assistance for LTSS Providers

The organization:

1. **Specifies qualifications for paid LTSS providers.**
2. **Requires background checks for paid LTSS providers.**
3. **Requires at least one additional screening tool to verify qualifications for paid LTSS providers.**
4. **Requires that paid LTSS providers have access to assistance to deliver services.**

Scoring

Met	Partially Met	Not Met
The organization meets 4 factors	The organization meets 2-3 factors	The organization meets 0-1 factors

Data source Documented process, Reports, Materials

Scope of review

For All Surveys: NCQA reviews the organization's documented processes or materials for LTSS provider qualifications and the assistance available to them.

For Initial Surveys and Renewal Surveys: NCQA also reviews the organization's reports for the results from the background checks and results from the additional screening tool.

Look-back period

For Interim Surveys: Prior to the survey date.

For Initial Surveys: 6 months.

For Renewal Surveys: 24 months.

Explanation

LTSS providers are paid and unpaid people and organizations that provide long-term services and supports.

***Factor* 1: Defining qualifications**

Qualifications refers to the type and amount of experience and/or the type and amount of education the paid LTSS provider must have before providing services. To promote individual safety in the home, the organization sets qualifications for paid LTSS providers, including those who provide self-directed services. The organization may set different qualifications for providers of self-directed services.

***Factors 2, 3:* Background checks and additional screening tool for paid LTSS providers**

For factor 2, the organization requires statewide background checks for criminal history, abuse and neglect for paid LTSS providers, before or within 90 calendar days of hire. Organization or state requirements may determine disqualifying incident. The organization may conduct background checks or rely on background checks conducted by other agencies. NCQA does not consider it delegation if the organization uses another entity to conduct background checks.

For factor 3, the organization selects and uses an additional appropriate screening tool to verify that paid LTSS providers meet the defined qualifications. NCQA reviews screening tool results. An attestation alone is only acceptable for job history.

For factors 2 and 3, the organization's policies and procedures specify the types of paid LTSS providers included in the screening process. The organization may differentiate requirements between regular providers (who have a regular schedule) and ad hoc or back-up providers.

Source: Galantowicz, S., S. Crisp, N. Karp, J. Accius. 2010. *Safe at Home? Developing Effective Criminal Background Checks and Other Screening Policies for Home Care Workers*. AARP

Factor 4: **Providing assistance**

The organization's policies and procedures require that paid LTSS providers:

- Have access to necessary supports and resources to enable them to appropriately and safely complete assigned tasks.
- Have access to emergency services for their safety and protection.
- Have a way to communicate grievances.

Exceptions

None.

Examples

Factor 1: **Defining qualifications**

- Disqualifying offenses from a background check.
- Certifications.
- Education history.
- Job history.
- Relevant experience.
- Relevant training.

Factor 2: **Background checks**

- National FBI checks.
- Office of the Inspector General List of Excluded Members/Entities.
- State and county criminal records check.
- State Adult Protective and Child Protective Services registries.
- National and state sex offender registry.
- DMV records.
- Commercial databases.

Factor 3: **Screening tools**

- Reference checks.
- Interviews.
- Signed statements about job history.
- Alcohol/drug screening.
- Credit checks.

Factor 4: **Providing assistance**

- 24-hour advice.
- Emergency hotline to address risks to the individual.
- Immediate telephone and emergency assistance to address threats to the LTSS provider.

Element C: Process for Staff Interactions

The organization develops and implements a documented process in consultation with a clinician that specifies:

1. **Interactions that require clinician involvement, and types of clinicians to involve.**
2. **Types of interactions appropriate for nonclinical staff.**
3. **When nonclinical staff should refer communication to clinicians.**
4. **How the organization provides access to a clinician when the usual care provider makes a request.**

Scoring

Met	Partially Met	Not Met
The organization meets 3-4 factors	The organization meets 2 factors	The organization meets 0-1 factors

Data source Documented process

Scope of review NCQA reviews the organization's documented process for giving individuals and practitioners access to clinicians and nonclinical staff.

Look-back period

For Interim Surveys: Prior to the survey date.

For Initial Surveys: 6 months.

For Renewal Surveys: 24 months.

Explanation This element may not be delegated.

***Factor 1:* Interactions with clinicians**

A **clinician** is licensed to provide medical and behavioral healthcare to individuals.

The organization's documented process describes the types of interactions that require clinician involvement and the categories of clinician staff involved in the interactions.

***Factor 2:* Interactions appropriate for nonclinical staff**

Policies and procedures specify the type of interactions that require nonclinical staff to contact the individual's practitioner.

***Factor* 3: Referring communication to clinicians**

Policies and procedures specify situations in which nonclinical staff should refer communication to clinicians.

***Factor 4:* Providing access to clinicians**

Usual care providers include LTSS providers, primary care practitioners or specialists responsible for individuals' care.

The organization has a process to determine when a clinician is needed for requests from usual care providers for clinical information.

Exceptions

None.

Examples

***Factor 1:* Interactions with clinical staff**

During an in-home visit, the care manager noticed that the individual receiving LTSS had excessive cough and a fever. The care manger contacted the nurse practitioner to notify her of the individual's condition.

Element D: Initial Training for Staff

At a minimum, initial training of staff engaged in case management addresses:

1. **Confidentiality.**
2. **Emergency situations.**
3. **Staff education on the evidence and professional standards used to operate the program.**
4. **Behavioral change models.**
5. **Goal setting.**
6. **The referral process.**
7. **Cultural competence Culturally and linguistically appropriate practices, reducing bias or promoting inclusion.**
8. **Health literacy.**

Scoring

Met	Partially Met	Not Met
The organization meets 7-8 factors	The organization meets 4-6 factors	The organization meets 0-3 factors

Data source Documented process, Materials

Scope of review

For All Surveys: NCQA reviews the organization's initial training process.

For Initial Surveys and Renewal Surveys: NCQA also reviews the organization's training materials.

Look-back period

For Interim Surveys: Prior to the survey date.

For Initial Surveys: 6 months; prior to the survey date for factor 7.

For Renewal Surveys: 24 months; prior to the survey date for factor 7.

Explanation

This element is a **structural requirement**. The organization must present its own documentation.

***Factor 1:* Confidentiality**

The initial training program includes confidentiality information that is consistent with HIPAA rules and regulations.

***Factor 2:* Emergencies**

The organization teaches staff its process for recognizing and handling emergencies, including suspected abuse or neglect or other critical incidents.

***Factor 3:* Program operations training**

Staff are trained on the evidence and professional standards used to operate the program.

Factor 4: **Behavior change models**

Behavior change models encourage understanding of individuals' beliefs about the causes of disease or disability and available treatments, and whether conditions or risks can be managed. Behavior change models can foster collaboration with an individual to develop a case management plan.

Factor 5: **Goal setting**

Goal setting is establishing specific, measurable and time-targeted objectives.

Person-driven goals address what is most important to an individual and are central to developing a case management plan that focuses on the individual's priorities and readiness to change.

Factor 6: **Referral process**

The organization teaches staff when to refer an individual, how to make a referral and to whom the referral should be made.

Factor 7: **Culturally and linguistically appropriate practices, reducing bias or promoting inclusion** ~~**Cultural competence**~~

~~**Cultural competence** is the ability to respect and respond to diverse individual values, beliefs, behaviors and needs when providing services.~~

The organization trains staff on culturally and linguistically appropriate practices, reducing bias or promoting inclusion.

Culturally and linguistically appropriate practices seek to advance health equity, improve the quality of health care and reduce health care disparities by assessing, respecting and responding to diverse cultural health beliefs, behaviors and needs (e.g., social, cultural, linguistic) when providing health care services.

Bias describes the positive or negative associations, attitudes, preferences or stereotypes that influence behavior and decisions. Bias may be implicit (unconscious) or explicit (conscious). and requires awareness, acknowledgement and conscious effort to overcome.[1,2]

Inclusion is intentionally designed, active and ongoing engagement with individuals that ensures opportunities and pathways for participation in all aspects of a group, organization or community, including decision-making processes. Inclusion refers to how groups show that individuals are valued as respected members of the group, team, organization or community, and is often created through progressive, consistent actions to expand, include and share.

Factor 8: **Health literacy**

Health literacy is an individual's capacity to obtain, communicate, process and understand basic health information and services and to make appropriate health decisions. Staff health literacy training addresses assessment of an individual's health literacy and how to improve it, if necessary.

Exceptions

None.

[1] http://kirwaninstitute.osu.edu/wp-content/uploads/2018/04/Combating-Implicit-Bias-in-the-workplace.pdf

[2] https://www.rbc.com/diversity-inclusion/_assets-custom/includes/pdf/Outsmarting_our_brains_Overcoming_hidden_biases.pdf

Examples

Training materials

- Curricula, including course descriptions and calendar of events outlining the training programs.
- Training agenda and outline, including topics to be covered during training sessions.
- Slides.
- Handbooks.
- Online courses.

Factor 2: **Emergency situations**

- How to spot and report suspected physical, emotional or financial abuse.
- Failure of essential equipment or personal care attendant no-show.
- Individual threatens harm to self or others.
- Individual appears seriously ill or unresponsive.
- Disaster planning.
- Crisis management.

Factor 3: **Program operations training**

- Professional standards.
- Self-management support.
- Referral process.
- Mandatory reporter training.
- Falls risk assessment and management.
- Aspects of dementia care.

Factor 4: **Behavioral change models**

- Prochaska and DiClemente Transtheoretical Model.
- Knowledge-Attitude Behavior Model.
- Health Belief Model.
- Theory of Reasoned Action.
- Social Cognitive Theory.

Factor 5: **Goal setting**

- Independent Living Philosophy.
- Goal Assessment Scaling.

Factor 6: **Identification for referrals**

- Process for identifying individuals who would benefit from referral.
- Organizational process for handling referrals.
- Process for staff follow-up of referrals.

Factor 7: ~~**Cultural competence**~~ **Training on culturally and linguistically appropriate practices, reducing bias or promoting inclusion** ~~**training**~~

- Communication styles.
- Cultural differences based on individual demographics.
- Disability and aging sensitivity training.

Factor 8: **Health literacy**

- Teach-back method.
- Training to assess an individual's knowledge of health topics.

Element E: Monitoring and Training for Staff

The organization monitors performance and provides oversight and training updates to staff that includes the following:

1. **Ongoing performance monitoring.**
2. **At least semiannual feedback to staff based on performance monitoring.**
3. **Annual and ongoing training.**

Scoring

Met	Partially Met	Not Met
The organization meets 3 factors	The organization meets 2 factors	The organization meets 0-1 factors

Data source Documented process

Scope of review NCQA reviews the organization's documented process for monitoring performance, giving feedback and providing training programs that are designed to help staff meet or exceed expected performance levels.

Look-back period

For Interim Surveys: Prior to the survey date.

For Initial Surveys: 6 months.

For Renewal Surveys: 24 months.

Explanation

This element is a **structural requirement**. The organization must present its own documentation.

Factors 1, 2: **Performance monitoring and semiannual feedback**

The organization monitors staff performance. Policies and procedures specify how, and how often, performance is monitored, and how feedback is provided to staff. Feedback is at least semiannual and may be written or verbal. Verbal feedback is documented by the organization.

Factor 3: **Annual and ongoing training**

Training topics are updated when there are changes to the evidence base.

Exceptions

None.

Examples

Factor 1: **Performance monitoring**

Assessment of case manager performance based on:

- Timeliness of contact with program participants.
- Comprehensiveness of assessment.
- Frequency of goals achieved by participants.
- Participant satisfaction.

QUESTIONS FOR PUBLIC COMMENT CM-LTSS 6: STAFFING, TRAINING, AND VERIFICATION			
Question CM-LTSS	**Applicable Element**	**Recommendation**	**Targeted Questions**
Q. 6A	***NEW:*** CM-LTSS 6, Element A, factor 4: Recruiting and hiring processes that support diversity, equity and inclusion in its workforce	Add a factor requiring organizations to have recruiting and hiring processes that support diversity, equity and inclusion.	Do you support adding a factor requiring organizations to have recruiting and hiring processes that support diversity, equity and inclusion?
Q. 6B	***NEW:*** CM-LTSS 6, Element D, factor 7: Culturally and linguistically appropriate practices, reducing bias or promoting inclusion	Replace "cultural competence" with "culturally and linguistically appropriate practices, reducing bias or promoting inclusion" to expand the training competencies offered to staff.	Do you support replacing "cultural competence" with "culturally and linguistically appropriate practices, reducing bias or promoting inclusion" to expand the training competencies offered to staff?

LTSS 7: Rights and Responsibilities

The organization communicates its commitment to the rights of individuals and its expectations of individuals' responsibilities.

Intent

Individuals understand their rights and what is expected of them to allow the organization to effectively deliver and coordinate the services they receive.

Element A: Critical Incident Management System

The organization uses a critical incident management system that:

1. **Defines what constitutes a critical incident.**
2. **Identifies responsibility for managing, following-up and acting on critical incidents.**
3. **Tracks critical incidents.**
4. **Prompts an investigation.**
5. **Implements appropriate interventions.**

Scoring

Met	Partially Met	Not Met
The organization meets 4-5 factors	The organization meets 2-3 factors	The organization meets 0-1 factors

Data source Documented process, Reports

Scope of review

For All Surveys: NCQA reviews the organization's process for managing critical incidents.

For Initial Surveys and Renewal Surveys: NCQA also reviews the organization's reports documenting incidents tracked and implementation of interventions.

Look-back period

For Interim Surveys: Prior to the survey date.

For Initial Surveys: 6 months.

For Renewal Surveys: 24 months.

Explanation

This element may not be delegated.

Critical incidents are events or occurrences that cause harm to an individual or LTSS provider, or that indicate risk (e.g., abuse, neglect, exploitation) to an individual or LTSS provider's health or welfare.

Critical incident management systems are organization-wide systems that can eliminate an immediate threat or investigate allegations that an individual may be at risk.

Critical incident management system policies and procedures specify task time frames and how the program meets factor requirements. The organization provides access to the critical incident management system or to reports detailing system operations.

Factor 1: **Defining critical incidents**

The organization defines what constitutes a critical incident (subject to its policy), and may use the state's definition.

Factor 2: **Identifying responsibility**

Managing, following up on and acting on critical incidents may require participation from staff in multiple roles and functions. Quality, risk management or compliance staff or supervisors may be responsible for investigating an incident, oversight of the process and communicating with oversight agencies; case managers may be responsible for following up with the individual and others. Each person involved in the process must understand and be prepared to fulfill their obligations.

Factor 3: **Tracking critical incidents**

The organization documents critical incidents and tracks them from the initial report through follow-up. Reports may be used to track patterns and prevalence of serious adverse events among individuals and to inform strategies for managing risk, preventing errors and focusing quality improvement efforts.

Factor 4: **Investigating critical incidents**

The organization investigates critical incidents promptly, and may involve outside agencies (e.g., adult protective services, law enforcement), as appropriate.

Factor 5: **Implementing interventions**

The nature and scope of a critical incident may require immediate response. The organization has a process for determining appropriate actions and for intervening in emergent situations.

Exceptions

None.

Examples

Factor 1: **Defining critical incidents**

The definition of "critical incident" may include an actual or alleged event, such as:

- Individual is physically restrained.
- Individual does not receive needed services.
- Individual's money or belongings are stolen.
- Individual attempts suicide.
- Individual is sexually exploited or abused.

Factor 5**: Implementing interventions**

- Immediately remove threats from the environment.
- Provide back-up if providers are removed after an incident.

Element B: Individuals' Rights

The organization distributes written information to individuals that addresses their right to:

1. **Access information about the organization (including programs and services provided on behalf of the purchaser organization), its staff and staff qualifications and its contractual relationships.**
2. **Decline participation or disenroll from programs and services offered by the organization.**
3. **Know their case manager and know how to request a change in case manager.**
4. **Be supported by the organization to collaborate on decisions with their case manager.**
5. **Be informed of all case management services available, even if a service is not covered, and to discuss options with their case manager.**
6. **Have personally identifiable data and medical information kept confidential; know what entities have access to their information; know procedures used by the organization to ensure security, privacy and confidentiality.**
7. **Be treated courteously and respectfully by the organization's staff.**
8. **Communicate complaints to the organization and receive instructions on how to use the complaint process, including appeals, the organization's standards of timeliness for responding to and resolving issues of quality and complaints.**
9. **Receive understandable information.**

Scoring

Met	Partially Met	Not Met
The organization meets 6-9 factors	The organization meets 4-5 factors	The organization meets 0-3 factors

Data source Documented process, Materials

Scope of review *For* All Surveys: NCQA reviews the organization's documented process for providing individuals with information on their rights and responsibilities.

For Initial and Renewal Surveys: 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.

Look-back period *For Interim Surveys:* Prior to the survey date.

For Initial Surveys: 6 months.

For Renewal Surveys: 24 months.

Explanation This element may not be delegated.

By clarifying individual rights, the organization helps create a structure of cooperation among all involved parties. The organization has a process for distributing rights information to individuals. The information is not required to be contained in one document or worded the same way as the factor language, and may be in the form of a statement, a letter or other written material. If there are different statements for different programs, all statements must reference the factors in this element.

Distribution of individual rights information

The organization distributes information to individuals by mail, fax, e-mail or in-person, or on its website it informs individuals that the information is available online. The organization mails or provides the information in-person to individuals who do not have fax, email or Internet access.

Contractual relationships are agreements with a subcontractor or another entity wherein the subcontractor or entity is hired by the organization to perform services on the organization's behalf.

Purchaser organization prohibits distribution

The organization distributes rights information to all eligible individuals, unless the organization is prohibited by its purchasers from distributing the information.

This element only addresses individual rights that are within the scope of the organization's control when providing case management services.

Factor 1: **Access to information**

The organization provides individuals with access to information about:

- Its programs and services, including those provided on behalf of the purchaser organization.
- The organization's staff and staff qualifications.
- Contractual relationships with entities that employ the LTSS providers.

Access information about the organization (including programs and services provided on behalf of the purchaser organization), its staff and staff qualifications and its contractual relationships.

Factors 2–8

No additional explanation required.

Factor 9: **Receive understandable information**

The organization provides information in an easily understandable format. All rights and responsibilities are clearly explained and abbreviations and acronyms are defined.

Exceptions

None.

Examples

Distribution of information

- A welcome letter sent to individuals with an "individual rights and responsibilities" document attached, or instructions for obtaining the document.
- Incorporation of the rights and responsibilities statement into a newsletter article that is sent to all individuals.
- A published statement on the organization's website.

Element C: Expectations of Individuals

The organization has a policy for distributing information to individuals and distributes written information to individuals that addresses expectation that individuals will:

1. **Follow the mutually agreed-on case management plan or notify the case manager if they cannot follow the plan.**
2. **Provide the organization with the information necessary to deliver services.**
3. **Notify the organization and their usual care provider if they disenroll from the program.**

Scoring

Met	Partially Met	Not Met
The organization meets 2-3 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Documented process, Materials

Scope of review *For* All Surveys: NCQA reviews the organization's documented process for distributing information to individuals.

For Initial and Renewal Surveys: NCQA also reviews the organization's materials demonstrating that the organization distributes the information to individuals.

Look-back period *For Interim Surveys:* Prior to the survey date.

For Initial Surveys: 6 months.

For Renewal Surveys: 24 months.

Explanation This element may not be delegated.

The information is not required to be contained in one document or worded the same way as the factor language, and may be in the form of a statement, a letter or other written material. If there are different statements for different programs, all statements must reference the factors in this element.

Inability or refusal to meet the organization's expectations, as stated in the element, does not disqualify an individual from participation.

Distribution of individual rights information

The organization distributes information to individuals by mail, fax, email or in person, or on its website it informs individuals that the information is available online. The organization mails or provides the information in-person to individuals who do not have fax, email or Internet access.

Factors 1–3

No additional explanation required.

Exceptions

None.

Examples **Distribution of written information**

- A welcome letter sent to individuals with an "individual rights and responsibilities" document attached, or instructions for obtaining the document.
- Incorporation of the rights and responsibilities statement into a newsletter article that is sent to all individuals.

- A published statement on the organization's website.
- Standard language on the copy of the case management plan distributed to individuals.

Element D: Handling Complaints from Individuals

The organization has policies and procedures for registering and responding to verbal and written complaints. Policies and procedures include:

1. **Documentation of the substance of complaints and actions taken.**
2. **Investigation of the substance of complaints, including any aspect of care involved.**
3. **A process for triaging irrelevant complaints to appropriate parties and to the purchaser, if applicable.**
4. **Notification and update individuals on the progress of the investigation.**
5. **Notification to individuals of the disposition of complaints.**
6. **Standards for timeliness, including standards for urgent situations.**

Scoring

Met	Partially Met	Not Met
The organization meets 4-6 factors	The organization meets 3 factors	The organization meets 0-2 factors

Data source Documented process

Scope of review NCQA reviews the organization's policies and procedures for handling complaints.

Look-back period

For Interim Surveys: Prior to the survey date.

For Initial Surveys: 6 months.

For Renewal Surveys: 24 months.

Explanation This element may not be delegated.

***Factor 1:* Complaints**

Complaints are verbal or written expressions of dissatisfaction. The organization may use other terms for this level of interaction with individuals, such as "grievance" or "concern."

A formal complaint system allows individuals to express dissatisfaction that is not captured by the critical incident management system.

***Factor 2:* Investigation**

Complaints relate to the organization's actions and not to a problem with the purchaser (e.g., a problem with coverage). The organization researches and documents all issues relevant to a complaint.

***Factor 3:* Triaging misdirected complaints**

The organization triages complaints to the correct department.

Factors 4, 5: **Notifying individuals**

The organization notifies individuals in a timely manner when a complaint is resolved. If individuals are notified by telephone, a staff member records the notification electronically or in writing.

There may be some complaints that the organization cannot resolve immediately, or for which it cannot inform individuals of the final disposition because of confidentiality issues. In these cases and in all cases related to quality of care, at a minimum, the organization notifies individuals that the complaint was received and investigated.

Factor 6: **Timeliness**

The organization determines timeliness standards for evaluating and addressing complaints.

Exceptions

None.

Examples

Information in complaint policies and procedures.

- How the organization receives complaints (e.g., telephone, mail, fax, onsite visit).
- How complaints are logged into the system, including documentation of the individual's demographic information, the nature of the complaint and its resolution.
- How the organization resolves complaints, including triage to the appropriate department (e.g., initial contact, follow-up).
- How the organization categorizes different types of complaints (e.g., routine inquiries and dissatisfaction).
- The turnaround time for resolving different types of complaints.
- How individuals are notified of the resolution of a complaint.

Element E: Resolving Complaints

The organization documents:

1. **Resolution of complaints from individuals.**
2. **Turnaround times for resolution of complaints from individuals.**

Scoring

Met	Partially Met	Not Met
The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Reports

Scope of review NCQA reviews the organization's reports documenting the percentage of resolved individual complaints related to case management and the turnaround times for resolved complaints. NCQA does not specify a turnaround time for complaint resolution.

Look-back period *For Initial Surveys:* 6 months.

For Renewal Surveys: 24 months.

Explanation This element may not be delegated.

***Factor 1:* Resolution of complaints**

No additional explanation required.

***Factor 2:* Turnaround time for resolution of complaints**

NCQA does not specify a turnaround time for complaint resolution.

Exception

This element is NA for Interim Surveys. ~~None~~

Examples None.

QUESTIONS FOR PUBLIC COMMENT CM-LTSS 7: RIGHTS AND RESPONSIBILITIES			
Question CM-LTSS	**Applicable Element**	**Recommendation**	**Targeted Questions**
Q. 7A	CM-LTSS 7, Element B, factor 8: Communicate complaints to the organization and receive instructions on how to use the complaint process, including appeals, the organization's standards of timeliness for responding to and resolving issues of quality and complaints.	Update the factor to include appeals as part of requirements for the complaint process.	Do you support updating the factor to include appeals as part of requirements for the complaint process?

LTSS 8: Delegation of LTSS

If the organization delegates any NCQA-required LTSS activities, there is evidence of oversight of delegated activities.

Intent

The organization remains responsible for and has appropriate structures and mechanisms to oversee delegated LTSS functions.

Element A: Delegation Agreement

The written delegation agreement:

1. **Is mutually agreed upon.**
2. **Describes the delegated activities and the responsibilities of the organization and the delegate.**
3. **Requires at least semiannual reporting to the organization.**
4. **Describes the process by which the organization evaluates the delegate's performance.**
5. **Describes the remedies available to the organization, including revocation of the delegation, if the delegate does not fulfill its obligations.**

Scoring

Met	Partially Met	Not Met
The organization meets 4-5 factors	The organization meets 3 factors	The organization meets 0-2 factors

Data source Materials

Scope of review NCQA reviews delegation agreements in effect during the look-back from up to four randomly selected delegates, or reviews all delegates if the organization has fewer than four.

The score for the element is the average of the scores for all delegates.

Look-back period *For Interim Surveys and Initial Surveys:* 6 months.

For Renewal Surveys: 24 months.

Explanation This element may not be delegated.

This element applies to agreements that are in effect within the look-back period.

The delegation agreement describes all delegated LTSS activities. A generic policy statement about the content of delegated arrangements does not meet this element.

Factor 1: **Mutual agreement**

Delegation activities are mutually agreed on before delegation begins, in a dated, binding document or communication between the organization and the delegated entity.

NCQA considers the effective date specified in the delegation agreement as the mutually agreed-upon effective date. The effective date may be before or after the signature date on the agreement. If the agreement has no effective date, NCQA

considers the signature date (the date of the last signature) as the mutually agreed upon effective date.

NCQA may accept other evidence of the mutually agreed-upon effective date: a letter, meeting minutes or other form of communication between the organization and the delegate that reflects the parties' agreement on the effective date of delegated activities.

NCQA requires submitted evidence for all other delegation factors to consider the same mutually agreed-upon date as the effective date for the delegate's performance of delegated activities.

Factor 2: **Assigning responsibilities**

The delegation agreement or an addendum thereto or other binding communication between the organization and the delegate specifies the LTSS activities:

- Performed by the delegate, in detailed language.
- Not delegated, but retained by the organization.
  - The organization may include a general statement in the agreement addressing retained functions (e.g., The organization retains all other LTSS functions not specified in this agreement as the delegate's responsibility).

If the delegate subdelegates an activity, the delegation agreement must specify which organization is responsible for oversight of the subdelegate.

Factor 3: **Reporting**

The organization determines the method of reporting and the content of the reports, but the agreement must specify:

- That reporting is at least semiannual.
- What information is reported by the delegate about delegated activities.
- How, and to whom, information is reported (i.e., joint meetings or to appropriate committees or members in the organization).

Factor 4: **Performance monitoring**

The delegation agreement specifies the organization's process for evaluating delegate performance.

Factor 5: **Consequences for failure to perform**

The delegation agreement specifies consequences if a delegate fails to meet the terms of the agreement and, at a minimum, circumstances that result in revocation of the agreement.

Exception

This element is NA if the organization does not delegate LTSS activities.

Examples

Factor 3: **Reporting**

Reports may include:

- Raw data.
- Committee meeting minutes.
- A specialized report designed to state quality improvement activity findings.

Element B: Predelegation Evaluation

For delegation agreements that have been in effect for less than 12 months, the organization evaluated delegate capacity before the delegation document was signed.

Scoring

Met	Partially Met	Not Met
The organization evaluated delegate capacity before delegation began	The organization evaluated delegate capacity after delegation began	The organization did not evaluate delegate capacity

Data source Reports

Scope of review NCQA reviews the organization's predelegation evaluation for up to four randomly selected delegates, or reviews all delegates if the organization has fewer than four.

The score for the element is the average of the scores for all delegates.

Look-back period *For Interim Surveys and Initial Surveys:* 6 months.

For Renewal Surveys: 12 months.

Explanation This element may not be delegated.

NCQA-Accredited delegates

Automatic credit is available for this element if all delegates are NCQA-Accredited in Case Management for Long-Term Services and Supports (CM-LTSS), unless the element is NA.

Predelegation evaluation

The organization evaluated the delegate's capacity to meet NCQA requirements within 12 months prior to implementing delegation.

NCQA considers the date of the agreement to be the implementation date if the delegation agreement does not include an implementation date.

If the time between the predelegation evaluation and implementation of delegation exceeds 12 months, the organization conducts another predelegation evaluation.

If the organization amends the delegation agreement to include additional LTSS activities within the look-back period, it performs a predelegation evaluation for the additional activities.

Exceptions

This element is NA if:

- The organization does not delegate LTSS activities.
- Delegation arrangements have been in effect for longer than the look-back period.

Examples

Predelegation evaluation

- Site visit.
- Telephone consultation.
- Documentation review.
- Committee meetings.
- Virtual review.

Element C: Review of LTSS Program

For delegation arrangements in effect for 12 months or longer, the organization:

1. **Annually reviews its delegate's LTSS program.**
2. **Annually audits case management files against NCQA standards for each year that delegation has been if effect, if applicable.**
3. **Annually evaluates delegate performance against NCQA standards for delegated activities.**
4. **Semiannually evaluates regular reports, as specified in Element A.**

Scoring

Met	Partially Met	Not Met
The organization meets 3-4 factors	The organization meets 2 factors	The organization meets 0-1 factors

Data source Reports

Scope of review NCQA reviews the organization's review of the delegate's LTSS program from a sample of up to four randomly selected delegates, or from all delegates if the organization has fewer than four. The score for the element is the average of the scores for all delegates.

Look-back period *For Interim Surveys and Initial Surveys:* Once during the prior year.

For Renewal Surveys: 24 months.

Explanation This element may not be delegated.

NCQA scores factors 2 and 3 "yes" if all delegates are NCQA-Accredited CM-LTSS organizations, unless the element is NA.

***Factor 1:* Review of the LTSS program**

Appropriate organization staff or committee reviews the delegate's LTSS program. At a minimum, the organization reviews parts of the LTSS program that apply to the delegated functions.

***Factor 2:* Annual file audit**

If the organization delegates case management, it audits the delegate's case management files against NCQA standards. The organization uses one of the following to audit the files:

- 5% or 50 of its files, whichever is less.
- The NCQA "8/30 methodology" available at http://www.ncqa.org/Programs/Accreditation/PolicyUpdatesSupportingDocuments.aspx

The organization bases its annual audit on the responsibilities described in the delegation agreement and the appropriate NCQA standards.

Factors 3, 4

No additional explanation required.

Exceptions

This element is NA if:

- The organization does not delegate LTSS activities.
- Delegation arrangements have been in effect for less than 12 months.

Factors 2–4 are NA for Interim Surveys.

Examples None.

Element D: Opportunities for Improvement

For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years, the organization identified and followed up on opportunities for improvement, if applicable.

Scoring

Met	Partially Met	Not Met
The organization has acted on identified problems, if any, at least once in each of the past 2 years that the delegation arrangement has been in effect	The organization took inappropriate or weak action, or acted only in the past year	The organization has not acted on identified problems

Data source Documented process, Reports, Materials

Scope of review NCQA reviews reports of opportunities for improvement, from up to four randomly selected delegates, or from all delegates, if the organization has fewer than four, and for evidence that the organization took appropriate action to resolve issues.

For Initial Surveys: NCQA reviews the organization's most recent annual review and follow-up on improvement opportunities.

For Renewal Surveys: NCQA reviews the organization's most recent and the previous year's annual reviews and follow-up on improvement opportunities.

The score for the element is the average of the scores for all delegates.

Look-back period *For Initial Surveys:* At least once during the prior year.

For Renewal Surveys: 24 months.

Explanation This element may not be delegated.

NCQA-Accredited delegates

NCQA scores this element 100% if all delegates are NCQA-Accredited CM-LTSS, unless the element is NA.

Identify and follow up on opportunities

The organization uses information from its predelegation evaluation, ongoing reports, or annual evaluation to identify areas of improvement.

Exceptions

This element is NA:

- For Interim Surveys.
- If the organization does not delegate LTSS activities.
- For delegation arrangements have been in effect for less than 12 months.
- If the organization has no opportunities to improve performance.
  - NCQA evaluates whether this conclusion is reasonable, given assessment results.

Examples None.

QUESTIONS FOR PUBLIC COMMENT CM-LTSS: GLOBAL QUESTIONS			
Question CM-LTSS	**Applicable Element**	**Recommendation**	**Targeted Questions**
Q. GA	Do Area Agencies on Aging and community-based organizations provide assistance in navigating appeals and denials?		
Q. GB	Would your organization be able to provide evidence for caregiver assessment and support? (The current requirement in CM-LTSS 2, Element F, factor 1 only asks for a documented process.)		
Q. GC	Will the proposed updates enable your organization to better demonstrate its capabilities, enhance contracting opportunities or increase alignment with state contracting requirements?		
Q. GD	In addition to the proposed updates, should NCQA consider updates to other areas? Specify the standard/element/factor and give a brief rationale.		
Q. GE	Are there activities in this program that do not add value or are inappropriate for certain types of organizations (or for organizations in general)?		
Q. GF	Will any proposed activities or language used in the standards perpetuate or exacerbate health inequities?		
Q. GG	Are key expectations not addressed in the proposed requirements?		