



**For Public Comment**  
November 10–December 20, 2022  
Comments due 11:59 p.m. ET  
December

# Overview of Proposed Updates for CM-LTSS and LTSS Distinction in Health Plan Accreditation

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## Overview

### Background: Why Evolve NCQA's LTSS Programs?

NCQA's Accreditation of Case Management for LTSS (CM-LTSS) and LTSS Distinction in Health Plan Accreditation programs were launched in 2016 and became the industry standard for organizations administering long-term services and supports. Nine states mandate LTSS Distinction in Medicaid plan contracts, and 3 states encourage use of CM-LTSS Accreditation for Community Based Organizations managing LTSS through fee for service waiver programs.

NCQA proposes updates to both programs to keep them relevant and in line with the needs of market and regulatory drivers. The COVID-19 pandemic has driven the federal government to make significant investments in expanding and enhancing home and community-based services (HCBS), which can help organizations enhance the quality of services delivered. While these changes seem promising, federal agencies such as the Government Accountability Office have highlighted significant gaps in monitoring, oversight and compliance issues in the Managed LTSS programs.

In addition to research on how LTSS programs have changed and how they function, we conducted research and discussion with CBOs, states, associations, health plans and other relevant stakeholders to inform the proposed updates.

### Stakeholders Participating in Public Comment

NCQA shares these recommended updates to generate thoughtful commentary and constructive suggestions from interested parties. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders.

NCQA encourages all types of stakeholders to participate in this public comment period. NCQA hopes stakeholder feedback will make these programs stronger and more meaningful for the individuals and communities they are meant to benefit. NCQA asks respondents to consider whether proposed requirements are feasible as written and are clearly articulated, and to highlight areas that are not.

Refer to [CM-LTSS Marked Up Standards](#) and [LTSS Distinction Marked Up Standards](#) for the full standard updates and public comment questions.

## Proposed Updates: Executive Summary

High-Level Update Category	Recommendation and Rationale	CM-LTSS	LTSS Distinction
<b>Populations</b>	<p><b>Recommendation:</b> Update the standards to include a broader range of populations enrolled in LTSS programs.</p> <p><b>Rationale:</b> While LTSS programs typically have been designed for people aged 65 and older, or for people with physical disabilities, states are increasingly enrolling persons with intellectual and/or developmental disability (I/DD), children with disabilities, persons with serious mental illness traumatic brain injury (TBI). There are expectations specific to these populations that are currently not addressed in our programs because they were designed for the general LTSS population.</p>	✓	✓
<b>Health Equity</b>	<p><b>Recommendation:</b> Infuse health equity by adding requirements for:</p> <ul style="list-style-type: none"> <li>• Promoting health equity in organizations' program description.</li> <li>• Process and data collection for race, ethnicity, sexual orientation, gender identity.</li> <li>• Including diversity, equity and inclusion across participation rates and staffing.</li> <li>• Stratification and analysis of at least one measure by race and ethnicity (for LTSS Distinction only).</li> </ul> <p><b>Rationale:</b> The COVID-19 pandemic, its economic impacts and the deep racial and ethnic disparities it exposed have highlighted the opportunity—and the urgency—for the nation to strengthen and transform delivery of LTSS to individuals, as well as the broader role of CBOs in addressing social needs.</p>	✓	✓
<b>Person-Centered Goals</b>	<p><b>Recommendation:</b> Add a factor in the care assessment process to assess progress on a person-centered goal.</p> <p><b>Rationale:</b> Enabling person-centered care is critical, specifically for the LTSS population. Person-centered goals can enable and empower individuals to define metrics of health and well-being on which to focus.</p> <p>This update will help organizations track person-centered goals using a standardized approach.</p>	✓	✓
<b>Patient Protections: Service Authorizations</b>	<p><b>Recommendation:</b> Add two elements for organizations to describe their process and criteria for authorizing/denying initial service requests and additional service requests, and for notifying individuals of a denial decision.</p> <p><b>Rationale:</b> Updates seek to address findings by the GAO regarding inappropriate service authorization denials and delays.</p>	NA	✓

High-Level Update Category	Recommendation and Rationale	CM-LTSS	LTSS Distinction
<b>Clinical Integration and Coordination</b>	<p><b>Recommendation:</b> Distinguish organizations that provide the full scope of clinical integration and coordination through scoring and inclusion of a new element.</p> <p><b>Rationale:</b> Interviews with CBOs told us that the current version of our standards imposes undue burden on organizations that cannot access clinical health information directly. Some organizations, however, are clinically integrated and coordinated with care providers, and want to be recognized as such. This update will be highlighted on the Report Card without negatively impacting scoring.</p>	✓	NA
<b>Product Design: Interim Survey for CM-LTSS</b>	<p><b>Recommendation:</b> Create an Interim Survey option to provide a glidepath for CBOs to earn Accreditation. Interim status will last 18 months and will be followed by a Full Survey.</p> <p><b>Rationale:</b> This model has proven effective in Massachusetts, which requires adult/child foster care homes to be Accredited before becoming operational. This feature will help NCQA expand into additional market sub-segments, which in turn will increase the number of individuals served by NCQA-Accredited entities.</p>	✓	NA

## Updates to CM-LTSS: Detailed Summary of Proposed Changes

<b>CM-LTSS 1: PROGRAM DESCRIPTION</b>		
<b>Applicable Element</b>	<b>Recommendation</b>	<b>Targeted Questions</b>
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?
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?
<b>NEW:</b> 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?
<b>CM-LTSS 2: ASSESSMENT PROCESS</b>		
<b>NEW:</b> CM-LTSS 2, Element A: Demographic Data Collection	Add an element requiring organizations to collect race, ethnicity and language data.  <i>Note: NCQA does not measure or score completeness of race, ethnicity and language data.</i>	Do you support adding an element requiring organizations to collect race, ethnicity and language data?  What are your organization's biggest challenges and barriers to collecting race and ethnicity data?
<b>NEW:</b> 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?
<b>NEW:</b> 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?

<p>CM-LTSS 2:</p> <ul style="list-style-type: none"> <li>Element D: Assessment of Health, Functioning and Communication Needs <ul style="list-style-type: none"> <li>Factor 7: Assessment of social needs (<i>critical factor</i>)</li> </ul> </li> </ul> <p>Element G: Comprehensive Assessment Implementation</p>	<p>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.</p> <p>Designate factor 7 as a critical factor in Element D.</p>	<p>Do you support updating the elements to replace “social determinants of health” with “social needs”?</p> <p>Do you support requiring organizations to assess at least three of five social needs listed in the standards?</p> <p>Do you support designating factor 7 as a critical factor?</p>
<b>CM-LTSS 3: PERSON-CENTERED CARE PLANNING AND MONITORING</b>		
<p>CM-LTSS 3, Element A, factor 2: Assess person-centered goals</p>	<p>Update the factor to reflect SMART (specific, measurable, attainable, realistic, time-bound), person-centered goals.</p>	<p>Do you support updating the factor to reflect SMART (specific, measurable, attainable, relevant, time-bound), person-centered goals?</p>
<p><b>NEW:</b> CM-LTSS 3, Element B, factor 10: Assessing progress against one person-centered goal</p>	<p>Add a factor requiring organizations to assess progress against at least one person-centered goal, using a standardized approach.</p>	<p>Do you support adding a factor requiring organizations to assess progress against at least one person-centered goal, using a standardized approach?</p>
<b>CM-LTSS 4: CARE TRANSITIONS</b>		
<p><b>NEW:</b> CM-LTSS 4, Element B: Clinical Coordination</p>	<p>Add an element requiring organizations to demonstrate how they coordinate care with clinical providers within a specified time frame during care transitions.</p> <p>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.</p>	<p>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?</p>

CM-LTSS 5: MEASUREMENT AND QUALITY IMPROVEMENT		
Applicable Element	Recommendation	Targeted Questions
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?
<b>NEW:</b> 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?
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?
CM-LTSS 6: STAFFING, TRAINING, AND VERIFICATION		
<b>NEW:</b> 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?
<b>NEW:</b> 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?
CM-LTSS 7: RIGHTS AND RESPONSIBILITIES		
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?

**GLOBAL QUESTIONS**

Do Area Agencies on Aging and community-based organizations provide assistance in navigating appeals and denials?

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.)

Will the proposed updates enable your organization to better demonstrate its capabilities, enhance contracting opportunities or increase alignment with state contracting requirements?

In addition to the proposed updates, should NCQA consider updates to other areas? Specify the standard/element/factor and give a brief rationale.

Are there activities in this program that do not add value or are inappropriate for certain types of organizations (or for organizations in general)?

Will any proposed activities or language used in the standards perpetuate or exacerbate health inequities?

Are key expectations not addressed in the proposed requirements?

## Updates to LTSS Distinction for HPA: Detailed Summary of Proposed Changes

<b>LTSS 1: CORE FEATURES</b>		
<b>Applicable Element</b>	<b>Recommendation</b>	<b>Targeted Questions</b>
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?
<b>NEW:</b> 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?
<b>NEW:</b> LTSS 1, Element B: Service Authorization	Add an element requiring organizations to describe their process and criteria for authorizing/denying initial service requests and additional service requests.	Do you support adding an element requiring organizations to describe their process and criteria for authorizing/denying initial service requests and additional service requests?
<b>NEW:</b> LTSS 1, Element C: Notification of Service Authorization	Add an element requiring organizations to have a process for notifying members of service denials, with requirements for specific reasons in easily understandable language, a reference to benefit provision, criteria on which the denial decision is based and how the care plan was used to determine the denial decision.	Do you support adding an element requiring organizations to have a process for notifying members of service denials, with requirements for specific reasons in easily understandable language, a reference to benefit provision, criteria on which the denial decision is based and how the care plan was used to determine the denial decision?
<b>NEW:</b> LTSS 1, Element D: Demographic Data Collection	Add an element requiring organizations to collect race, ethnicity and language data.	Do you support adding an element requiring organizations to collect race, ethnicity and language data?  <b>Note:</b> NCQA does not measure completeness of race, ethnicity and language data, only that organizations are attempting to collect the data.  What are your organization's biggest challenges and barriers to collecting race and ethnicity data?

Applicable Element	Recommendation	Targeted Questions
<b>NEW:</b> LTSS 1, Element E: 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?
LTSS 1: Element F: Assessment of Health, Functioning and Communication Needs Factor 7: Assessment of social needs <i>(critical factor)</i> Element H: 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,” requiring organizations to specify a process for assessing at least three of five social needs listed in the standards?  Do you support designating factor 7 as a critical factor in Element D?
LTSS 1, Element I, factor 2: Assessment of person-centered goals	Update the factor to reflect SMART (specific, measurable, attainable, realistic, and time-bound), person-centered goals.	Do you support updating the factor to reflect SMART (specific, measurable, attainable, relevant, time-bound), person-centered goals?
<b>NEW:</b> LTSS 1, Element J, 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?
<b>LTSS 2: MEASURE AND IMPROVE PERFORMANCE</b>		
LTSS 2, Element B: Track and Analyze a Measure of Effectiveness	Update the element stem to require organizations to stratify the measure by race, ethnicity or language to evaluate the effectiveness of the case management program.	Do you support updating the element stem to require organizations to stratify the chosen measure of effectiveness by race, ethnicity or language to evaluate the case management program?
LTSS 2, Element F: Diversity of Participation Rates	Update the element title and stem to reflect that the organization measures and reports on the diversity of participation rates at least annually.	Do you support updating the element title and stem to require that the organization measures and reports on the diversity of participation rates at least annually?
<b>NEW:</b> LTSS 2, Element G, factor 3: Identifies at least one opportunity to improve the diversity in participation rates	Add a factor requiring organizations to identify and report on at least one opportunity to improve diversity of participating individuals.	Do you support adding a factor requiring organizations to identify and report on at least one opportunity to improve diversity of participating individuals?

Applicable Element	Recommendation	Targeted Questions
LTSS 2, Element G, 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, including (at minimum) one opportunity dedicated to improving the diversity of participating individuals?
<b>LTSS 3: CARE TRANSITIONS</b>		
LTSS 3, Element C, factor 1: Analyzing population-based data and taking action	Update the factor to include defined subpopulations in the analysis.	Do you support updating the factor to include subpopulations in the analysis?
<b>GLOBAL QUESTIONS</b>		
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.)		
Will the proposed updates enable your organization to better demonstrate its capabilities, enhance contracting opportunities or increase alignment with state contracting requirements?		
In addition to the proposed updates, should NCQA consider updates to other areas? Specify the standard/element/factor and give a brief rationale.		
Are there activities in this program that do not add value or are inappropriate for certain types of organizations (or for organizations in general)?		
Will any proposed activities or language used in the standards perpetuate or exacerbate health inequities?		
Are key expectations not addressed in the proposed requirements?		

## Public Comment Instructions

### Documents

Draft standards for CM-LTSS and LTSS Distinction in HPA may be referenced in [Marked Up Standards for CM- LTSS](#) and [Marked Up Standards for LTSS Distinction](#).

### How to Submit Comments

Respond to topic and element-specific questions for each product on NCQA's public comment website. NCQA does not accept comments by mail, email or fax.

1. Go to <http://my.ncqa.org> and enter your email address and password.
2. Once logged in, scroll down and click **Public Comments**.
3. Click **Add Comment** to open the comment box.
4. Select **CM-LTSS and LTSS Distinction in HPA Proposed Standards** from the drop-down box.
5. Click to select one or more of the following **Topics** from the drop-down box:

#### CM-LTSS

- **CM-LTSS 1: Program Description**
- **CM-LTSS 2: Assessment Process**
- **CM-LTSS 3: Person-Centered Care Planning and Monitoring**
- **CM-LTSS 4: Care Transitions**
- **CM-LTSS 5: Measurement and Quality Improvement**
- **CM-LTSS 6: Staffing, Training and Verification**
- **CM-LTSS 7: Rights and Responsibilities**

#### LTSS Distinction in HPA

- **LTSS 1: Core Features**
- **LTSS 2: Measure and Improve Performance**
- **LTSS 3: Care Transitions**

6. Click to select the **Element** (question) on which you would like to comment.
7. Click to select your support option (**Support, Do not support, Support with modifications**).
  - a. If you choose **Do not support**, include your rationale in the text box.
  - b. If you choose **Support with modifications**, enter the suggested modification in the text box.
8. Enter your comments in the **Comments** box.

***Note:** There is a 2,500-character limit for each comment. We suggest developing comments in Word to check your character limit; use the "cut and paste" function to copy into the Comments box.*
9. Use the **Submit** button to submit more than one comment. Use the **Close** button to finish leaving comments; you can view all submitted comments in the **Public Comments** module.

**All comments must be entered by Tuesday, December 20 at 11:59 p.m. ET**

## **Next Steps**

The final Standards and Guidelines for CM-LTSS and LTSS Distinction will be released in spring 2023, following approval by the NCQA Standards Committee and the Board of Directors.

Requirements will take effect for surveys on or after July 1, 2024. Organizations coming forward for Accreditation after this date must meet the new requirements.