

NCQA Corrections, Clarifications and Policy Changes to the 2024 CM-LTSS Standards and Guidelines

March 25, 2024

This document includes the corrections, clarifications and policy changes to the 2024 CM-LTSS standards and guidelines. NCQA has identified the appropriate page number in the publication and the standard/element head and subhead for each update. Updates have been incorporated into the Interactive Review Tool (IRT). NCQA operational definitions for correction, clarification and policy changes are as follows:

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

An organization undergoing a survey under the 2024 CM-LTSS standards and guidelines must implement corrections and policy changes within 90 calendar days of the IRT release date, unless otherwise specified. The 90-calendar-day advance notice does not apply to clarifications or FAQs, because they are not changes to existing requirements.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
9	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for Accreditation—Eligibility for international organizations	Revise the second paragraph to read: NCQA limits evaluation to organizations that operate in and outside the United States, and limits award of NCQA status to an organization's U.S. operations. Organizations that do not operate in the United States (i.e., conduct no activities in the U.S., including in states and territories; conduct no operations for U.S. members and clients) or have no members, patients or clients in the United States are not eligible for Case Management—LTSS Accreditation. NCQA does not evaluate operations of organizations that do not operate in the United States, or that do not have U.S. members, patients or clients.	CL	3/25/24
15	Policies and Procedures—Section 2: The Accreditation Process	Accreditation Surveys—Introductory Survey	Replace “effective date” with “expiration date” in the last sentence of the second paragraph to read: The effective date of the Accreditation status is the same date specified in the Introductory Initial Survey decision that precipitated the Follow-Up Survey.	CL	3/25/24
15	Policies and Procedures—Section 2: The Accreditation Process	Accreditation Surveys—Add-On Survey	Replace “effective date” with “expiration date” in the third paragraph to read: The expiration date of the Accreditation status is the date specified for the current Accreditation status.	CL	3/25/24
76	LTSS 3, Element B	Explanation—Factor 5	Revise the factor 5 Explanation to read: 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. Case	CL	3/25/24

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			management policies and procedures specify a process for developing an emergency back-up plan customized to the member. If the member resides in a short-term or long-term facility, the organization must either develop an emergency back-up plan customized to the member or confirm that the facility has developed an emergency back-up plan that meets the requirements specified above. If the member resides in a short-term or long-term facility, documentation in the member's file or case record that the facility has developed an emergency back-up plan is acceptable.		
90	LTSS 5, Element A	Look-back period	Revise the look-back period for Renewal Surveys to read: <i>For Renewal Surveys:</i> At least once during the prior year.	CO	3/25/24
PREVIOUSLY POSTED UPDATES					
45	LTSS 1, Element A	Explanation—Factor 6	Revise the second paragraph to read: The organization's program description describes its commitment to improving health equity and describes a plan for at least one action for promoting health equity in their LTSS program. The plan includes a detailed description of action(s) the organization will take and a timeline for their implementation.	CL	11/20/23
59	LTSS 2, Element D	Scope of review	Revise the sentence to read: NCQA reviews the organization's policies and procedures for assessing individuals.	CL	11/20/23
64	LTSS 2, Element E	Scope of review	Revise the sentence to read: NCQA reviews the organization's policies and procedures for assessing resources.	CL	11/20/23
71	LTSS 2, Element G	Explanation	Replace "LTSS 1, Element B" with "LTSS 2, Element D" in the second paragraph.	CO	11/20/23
72	LTSS 3, Element A	Scope of review	Revise the sentence to read: NCQA reviews the organization's policies and procedures for completing person-centered assessments.	CL	11/20/23
75	LTSS 3, Element B	Scope of review	Revise the sentence to read: NCQA reviews the organization's policies and procedures for creating individualized, person-centered case management plans.	CL	11/20/23

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82	LTSS 4, Element A	Scope of review	Revise the sentence to read: NCQA reviews the organization's policies and procedures for managing planned and unplanned care transitions.	CL	11/20/23
83	LTSS 4, Element A	Explanation—Factor 1	Revise the first sentence to read: The organization's policies and procedures specify a process for identifying individuals who transition between settings.	CL	11/20/23
84	LTSS 4, Element A	Explanation—Factor 8	Replace "LTSS 2, Element C and Element D" with "LTSS 2, Element D and Element E" in the last sentence.	CO	11/20/23
110	LTSS 6, Element B	Explanation—Factor 2	Revise the second sentence to read: The organization's documented process indicates if no staff requires licensure.	CL	11/20/23
111	LTSS 6, Element C	Scope of review	Revise the first paragraph to read: <i>For All Survey Types:</i> NCQA reviews the organization's policies and procedures for factors 1-4. For factor 1, in addition to the policies and procedures, organizations may also submit materials for LTSS provider qualifications.	CL	11/20/23
114	LTSS 6, Element D	Explanation	Revise the factor 2 and 3 explanation text to read: Factor 2: Interactions appropriate for nonclinical staff The organization's documented process specifies the type of interactions that require nonclinical staff to contact the individual's practitioner. Factor 3: Referring communication to clinicians The organization's documented process specifies situations in which nonclinical staff should refer communication to clinicians.	CL	11/20/23
118	LTSS 6, Element F	Scope of review	Revise the sentence to read: NCQA reviews the organization's policies and procedures for monitoring performance, giving feedback and providing training programs that are designed to help staff meet or exceed expected performance levels.	CL	11/20/23
119	LTSS 7, Element A	Explanation	Replace "policies and procedures" with "processes" in the fourth paragraph.	CL	11/20/23

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

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123	LTSS 7, Element C	Scope of review	Revise the first paragraph to read: <i>For All Survey Types:</i> NCQA reviews the organization's policies and procedures for distributing information to individuals.	CL	11/20/23
2-2	Appendix 2—Delegation and Automatic Credit Guidelines	About Delegation—Activities That May Not Be Delegated	Revise the section to read: Delegation is not permitted for the following standards and elements: <ul style="list-style-type: none"> • LTSS 1: Program Description. • LTSS 2: Assessment Process (Element G) • LTSS 4: Care Transitions (Element D). • LTSS 6: Staffing, Training and Verification (Elements A, B, D). • LTSS 7: Rights and Responsibilities. • LTSS 8: Delegation Oversight. 	CO	11/20/23
4-5	Appendix 4—Glossary		Revise the definition of “policies and procedures” to read: A formal documented process adopted by the organization that describes the course of action the organization will follow and the methods that will be carried out to achieve the policy objectives. If the scope of review indicates that policies and procedures are reviewed, a formal policy and procedure document must be provided as evidence to demonstrate performance. Policies and procedures must include an effective date.	CL	11/20/23