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

***March 31, 2025***

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.

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| 24 | Policies and Procedures—Section 2: The Accreditation Process | Responsible Use of Artificial Intelligence | Revise the "Responsible Use of Artificial Intelligence" text to read:<br>NCQA supports the use of technological advancements that improve the quality and equity of health care operations and delivery. Artificial intelligence may be useful in this regard, but there are risks to consider and mitigate. Many AI frameworks have been established to address these risks.<br>NCQA expects organizations that use AI to implement a framework and policies that are fair and equitable to members. Although NCQA does not mandate use of a specific AI framework, the NIST AI Risk Management Framework may be helpful. The Coalition for Health AI is also a useful resource.<br>NCQA may consider use of AI in determining Accreditation/Certification status, even though current NCQA standards do not specifically address AI. For example, with regard to utilization management, NCQA standards require appropriately licensed professionals (not AI) to make medical necessity denial decisions. Other activities that require human decision making, and where AI is used, may be an area for NCQA to consider. | **CL** | **3/31/25** |
| 55 | LTSS 2, Element B | Scope of Review | Revise the scope of review to read:<br>*For All Surveys:* NCQA reviews the organization's policies and procedures for managing access to and use of race/ethnicity and language data. | **CO** | **3/31/2025** |

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| 90 | LTSS 5, Element A | Scope of Review | Revise the scope of review to read:<br>*For Initial Surveys and Renewal Surveys:* NCQA reviews the organization's most recent annual data collection and evaluation report that it collects and analyzes individuals' complaints. | **CO** | **3/31/2025** |
| 124 | LTSS 7, Element D | Explanation—Factors 1 and 2 | Revised the explanation for factors 1 and 2 to read:<br>This element may not be delegated.<br>Complaints relate to the organization's actions, not to a problem with the purchaser (e.g., a problem with coverage).<br>***Factor 1:*** **Complaints**<br>**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."<br>A formal complaint system allows individuals to express dissatisfaction that is not captured by the critical incident management system.<br>***Factor 2:*** **Investigation**<br>The organization researches and documents all issues relevant to a complaint. | **CL** | **3/31/2025** |
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| 9 | Policies and Procedures —Section 1: Eligibility and the Application Process | Eligibility for Accreditation —Eligibility for international organizations | Revise the second paragraph to read:<br>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** |
| 14 | Policies and Procedures —Section 2: The Accreditation Process | Option to decline Accreditation status | Revise the section head "Option to decline Accreditation status" to "Option to decline (applicable only to Introductory Initial Survey Evaluation Option)"; revise the text to read:<br>Organizations surveyed under the Introductory Initial Survey Evaluation Option may select one of the following options: | **CL** | **7/29/24** |

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| | | | 1. Accept the resulting Accreditation status.<br>2. Decline the resulting Accreditation status (without penalty and undergo an Introductory Follow-Up Survey within 12 months of receipt of the final survey report).<br>• An organization that declines Accreditation status under the Introductory Initial Survey Evaluation Option may accept the scores for specific elements that received a score of Met and apply them toward an Introductory Follow-Up Survey on the remaining elements within 12 months of receipt of the final survey report.<br>If an organization has reason to believe that the scoring of any standard does not accurately reflect its survey performance, the organization may request Reconsideration. If the organization decides to request Reconsideration, it must do so before sending notice to NCQA of a decision to decline its status. Refer to *Reconsideration.*<br>The organization may accept or decline the resulting Reconsideration status decision. If the organization decides to decline the status, it must undergo an Introductory Follow-Up Survey within 12 months.<br>Organizations have 30 calendar days from receipt of the results to reply to NCQA with their decision to accept, decline or request Reconsideration of the resulting status. | | |
| 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:<br>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:<br>The expiration date of the Accreditation status is the date specified for the current Accreditation status. | **CL** | **3/25/24** |
| 23 | Policies and Procedures —Section 2: The Accreditation Process | Scoring Guidelines | Remove the text that reads:<br>**Point reallocation for NA scoring**<br>• If a factor is NA, it does not count against the score. | **CL** | **7/29/24** |

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| | | | • If an element is NA, its points are reallocated to the other elements in the standard.<br>• If a nondelegation standard is NA, its points are reallocated to all other standards.<br>• If a delegation standard is NA, its points are reallocated to the other standards in the same category.<br>If a category is NA, its points are reallocated to all other standards. | | |
| 24 | Policies and Procedures —Section 2: The Accreditation Process | Other Information NCQA May Consider | Add the following new section head and text between "Other Information NCQA May Consider" and "Notification to Regulatory Agencies."<br>**Responsible Use of Artificial Intelligence**<br>NCQA supports the use of technological advancements that improve the quality and equity of health care operations and delivery. Artificial intelligence may be useful in this regard, but there are risks to consider and mitigate. Many AI frameworks have been established to address these risks. The White House also issued an executive order with broad guiding principles, and specific health care industry roles, for the Department of Health and Human Services.<br>NCQA expects organizations that use AI to implement a framework and policies that are fair and equitable to members. Although NCQA does not mandate use of a specific AI framework, the NIST AI Risk Management Framework, a key reference in the executive order, may be helpful. The Coalition for Health AI is also a useful resource.<br>NCQA may consider use of AI in determining Accreditation/Certification status, even though current NCQA standards do not specifically address AI. For example, with regard to utilization management, NCQA standards require appropriately licensed professionals (not AI) to make medical necessity denial decisions. Other activities that require human decision making, and where AI is used, may be an area for NCQA to consider. | **CL** | **7/29/24** |
| 27 | Policies and Procedures —Section 3: The Survey Process | Offsite survey | Revise the section to read:<br>The organization must submit a complete survey tool (including self-assessed scores and supporting evidence) to NCQA on the scheduled survey start date (submission date). | **CL** | **7/29/24** |

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| | | | The survey team conducts an initial review of all information and evidence submitted, and documents findings and questions in the survey tool. During a survey conference call with the survey team, the organization has the opportunity to address surveyor questions and initial findings. The organization may also submit additional supporting evidence, if needed to resolve outstanding issues. Any additional supporting evidence must be submitted by the due date for submitting responses to the survey team's outstanding questions and initial findings. The organization may not introduce new evidence after this point in the survey process.<br>The organization should not attach documents to the survey tool that contain protected health information (PHI) or other personal identifiable information (PII), as defined by the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations. If original documentation contains PHI or PII, the organization must de-identify the information prior to submission.<br>All documentation provided to NCQA during the survey process must be in English, or with English translation. | | |
| 27 | Policies and Procedures —Section 3: The Survey Process | Documents dated after submission | Revise the section to read:<br>The organization may only submit information that existed at the time of the original survey submission; it may not introduce information that did not exist at the time of the original survey submission.<br>Evidence submitted in response to the survey team's initial questions and findings must have existed at survey submission. The organization may not alter or update evidence to address an issue, but may bookmark or highlight this information. | **CL** | **7/29/24** |
| 27 | Policies and Procedures —Section 3: The Survey Process | Onsite survey | Revise the section to read:<br>The onsite review date is usually scheduled for 7 weeks after submission of the survey tool.<br>The onsite review is primarily a file review, but might also require review of additional information, staff interviews or system queries.<br>The onsite survey can be conducted either in person or virtually, depending on the organization's preferences and ability to present files electronically.<br>The onsite review must be conducted in English, and all records or files that are part of the review must be provided in English, or with English translation. | **CL** | **7/29/24** |

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| 28 | Policies and Procedures —Section 3: The Survey Process | Comments about errors or omissions | Revise the section to read:<br>NCQA gives the organization access to preliminary survey results in the IRT for review and comment. The organization has 10 calendar days to submit comments regarding factual errors or omissions before the survey report is sent to the Review Oversight Committee (ROC) for the final status decision.<br>The organization comment process is not an opportunity to introduce new supporting evidence that was not included in the survey submission or provided in response to initial survey team issues. NCQA only considers comments and supporting evidence that are related to factual errors or omissions in the preliminary report and based on information and evidence presented during the survey. | **CL** | **7/29/24** |
| 30 | Policies and Procedures —Section 3: The Survey Process | Materials not accepted during Reconsideration | Revise the section to read:<br>To protect the integrity of the Accreditation process, NCQA does not accept materials during Reconsideration that did not exist at the time of the original completed survey tool submission. The organization may not submit—and the Reconsideration Committee does not consider—documentation that represents actions taken by the organization after it submitted the survey tool.<br>The organization may not introduce new or additional supporting evidence that was not available during the survey (i.e., with original submission of evidence, or in response to the survey team's questions and initial findings). | **CL** | **7/29/24** |
| 31 | Policies and Procedures —Section 3: The Survey Process | Survey process results | Revise the first and second paragraphs to read:<br>Preliminary results received or generated for a survey readiness evaluation are preliminary and do not constitute a final score for NCQA Accreditation/ Certification. NCQA notifies the organization when the ROC determines the organization's Accreditation/Certification status.<br>The organization may only use results from the readiness evaluation for internal business purposes (to examine, review and otherwise analyze its business operations), and may not use, disclose, represent or otherwise communicate these results to any third party for any other purpose. The ROC reviews the preliminary results with all relevant information to determine Accreditation/ Certification. NCQA does not allow release of preliminary results to third parties as | **CL** | **11/18/24** |

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| | | | representative of survey results or findings presented in the final report. The organization may not use reports or numeric results to represent that it is NCQA Accredited/Certified without a final NCQA Accreditation/Certification decision, as described above. | | |
| 76 | LTSS 3, Element B | Explanation—Factor 5 | Revise the factor 5 Explanation to read:<br>**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 management policies and procedures specify a process for developing an emergency back-up plan customized to the member.<br>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. | **CL** | **3/25/24** |
| 90 | LTSS 5, Element A | Look-back period | Revise the look-back period for Renewal Surveys to read:<br>*For Renewal Surveys:* At least once during the prior year. | **CO** | **3/25/24** |
| 101 | LTSS 5, Element E | Explanation | Revised the section to read:<br>For factor 1, the organization implements at least one intervention that addresses one or more opportunities identified in Elements B–D.<br>For factor 2, the organization implements at least one intervention that addresses one or more opportunities identified in Element A. | **CL** | **11/18/24** |
| 102 | LTSS 5, Element F | Exceptions | Revise the last bullet in the exceptions to read:<br>• If the organization is not required to report measurement quality information to its state or other purchasers.<br>– The organization provides documentation, such as contracts or other service agreements, demonstrating that the organization is not required to report measurement quality information. | **CL** | **11/18/24** |

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| 111 | LTSS 6, Element B | Examples | Remove the third bullet, which reads:<br>• Job descriptions. | **CL** | **7/29/24** |
| 1-2 | Appendix 1—Standard and Element Points | | Change the following [something or other] to read:<br>LTSS 2, Element A = NA<br>LTSS 5, Element F = NA<br>LTSS 5, Element G = NA<br>LTSS 6, Element A = NA<br>LTSS 6, Element B = NA | **CO** | **11/18/24** |
| 4-2 | Appendix 4—Glossary | | Add the following term and definition:<br>**de-identify:** Removal of individual identifiers. Under the HIPAA Privacy Rule, protected health information is de-identified if all individual identifiers are removed. There are 18 categories of identifiers that include name; street address and ZIP code; telephone and fax number; dates (except year) directly related to a person, including date of birth and dates of service; email address and URL; Social Security Number; medical record number and account number; vehicle identifiers, including license plate number; device identifiers and serial number; and any other unique identifying number, characteristic or code. | **CL** | **11/18/24** |