

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

March 28, 2022

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

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

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

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
37	Policies and Procedures—Section 5: Additional Information	Mergers and Acquisitions	Revise the email address in the second paragraph to read: sig@ncqa.org	CO	3/28/22
2-1	Appendix 2—Delegation and Automatic Credit Guidelines	Definitions	Add the following as a new definition: Previously unidentified delegate A contracted delegate identified during a survey that was not initially reported by the organization in the NCQA delegation worksheet.	CL	3/28/22
2-7	Appendix 2—Delegation and Automatic Credit Guidelines	How NCQA Evaluates Delegation—Delegation oversight—De facto delegation	Revise the following subhead and first paragraph to read: Previously unidentified delegates and de facto delegation If NCQA identifies previously unidentified delegates or de facto delegation at any point after selecting the delegates (including during the offsite survey), NCQA reserves the right to review oversight of the previously unidentified delegates or de facto delegates by selecting them at random to include up to two delegates in addition to the four originally selected.	CL	3/28/22

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18	Policies and Procedures—Section 2: The Accreditation Process	Corrective Action	<p>Replace the text with the following:</p> <p>In certain circumstances, NCQA may require corrective action and submission of a corrective action plan (CAP) by the organization. Corrective actions are steps taken to improve performance when an organization does not meet specific NCQA Accreditation requirements. Failure to timely comply with requested corrective action may result in a lower score or reduction or loss of Accreditation status.</p> <p>A CAP is considered complete when NCQA notifies the organization that all identified deficiencies are resolved and corrective actions have been implemented. If the CAP is not completed within the agreed-on time frame, the organization must notify NCQA of the reason.</p> <p>The ROC determines completion of the CAP. If the CAP is considered incomplete, the ROC may extend the CAP, reduce the organization's status or issue a Denied Accreditation status as specified below.</p> <table border="1"> <thead> <tr> <th>If the Organization...</th><th>The ROC May...</th></tr> </thead> <tbody> <tr> <td>Formulates a satisfactory CAP but fails to adequately implement it within the time frame specified in the CAP.</td><td>Extend the CAP or reduce the organization's status from Accredited to Denied.</td></tr> <tr> <td>Does not complete the CAP after an extension, <i>or</i> Is unwilling or unable to formulate a satisfactory CAP within the required time frame, <i>or</i> Makes no attempt to complete an agreed-on CAP.</td><td>Issue a Denied Accreditation status.</td></tr> </tbody> </table>	If the Organization...	The ROC May...	Formulates a satisfactory CAP but fails to adequately implement it within the time frame specified in the CAP.	Extend the CAP or reduce the organization's status from Accredited to Denied.	Does not complete the CAP after an extension, <i>or</i> Is unwilling or unable to formulate a satisfactory CAP within the required time frame, <i>or</i> Makes no attempt to complete an agreed-on CAP.	Issue a Denied Accreditation status.	CL	11/23/20
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22	Policies and Procedures—Section 2	A Standard's Structure—Look-back period	<p>Add the following subhead and text immediately below <i>Meeting the look-back period for records or files:</i></p> <p><i>Expanding the look-back period for records and files</i></p> <p>For Renewal Surveys, if the organization has fewer than 40 files when it submits its completed survey tool, NCQA expands the look-back period in 6-month increments to allow more files to be included in the file universe. (This extension is optional for Initial Surveys.) The extension does not go past the date when the organization completed its last survey.</p> <ul style="list-style-type: none"> • If the extension yields a file universe of fewer than 8 files, all files are reviewed, results are documented in the survey tool as a comment or issue and file review elements are scored NA. • If the extension yields a file universe of at least 8 files but fewer than 40, the normal 8/30 file review process applies. • If the extension yields a file universe of fewer than 30 files and the first 8 files do not meet the requirements, all files are reviewed. <p>File review element scores are based on file review results.</p>	CL	3/29/21
22	Policies and Procedures—Section 2: The Accreditation Process	Expanding the look-back period for records and files	<p>Revise the bullets under “Expanding the look-back period for records and files” to read:</p> <ul style="list-style-type: none"> • If the extension yields a file universe of at least 30 files but fewer than 40, the file review process of reviewing a minimum of 30 files applies. Refer to “File Review Universe” in Section 3 of the Policies and Procedures below. <p>If the extension yields a file universe of fewer than 8 files, all files are reviewed, results are documented in the survey tool as a comment or issue and file review elements are scored NA.</p>	PC	11/22/21
25	Policies and Procedures—Section 3: The Survey Process	File Review Results	<p>Add the following section before “File Review Results”:</p> <p>File review universe</p> <p>For surveys starting July 1, 2022, NCQA will review a minimum of 30 files. The organization submits a random selection of 40 files (30 file sample + 10 oversample). If an organization has fewer than 30 files, an expansion to the look-back period may be warranted. Refer to the “Expanding the look-back period for records and files” section above for more information.</p>	PC	11/22/21

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43	LTSS 1, Element B	Look-back period	Revise the text to read: <i>For Renewal Surveys: 24 months.</i>	CO	3/29/21
43	LTSS 1, Element B	Explanation—Review of new evidence and professional standards	Remove the second paragraph under this section, which reads: If the organization's program is based on evidence or standards set by the state or other purchaser, it is not required to ensure that the state or purchaser has reviewed the evidence and professional standards. In these situations, the organization validates that its operations are current with the state or purchaser requirements.	CL	3/29/21
43	LTSS 1, Element B	Exceptions	Add a third bullet to the Exceptions that reads: If the organization's program is based on evidence or standards set by the state or another purchaser.	CL	3/29/21
45	LTSS 1, Element C	Explanation	Add the following subhead and text below the Exceptions: 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.	CL	3/29/21
49, 57	LTSS 2, Elements B, D	Explanation—Factor 2: Documentation of clinical history	Add the following as the second sentence of the second paragraph: If dates are not present in the file, NCQA reviews the organization's complex case management policies and procedures. If the organization has a process for collecting dates as part of the clinical history, NCQA assumes the file does not include dates because the member or other individual giving information did not provide dates. The requirement is not met if the organization does not have a process for collecting dates as part of the clinical history.	CL	11/23/20
49, 57	LTSS 2, Elements B, D	Explanation—Factor 2: Documentation of clinical history	Add the following text as the last paragraph: Factor 2 does not require assessment or evaluation.	CL	3/30/20

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49	LTSS 2, Element B	Explanation—Factor 3: Assessment of activities of daily living	Revise the explanation to read: Case management policies and procedures specify a process for assessing functional status related to activities of daily living, such as eating, bathing and mobility. Supports include both assistive technology and human assistance needed to complete an activity.	CO	11/23/20	
56, 67	LTSS 2, Element D, LTSS 3, Element C	Look-back period	Revise the text for Renewal Surveys to read: For Renewal surveys: 6 months for surveys between July 1, 2020, and June 30, 2021, and 12 months for surveys effective July 1, 2021.	CO	7/27/20	
56	LTSS 2, Element D	Explanation—Files excluded from review	Revise the subbullet under the second bullet to read: — The organization provides evidence of the individual's identification date and that the individual was in case management for less than 60 calendar days during the look-back period.	CL	7/27/20	
59	LTSS 2, Element D	Explanation—Factor 15: Assessment of community resources	Revise the last sentence to read: If the individual needs no community resources, the file or case record reflects this (e.g., "Individual does not need community resources").	CL	11/23/20	
67	LTSS 3, Element C	Scoring	Revise the 100% and 50% scoring categories to read: 100% = High (90-100%) on file review for 11-13 factors 50% = High (90-100%) or medium (60-89%) on file review for 7-8 factors and low (0-59%) on 1-6 factors or medium (60-89%) on file review for all 13 factors	CO	3/29/21	
68	LTSS 3, Element C	Explanation—Files excluded from review	Add a subbullet under the second bullet that reads: — The organization provides evidence of the individual's identification date and that the individual was in case management for less than 60 calendar days during the look-back period.	CL	7/27/20	
69	LTSS 3, Element C	Explanation—Factor 10: Follow-up and communication with LTSS providers	Revise the explanation to read: The file or case record documents the roles and responsibilities of LTSS providers, case management plan details and the follow-up schedule that are communicated to providers.	CL	7/27/20	

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78	LTSS 5, Element A	Explanation—Factor 1 Obtaining feedback from individuals	<p>Revise the text to read:</p> <p>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.</p>	CL	11/22/21
78	LTSS 5, Element A	Explanation—Factor 2: Analyzing complaints from individuals	<p>Revise the text to read:</p> <p>The organization analyzes complaints to identify opportunities to improve individual experience with its case management program.</p> <p><i>For initial measurement</i>, the organization conducts quantitative and qualitative analysis of data.</p> <p><i>For remeasurement</i>, the organization conducts quantitative analysis, and conducts qualitative analysis if quantitative analysis demonstrates that stated goals were not met.</p> <p>Refer to <i>Appendix 4: Glossary</i> for the full definition of and requirements for quantitative analysis and qualitative analysis.</p>	CL	11/22/21
81, 84, 87	LTSS 5, Elements B-D	Explanation—Measures	Revise the last sentence in the Explanation to read: Organizations may select process or outcome measures.	CL	3/29/21
81, 84, 87	LTSS 5, Elements B-C	Explanation—Factor 5: Quantitative and qualitative analysis	<p>Revise the factor subhead and text to read:</p> <p>Factor 5: Quantitative and qualitative analysis</p> <p><i>For initial measurement</i>, the organization conducts quantitative and qualitative analysis of data.</p> <p><i>For remeasurement</i>, the organization conducts quantitative analysis, and conducts qualitative analysis if quantitative analysis demonstrates that stated goals were not met.</p> <p>Refer to <i>Appendix 4: Glossary</i> for the full definition of and requirements for quantitative analysis and qualitative analysis.</p>	CL	11/22/21

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98	LTSS 6, Element B	Explanation—Factors 2, 3: Background checks and additional screening tool for paid LTSS providers	Add the following as the last sentence of the first paragraph: NCQA does not consider it delegation if the organization uses another entity to conduct background checks.	PC	3/30/20
2-12	Appendix 2: Delegation and Automatic Credit Guidelines	Credit for LTSS 8 when Delegating to a PCMH	Added <i>Table 3: Credit for LTSS 8 when delegating to a PCMH</i> to address scenarios where organizations delegate LTSS functions to an NCQA-Recognized PCMH. See the updated <i>Appendix 2: Delegation and Automatic Credit Guidelines</i> posted in the IRT to view the table.	CL	3/29/21
4-4	Appendix 4—Glossary		Revise the definition of “qualitative analysis” to read: An examination of the underlying reason for or cause of results, including deficiencies or processes that may present barriers to improvement or cause failure to reach a stated goal. Qualitative analysis must draw conclusions about why the results are what they are and involves staff responsible for executing a program or process. Also called a <i>causal, root cause or barrier analysis</i> .	CL	11/22/21
4-4	Appendix 4—Glossary		Revise the definition of “quantitative analysis” to read: A comparison of numeric results against a standard or benchmark, trended over time. Quantitative analysis must draw conclusions about what results mean. Unless specified, tests of statistical significance are not required, but may be useful when analyzing trends. NCQA does not require that results be trended for First Surveys.	CL	11/22/21