



### **Q: What are long-term services and supports (LTSS)?**

**A:** LTSS comprise a broad range of paid and unpaid services that help people complete self-care tasks when they experience difficulty as a result of aging, chronic illness or disability. LTSS may be provided in the community (e.g., in a person's home) or in an institution. People may need LTSS for several weeks, months or years.

### **Q: What services are provided?**

**A:** Some services help with activities of daily living (such as eating, bathing and dressing) and instrumental activities of daily living (such as preparing meals, managing medication and housekeeping). Services covered vary by state and may include nursing facility care, adult day programs, home health aide services, personal care services, transportation, supported employment and assistance provided by a family caregiver.<sup>1</sup>

### **Q: What is the goal of LTSS?**

**A:** The goal of LTSS is to establish a support system that gives people with disabilities and chronic conditions choice, control and access to a full array of quality services that promote optimal outcomes, such as independence, health and quality of life.<sup>2</sup> Individuals needing LTSS generally experience poorer health, have inadequate access to health care and experience worse health outcomes than other groups.<sup>3</sup> Services provided through LTSS help millions of Americans live more independent lives by allowing them to remain in the setting of their choice.

### **Q: What is the current LTSS landscape?**

**A:** Historically, LTSS has been delivered through grants or the fee-for-service delivery system. However, in recent years under new federal waivers, states have begun to contract with managed care organizations (MCO) to finance and manage these services. Delivery of LTSS through capitated managed care programs is referred to as "managed long-term services and supports (MLTSS)." As of October 2015, 18 states had MLTSS programs; at least 9 were planning to implement or expand their MLTSS programs.<sup>4</sup>

Some MCOs are only responsible for LTSS; others are comprehensive MCOs, with responsibility for both medical care and LTSS. Both types of MCOs, and states, may use community based organizations (CBO) such as Area Agencies on Aging, Aging and Disability Resource Centers, Centers for Independent Living to manage, coordinate and arrange services. Under this delivery system, states and MCOs need assurance that their partners can coordinate care effectively across medical, behavioral and social services.

### **Q: What makes LTSS effective?**

**A:** A focus on person-centered, well-coordinated care is essential for providing effective LTSS. Collaborating to develop a person-centered care plan that incorporates individuals' personal preferences and prioritized goals increases the likelihood of success. Prioritizing goals will help improve outcomes. Effective coordination between clinicians, caregivers and community providers will result in a better-served population and a reduction of duplicated efforts.

**Q: NCQA's Accreditation program is based on a set of standards. What are "standards"?**

**A:** Standards are a series of requirements focused on processes and procedures that organizations must meet in order to earn NCQA Accreditation.

**Q: How do we demonstrate that our organization is following the standards?**

**A:** NCQA has a process to evaluate whether an organization is demonstrating adherence to its standards. This includes a review of documentation provided by your organization, as well as an on-site review. During this process NCQA will review policies and procedures, statements of recommendation, algorithms, reports or other materials.

**Q: Why did NCQA develop the LTSS standards?**

**A:** The fragmented nature of the health care delivery system is especially problematic for individuals with complex needs. NCQA standards were developed to help improve quality for this growing population. Successful care involves the coordinated efforts of clinicians in the medical delivery system, family/friend caregivers and service providers in the community. Effective coordination of LTSS may reduce the need for acute medical care and prevent or delay nursing home placement, thereby reducing total costs.<sup>5</sup>

Because various organizations are responsible for arranging for LTSS—traditional health plans, MLTSS plans, managed behavioral healthcare organizations, nursing facilities and CBOs, among others—it is important that health plans and CBOs implement coordinated, person-centered care that includes monitoring, communication and reporting.

Organizations can use NCQA's standards to perform a gap analysis and identify areas to improve how they provide care. Accreditation identifies organizations that utilize appropriate processes and procedures to be good partners in care.

**Q: How did NCQA develop the Case Management for LTSS program?**

**A:** NCQA used a consensus-driven process to develop program standards that were based on the results of research and ongoing input from two key groups: the LTSS Learning Collaborative and the LTSS Advisory Committee. The LTSS Learning Collaborative comprises six CBOs and four health plans piloting specific standards. The LTSS Advisory Committee includes national organizations such as the National Association of States United for Aging and Disabilities, AARP, Service Employees International Union and the National Partnership for Women and Families. Standards were reviewed by the NCQA Standards Committee, which is composed of stakeholders with expertise in standards development.

Draft standards were released for public comment. Based on that feedback, standards were updated and presented to the NCQA Board of Directors for final approval.

**Q: What core areas are addressed by the Case Management for LTSS program?**

**A:** The requirements address the unique needs of individuals receiving LTSS:

- Implementation of a person-centered care plan.
- Management of care transitions and reduction of unplanned transitions, where possible.
- Coordination of care and services to help close gaps in care.
- Implementation of a critical incident management system to promptly report, track and follow up on incidents such as abuse, neglect and exploitation.

**Q: What types of organizations are eligible for this accreditation?**

**A:** Organizations that coordinate LTSS are eligible for accreditation: Area Agencies on Aging, Aging and Disability Resource Centers, Centers for Independent Living, health plans, other home and community-based organization and case management organizations.

Institutions that coordinate the total care for individuals, such as nursing facilities and intermediate care facilities for individuals with intellectual disabilities, are also eligible.

## Q: What do the standards require?

### A: Organizations must demonstrate competency in the following standards areas:

- **Program Description:** Use up-to-date evidence and professional standards to develop their case management programs, and regularly update programs with emerging findings and information.
- **Assessment Process:** Systematically assess the populations they serve and have a process for conducting comprehensive evaluations of individuals.
- **Person-Centered Care Planning and Monitoring:** Have a process for developing individualized care plans that incorporate personal preferences, prioritized goals and self-management plans, and monitor progress against those plans.
- **Manage Care Transitions:** Have a process for managing transitions, identifying problems that could cause unplanned care transitions and, when possible, preventing unplanned transitions.
- **Measurement and Quality Improvement:** Measure and work to improve participant experience, program effectiveness and active participation rates.
- **Staffing, Training and Verification:** Define staffing needs, verify staff credentials, when applicable, and provide ongoing staff training and oversight.
- **Rights and Responsibilities:** Communicate the rights and responsibilities of participants in a case management program.
- **Delegation:** Document and monitor functions performed for them by other organizations.

## Q: What are the steps to obtain the Accreditation of Case Management for LTSS?

### A: Organizations follow these steps:

- Purchase and review the standards and guidelines.
- Download the free application; complete and send the application packet to NCQA.
- Purchase and complete the survey tool.
- Participate in an onsite survey.

*For a more detailed explanation of the accreditation process, visit [www.ncqa.org/process](http://www.ncqa.org/process).*

## Q: How can we purchase the standards?

**A:** The Accreditation of Case Management for LTSS standards are available for pre-order and will be released in August 2016. If you want to obtain accreditation, the survey tool (which includes the standards and guidelines) is available now online through the NCQA store ([store.ncqa.org](http://store.ncqa.org)).

## Q: When can we submit the application?

**A:** Organizations are encouraged to submit their application at least nine months before their requested survey date.

## Q: When can we submit the survey tool?

**A:** Organizations can submit their survey tool on or after January 1, 2017.

## Q: For how long is our accreditation status effective, and what are the status and scoring levels?

**A:** The length of an accreditation status is based on an organization's performance on the accreditation standards.

Accreditation Status	Standards Score
Accredited—3 years	85–100
Accredited—2 years	70–84.99...
Denied	Below 70

**Q: What's the difference between the NCQA Accreditation of Case Management for LTSS and NCQA's existing Case Management program?**

**A:** Case Management for LTSS was created for organizations that manage nonmedical LTSS for populations with complex needs. NCQA Case Management Accreditation focuses on organizations that deliver comprehensive medical, behavioral health and psychosocial services.

**Q: Our organization has a current Case Management accreditation. What does the new program mean for us?**

**A:** The Accreditation of Case Management for LTSS is separate from the current Case Management program and is only appropriate for organizations that coordinate LTSS delivery.

**Q: Our organization coordinates clinical case management services and LTSS. Are we eligible for Case Management Accreditation and Accreditation of Case Management for LTSS? Can this be done simultaneously?**

**A:** Yes! Organizations may seek both accreditations, and may seek both accreditations simultaneously. NCQA developed a specific LTSS distinction program for NCQA-Accredited health plans and MBHOs that manage LTSS.

**Q: Is there a benefit for LTSS organizations to partner with an NCQA-Accredited CBO?**

**A:** Yes! Organizations can earn "automatic credit" toward accreditation if they delegate coordination of services to an NCQA-Accredited partner. This means that an organization may receive credit for a function delegated to the accredited partner and will not have to provide additional documentation to NCQA for the requirement.

## Citations

- 1 Musumeci, MaryBeth. Reaves, Erica L. (2015). *Medicaid and Long-term Services and Supports: A Primer*. Retrieved from <https://kaiserfamilyfoundation.files.wordpress.com/2015/12/8617-02-medicaid-and-long-term-services-and-supports-a-primer.pdf>.
- 2 Centers for Medicare & Medicaid Services. (n.d.). Long Term Services and Supports. Retrieved from <https://www.medicare.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/long-term-services-and-supports.html>
- 3 Schor, E.L., Berenson, J., Shih, A., Collins, S.R., Schoen, C., Riley, P., & Dermody, C. (2011). *Ensuring Equity: A Post-Reform Framework to Achieve High Performance Health Care for Vulnerable Populations*. Retrieved from <http://www.commonwealthfund.org/publications/fund-reports/2011/oct/ensuring-equity>
- 4 OPEN MINDS. (2015). *Which States Finance & Manage Medicaid Long-Term Services & Supports Through Managed Care Organizations? Market Intelligence Report*. October 2015. Gettysburg, PA.
- 5 Markwood, Sandy., Gotwals, Amy E., Karkhanis, Neal., Kaschak, Mary. (2012, July). *The Role of the Aging Network in Medicaid Managed Care for LTSS*. Retrieved from [http://www.n4a.org/files/n4a\\_policybrief\\_July2012\\_Web.pdf](http://www.n4a.org/files/n4a_policybrief_July2012_Web.pdf)



For information on Accreditation of Case Management for Long-Term Services and Supports, visit us online at [www.ncqa.org/cmltss](http://www.ncqa.org/cmltss) or contact NCQA Customer Support at (888) 275-7585.

The National Committee for Quality Assurance is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda.

1100 13th St., NW Suite 1000 / Washington, D.C. 20005

NCQA1042-0716