



# Accreditation of Case Management for Long-Term Services and Supports

Guiding Organizations that  
Help People Live Happier,  
Healthier Lives

# Accreditation of Case Management for Long-Term Services and Supports



States and managed care organizations need assurance that their partners can coordinate care effectively across medical, behavioral and social services and help keep people in their preferred setting—often, their home and community.

# The Need for Long-Term Services and Supports is Increasing

Long-term services and supports (LTSS) provide the assistance that older Americans, and those living with disabilities, need to function optimally in their preferred setting.

## The elderly segment of LTSS consumers is growing at a significant rate:

- Of the almost 11 million people who receive LTSS, 43 percent are between ages 18-65 with physical or developmental disabilities and 57 percent are elderly.<sup>1</sup>
- The population of people 65 and older is projected to more than double by 2050, to 89 million.<sup>2</sup>
- About 70 percent of people 65 and older will use LTSS at some point in their lives; people 85 and older are four times more likely to need LTSS than people 65–84.<sup>3</sup>

# The LTSS Landscape is Changing

Many states entrust LTSS coordination and management to managed care organizations (MCOs). Some MCOs offer LTSS case management services directly; others delegate services to community-based organizations. States and MCOs need assurance that their partners can coordinate care effectively across medical, behavioral and social services and help keep people in their preferred setting—often, their home and community.

- The number of states with managed LTSS (MLTSS) programs increased from 8 in 2004 to 18 in 2015, and at least 9 more states are planning to implement or expand MLTSS.<sup>4,5</sup>
- Many MCOs that are expanding into MLTSS may be unfamiliar with the providers and care delivery system.<sup>6</sup>
- The service capacity of community-based organizations is an important consideration for many MCOs exploring partnerships.<sup>7</sup>



# LTSS Must Be Integrated and Person-Centered

The fragmented nature of America's health care delivery system can be especially challenging for people who need LTSS. Effective coordination between clinicians, caregivers and community providers will result in a better-served population and a reduction of duplicated efforts.

MCOs and organizations that coordinate LTSS should implement best practices for person-centered care planning and effective care transitions, and for measuring quality improvement to support people living optimally in their preferred setting.

- The Affordable Care Act mandates that states develop community-based, person-centered LTSS systems.<sup>8</sup>
- States now require MCOs to use a person-centered planning process. This was formalized through the Centers for Medicare & Medicaid Services 2016 Final Medicaid Managed Care Rule.<sup>9</sup>
- Effective care transitions help prevent medical errors, duplication of services and unnecessary hospitalizations and readmissions. They also help bolster consumer choices and lead to more effective utilization of resources.<sup>10</sup>



# NCQA Accreditation Guides Person-Centered and Integrated Care Planning

NCQA's standards provide a framework for organizations to deliver efficient, effective person-centered care that meets people's needs, helps keep people in their preferred setting and aligns with state and MCO requirements. They are a roadmap for improvement—organizations can use the standards as a gap analysis and align their improvement activities in the areas that are most important to individuals, payers and states.

## Earning NCQA Accreditation can help organizations:

**Become more efficient.** A focus on coordinated care, training and measurement can help organizations reduce errors and duplicated services.

**Integrate care better.** Standards can help organizations improve communication between individuals, caregivers, providers, payers and other organizations coordinating care.

**Provide person-centered care.** Standards focus on person-centered services, which can lead to better care planning and monitoring.

**Support contracting needs.** Standards align with the needs of states and MCOs. NCQA-Accredited organizations demonstrate that they're ready to be trusted partners in coordinating LTSS services.

➤ To learn more about the Accreditation of Case Management for LTSS, visit [www.ncqa.org/cmltss](http://www.ncqa.org/cmltss).

# Accreditation Program Requirements

NCQA Accreditation of Case Management for LTSS evaluates organizations in eight standard areas. They include:



## **Program description.**

Organizations use up-to-date evidence and professional standards to develop their case management programs, and regularly update programs with emerging findings and information.



## **Measurement and quality improvement.**

Organizations measure and work to improve participant experience, program effectiveness and active participation rates.



## **Assessment process.**

Organizations systematically assess the populations they serve and have a process for conducting comprehensive assessments.



## **Staffing, training and verification.**

Organizations define staffing needs, verify staff credentials, when applicable, and provide ongoing staff training and oversight.



## **Person-centered care planning and monitoring.**

Organizations have a process for developing individualized care plans that incorporate personal preferences, prioritized goals and self-management plans, and monitor progress against those plans.



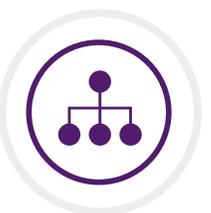
## **Rights and responsibilities.**

Organizations communicate the rights and responsibilities of participants in a case management program.



## **Care transitions.**

Organizations have a process for managing transitions, identifying problems that could cause unplanned care transitions and, when possible, preventing unplanned transitions.



## **Delegation.**

Organizations document and monitor functions performed for them by other organizations.

Person-centered, Integrated Care

# Becoming Accredited:

## Steps to Earning NCQA Accreditation of Case Management for LTSS

- 1 Purchase the Standards and Guidelines.**  
The Accreditation of Case Management for LTSS standards and guidelines detail program and documentation requirements.
- 2 Download, Complete and Send NCQA the Free Application Packet.**  
NCQA reviews the application, approves eligibility and schedules survey dates.
- 3 Purchase the Survey Tool.**  
Complete a readiness evaluation using the online survey tool.
- 4 Submit the Completed Survey.**  
Submit the completed survey and documentation on the date when the survey is scheduled to start. NCQA uses the survey tool to perform an offsite evaluation of non-file review elements.
- 5 Onsite Survey and Preliminary Report.**  
NCQA performs an onsite evaluation of file-review elements and creates a preliminary report. After the evaluation, **NCQA surveyors hold a closing presentation with organization staff** to discuss findings and overall strengths and opportunities.
- 6 Review Preliminary Report.**  
Organizations generally receive the preliminary report within two weeks of the onsite survey, and may provide comments to NCQA.
- 7 Receive Decision.**  
Organizations generally receive their final report and accreditation decision about a month after the closing presentation.

## Eligibility

Organizations that coordinate LTSS are eligible for accreditation; for example:

- Area agencies on aging.
- Aging and disability resource centers.
- Centers for independent living.
- LTSS-only health plans that do not provide medical/behavioral health benefits.
- Other home and community-based organizations.
- Case management organizations.
- Other organizations that coordinate LTSS.

To learn more about NCQA Accreditation of Case Management for Long-Term Services and Supports, or if you have questions about the survey process, visit [www.ncqa.org/cmltss](http://www.ncqa.org/cmltss) or call (888) 275-7585.

## Citations

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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.

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