

NCQA LTSS Distinction for Medicaid Managed Care plans

A tool for driving accountability in Managed Long-Term Services & Supports (MLTSS)

If your model designates contracted plans to coordinate MLTSS, establishing accountability for effective management of this population is critical.

Program Overview

NCQA LTSS Distinction provides a standardized framework for holding plans and managed behavioral health organizations accountable for managing and coordinating long-term services and supports.

The program is an extension of the NCQA Health Plan Accreditation program.

Plans must have processes in place for core functions, such as care planning and managing critical incidents.

Value to States

- **Standardizes** model of care for plans and MBHO's managing and coordinating LTSS.
- **Compliments** existing NCQA Health Plan Accreditation requirement.
- **Aligns** with LTSS provisions within 2016 Medicaid managed care rule.
- **Enhances** state Medicaid managed care quality strategy efforts.
- **Demonstrates** commitment to integrate care and improve outcomes for this special population.

NCQA LTSS Distinction in Action

Since release of the program in 2017, three states have already established expectations for their Medicaid plans to obtain NCQA LTSS Distinction. States typically outline requirements within their managed care contracts as an add on to their existing accreditation requirement.

Virginia	Kansas	Pennsylvania
The Virginia Department of Medical Assistance Services requires Medicaid managed care plans to obtain NCQA LTSS Distinction within 36 months.	The Kansas Division of Medicaid Assistance requires its contracted Medicaid managed care plans to obtain NCQA Health Plan Accreditation, as well as NCQA LTSS Distinction within 24 months.	The Pennsylvania Department of Human Services requires plans to be accredited and accepts NCQA LTSS Distinction.

To learn more, contact our State Affairs Team at publicpolicy@ncqa.org.