NCQA Corrections, Clarifications and Policy Changes to the 2025 HPA Standards and Guidelines

November 18, 2024

This document includes the corrections, clarifications and policy changes to the 2024 Health Plan Accreditation standards and guidelines. NCQA has identified the appropriate page number in the publication 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 Health Plan Accreditation 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; nor does it apply to regulatory changes, because they align with federal regulations.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
30	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Table 3: Scoring ranges for Accreditation statuses	Revise the **Provisional with a Health Plan Rating, if applicable**, row to read: Greater than or equal to 55% but below 80% of applicable points in any category of standards (QI, PHM, NET, UM, CR, ME) or Not receiving a score of Met in 3 or more must-pass elements	**CL**	**11/18/24**
30	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Table 3: Scoring ranges for Accreditation statuses	Revise the fourth row in Table 3 to read: **Denied with a Health Plan Rating, if applicable** | Scores below 80% of applicable points in any category of standards (QI*, PHM, NET, UM, CR, ME) | Scores below 55% of applicable points in any category of standards (QI*, PHM, NET, UM, CR, ME)	**CL**	**11/18/24**
98	QI 3, Element A	Exceptions	Add an exception for factor 2 that reads: Factor 2 is NA if all purchasers of the organization's services carve out or exclude behavioral healthcare.	**CL**	**11/18/24**
218	NET 5, Element F	Examples	Remove "Quality Check" from the factor 4 examples.	**CL**	**11/18/24**
354	UM 12, Element D	Related information	Replace the second paragraph with the following language: If the organization's system automatically records receipt and decision notification dates, and does not permit changes under any circumstances, the organization may, in lieu of completing a full audit and analysis report, generate, review and submit a complete system log showing there were no changes to dates during the look-back period. The organization	**CL**	**11/18/24**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
			may audit using the NCQA 5% or 50 files methodology. The organization audit and analysis report includes the following: • Evidence that the organization's UM system automatically records receipt and decision notification dates, and does not permit changes under any circumstances. • The report date. • The title of the individual(s) who conducted the audit/review. • Auditing/review period. • File universe. • Sampling methodology, if applicable. • System generated log showing there were no changes to dates. A separate analysis is not required if no dates were changed. If the audit reveals dates were changed, an analysis is required.		
361	UM 12, Element F	Related information	Replace the second paragraph with the following language: If the organization's system automatically records receipt and decision notification dates, and does not permit changes under any circumstances, the organization may, in lieu of completing a full audit and analysis report, generate, review and submit a complete system log showing there were no changes to dates during the look-back period. The organization may audit using the NCQA 5% or 50 files methodology. The organization audit and analysis report includes the following: • Evidence that the organization's UM system automatically records receipt and decision notification dates, and does not permit changes under any circumstances. • The report date. • The title of the individual(s) who conducted the audit/review. • Auditing/review period. • File universe. • Sampling methodology, if applicable. • System generated log showing there were no changes to dates. A separate analysis is not required if no dates were changed. If the audit reveals dates were changed, an analysis is required.	**CL**	**11/18/24**
386	CR 1, Element A	Explanation—Factor 1	Replace "certified nurse midwife" with "physician assistant" in the last bullet to read: • Other medical practitioners who may be within the scope of credentialing (e.g., physician assistant).	**CO**	**11/18/24**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
400	CR 3, Element A	Explanation—Factor 5	Replace "120 calendar days" with "180 calendar days" in the explanation to read: *Verification time limit:* 180 calendar days. ***Note:*** *The 180-calendar-day verification time limit applies to files processed by the organization or its delegate(s) on or after July 1, 2025. Files processed before July 1, 2025, are scored against the previous verification time limit requirement of 365 calendar days.*	**CO**	**11/18/24**
403	CR 3, Element B	Explanation	Add the following as the third paragraph of the explanation: The organization verifies sanction and exclusion information (from factors 1-3) for all product lines.	**CL**	**11/18/24**
404	CR 3, Element B	Explanation—Factor 2	Replace the current factor 2 explanation with the following text: ***Factor 2:*** **Sources for Medicare/Medicaid sanctions** The organization obtains Medicaid sanction information from the State Medicaid agency and from one of the following additional sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. The organization obtains Medicare sanction information from the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	**CL**	**11/18/24**
404	CR 3, Element B	Explanation—Factor 3	Replace the current factor 3 explanation with the following text: ***Factor 3:*** **Sources for Medicare/Medicaid exclusions** The organization obtains Medicaid exclusion information from each of the following sources: • The state Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. The organization obtains Medicare exclusion information from any of the following sources: • Medicare Exclusion Database.	**CL**	**11/18/24**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
			• List of Excluded Individuals and Entities maintained by OIG and available over the internet.		
404	CR 3, Element B	Exceptions	Remove the second exception, which reads: Factors 2 and 3 are NA for commercial and Exchange product line.	**CO**	**11/18/24**
412	CR 5, Element A	Explanation	Add the following as the third paragraph under the explanation: The organization verifies sanction and exclusion information (from factors 1-3) for all product lines.	**CL**	**11/18/24**
412	CR 5, Element A	Explanation—Factor 1	Replace the current factor 1 explanation with the following text: ***Factor 1:*** **Sources for Medicare/Medicaid sanctions** The organization obtains Medicaid sanction information from the State Medicaid agency and from one of the following additional sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. The organization obtains Medicare sanction information from the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	**CL**	**11/18/24**
412	CR 5, Element A	Explanation—Factor 2	Replace the current factor 2 explanation with the following text: ***Factor 2:*** **Sources for Medicare/Medicaid exclusions** The organization obtains Medicaid exclusion information from each of the following sources: • The state Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. The organization obtains Medicare exclusion information from any of the following sources: • Medicare Exclusion Database.	**CL**	**11/18/24**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
			• List of Excluded Individuals and Entities maintained by OIG and available over the internet.		
2-9	Appendix 2	Delegating to NCQA-Accredited/Certified or NCQA-Recognized Organizations	Add the following as the last sentence of the second paragraph: The organization is required to include all eligible files in the file universe, but is not required to produce the files as evidence.	**CL**	**11/18/24**
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	All		Replace references to "Appendix 5: Glossary" with "Appendix 4: Glossary" throughout the publication.	**CO**	**11/20/23**
6	Overview	Notable Changes and Clarifications to the Standards and Guidelines	Remove the following notable change for LTSS 2, Element B that reads: Revised the look-back period to "prior to the survey date" for All Surveys.	**CL**	**3/25/24**
17	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for Accreditation—Eligibility for international organizations	Revise the second sentence of the second paragraph to read: 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 NCQA Health Plan Accreditation.	**CL**	**11/20/23**
24	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Option to decline Accreditation status	Revise the section head "Option to decline Accreditation status" to "Option to decline Accreditation status (applicable only to First Survey Evaluation Option)"; revise the text to read: Organizations surveyed under the First Survey Evaluation Option may select one of the following options: 1. Accept the resulting Accreditation status. 2. Decline the resulting Accreditation status (without penalty and undergo a Follow-Up Survey within 12 months of receipt of the final report survey report). 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.* The organization may accept or decline the resulting Reconsideration status decision. If the organization decides to decline the status, it must undergo a Follow-Up Survey within 12 months.	**CL**	**7/29/24**

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			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.		
25	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Follow-Up Survey *(applies to First Evaluation Option)*	Replace "effective date" with "expiration date" in the last sentence of the third paragraph to read: The expiration date of the Accreditation status is the date specified in the Full Survey decision that precipitated the Follow-Up Survey.	**CL**	**3/25/24**
25	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Resurvey *(applies to First and Renewal Evaluation Options)*	Replace "effective date" with "expiration date" in the last sentence of the third paragraph to read: The expiration date of the Accreditation status is the date specified in the Full Survey decision that precipitated the Resurvey.	**CL**	**3/25/24**
27	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Add-On Survey *(applies to First and Renewal Evaluation Options)*	Replace "effective date" with "expiration date" in the first sentence in the fifth paragraph to read: The expiration date of the Accreditation status for the new product line through an Add-On Survey aligns with the current Accreditation earned during the most recent Full Survey.	**CL**	**3/25/24**
39	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Other Information NCQA May Consider	Add the following new section head and text between "Other Information NCQA May Consider" and "Notification to Regulatory Agencies." **Responsible Use of Artificial Intelligence** 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. 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. 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	**CL**	**7/29/24**

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			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.		
41	Policies and Procedures—Section 3: The Survey Process	Survey process results	Revise the second paragraph to read: 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. NCQA does not allow the release of preliminary results to third parties as representative of the survey results or findings which are presented in the final report. The organization may not use reports or numeric results to represent that it is NCQA Accredited without a final NCQA Accreditation decision, as described above.	**CL**	**7/29/24**
43	Policies and Procedures—Section 3: The Survey Process	Offsite review	Revise the section to read: 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). 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	**CL**	**7/29/24**
45	Policies and Procedures—Section 3: The Survey Process	About the Survey Process—Offsite review	Revise the first paragraph and add a new second paragraph that reads: The survey begins when NCQA receives the completed survey tool and the supporting documentation. The organization must submit a complete survey tool to NCQA on the scheduled survey start date (submission date), including self-assessed scores and all supporting evidence to be considered. The organization has one opportunity during the survey process to address surveyor questions and initial findings and to submit additional supporting evidence if needed. All applicable evidence must be provided during the survey; new supporting evidence may not be introduced after the survey has concluded.	**CL**	**11/20/23**

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46	Policies and Procedures—Section 3: The Survey Process	Survey Results and Scoring—Comments about errors or omissions	Revise the text to read: 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. The organization comment process is not an opportunity to introduce new supporting evidence that was not included in the survey submission or that is in response to initial issues. NCQA only considers comments and supporting evidence that are related to factual errors or omissions in the preliminary report and are based on information and evidence presented during the survey. The organization may only submit information that existed at the time of the original survey submission with its comments. It may not introduce information that did not exist at the time of the original survey submission. Comments should only be included in IRT if findings on an element are being contested due to a scoring error or omission.	**CL**	**11/20/23**
46	Policies and Procedures—Section 3: The Survey Process	Survey Results and Scoring—Comment extension period	Revise the text to read: NCQA reviews the organization's comments and incorporates changes into the preliminary results, as appropriate. In special cases, NCQA may grant the organization a 5-calendar-day extension period to submit comments, upon request, but all comments must be received within 15 calendar days. Requests are on a case-by-case basis and require reasonable justification for the request.	**CL**	**11/20/23**
46	Policies and Procedures—Section 3: The Survey Process	Survey Results and Scoring—Notification of downgraded scores and final Accreditation decision	Revise the second paragraph to read: The organization may introduce additional supporting evidence in response to ROC findings, but may only submit information that existed at the time of the original completed survey tool submission, and may not introduce information that did not exist at the time of the original survey tool submission.	**CL**	**11/20/23**
47	Policies and Procedures—Section 3: The Survey Process	Documents dated after submission	Revise the section to read: 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. 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**

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47	Policies and Procedures—Section 3: The Survey Process	Onsite review	Revise the section to read: The onsite review date is usually scheduled for 7 weeks after submission of the survey tool. The onsite review is primarily a file review, but might also require review of additional information, staff interviews or system queries. The onsite survey can be conducted either in person or virtually, depending on the organization's preferences and ability to present files electronically. 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**
49	Policies and Procedures—Section 3: The Survey Process	Comments about errors or omissions	Revise the section to read: 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. 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**
51	Policies and Procedures—Section 3: The Survey Process	Materials not accepted during Reconsideration	Revise the section to read: 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. 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**

<table>
<tr><th colspan="6">PREVIOUSLY POSTED UPDATES</th></tr>
<tr><th>Page</th><th>Standard/Element</th><th>Head/Subhead</th><th>Update</th><th>Type of Update</th><th>IRT Release Date</th></tr>
<tr><td>90</td><td>QI 1, Element D</td><td>Scoring</td><td>E-PUBLICATION VERSION ONLY EDIT
Revise the scoring table to read as follows:<table><tr><th>Met</th><th>Partially Met</th><th>Not Met</th></tr><tr><td>The organization meets 4-5 factors</td><td>The organization meets 3 factors</td><td>The organization meets 0-2 factors</td></tr></table></td><td>CO</td><td>3/25/24</td></tr>
<tr><td>93</td><td>QI 1, Element E</td><td>Scope of review—Documentation</td><td>Replace “policies and procedures” with “policies and procedures or materials” in the first bullet.</td><td>CL</td><td>11/20/23</td></tr>
<tr><td>138</td><td>PHM 2, Element B</td><td>Explanation</td><td>Replace “at least annually” with “annually” in the first paragraph of the Explanation.</td><td>CL</td><td>3/25/24</td></tr>
<tr><td>296</td><td>UM 5, Element E</td><td>Related information—Extension conditions</td><td>Revise the first bullet under “Extension conditions” to read:
The organization may extend the decision notification time frame if the request to extend urgent concurrent care was made less than 24 hours prior to, or any time after, the expiration of the previously approved period or number of treatments. The organization may treat the request to extend urgent concurrent care as urgent preservice and send a decision notification within 72 hours.</td><td>CL</td><td>3/25/24</td></tr>
<tr><td>374</td><td>UM 1, Element A</td><td>Summary of changes</td><td>Revise the bullet to read:
• Removed the reference to “are covered benefits” in the fifth paragraph under “Medical necessity review.”</td><td>CL</td><td>11/20/23</td></tr>
<tr><td>380</td><td>UM 13, Element C</td><td>Explanation—Factor 2</td><td>Add the following language as a new fourth paragraph:
For mail service delegates only, the organization may submit the delegate’s timeliness report of mail distribution in lieu of an audit.</td><td>CL</td><td>11/20/23</td></tr>
<tr><td>380</td><td>UM 13, Element C</td><td>Explanation—Factor 5—Audit</td><td>Revise the third bullet to read:
• 5% or 50 files, whichever is less, ***or***</td><td>CO</td><td>11/20/23</td></tr>
<tr><td>382</td><td>UM 13, Element C</td><td>Exceptions</td><td>Revise the fourth paragraph to read:
Factors 3 and 4 are NA if a mail service delegate distributes information for an element with annual frequency.</td><td>CL</td><td>11/20/23</td></tr>
<tr><td>382</td><td>UM 13, Element C</td><td>Exceptions</td><td>Remove the first bullet from the sixth paragraph, which reads:
• Provide print mail service only.</td><td>CL</td><td>11/20/23</td></tr>
</table>

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
383	UM 13, Element C	Exceptions	Remove the last bullet from the sixth paragraph, which reads: • Return UM data provided by the organization.	**CL**	**11/20/23**
383	UM 13, Element C	Exceptions	Remove the seventh paragraph, which reads: All bullets must be addressed in a delegation agreement for factors 5 and 6 to be NA.	**CL**	**11/20/23**
398	CR 1, Element C	Examples	Replace "Factor 6" with "Factor 4" in the second subhead.	**CO**	**11/20/23**
429	CR 8, Element A	Data source	Remove "documented process" as a data source.	**CL**	**11/20/23**
435	CR 8, Element C	Explanation—NCQA-Accredited/Certified delegates	Revise the third paragraph under NCQA-Accredited/Certified delegates to read: Automatic credit for factors 5 and 6 is available if all delegates are NCQA Accredited under 2022 (or later) standards for Health Plan Accreditation, MBHO Accreditation, UM-CR-PN Accreditation or for NCQA Certified CVOs under the 2024 (or later) standards.	CL	**3/25/24**
507	LTSS 1, Element D	Data source	Add "reports" and "materials" as data sources.	**CL**	**11/20/23**
521	LTSS 1, Element H	Explanation	Replace "Element B and Element C" with "Element F and Element G" in the first sentence.	**CO**	**11/20/23**
523	LTSS 1, Element H	Explanation—Factor 2	Replace "complex case management" with "case management" in the first sentence of the third paragraph.	**CL**	**11/20/23**
526	LTSS 1, Element I	Scope of review—Documentation	Revise the sentence to read: NCQA reviews the organization's policies and procedures for completing person-centered assessments.	**CL**	**11/20/23**
527	LTSS 1, Element I	Explanation—Factor 2	Replace "Element F" with "Element J" in the third sentence.	**CO**	**11/20/23**
529	LTSS 1, Element J	Scope of review—Documentation	Revise the sentence to read: NCQA reviews the organization's policies and procedures for creating individualized, person-centered case management plans.	**CL**	**11/20/23**
531	LTSS 1, Element J	Explanation—Factor 5	Revise the last sentence in the first paragraph to read: Case management policies and procedures specify a process for developing an emergency back-up plan customized to the member.	**CL**	**11/20/23**
537	LTSS 1, Element L	Explanation	Replace "policies and procedures" with "processes" in the fourth paragraph.	**CL**	**11/20/23**

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538	LTSS 1, Element M	Scope of review—Documentation	Revise the first paragraph to read: *For All Survey Types:* NCQA reviews the organization's policies and procedures for factors 1-4. • For factor 1, in addition to the policies and procedures, organizations may also submit materials for LTSS provider qualifications.	**CL**	**11/20/23**
541	LTSS 2, Element A	Look-back period	Revise the look-back period for Renewal Surveys to read: *For Renewal Surveys:* At least once during the prior year.	CO	**3/25/24**
559	LTSS 3, Element A	Scope of review—Documentation	Revise the sentence to read: NCQA reviews the organization's policies and procedures for managing planned and unplanned care transitions.	**CL**	**11/20/23**
559	LTSS 3, Element A	Explanation—Factor 1	Revise the first sentence to read: The organization's policies and procedures specify a process to identify members who transition between settings.	**CL**	**11/20/23**
561	LTSS 3, Element A	Explanation—Factor 8	Replace "LTSS 1, Element B, Element C, and Element G" with "LTSS 1, Element F, Element G and Element K" in the third sentence.	**CO**	**11/20/23**
676	MA 7, Element E	Factor 1	Revise factor 1 to read: 1. Practice guidelines and utilization management guidelines are based on current evidence in widely used treatment guidelines or clinical literature.	**CL**	**3/25/24**
677	MA 7, Element E	Explanation—Factor 1	Revise the factor 1 Explanation to read: ***Factor 1:* Guidelines based on clinical evidence** The organization's QI Committee or other designated clinical committee approves clinical practice guidelines. The organization adopts guidelines from recognized sources. It uses one of the following in adopting its clinical practice guidelines: • Current evidence in widely used treatment guidelines, ***or*** • Clinical literature.	**CL**	**3/25/24**

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697	MA 20, Element A	Explanation—Factor 8	Revise the factor 8 Explanation to read: ***Factor 8:*** **Serving a diverse membership** The program description outlines the organization's approach to address the cultural and linguistic needs of its membership. The description must also include how the organization incorporates activities that reduce disparities in health and health care. These activities must be broadly accessible irrespective of race, ethnicity, national origin, religion, sex, or gender. These activities may be based upon health status and health needs, geography, or factors not listed in the previous sentence only as appropriate to address the relevant disparities in health and health care. The QI program description includes other objectives the organization deems appropriate.	**CL**	**3/25/24**
734	SNP 2, Element A	Explanation	Revise the second paragraph in the Explanation to read: The organization conducts an initial and annual health risk assessment using a comprehensive health risk assessment tool and ensures results from the initial assessment and annual reassessment conducted for each member enrolled in the plan are addressed in the member's individualized care plan as required under 422.101(f)(1)(i) and 422.101(f)(1)(ii). Beginning January 1, 2024, the comprehensive risk assessment tool must include one or more questions on each of the following domains: • Housing stability. • Food security. • Access to transportation.	**CL**	**3/25/24**
2-23	Appendix 2—Delegation and Automatic Credit Guidelines	Table 3: Automatic credit by Evaluation Option for delegating to an NCQA-Accredited MBHO, or a delegate that is NCQA Accredited in UM, CR or PN or an NCQA-Certified CVO	Add new footnote 21 to row "D" under "CR 1: Credentialing Policies" in Table 3: D | Credentialing System Controls Oversight | | | | Y[11] | Y[11] | Y[11] | Y[21] | Y[21] | Y[21] [21] Automatic credit is available if the delegate is Certified under the 2024 CVO standards and beyond. For the system controls elements (structural requirements), if activities are delegated to an NCQA-Accredited health plan (Table 2), a delegate that is NCQA Accredited in UM/CR (Table 3) or a Certified CVO (Table 3), the organization is not required to provide its own documentation.	**CL**	**11/20/23**

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<tr><td>3-8</td><td>Appendix 3—MAC Policy</td><td>Table 2: 2024 LTSS Distinction Standards for MAC Survey</td><td>Update the LTSS table to read:
Table 2: 2024 LTSS Distinction Standards for MAC Survey
<table>
<tr><th colspan="2">2024 Standards/Elements</th></tr>
<tr><td colspan="2">LONG-TERM SERVICES AND SUPPORTS</td></tr>
<tr><td colspan="2">LTSS 1: Core Features</td></tr>
<tr><td>A</td><td>Program Description</td></tr>
<tr><td>B</td><td>Service Authorization</td></tr>
<tr><td>C</td><td>Notification of Service Authorization</td></tr>
<tr><td>D</td><td>Demographic Data Collection</td></tr>
<tr><td>E</td><td>Privacy Protections for Data</td></tr>
<tr><td>F</td><td>Assessment of Health, Functioning and Communication Needs</td></tr>
<tr><td>G</td><td>Resource Assessment</td></tr>
<tr><td>H</td><td>Comprehensive Assessment Implementation</td></tr>
<tr><td>I</td><td>Person-Centered Assessments</td></tr>
<tr><td>J</td><td>Person-Centered Care Planning Process</td></tr>
<tr><td>K</td><td>Implementing the Care Planning Process</td></tr>
<tr><td colspan="2">LTSS 3: Care Transitions</td></tr>
<tr><td>A</td><td>Process for Transitions of Care</td></tr>
</table></td><td>CL</td><td>7/29/24</td></tr>
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