



Community-Based Palliative Care (CBPC)

Enrollment Application Overview

Disclaimer

The following materials are intended to serve as a resource and do not constitute official DMAHS application instructions for the Community-Based Palliative Care benefit.

For specific requirements and application instructions, please refer to the NJMMIS website and the enrollment application.

These materials are not intended to replace detailed guidance provided by each MCO, such as information included in MCO provider manuals, which are an essential resource for any provider seeking to participate with a specific MCO.

If you have any questions, please reach out to MAHS.CBPC@dhs.nj.gov

Welcome to Community-Based Palliative Care (CBPC)!

**These materials
focus on the
enrollment process
to become a Medicaid
CBPC provider**

Included in these materials:

- **Recap of CBPC requirements for providers**
- **Best practices for enrollment and frequently asked questions**
- **Overview of CBPC Enrollment Application (FD-439) to be a state Medicaid Provider for CBPC**
 - Required sections | Provider entity
 - Required sections | Practitioners
 - Optional sections
- **Next steps and reminders**

Recap of CBPC requirements for providers

Provider qualifications | In order to qualify for and participate in the CBPC benefit, providers must meet several criteria



Be a **hospice agency, home health agency, physician group, or independent clinic**

- Hospitals and SNFs are not eligible to enroll
- FQHCs are excluded from year 1 of the program



Interdisciplinary Team (IDT) practitioner requirements: Be able to **deploy all required IDT practitioners**



Palliative care proficiency: Meet all requirements to **demonstrate sufficient proficiency in palliative care by following one of these two paths**

- **Entity-level:** Hold entity-level **certification from a nationally recognized body** specializing in community-based palliative care (The Joint Commission, Community Health Accreditation Partner, Accreditation Commission for Health Care)¹ **OR**
- **Practitioner-level:** Submit proof of each required IDT practitioner's **individual certification** in palliative care **OR completed 12 Continuing Education Units (CEUs)** in palliative care²



Offer a **24/7 telephone line** to triage member issues

1. By a provider's re-validation after 3 years in the benefit, they must hold entity-level certification; individual practitioner proficiency will no longer be accepted at that point. 2. To count toward the 12 CEU requirement, training must have been completed in the last 12 months prior to application and must cover topic(s) from the DMAHS-approved list detailed in program guidance. Not all topics must be covered for a practitioner's training to be considered sufficient. Note: SNF = Skilled nursing facility, IDT = Interdisciplinary team

IDT practitioners | Providers must be able to deploy all required IDT roles



Medical Director



Lead Clinician



Registered Nurse



Mental Health Professional



Chaplain¹

Only required if serving pediatric patients



Child Life Specialist

Role	Serves as resource to team, including medical direction and facility oversight	Serves as team lead; responsible for directly rendering care and prescribing	Manages day-to-day care for member based on care plan	Provides mental health counseling for member based on care plan	Provides spiritual and emotional support to member and their families/caregivers	Supports children and adolescent, as patients or as family of a patient receiving CBPC
License / certificates	<ul style="list-style-type: none"> MD or DO license 	<ul style="list-style-type: none"> MD, DO, PA, or NP/APRN license Hospice / palliative care certification DEA & CDS 	<ul style="list-style-type: none"> RN license 	<ul style="list-style-type: none"> LCSW, LPC, or LMFT license 	<ul style="list-style-type: none"> Board certification, Clinical Pastoral Education, or entity certified in palliative care / hospice 	<ul style="list-style-type: none"> Certified Child Life Specialist (CCLS) credential
Can be contracted?	Yes	No , must be employed	Yes	Yes	Yes	Yes
Required to enroll?	Yes – may be fulfilled by the same practitioner if appropriately qualified		No	Yes	No	No

1. Chaplains may be excused from a member's IDT at member request but are always required for an enrollment application
 Note: IDT = Interdisciplinary team; LCSW = Licensed Clinical Social Worker; LPC = Licensed Professional Counselor; LMFT = Licensed Marriage and Family Therapist

Palliative care proficiency | Certification and training requirements for required IDT practitioners

1

Does the provider entity hold palliative care certification from one of three nationally recognized bodies specializing in community-based palliative care?:

- The Joint Commission (TJC)
- Accreditation Commission for Health Care (ACHC)
- Community Health Accreditation Partner (CHAP)

YES: no further verification of practitioner training or palliative care certification, **except for Lead IDT Clinician¹**

NO: proceed to verify practitioner palliative care certifications and/or training completion

2

Entities without palliative care certification will need to demonstrate for each member of the required IDT:

Individual certifications in hospice & palliative medicine

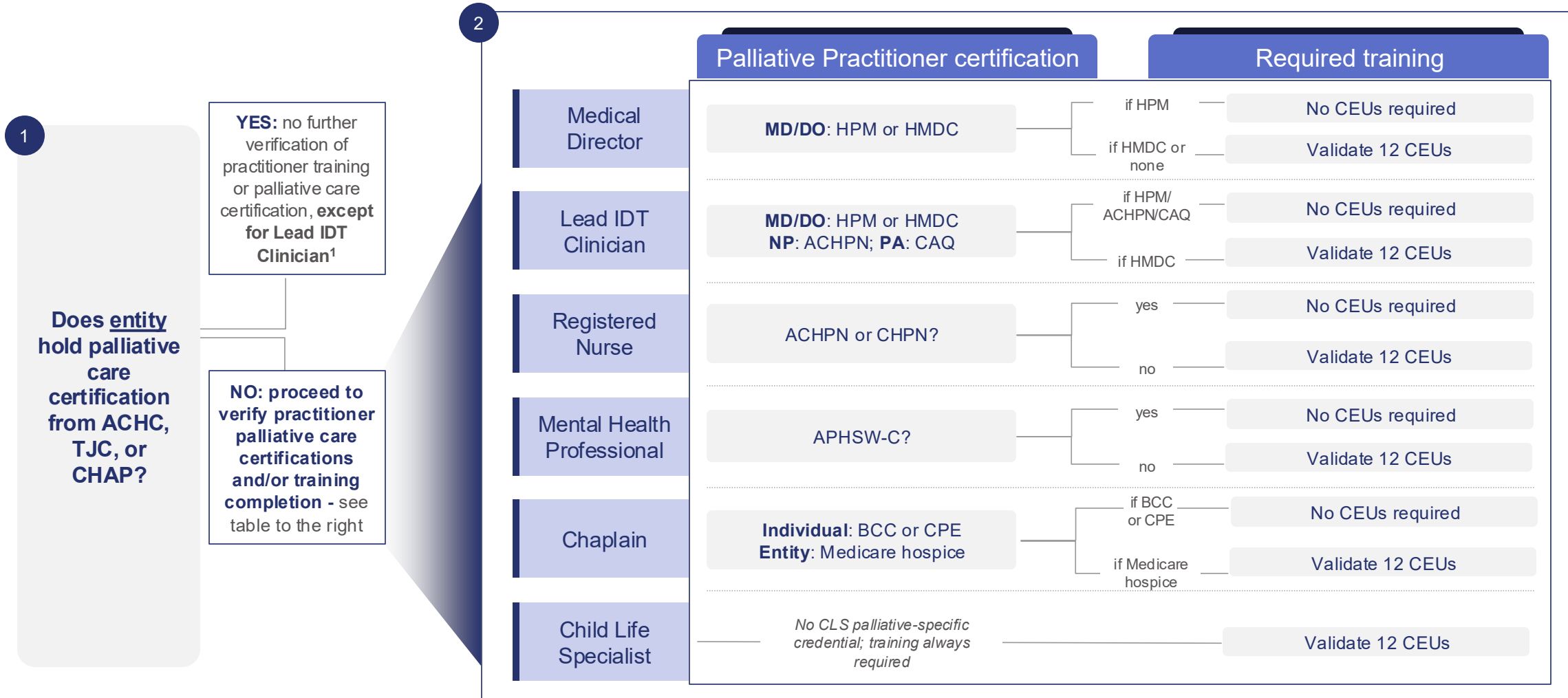
OR

Completion of 12 CEUs of palliative care-specific training within 12 months prior to application, among a DMAHS-provided list of approved topics²

Exact certifications accepted by individual practitioner and logic flow shown on next page

1. Regardless of an entity's palliative care certification, the Lead IDT Clinician must always hold practitioner certifications in hospice & palliative medicine (detailed on next page). 2. To count toward the 12 CEU requirement, training must have been completed in the last 12 months prior to application and must cover topic(s) from the DMAHS-approved list detailed in program guidance. Not all topics must be covered for a practitioner's training to be considered sufficient.

Detail | Certification and training requirements for required IDT practitioners



1. Regardless of an entity's palliative care certification, the Lead IDT Clinician must always have one of the practitioner certifications listed above

Note: **ACHC** = Accreditation Commission for Health Care; **TJC** = The Joint Commission; **CHAP** = Community Health Accreditation Partner; **HPM** = Board Certification in Hospice & Palliative Medicine; **CHMD** = Certified Hospice Medical Director; **ACHPN** = Advanced Certified Hospice and Palliative Nurse; **CAQ** = Certificate of Added Qualifications in Palliative Medicine & Hospice Care; **CHPN** = Certified Hospice & Palliative Nurse; **APHSW-C** = Advanced Palliative Hospice Social Worker – Certified; **BCC** = Board Certified Chaplain; **CPE** = Clinical Pastoral Education (Level II); **CLS** = Child Life Specialist; **CEU** = Continuing Education Unit

Detail | Lead IDT Clinicians must hold one of four accepted hospice / palliative medicine certification types – depending on their license

Certification for MD/DOs

- 1 **Board Certification in Hospice and Palliative Medicine (HPM)**
 - Any American Board of Medical Specialties (AMBS) member board HPM subspecialty certificate
- 2 **Hospice Medical Director Certified (HMDC)**
 - Issued by Hospice Medical Director Certification Board

Certification for NPs

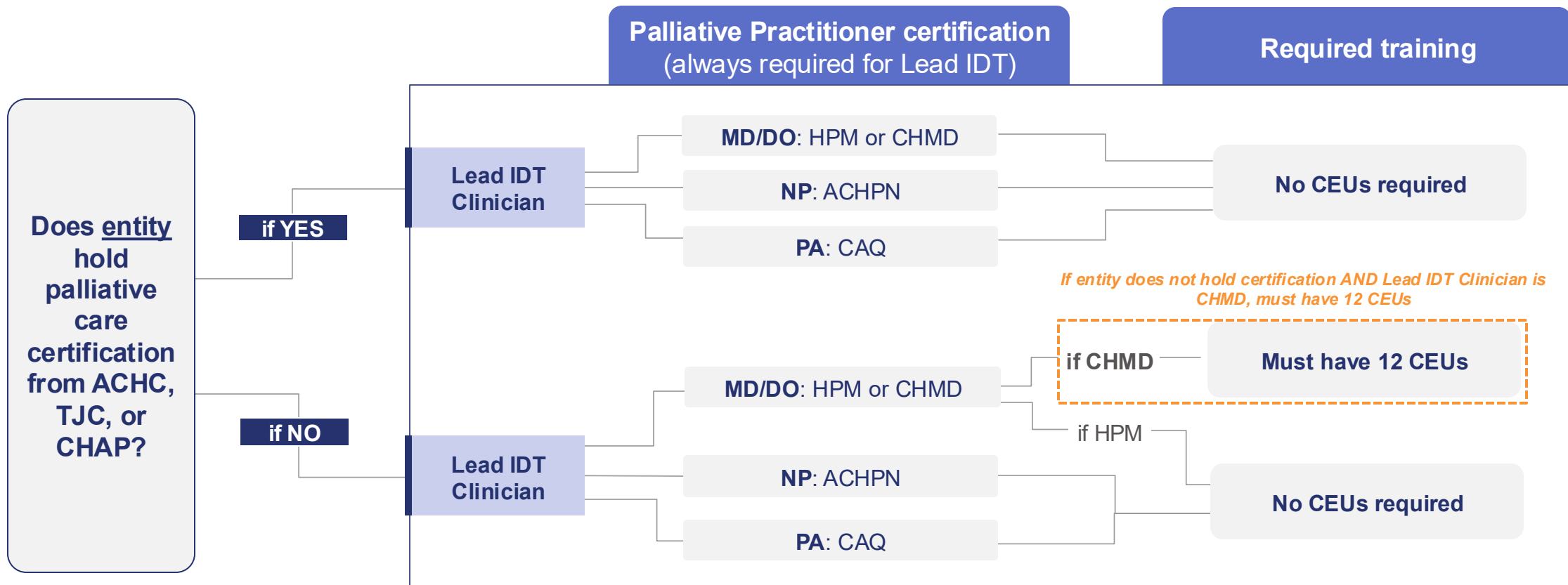
- 3 **Advanced Certification in Hospice and Palliative Nursing (ACHPN)**
 - Certification issued by the Hospice & Palliative Credentialing Center

Certification for PAs

- 4 **Certificate of Added Qualifications (CAQ) in Palliative Medicine & Hospice Care**
 - Issued by the National Commission on Certification of Physician Assistants (NCCPA) as a specialty certification

Recall: In addition to the hospice / palliative medicine certification, a Lead IDT clinician must hold an **MD, DO, PA, or NP/APRN license** and **active DEA and CDS registration**

Detail | Lead IDT Clinician must always have palliative practitioner certification; training is required only if no entity certification and if Lead IDT is a CHMD



If the Lead IDT Clinician is a **Certified Hospice Medical Director (CHMD)**, AND the provider entity **does NOT** hold entity-level palliative care certification, then the **Lead IDT clinician must show training completion**

Note: **ACHC** = Accreditation Commission for Health Care; **TJC** = The Joint Commission; **CHAP** = Community Health Accreditation Partner; **HPM** = Board Certification in Hospice & Palliative Medicine; **CHMD** = Certified Hospice Medical Director; **ACHPN** = Advanced Certified Hospice and Palliative Nurse; **CAQ** = Certificate of Added Qualifications in Palliative Medicine & Hospice Care

Detail | Chaplains may qualify by holding one of the approved individual credentials or by the entity holding hospice or palliative certification

Individual credentials options

OR

Entity-level certification options

1 Level II Clinical Pastoral Education

- Must be from a program accredited by the Association for Clinical Pastoral Education

2 Healthcare chaplaincy certification

- ACCC: BCC, Board Endorsed Clinical Chaplain
- NAVAC: BCC, Certified Clinical Chaplain
- SCA: BCC, Advanced Practice BCC
- CASC: Certified Spiritual Care Practitioner
- NAJC: BCC
- APC: BCC
- NACC: BCC

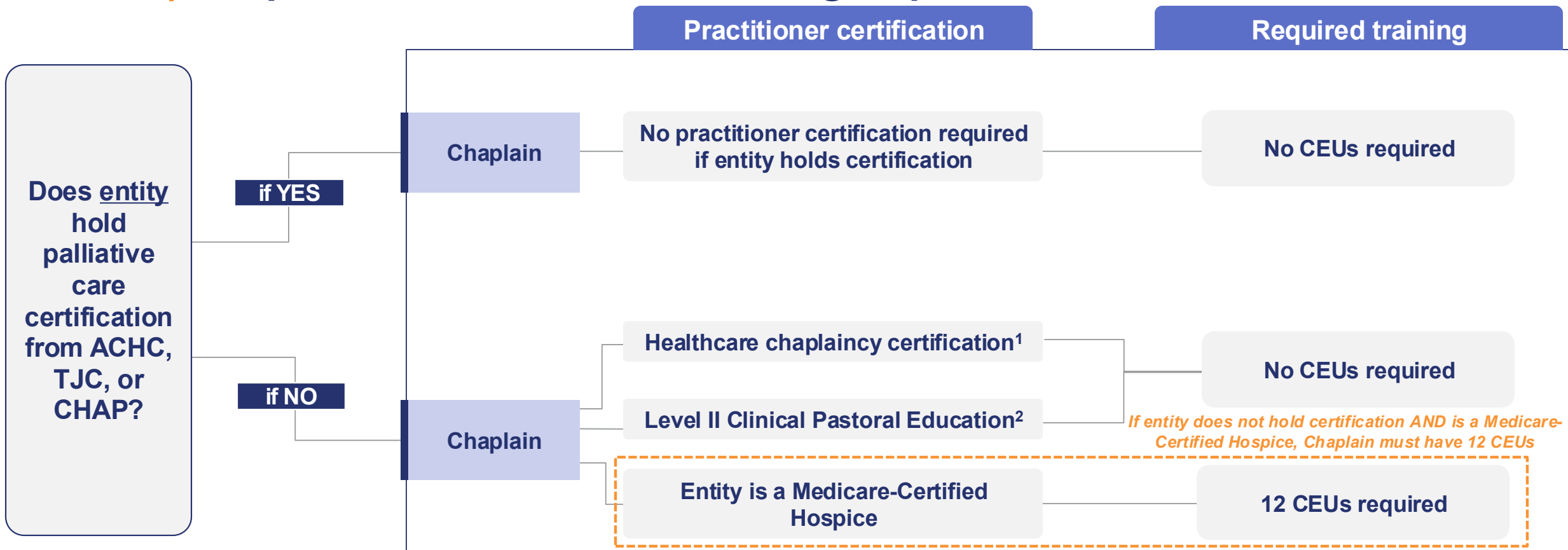
3 Medicare hospice certification

- Issued by the Center for Medicare and Medicaid Services

4 Palliative Care Certification

- The Joint Commission: Palliative Care Certification
- Community Health Accreditation Partner: Palliative Care Certification
- Accreditation Commission for Health Care: Palliative Care Distinction or Accreditation

Detail | Chaplain certification and training requirements



If the provider entity does NOT hold entity-level palliative care certification AND is a Medicare-Certified Hospice, then the Chaplain must show training completion

Note: **ACHC** = Accreditation Commission for Health Care; **TJC** = The Joint Commission; **CHAP** = Community Health Accreditation Partner

1. See NJ CBPC Program Guidance for acceptable healthcare chaplaincy certifying bodies
 2. Must be through a program accredited by the Association for Clinical Pastoral Education (ACPE)



Best practices for enrollment and frequently asked questions

Where to find the CBPC Enrollment Application (FD-439)

How to download CBPC enrollment application

1. Go to NJMMIS Website, navigate to "Provider Enrollment Application" tab, or visit <https://www.njmmis.com/providerEnrollment.aspx>
2. Select your provider entity type on the drop-down:
 - Physician group
 - Hospice
 - Home Health
 - Independent clinic
3. Download the full application
4. **Complete the full application** – including all base provider type information and **CBPC-specific information (FD-439)** - and submit to Gainwell

Provider Enrollment Applications

Provider Type:

Select Provider Type



NJ FAMILYCARE

FD-439 | Provider Enrollment: Palliative Care Add-On Form

NJ FamilyCare Community Based Palliative Care

Palliative care is extra support for people with serious illnesses. It helps manage symptoms, reduce stress, and works with other treatments. An interdisciplinary care team (IDT) listens to what matters to the member and supports their choices—so they can focus on quality of life.

The Community Based Palliative Care (CBPC) benefit will provide team-based support for persons with serious disease. It will help members manage symptoms and navigate the care system.

Purpose of the FD-439 Palliative Care Add-On Form

The FD-439 Palliative Care Add-On form outlines the CBPC-specific fields that the state and MCOs will verify for Fee-for-Service (FFS) enrollment and MCO credentialing, respectively. Providers must first enroll with NJ Medicaid FFS as CBPC providers before being able to complete MCO contracting and credentialing. Providers must submit a completed FD-439 to NJMMIS as part of a complete enrollment package to add the CBPC specialty code (999). MCOs will also include the FD-439 in their credentialing packets for providers that have expressed interest in delivering the CBPC benefit and have been approved for the CBPC specialty code in NJMMIS. Providers should plan to submit FD-439 to NJMMIS, then once Medicaid enrollment is approved, submit the FD-439 separately to MCOs.

Best practices for submitting a complete and clean enrollment application

- **Complete a full Fee-for-Service Provider Enrollment Application package for your provider type** (i.e., hospice, home health, independent clinic, physician group)
 - Includes Disclosure of Ownership (DOO) and Provider Agreement – *see following slides for detail*
- **For the CBPC application (FD-439), fill out all required fields** (Parts 1A- 2B)
 - Do not leave any required field blank
 - Include all details and required qualifications for all required IDT members
 - If a field is not applicable, please put "N/A"
- **Attach all supporting documentation** (e.g., entity license, practitioner license, certifications, CEU course certificates)
- If you have any questions, **email MAHS.CBPC@dhs.nj.gov**

FFS Provider Enrollment Application | Key documents as part of broader application include the Disclosure of Ownership and Provider Agreement

Non-exhaustive list of documents and relevant instructions

Disclosure of Ownership ("DOO") (FD-452)

- Providers are strongly encouraged to carefully review the instructions and definitions included in form FD-452
- Providers **must disclose the name and address of any individual or entity with an ownership or control interest in the provider¹**
- Ensure all ownership information is complete and accurate
- If a section does not apply, write "N/A"; **do not leave any section blank**

Provider Agreement (FD-63)

- **Must be signed all IDT members who are eligible to receive a Medicaid ID** (i.e., Medical Director, Lead IDT Clinician, and Licensed Mental Health Professional)

Please refer to the NJMMIS website and application downloads for the full list of required documents for a Fee-For-Service Provider Enrollment Application Package

1. Per [CFR 455.104](#).

Frequently Asked Questions | General enrollment

Question	Answer
Do I only submit the CBPC-portion of the enrollment application?	<p>No; providers are required to complete a full base provider type enrollment application (~70 pages; all section are required including the Disclosure of Ownership and Provider Agreement) not just the CBPC-specific section, even if they already hold a Medicaid ID when applying for CBPC.</p> <p>Applications with only the CBPC-specific section will be considered incomplete.</p>
Do I need to fill out separate applications to enroll individual clinicians?	<p>No; fill out one full application with all members of the IDT. If a clinician who is required to have a Medicaid ID (Medical Director, Lead IDT Clinician, Licensed Mental Health Practitioner) is not yet Medicaid-enrolled, then a successful application will result in the clinician earning a Medicaid ID.</p>
What is the difference between NJMMIS enrollment, MCO credentialing, and contracting?	<p>NJMMIS enrollment requires the submission of a full base provider type application to Gainwell Technologies to add the CBPC specialty code and offer CBPC services.</p> <p>Once enrolled, in-network providers already participating as one of the four accepted provider types need only submit the CBPC add-on form and required palliative care documentation to the MCO for credentialing.</p> <p>Providers must also execute contracts (new or addendum) with each MCO that they are a participating provider outlining payment, authorization, and care coordination.</p> <p>Please see Training #2 materials on DMAHS CBPC website for further detail.</p>

Frequently Asked Questions | General enrollment

Question

Answer

How do I check my enrollment status?

Visit the [Provider Enrollment Application Status page on the NJMMIS website](#) and enter your **EIN/SSN** and the **reference number** received upon application submission

Providers may indicate **non-profit status in the DOO**. If a provider is classified as a non-profit organization, **they are required to submit information for their board members**.

How do I complete the DOO if I am a non-profit?

Providers must **attach a separate sheet with the following information or include it in the “remarks “section on page 12 of the FD-452**. For each board member, please **provide:**

- Full name
- Title/role
- Date of birth
- Social Security number
- Residential address

Frequently Asked Questions | Provider qualifications

Question	Answer
Is entity-level certification required?	<p>It is not required for your initial application; however, it will be required for re-validation (3 years after initial enrollment)</p> <p>Providers applying without entity-level certification must ensure required IDT practitioners hold individual palliative certification OR have completed the 12 CEUs of training in palliative care topics</p>
Which 'entity' needs to hold palliative care certification?	<p>In general, the palliative care certification (TJC, ACHC, CHAP) should be held by or associated with the Type 2 NPI of the provider that is applying for the benefit</p> <p>A physician group associated with a hospital system that holds an inpatient palliative care certification still must (by re-validation in 3 years) earn certification in community-based palliative care and associate that certification with its own physician group NPI</p> <ul style="list-style-type: none"> • E.g., The Joint Commission <u>Inpatient</u> Palliative Care certification is <u>not</u> sufficient for this benefit; The Joint Commission Community-Based Palliative Care certification is sufficient

Frequently Asked Questions | Provider qualifications

Question	Answer
Do IDT practitioners have to have completed the 12 CEUs of training <i>before</i> I submit the application?	Yes; 12 CEUs of training must be completed within the past 12 months of application
Are there certain training providers or courses that are required for the completion of 12 CEUs?	No; DMAHS has not mandated a specific training provider or courses for the completion of 12 CEUs A list of suggested training providers can be found on the DMAHS CBPC website The Center to Advance Palliative Care (CAPC) has compiled a set of courses appropriate for New Jersey CBCP that can be found at https://www.capc.org/training/learning-pathways/new-jersey-division-of-medical-assistance-and-health-services-palliative-care-training-for-physicians-and-physician-associates/

CBPC Enrollment Application (FD-439) – Overview

The CBPC enrollment application (FD-439) has four major components; parts 1A-1C and 2A-2B are required to be filled out in their entirety

Not exhaustive

Entity or clinician	Provider entity	Required IDT practitioners	Optional IDT practitioners	Subcontracted practitioners (optional ²)
Relevant form sections	☆ 1A – 1C	☆ 2A – 2B	2C	2D
Summary of what will MCOs will collect & validate	<ul style="list-style-type: none"> Identifying information If applicable: Entity certification in palliative care If no entity certification: confirmation of required IDT practitioner certification and/or training completion Attestation of 24/7 hotline 	<ul style="list-style-type: none"> Identifying information License Palliative care certification and/or training completion¹ Employment type (employed or contracted) 	<ul style="list-style-type: none"> Identifying information License and/or certification Employment, contracted, or subcontracted² 	<ul style="list-style-type: none"> If applicable, details of subcontracted organization and roles subcontracted²

☆ Required section

The following pages provide an overview of the FD-439 sections and do not cover all required components of the enrollment application (e.g., Disclosure of Ownership, Provider Agreement)

1. Recall, Lead IDT clinician always required to demonstrate individual certification in hospice and palliative medicine; if entity does not hold entity-level certification, then required IDT practitioners must demonstrate individual certification or completion of 12 CEUs of training in palliative topics within past 12 months. 2. Subcontracting only available as an option for optional IDT practitioners

CBPC Enrollment Application (FD-439) – Overview of required sections | Provider entity

Required sections | Part 1A: Provider Entity - Information

The individual completing this form must fill out:

- Their full name
- Legal business name of the provider entity
- "Doing business as" name – *if applicable*
- Address of the entity
- Palliative care email for referrals
- Palliative care program website
- Entity Type II NPI
- Entity Medicaid ID
- TIN/EIN
- Administrative contact information for the entity
- Entity type – *select one*
- NJ State License – *write N/A if the entity is a physician group without an entity-level license*

PART 1A: PROVIDER ENTITY – INFORMATION			
Full Name of Individual Completing Form:			
Legal Business Name:			
DBA Name: <i>(if applicable)</i>			
Address:			
	street address	city	state zip code
Palliative Care Email for Referrals:			
Palliative Care Program Website:			
Entity Type II NPI:			
Entity Medicaid ID:			
Tax Identification Number (TIN)/Employee Identification Number (EIN):			
Provider Administrative Contact:			
	title	full name	fax number
	email	phone number	
Entity Type <i>(select one)</i> :	<input type="checkbox"/> Hospice	<input type="checkbox"/> Home Health Agency	<input type="checkbox"/> Physician Group <input type="checkbox"/> Other: <input type="text"/>
NJ State Licensure: <i>(write N/A if physician group without entity-level license)</i>			
	license number	expiration date	

Required sections | Part 1B: Provider Entity – Palliative Care Certification

Select at least one:

- Entity holds palliative care certification from ACHC, CHAP, or TJC
- Entity does not yet hold palliative care certification

PART 1B: PROVIDER ENTITY – PALLIATIVE CARE CERTIFICATION

- Certification(s): Accreditation Commission for Health Care (ACHC): Palliative Care Accreditation or Distinction
(check at least one) Community Health Accreditation Partner (CHAP): Palliative Care Certification
 The Joint Commission (TJC): Community-Based Palliative Care Certification
 No certification yet; each required practitioner holds indiv. certification or has completed 12 CEUs
 (only acceptable at initial enrollment; entity certification required at re-validation)

If entity holds palliative care certification from ACHC, CHAP, or TJC, all "Training Requirement" sections within Parts 2A-2B and the Appendix may be left blank.

If the entity holds palliative care certification, the "Training Requirement" sections within Parts 2A-2B and the Appendix may be left blank.

Entity-level certification is not required to apply for CBPC upon initial enrollment; however, it will be required for re-validation (3 years after initial enrollment). The palliative care certification (TJC, ACHC, CHAP) should be held by or associated with the Type 2 NPI of the provider that is applying for the benefit.

Required sections | Part 1C: Provider Entity – 24/7 Telephone Line

The individual completing this form must:

- Indicate centralization type: Entity-wide line or location-specific lines
- List all after-hours telephone line(s)
- Describe capabilities and confirm the telephone line operates 24/7
- Indicate service type: In-house, contracted, or primarily in-house with contracted service as backup
- If the telephone line does not operate fully in-house, provide details of the telephone line-entity

PART 1C: PROVIDER ENTITY – 24/7 TELEPHONE LINE			
Centralization:	<input type="checkbox"/> Entity-wide line	<input type="checkbox"/> Location-specific lines (one per location)	
After Hours Telephone Line(s):			
	phone number	affiliated street address (if applicable)	
	phone number	affiliated street address (if applicable)	
	phone number	affiliated street address (if applicable)	
Briefly describe capabilities and confirm 24/7 operation:			
Service:	<input type="checkbox"/> In-house	<input type="checkbox"/> Contracted <i>(specify details below)</i>	<input type="checkbox"/> Primarily in-house with contracted service as backup <i>(specify details below)</i>
Telephone line entity details (if not fully in-house):			
Legal Business Name:			
DBA Name: <i>(if applicable)</i>			
TIN/EIN:			
Business Address:			
	street address	city	state zip code
Business Phone Number:			

Required sections | Part 1D: Provider Entity – Ages of Patient Served

PART 1D: PROVIDER ENTITY – AGES OF PATIENTS SERVED

Ages served by IDT: 0–18 Years of Age *(if checked, Child Life Specialist is a required practitioner)*

19+ Years of Age *(if checked, Child Life Specialist is optional and Child Life Specialist fields on page 14 may be left blank)*

Select one:

- **0-18 years of age** if your entity serves pediatric patients
 - A Child Life Specialist is required
 - Complete Part 2B: Child Life Specialist
- **19+ years of age** if your entity serves adult patients only
 - A Child Life Specialist is optional
 - Part 2B: Child Life Specialist may be left blank

CBPC Enrollment Application (FD-439) – Overview of required sections | Practitioners

Required sections | Part 2A: Practitioners – Medical Director (I/II)

PART 2A: PRACTITIONERS – REQUIRED ENTITY-LEVEL	
Medical Director (MD, DO)	<input type="checkbox"/> Employed directly <input type="checkbox"/> Contracted
Fulfilled by:	<input type="checkbox"/> Lead IDT Clinician <i>(check only if Lead IDT Clinician is an employed MD or DO; if checked → skip to Section 2B)</i>
Full Name:	
Specialty:	

If the Lead IDT Clinician is not serving as the Medical Director, complete Part 2A

If the Lead IDT Clinician is an employed MD or DO, skip to Part 2B

Check to indicate whether Medical Director is directly employed or contracted

Required sections | Part 2B: Practitioners – Lead IDT Clinician

Check both boxes to confirm Lead IDT Clinician has Drug Enforcement Administration (DEA) and Controlled Drug Substances (CDS) registration, and fill out registration details

Check to confirm Lead IDT Clinician is directly employed

PART 2B: PRACTITIONERS – REQUIRED IDT-LEVEL			
Lead IDT Clinician (MD, DO, PA, NP)		<input type="checkbox"/> Confirm practitioner is employed directly (required)	
Full Name:			
Specialty:			
NJ Licensure:	license type (MD, DO, PA, NP)	Certification: If MD/DO: <input type="checkbox"/> Board Certification in Hospice + Palliative Medicine <input type="checkbox"/> Certified Hospice Medical Director (complete Training Requirement section, unless entity holds palliative certification)	
Identification:	social security number	date of birth (mm/)	certification ID # certification date expiration date
Registration: (both required, complete both)	<input type="checkbox"/> DEA Registration <input type="checkbox"/> CDS Registration		If Nurse Practitioner (NP): Certification: <input type="checkbox"/> Advanced Certified Hospice & Palliative Nurse certification ID # certification date expiration date
			If Physician Assistant (PA): Certification: <input type="checkbox"/> CAQ in Palliative Medicine & Hospice Care certification ID # certification date expiration date
	Training Requirement (12 CEUs required only if CHMD checked above, unless entity holds palliative care certification)		
	Training: (for every course, fill out a row and attach certification documents)		
	training course title	CE topic(s) (from approved list)	completion date CEUs completed
	Total # completed Continuing Education Units (CEUs) in palliative care:		

The Lead IDT Clinician must always hold palliative care certification, regardless of entity's status. Check to indicate the certification according to their license type (select one) and add relevant ID #, date, and expiration date details in fields provided.¹

- If CHMD and entity does not hold certification, then also must complete 12 CEUs and fill out training fields

CEU Training: For each completed course, write the title, CEU topic from approved list, completion date, and number of CEUs awarded

- Ensure total CEU count is added correctly and sums to 12 or greater

1. The Lead IDT Clinician is required to hold one of the four following palliative care certifications - MD/DO: Board Certification in Hospice & Palliative Medicine (HPM) or Certified Hospice Medical Director (CHMD); NP: Advanced Certified Hospice and Palliative Nurse (ACHPN); PA: Certificate of Added Qualifications in Palliative Medicine & Hospice Care (CAQ)

CBPC Enrollment Application (FD-439) – Overview of optional sections

Optional IDT practitioners|
Providers may supplement the core IDT with optional practitioners based on the individual needs of members

*Palliative care certification and/or 12 CEUs of training are **NOT** required for optional practitioners*

Example optional practitioners:

- **Physician Assistant** (non-rendering)
 - *May not be subcontracted*
- **Nurse Practitioner** (non-rendering)
 - *May not be subcontracted*
- **Pharmacist**
- **Home Health Aide**
- **Certified Nursing Aide or Assistant**
- **Licensed Practical Nurse**
- **Community Health Worker**
 - *Must complete Colette Lamothe-Galette training; email interest to CLGI@doh.nj.gov*

Optional sections | Part 2C: Optional IDT Practitioners

If deploying an optional practitioner, check to indicate whether they are directly employed, contracted, or subcontracted¹

If subcontracting an optional practitioner, complete Part 2D

PART 2C: PRACTITIONERS – OPTIONAL IDT-LEVEL	
Complete only for the roles that the entity is currently/planning to deploy; leave the rest of the fields blank	
Nurse Practitioner (non-rendering)	
Full Name:	
Employment:	<input type="checkbox"/> Employed directly <input type="checkbox"/> Contracted
NJ Licensure:	
license number	expiration date
PII:	
social security number	date of birth (mm/dd/yyyy)
Identification:	
(required) NJ Medicaid ID #	NPI
Physician Assistant (non-rendering)	
Full Name:	
Employment:	<input type="checkbox"/> Employed directly <input type="checkbox"/> Contracted
NJ Licensure:	
license number	expiration date
PII:	
social security number	date of birth (mm/dd/yyyy)
Identification:	
(required) NJ Medicaid ID #	NPI

Pharmacist	
Employment:	<input type="checkbox"/> Employed directly <input type="checkbox"/> Contracted <input type="checkbox"/> Subcontracted (if so, complete 2D and skip to LPN)
Full Name:	
NJ Licensure:	
license number	expiration date
PII:	
social security number	date of birth (mm/dd/yyyy)
Identification:	
(optional) NJ Medicaid ID #	NPI
Licensed Practical Nurse (LPN)	
Employment:	<input type="checkbox"/> Employed directly <input type="checkbox"/> Contracted <input type="checkbox"/> Subcontracted (if so, complete 2D and skip to HHA)
Full Name:	
NJ Licensure:	
license number	expiration date
PII:	
social security number	date of birth (mm/dd/yyyy)

These sections are optional. Complete these fields for the roles the entity is deploying². Leave all other fields blank.

1. Nurse Practitioners and Physician Assistants may not be subcontracted

2. "Deployment" refers to practitioners who are assigned by the CBPC provider entity to deliver care to its patients, whether employed directly, contracted, or subcontracted.

Optional sections | Part 2C: Optional IDT Practitioners

If deploying an optional practitioner, check to indicate whether they are directly employed, contracted, or subcontracted

- If subcontracting, complete Part 2D

Home Health or Hospice Aide (HHA)

Employment: Employed directly Contracted Subcontracted (if so, complete 2D and skip to CNA)

Full Name: _____

NJ Licensure: _____

license number	expiration date
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PII: _____

social security number	date of birth (mm/dd/yyyy)
------------------------	----------------------------

Identification: _____

(optional) NJ Medicaid ID #	NPI
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If deploying a Community Health Worker (CHW), they must complete CHW training from Colette Lamothe-Galette Institute (attach supporting documentation) and demonstrate 6+ months of professional experience

These sections are optional. Complete these fields for the roles the entity is deploying¹. Leave all other fields blank.

Certified Nursing Assistant or Aide (CNA)

Employment: Employed directly Contracted Subcontracted (if so, complete 2D and skip to CHW)

Full Name: _____

Certification: _____

certification number	expiration date
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PII: _____

social security number	date of birth (mm/dd/yyyy)
------------------------	----------------------------

Identification: _____

(optional) NJ Medicaid ID #	NPI
-----------------------------	-----

Community Health Worker (CHW)

Employment: Employed directly Contracted Subcontracted (if so, complete 2D and skip to CNA)

Full Name: _____

Training: CHW training from Colette Lamothe-Galette (submit associated documentation) _____

completion date

Professional Experience – 6+ months: _____

(please detail settings, dates, and supervisors)

PII: _____

social security number	date of birth (mm/dd/yyyy)
------------------------	----------------------------

Identification: _____

(optional) NJ Medicaid ID #	NPI
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1. "Deployment" refers to practitioners who are assigned by the CBPC provider entity to deliver care to its patients, whether employed directly, contracted, or subcontracted.

Optional sections | Part 2D: Practitioners – Subcontracting

PRACTITIONERS – SUBCONTRACTING				
For every subcontracted entity, complete the following; also attach Disclosure of Ownership				
Title/Role of Subcontracted Practitioner(s):				
Details for subcontracted organization:				
Legal Business Name:				
DBA Name: <i>(if applicable)</i>				
Identification:				
	NJ Medicaid ID #	NPI	TIN/EIN	
Business Address:				
	street address	city	state	zip code
Business Phone Number:				

Note: Subcontracting is only permitted for optional IDT members. Nurse Practitioners (NPs) and Physician Assistants (PAs), although optional, must be directly employed or contracted and may not be subcontracted.

- For MCO credentialing only: Attach a Disclosure of Ownership for each subcontracted entity
- For NJMMIS enrollment: A Disclosure of Ownership for the provider entity applying for CBPC is required (see page 13 of these materials)

Attestation: Check to certify that the applying provider entity will maintain oversight of any subcontracted entity listed above.

Applying provider entity must attest that they will maintain oversight of all subcontracted entities

These sections are optional. Complete these fields for each practitioner the applying provider entity is subcontracting with. Leave all other fields blank.

Reminders and next steps

Reminders for Community-Based Palliative Care (CBPC)

Enrollment is live, as of February 2nd. Apply today!

- Reminder to fill out the **application in its entirety** for your base provider type – not just the CBPC-specific portion (FD-439)
- Recommended to not submit an application until you can fulfill all requirements and fill out a complete application

Credentialing and contracting is live with all 5 MCOs, as of February 2nd

- Providers are encouraged to **reach out to MCOs directly**

Screening and assessments are live, as of April 1st

- The Eligibility Screener is non-reimbursable and can be conducted by any provider or member of the community
- The **Comprehensive Medical Assessment Tool (CMAT)** can be conducted by **any Medicaid-enrolled MD, DO, APN, or PA** and can be billed via S2080 (S2081 for a re-assessment)
- **Review CBPC Training #3** and resources on the DMAHS CBPC Website for more details, link to the CMAT and Eligibility tools, and billing guidance

Contact Information

CBPC Program Resources

For questions or concerns regarding the **CBPC benefit or enrollment**:

- Email: MAHS.CBPC@dhs.nj.gov
- Website: <https://www.nj.gov/humanservices/dmahs/info/cbpc.html>

DMAHS resources such as program guidance, FAQs, and training information are published on the DMAHS website

Gainwell Technologies

For questions related to status of your **provider enrollment** application in NJMMIS:

- Email: njmmisproviderenrollment@gainwelltechnologies.com
- Phone: (609) 588-6036

MCO	Contact information for providers
Aetna	<p>Credentialing: Bree Lange, Sr. Manager Credentialing Ops (LangeB@aetna.com / 860-273-5220)</p> <p>Network:</p> <ul style="list-style-type: none"> • Mailbox - NJMedicaidNetworkContracting@AETNA.com • Kim Lees, Sr. Network Manager (LeesK1@aetna.com / 856-271-7446) • June-Delina Parkes, Sr. Network Manager (ParkesJ@aetna.com / 845-427-1261) • Angelica Miranda, Sr. Network Manager (MirandaA2@aetna.com / 609-515-4817)
Fidelis	<p>Credentialing: Tina Launhardt (tlaunhardt@centene.com)</p> <p>Network:</p> <ul style="list-style-type: none"> • Mailbox - wc_njpr@fideliscarenj.com • Connie Taveras (Consuelo.Taveras@fideliscarenj.com) • Shaniece Scott (Shaniece.Scott@fideliscarenj.com)
Horizon	<p>Credentialing: Jill Volarich (jill_volarich@horizonblue.com / 973-466-7065)</p> <p>Network (Contracting):</p> <ul style="list-style-type: none"> • Cesar Anicama (cesar_anicama@horizonblue.com) • Lori Bembry (lori_bembry@horizonblue.com / 609-537-2427)
United Health Care	<p>Credentialing: palliativecarecred@uhc.com</p> <p>Network (Contracting): nj_uhccp_pcs@uhc.com</p>
Wellpoint	<p>Credentialing: Jeanine Fuetterer (Jeanine.Fuetterer@wellpoint.com)</p> <p>Network: Rhonnda Talton (Rhonnda.Talton@wellpoint.com)</p>

Appendix

Chaplain | List of accepted certifying bodies for Healthcare Chaplaincy Certification

Association of Certified Christian Chaplains (ACCC)

- Accepted certification(s): Board Certified Chaplain, Board Endorsed Clinical Chaplain
- Accepted documentation: Board certification certificate and/or email confirmation from ACCC

Association of Professional Chaplains (APC)

- Accepted certification(s): Board Certified Chaplain
- Accepted documentation: Verification of Certification Letter; original certificate is not sufficient

National Association of Catholic Chaplains (NACC)

- Accepted certification(s): Board Certified Chaplain
- Accepted documentation: Verification of Certification Letter

National Association of Veterans Affairs Chaplains (NAVAC)

- Accepted certification(s): Board Certified Chaplain, Certified Clinical Chaplain
- Accepted documentation: BCC Certificate and/or NAVAC email confirmation; inclusion in online member list is not sufficient

Neshama Association of Jewish Chaplains (NAJC)

- Accepted certification(s): Board Certified Member
- Accepted documentation: Board Certified Member Certificate and/or NAJC email confirmation

Spiritual Care Association (SCA)

- Accepted certification(s): Board Certified Chaplain, Advanced Practice Board Certified Chaplain
- Accepted documentation: SCA Certificate and/or SCA email confirmation

Canadian Association of Spiritual Care (CASC)

- Accepted certification(s): Certified Spiritual Care Practitioner
- Accepted documentation: CASC Certificate and/or CASC email confirmation

Training | Practitioners subject to training requirements must have completed 12 CEUs on approved topics within 12 months prior to application

 All courses that count towards the 12 CEU requirement must cover topics from this list; however, not all topics must be covered for a practitioner's training to be considered sufficient

 Pain & symptom management

 Opioid safety

 Psychosocial support

 Spiritual care

 Cultural humility

 Serious illness communication

 Grief & bereavement

 Ethics & legal issues

 Advance care planning

 Crisis intervention

 Interdisciplinary teamwork

 Documentation standards

 Infection control

 Staff wellness

Training Resources Document: See DMAHS CBPC website for a **non-exhaustive list of palliative care training organizations**; providers may use **any organization offering CEUs** and training covering the above topics

