



Community-Based Palliative Care (CBPC)

Provider Training Session #1

Housekeeping and meeting logistics

- Feel free to **ask questions via the Q&A feature**; depending on time, we will either answer these live or respond to them offline after the call
- Session will be recorded; **recording and meeting materials will be circulated after the call**

Agenda

- Overview of NJ FamilyCare's CBPC benefit
- Provider qualifications
 - Entity-level requirements
 - IDT practitioner requirements
 - Palliative care proficiency
- Next steps for providers

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Community-Based Palliative Care (CBPC) is designed to improve quality of life for Medicaid members with serious disease



The community-based palliative care benefit will provide team-based support for persons with serious disease:

- Help members with serious illness manage symptoms and navigate the care system by providing them an interdisciplinary care management team
- Unlike hospice, members do not need a terminal prognosis or to forgo curative treatment
- Available for both adult and pediatric members, MCO and FFS

Goals of the benefit:

- Improve quality of life
- Reduce acute care use

Launch: April 1, 2026

- Medicaid enrollment will open to providers on February 2
- On April 1, providers who have completed enrollment and credentialing may start to bill MCOs and begin delivering services to members

Covered populations | Members can qualify for the benefit if they have serious disease and show evidence of reduced quality of life

1 Have a serious disease diagnosis (non-exhaustive list)

Adults: Alzheimer's or dementias, Cancer (stage III or IV), COPD, Congestive Heart Failure, Cirrhosis or liver disease, Diabetes, ESRD or chronic kidney disease, stroke, AIDS, degenerative neurological condition

Children: Pulmonary Disease, Cardiac Disease, Neonatal, End-stage Liver Disease, Genetic Disorders, Renal Disease, Metabolic/Inclusion Disease, Infectious Disease, Cancer, Orthopedic Disorders, Gastrointestinal Disease, Neurological Disorder

2 Show evidence of reduced quality of life

Demonstrated by one or more of the following:

- Evidence of **functional decline** (e.g., difficulty with at least one activity of daily living)
- **Hospitalization** within past year
- **Two or more ED visits** in past 6 months

Providers will use the **Comprehensive Medical Assessment tool** (discussed further in Training 3) to make an eligibility determination for CBPC. Providers and MCOs can also **make individual determinations of medical necessity** based on the member's condition, even if the above criteria (and those in the Medical Assessment tool) are not met¹

1. MCOs can enroll members both if the member has an uncovered disease (e.g., for rare diseases) or if they do not meet the functional decline / acute care use criteria but the MCO believes that care would be beneficial

Covered services | CBPC covers a broad set of services delivered by an interdisciplinary team (IDT) in non-inpatient settings

Comprehensive care planning and coordination

Advance care planning discussions

Symptom assessment and management

Medication review: adjustments, titration, and prescribing

Home-based or clinic-based visits by licensed practitioners

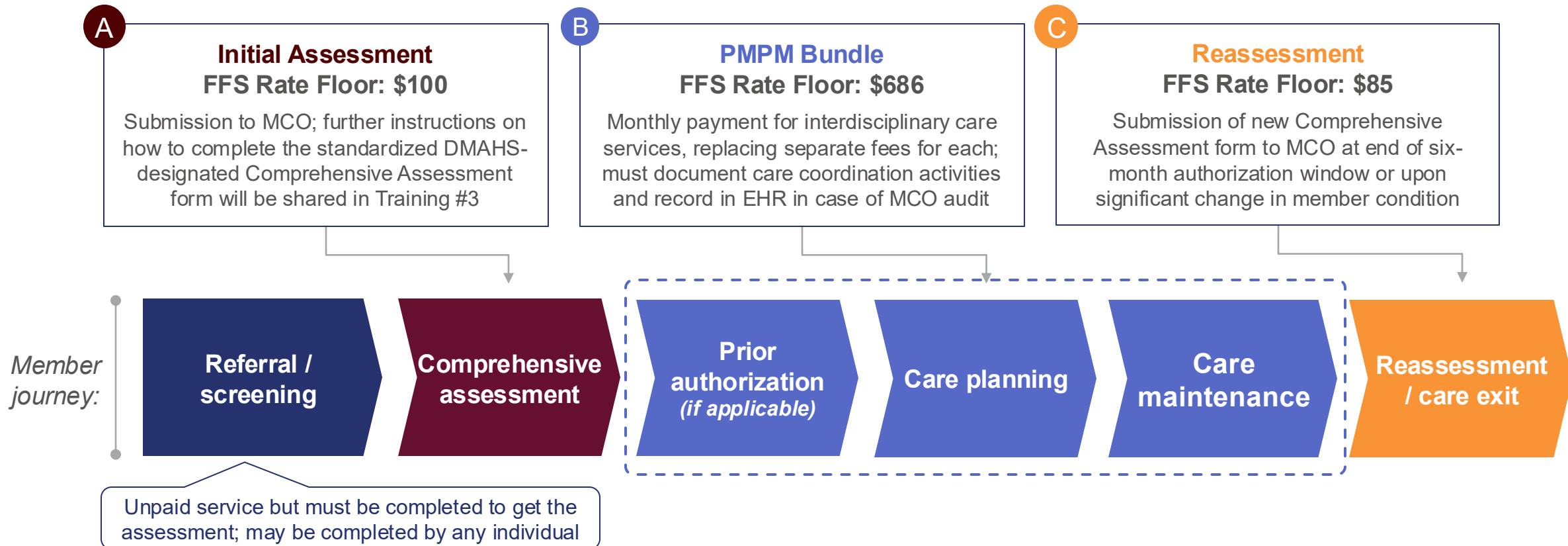
Psychosocial counseling and **family/caregiver support**

Spiritual and emotional care

Referral coordination to Medicaid-covered services

Access to **24/7 telephone line**

Billing | Providers bill for the initial assessment, ongoing Per Member Per Month (PMPM) bundled services, and periodic reassessments



Training #3 will provide a more detailed view of the required activities to receive payment and billing processes, including how to bill concurrent services (e.g., MLTSS)

1. Initial assessment is capped at one per member-provider combination per quarter, and MCOs may use a 90-day window for authorization; prior authorization of the assessment is not permitted
 2. Reassessment is capped at one per member-provider combination per month, and MCOs may use a 30-day window
 3. Of the 5 MCOs, 4 will require prior authorization for the PMPM bundle

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IDT practitioner requirements

Palliative care proficiency

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Enrollment & credentialing | In order to qualify for and participate in the CBPC benefit, providers must meet several criteria



Be a **licensed 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



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 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



IDT practitioner requirements—Be able to **deploy all required IDT practitioners**



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

= detailed in dedicated subsequent sections

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

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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 credentialed	No	Yes	No	No	No

★ = deep dive to follow

1. Chaplains may be excused from a member's IDT at member request

Note: IDT = Interdisciplinary team; LCSW = Licensed Clinical Social Worker; LPC = Licensed Professional Counselor; LMFT = Licensed Marriage and Family Therapist

Deep dive | 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**

Deep dive | 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

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

If deployed, optional practitioners:

- Must be **appropriately credentialed and licensed** in New Jersey
- May be **employed, contracted, or subcontracted¹**, unless explicitly stated

Optional practitioners include:

- **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*

1. Employed or contracted by an outside entity that the CBPC provider contracts

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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 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

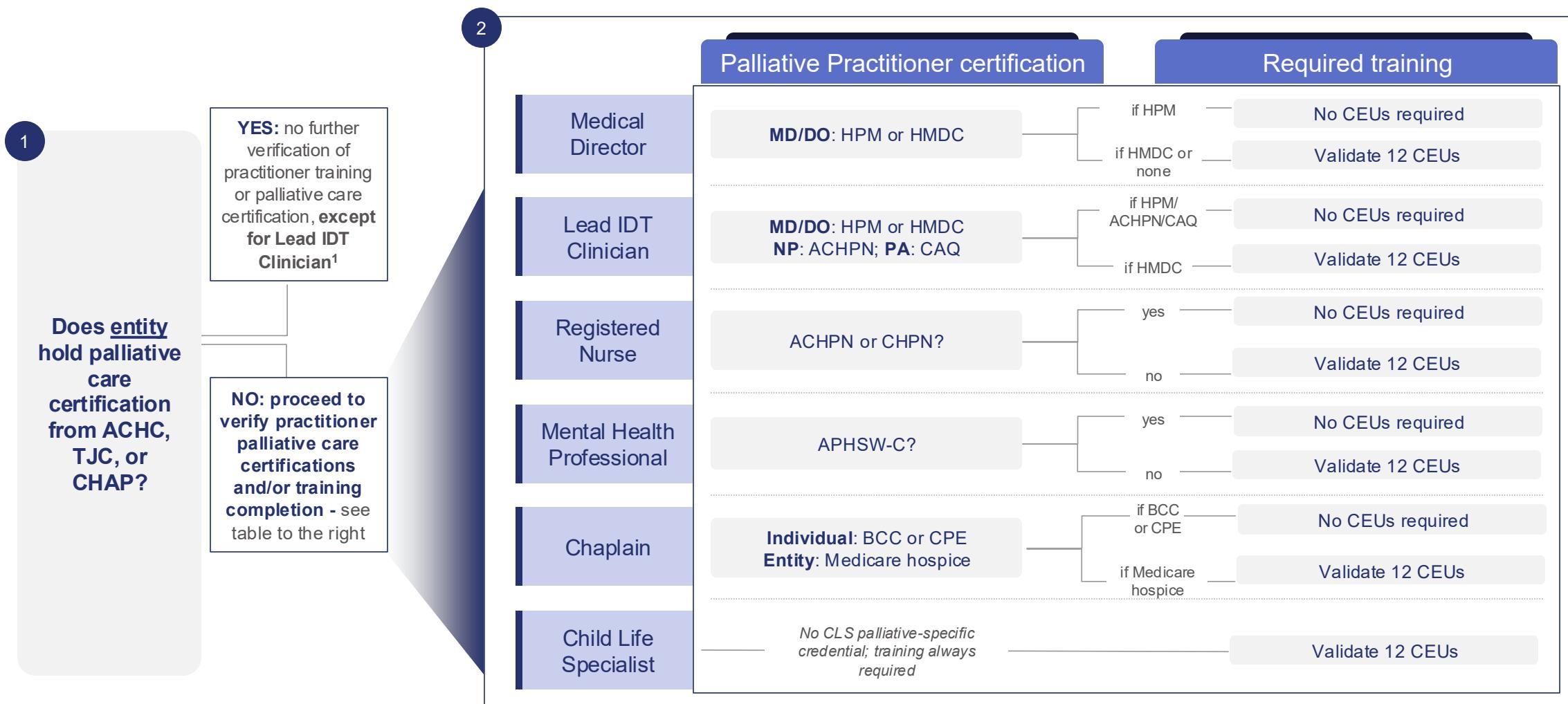
OR

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

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: Following the webinar, DMAHS will share a **non-exhaustive list of palliative care training organizations**; providers may use **any organization offering CEUs** and training covering the above topics

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Provider checklist | What should providers do now to prepare for entry into the CBPC benefit?

- Register for next DMAHS trainings:**
 - **Jan 27 | 11 AM–12 PM** — topics include NJMMIS enrollment, MCO credentialing forms, and application documentation requirements → Register at tiny.cc/CBPCtraining2
 - **Feb 26 | 2–3 PM** — topics include Care Manager interaction, billing and claims processes, and provider tools and service authorization
- Review Interdisciplinary Team (IDT) requirements and begin hiring if needed (e.g., RN, chaplain, licensed mental health professional)**
- If entity is not certified in palliative care - ensure all required IDT members have completed necessary CEUs of training (can take ~1 month to complete) **or hold palliative care certification****
- Review DMAHS guidance and other resources (see next slide) for details of the benefit**
- Begin preparing supporting documentation for enrollment and credentialing applications – open **starting February 2** (clean applications can take ~45–60 days to process, so we recommend starting early to be in-network by April 1)**

Resource documents to be shared



CBPC Infosheet

A brief, three-page overview of the CBPC benefit outlining covered services and populations, provider requirements, and next steps



Comprehensive Program Guidance

Comprehensive overview of the benefit, including covered populations and services, member journey, payment and billing, provider enrollment and credentialing, quality and reporting, and MCO care management



FAQs

Concise answers to common provider questions about CBPC eligibility, services, billing, documentation, and operational requirements



Training Resources

A non-exhaustive list of training organizations offering CEUs for practitioner education on approved palliative care topics



Credentialing Add-on

A standardized, CBPC-specific credentialing form used by all MCOs to collect and validate required provider entity and interdisciplinary team licensure and certification

Contact Information

CBPC Program Resources

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

- Email: MAHS.CBPC@dhs.nj.gov
- Website: DMAHS resources such as program guidance, FAQs, and training information are published on the **DMAHS website – link to be shared in the coming weeks**

Gainwell Technologies

For questions related to **provider enrollment** 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 (LeesK@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 and network:</p> <ul style="list-style-type: none"> • Jennifer Huang, Account Manager-Ancillary, Provider Relations (Jennifer.Huang1@fideliscarenj.com) • NJPR@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: Chat or Provider Services – linked here</p> <p>Network: Chat or Provider Services – linked here</p>
Wellpoint	<p>Credentialing: Jeanine Fuetterer (Jeanine.Fuetterer@wellpoint.com)</p> <p>Network: Rhonda Talton (Rhonda.Talton@wellpoint.com)</p>

