NEW JERSEY HUMAN SERVICES

Community-Based Palliative Care (CBPC)

Provider Training Session #2

JANUARY 27, 2026

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

Welcome! Today is our second in a three-part training series

COMPLETE - Jan 20 – review recording here

- CBPC benefit overview
- Covered populations
- Provider requirements
- Key dates and resources

TODAY - Jan 27

- Brief recap of benefit
- Overview of Enrollment
- Overview of Contracting & Credentialing
- Frequently asked questions

UPCOMING - Feb 26 | 2–3 PM

- Care model and care Manager interaction
- Billing and claims processes, service authorization
- Provider tools and service authorization

Register for Training 3 at tiny.cc/CBPCtraining3

Additional provider information sessions (e.g., office hours) will be scheduled prior to and following go-live.

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Agenda

- Quick recap of benefit and provider qualifications
- Process to become a CBPC provider
- NJMMIS CBPC Enrollment
- CBPC Credentialing Add-On
- Next steps for providers
- Frequently asked questions

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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 is targeted to 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

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Recall | Interdisciplinary teams (IDTs) deliver a broad set of services to improve quality of life for people living with serious illness

Member eligibility

Both Managed Care Organization (MCO) and Fee for Service (FFS) members qualify for the benefit if they:

- Have a **serious disease**
- Show evidence of **reduced quality of life:**
  - In functional decline(e.g., significant difficulty with one (1) or more activities of daily living) , OR
  - 2+ emergency department visits in past 6 mo., OR
  - 1+ acute hospitalization in past year
- A terminal diagnosis is not required
- NOTE: members may not simultaneously be in hospice and palliative care

Services & settings

CBPC is delivered in any **outpatient or community-based setting** by an **interdisciplinary team (IDT)** of providers

Example services include, but are not limited to:

- 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 IDT practitioners
- Psychosocial counseling and caregiver support
- Spiritual and emotional care
- Referral coordination to Medicaid-covered services
- Access to a 24/7 telephone line

See DMAHS Benefit Guidance for full detail on member eligibility and eligible services

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Provider qualifications | 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

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 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 care[2]

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 competed 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	Chaplain[1]	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	• MD or DO license	• MD, DO, PA, or NP/APRN license • Hospice / palliative care certification[2] • DEA & CDS	• RN license	• LCSW, LPC, or LMFT license	• Board certification, Clinical Pastoral Education, or entity certified in palliative care / hospice[3]	• 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.
2. Lead IDT clinicians must hold one of four accepted hospice/palliative medicine certification types: MD/DOs (HPM, HMDC); NPs (ACHPN); PAs (CAQ).
3. Chaplains may qualify by either (a) holding an approved individual credential--Level II Clinical Pastoral Education (from an ACPE-accredited program) or healthcare chaplaincy certification (ACCC: BCC; NAVAC: BCC; SCA: BCC/Advanced Practice BCC; CASC: Certified Spiritual Care Practitioner; NAJC: BCC; APC: BCC; NACC: BCC), or (b) the entity holds hospice/palliative certification

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

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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 Clinician**[1]

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 topics[2]

Exact certifications accepted vary by individual practitioner

1. Regardless of an entity's palliative care certification, the Lead IDT Clinician must always hold practitioner certifications in hospice & palliative medicine. 2. To count toward the 12 CEU requirement, training must have been competed 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.

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*

If deployed, optional practitioners:

- Must be **appropriately credentialed and licensed** in New Jersey
- May be **employed, contracted, or subcontracted**[1], 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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NJ FamilyCare/NJ Medicaid has two delivery models

NJ FamilyCare is the name of the Medicaid Program in New Jersey, and includes core Medicaid, the Children's Health Insurance Program (CHIP), and Medicaid expansion populations. Medicaid services are provided through **two delivery models:**

Fee for Service (FFS)

- **Providers bill state** Medicaid directly for services
- In addition to certain services, used for **members not enrolled in a managed care organization (MCO)** and members with **presumptive eligibility**

~5% of NJFamilyCare members covered under FFS only

Managed Care Organizations (MCOs)

- Services managed by one of **5 MCOs**: Aetna, Fidelis, Horizon, United, WellPoint
- **Providers bill MCOs** for services; MCOs receive funding from state to **coordinate member care** and **offer special services** in addition to regular NJ FamilyCare benefits
- **MCOs responsible** for provider network management, care coordination and care management, utilization management, quality assurance, etc.

~95% of NJFamilyCare members enrolled in an MCO

Note: Throughout this presentation, the words Medicaid and NJFamilyCare may be used interchangeably

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To administer CBPC, providers must complete Fee for Service Enrollment, and are encouraged to Contract & Credential with MCOs

Enrollment: Process to join Fee For Service (FFS)

Enrollment: Process by which healthcare providers apply and become approved to deliver services to Medicaid beneficiaries

Enrollment in Medicaid and as a CBPC provider is **required** to **offer CBPC to both FFS and MCO members**

Contracting & Credentialing: Processes to join Managed Care Organizations (MCOs)

Contracting: Establishes a formal agreement between the healthcare provider and the MCO, defining the terms and conditions under which the provider will deliver healthcare services to the MCO's members

Credentialing: Process by which MCOs verify and assess qualifications, experience, and professional background of providers who wish to join their network

FFS enrollment is required **before contracting & credentialing** with MCOs

Providers are **encouraged to participate with all five MCOs** to promote access

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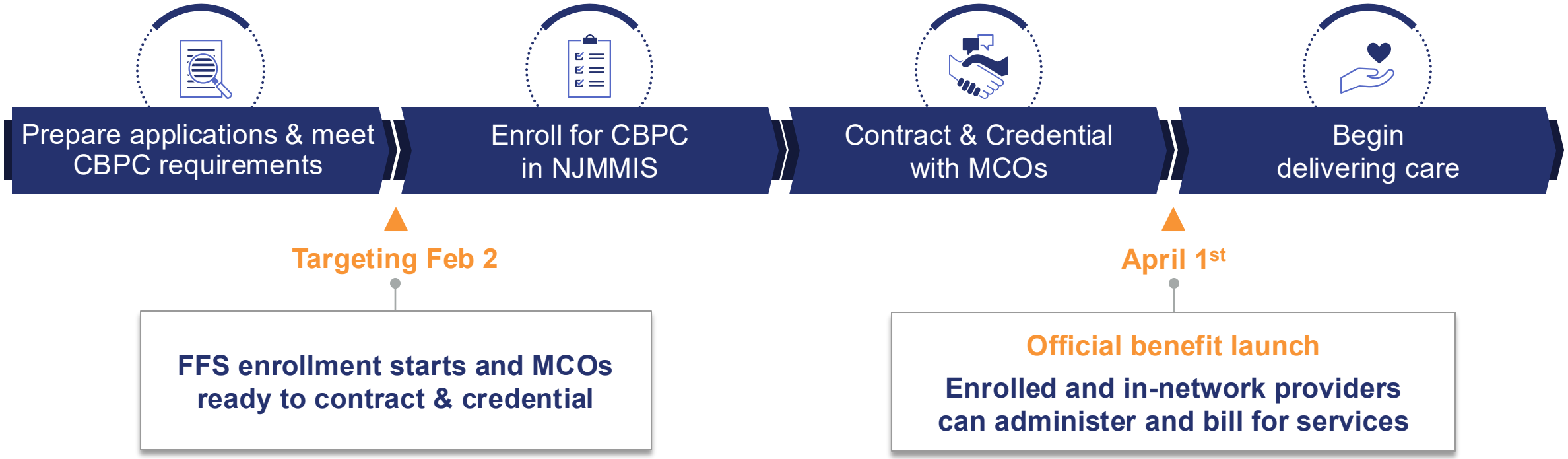
Timeline | Providers invited to apply to enroll with NJ FamilyCare to become a FFS CBPC provider and join MCO networks starting early February



Clean applications can take ~45-60 days to process, so we recommend starting early to be in-network by April 1!

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To become a provider for Community-Based Palliative Care, providers must enroll in NJMMIS FFS systems

Enrollment in FFS systems is required to serve both FFS and MCO members

- **Enrollment must come first** before credentialing with MCOs

Community-Based Palliative Care is **a specialty (code 999) that will be added to existing eligible types of providers** (i.e., hospice, home health, physician group, independent clinic)

CBPC-specific slip sheet will cover provider requirements outlined in these materials (e.g., entity-level information, IDT, palliative care qualifications, 24/7 hotline, optional practitioners)

Only **select practitioners must be enrolled individually** in addition to the provider entity:

- Medical Director (MD or DO)
- Lead IDT Clinician (MD, DO, NP, or PA)
- Licensed Mental Health Professional (LCSW, LPC, or LMFT)

Not exhaustive

Relevant information and documents for CBPC enrollment

<u>High-level, non-exhaustive</u> summary of key documentation requirements is below, but providers are encouraged to review the application

Entity

- ❑ (If applicable) **Copy of entity license**
- ❑ (If held) **Copy of entity certification in palliative care from ACHC, CHAP, or TJC**
- ❑ Attestation of **24/7 member telephone line**

	Practitioner	Documentation requirements	
Required practitioners	Medical Director	❑ Copy of licensure (i.e., MD, DO)	If entity does not hold palliative care certification, each required practitioner should submit either: 1. **Individual certification OR** 2. **Certificates of completion for 12 CEUs** of training in palliative care topics within past 12 months
	Lead IDT Clinician	❑ Copy of licensure (i.e., MD, DO, PA, NP) ❑ Copy of palliative care certification *(**always** required regardless of entity certification)* ❑ DEA & CDS registration	
	Registered Nurse	❑ Copy of licensure (RN)	
	Licensed Mental Health Practitioner	❑ Copy of licensure (i.e., LCWS, LMFT, LPC)	
	Chaplain	❑ Copy of Healthcare chaplaincy certification or Level II Clinical Pastoral Education *(only required if entity does not hold palliative care or Medicare-hospice certification)*	
	Child Life Specialist *(required only for pediatric members)*	❑ Copy of Certified Child Life Specialist (CCLS) credential	
Optional to IDT	Nurse Practitioner (NP)[1] Physician Assistant (PA)[1] Pharmacist Home Health Aide (HHA) Licensed Practical Nurse (LPN)	❑ *(If employed/contracted)* Copy of licensure	
	Certified Nursing Aide (CNA)	❑ *(If employed/contracted)* Copy of certificate	
	Community Health Worker (CHW)	❑ *(If employed/contracted)* Certificate of Completion from the Colette Lamothe-Galette CHW Institute and ≥6 months experience in community clinics, federally qualified health centers, and / or the Medicaid program	

1. Non-rendering, may not be subcontracted

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Submit application to Gainwell to complete process

Compile your enrollment application

Application

Required documents

For questions related to FFS provider enrollment, contact the Gainwell Technologies Provider Enrollment Unit

njmmisproviderenrollment@gainwelltechnologies.com

(609) 588-6036

Estimated processing time for clean applications = 15 business days

Check 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

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- **CBPC Credentialing Add-On**
- Next steps for providers
- Frequently asked questions

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To join MCO networks, providers must complete the CBPC credentialing add-on and execute contracting

To drive consistency and reduce burden for providers, **all MCOs will be using the same CBPC credentialing add-on form**

- The form is an add-on, meaning it is CBPC-specific, and supplements typical information MCOs collect in base credentialing applications

In-network providers already participating as one of the four accepted provider types need **only complete the CBPC add-on form** and provide required palliative care documentation to the MCO

In addition to credentialing, **providers must execute contracts** (new or addendum) with each MCO outlining payment, authorization, and care coordination

Today we will be doing a deep dive on the Credentialing Add-On

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Not exhaustive

Credentialing add-on has four major components for MCO validation

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	• 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	• Identifying information • License • Palliative care certification **and/or** training completion[1] • Employment type (employed or contracted)	• Identifying information • License **and/or** certification • Employment, contracted, or subcontracted	• If applicable, details of subcontracted organization and roles subcontracted

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

Live review of CBPC Credentialing Add-On

NJFAMILYCARE

Provider Credentialing: 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 management team 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 Palliative Care Credentialing Add-On

This document outlines the CBPC-specific fields that MCOs will need to verify through credentialing. These fields are meant to supplement the typical information and documents that MCOs collect in credentialing hospices, home health agencies, etc. MCOs may choose to perform additional verification during the contracting process.

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

- ☑ **Register for next DMAHS training:**
  - **Feb 26 | 2–3 PM** — topics include Care Manager interaction, billing and claims processes, service authorization, and provider tools → Register at tiny.cc/CBPCtraining3
- ☑ **Review previous DMAHS trainings**
  - **Jan 20** — covered CBPC benefit overview, covered populations, provider requirements, and key dates and resources → View recording at CBPC Training 1 Recording
  - **Jan 27 (Today)** — covered NJMMIS enrollment, MCO credentialing forms, and application documentation requirements → **Recording will be made available after today's session**
- ☑ **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 – targeted to start February 2** (clean applications can take ~45–60 days to process, so we recommend starting early to be in-network by April 1)

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Review DMAHS-shared resources

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

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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	**Credentialing:** Bree Lange, Sr. Manager Credentialing Ops (LangeB@aetna.com / 860-273-5220) **Network:** • 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	**Credentialing and network:** • Jennifer Huang, Account Manager-Ancillary, Provider Relations (Jennifer.Huang1@fideliscarenj.com) • NJPR@fideliscarenj.com
Horizon	**Credentialing:** Jill Volarich (jill_volarich@horizonblue.com / 973-466-7065) **Network (Contracting):** • Cesar Anicama (cesar_anicama@horizonblue.com) • Lori Bembry (lori_bembry@horizonblue.com / 609-537-2427)
United Health Care	**Credentialing:** Chat or Provider Services – linked here **Network:** Chat or Provider Services – linked here
Wellpoint	**Credentialing:** Jeanine Fuetterer (Jeanine.Fuetterer@wellpoint.com) **Network:** Rhonda Talton (Rhonnda.Talton@wellpoint.com)

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FAQs | Which services must be in-person vs. telehealth?

- The **initial assessment and all reassessments** must be conducted **in-person** by any MD, DO, APN, PA, or LCSW
- Once a member is receiving the benefit, the **Lead IDT Clinician must meet in person** with the member for the **first interaction**
  - If the Lead IDT Clinician conducted the initial assessment, this may count as the first in-person interaction
- **After the first in-person interaction,** the monthly IDT-member interactions may be completed in person or via telehealth, **if telehealth is deemed acceptable by both the member and provider**

CBPC providers should ensure telehealth is accessible for all members planning to use this method

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Backup | Assessments must be completed in-person; telehealth is allowable at the member's discretion for regular interactions

Required activity	Details	In-person vs. telehealth	Documentation	Frequency
Initial assessment & re-assessment	• Initial assessment, done via the Comprehensive Medical Assessment Tool, determines a member's eligibility for CBPC • Assessment captures diagnosis and severity, recent utilization or decline, key needs, and care goals • Can be completed by any MD, DO, APN, PA, or LCSW	**In-person**	Submission of Comprehensive Medical Assessment Tool to MCO	**Once**; reassessment is required at least every six months for benefit reauthorization
Care plan	• Individualized plan created by the IDT using the standard Care Planning Tool across symptom domains and addresses social factors and resource needs • Documents interventions, referrals, resources provided, upcoming IDT meetings, and patient follow-up dates • Lead IDT clinician must meet with the member and sign off on the care plan • Care plan should be shared with MCO CM for signoff	**In-person** (for Lead IDT-member interaction)	EHR chart note and fields in care plan document maintained by provider entity	**At least every 6 months**; must be done within 1 month of member enrollment and re-assessment
IDT-member interaction	• Monthly meetings between the member and practitioner(s) from the IDT	**In-person or telehealth**, *if deemed acceptable by both the member and provider*	EHR chart note	**Monthly** – required for PMPM claim to be accepted
IDT Meeting	• Internal IDT meetings with the MCO CM to discuss care planning	May be **virtual**	EHR chart note; updates sent to other providers and MCO	**Monthly** – required for PMPM claim to be accepted

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Frequently asked questions for enrollment & credentialing

Questions	Answers
If I'm **already enrolled in NJMMIS**, do I have to enroll again to offer CBPC?	All provider entities must **enroll in CBPC** to administer the benefit and earn the **CBPC specialty code**
If I'm **already in-network with MCOs**, do I need to re-credential?	Already in-network providers must **add the CBPC specialty** using the DMAHS-designated credentialing add-on form **In-network providers need only the CBPC add-on** and required palliative care documentation
What comes **first – enrollment or credentialing**?	**Enrollment in NJMMIS FFS systems must come first,** before credentialing with MCOs
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

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Frequently asked questions for certification and training

Questions	Answers
When is entity-level certification in palliative care required for CBPC?	While entity-level certification for palliative care is not required at initial enrollment, it is **required upon re-validation within 3-years**
Our palliative care program operates under the same tax ID as our Hospice but bills under a different group NPI number. **Would the TJC/ACHC/CHAP entity certification need to be affiliated with the tax ID or group NPI?**	Correction from prior training; the entity-level certification should be for the **group NPI of the entity that is credentialing and billing,** not TIN
Does the **Lead IDT clinician always need to be certified in palliative care**?	Yes; regardless of whether the entity holds a certification in palliative care (e.g., TJC, ACHC, CHAP), the **lead IDT clinician must hold one of the following certifications:** • MD/DOs: HPM, HMDC • NPs: ACHPN • PAs: CAQ **Note:** If the Lead IDT Clinician holds only the HMDC, then the Lead IDT clinician must also demonstrate 12 CEUs of training in palliative care topics
How recently do practitioners need to **complete the 12 CEUs of training**?	Within the **last 12 months prior to application**

Appendix: Incremental materials from CBPC Training #1

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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 met[1]

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

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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**

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

A — Initial Assessment
FFS Rate Floor: $100
Submission to MCO; further instructions on how to complete the standardized DMAHS-designated Comprehensive Assessment form will be shared in Training #3

B — PMPM Bundle
FFS Rate Floor: $686
Monthly payment for interdisciplinary care services, replacing separate fees for each; must document care coordination activities and record in EHR in case of MCO audit

C — Reassessment
FFS Rate Floor: $85
Submission of new Comprehensive Assessment form to MCO at end of six-month authorization window or upon significant change in member condition

Unpaid service but must be completed to get the assessment; may be completed by any individual

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

NEW JERSEY HUMAN SERVICES

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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	Chaplain[1]	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	• MD or DO license	• MD, DO, PA, or NP/APRN license ☆ Hospice / palliative care certification • DEA & CDS	• RN license	• LCSW, LPC, or LMFT license	☆ Board certification, Clinical Pastoral Education, or entity certified in palliative care / hospice	• 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**

☆ = 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

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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**

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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

Note: BCC = Board Certified Chaplain; ACCC = Association of Certified Christian Chaplains; NAVAC = National Association of Veterans Affairs Chaplains; SCA = Spiritual Care Association; CASC = Canadian Association of Spiritual Care; NAJC = Neshama Association of Jewish Chaplains; APC = Association of Professional Chaplains; NACC = National Association of Catholic Chaplains

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 subcontracted**[1], 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

Detail | Certification and training requirements for required IDT practitioners

1 **Does entity hold palliative care certification from ACHC, TJC, or CHAP?**

- **YES:** no further verification of practitioner training or palliative care certification, **except for Lead IDT Clinician**[1]
- **NO: proceed to verify practitioner palliative care certifications and/or training completion -** see table to the right

2

	Palliative Practitioner certification		Required training
Medical Director	**MD/DO**: HPM or HMDC	if HPM	No CEUs required
		if HMDC or none	Validate 12 CEUs
Lead IDT Clinician	**MD/DO**: HPM or HMDC **NP**: ACHPN; **PA**: CAQ	if HPM/ ACHPN/CAQ	No CEUs required
		if HMDC	Validate 12 CEUs
Registered Nurse	ACHPN or CHPN?	yes	No CEUs required
		no	Validate 12 CEUs
Mental Health Professional	APHSW-C?	yes	No CEUs required
		no	Validate 12 CEUs
Chaplain	**Individual**: BCC or CPE **Entity**: Medicare hospice	if BCC or CPE	No CEUs required
		if Medicare hospice	Validate 12 CEUs
Child Life Specialist	*No CLS palliative-specific credential; training always required*		Validate 12 CEUs

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

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Training | Practitioners subject to training requirements must have completed 12 CEUs on approved topics within12 months prior to application

All courses that count towards the 12 CEU requirement must cover topics from this list; however, <u>not all topics must be covered</u> 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

<u>Training Resources Document:</u> 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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