NJ FamilyCare Community-Based Palliative Care (CBPC) Benefit launched on April 1, 2026

Overview of NJFamilyCare's Community-Based Palliative Care (CBPC) benefit

Palliative care is **specialized medical care to improve quality of life for people living with serious illness** and their families. Unlike hospice, patients can receive palliative care at any stage of a disease without forgoing curative treatment.

NJFamilyCare launched **a community-based palliative care (CBPC) benefit** on **April 1, 2026**

CBPC is **delivered in an outpatient, non-hospital setting** by an **interdisciplinary team (IDT)** of **providers**.

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, OR
  - 2+ emergency department visits in past 6 mo. OR 1+ acute hospitalization in past year
- NOTE: members may not simultaneously be in hospice and palliative care

CBPC launched on April 1, 2026

Feb 2, 2026

FFS enrollment is live
Credentialing and contracting is live with all 5 MCOs

Apr 1, 2026

Medicaid-enrolled MD, DO, APN, PAs, LCSWs can administering & billing assessments
Enrolled CBPC providers can begin billing PMPM

What are CBPC services? What providers are eligible?

What core CBPC services are provided?

The CBPC benefit covers a comprehensive set of services delivered by an **interdisciplinary team (IDT)** to enhance the quality of life for eligible members.

Example services include, but are not limited to, comprehensive care planning, symptom management, medication management, psychosocial & caregiver support, home- or clinic-based visits, referral coordination.

What are requirements for providers?

- Must be **a hospice agency, home health agency, physician group, or independent clinic**.
  - Hospitals and SNFs are not eligible to enroll
  - FQHCs are excluded for year 1 of benefit
- Offer a **24/7 telephone line** to triage member issues
- Be able to deploy **all required IDT practitioners**
- Demonstrate proficiency in palliative care via one of the options below:
  - Hold certification from a **nationally recognized body specializing in palliative care** (The Joint Commission, Community Health Accreditation Partner, Accreditation Commission for Health Care)
  - OR, **submit proof of each required IDT practitioner's proficiency** in palliative care via:
    - Individual certification in palliative care
    - **OR** completed 12 Continuing Education Units (CEUs) in palliative care

Additional detail on next pages and in DMAHS Benefit Guidance

What should providers do now to prepare?

- ☑ **Review previous DMAHS trainings:**
  - Jan 20 – 2pm – View Materials
  - Jan 27 – 11am – View Materials
  - Feb 26 – 2pm – View Materials
- ☑ **Review Interdisciplinary Team (IDT) requirements and begin hiring if needed** (e.g., RN, chaplain, licensed mental health professional)
  - *Additional detail on next page*
- ☑ **If entity is not certified in palliative care - ensure all required IDT members have completed necessary CEUs of training or hold palliative care certification**
  - *Additional detail on next page*
- ☑ **Review DMAHS guidance and FAQs for details of the benefit on CBPC website**
- ☑ **Review Enrollment Overview for detail on how to apply –** View Document
- ☑ **Begin preparing supporting documentation for enrollment and credentialing applications – opened February 2**

For more information and resources, please contact MAHS.CBPC@dhs.nj.gov

NJ FamilyCare Community-Based Palliative Care (CBPC) Benefit – Provider Requirements

Requirements for the Interdisciplinary Team (IDT)

Who is part of the IDT?

Providers must deploy a **full team IDT of qualified providers**. The required members of the IDT are:

- **Medical Director** (MD or DO)
- **Lead IDT Clinician** (MD, DO, NP, or PA)
- **Registered Nurse** (RN)
- **Licensed Mental Health Professional** (LCSW, LPC, or LMFT)
- **Chaplain**
- **Child Life Specialist** (only required if serving pediatric patients)

The Medical Director and the Lead IDT Clinician can be the same practitioner if appropriately credentialed.

Additional **optional practitioners** may be deployed based on patient needs (e.g., pharmacists, HHAs, CNAs, LPNs, CHWs)

What qualifications must the IDT meet?

All **licensed clinicians must hold active licensure**, and the **Child Life Specialist must be certified**. Additionally:

- **Employment**: Lead IDT Clinician must be directly employed; other IDT members may be contracted
- **Lead IDT Clinician:** Must be licensed to prescribe in NJ and hold appropriate certification—if MD/DO: HPM board certification or CHMD; if NP: ACHPN; if PA: CAQ in Palliative Medicine & Hospice Care
- **Chaplain:** Must hold healthcare chaplaincy certification / Level II CPE OR entity must hold palliative care certification / be a Medicare hospice

See next panel for details on how the entity or IDT must demonstrate sufficient proficiency in palliative care.

Provider requirements to demonstrate sufficient proficiency in palliative care

If **entity** is **not** certified in palliative care, then **all required IDT practitioners must demonstrate individual proficiency in palliative care** either via individual certification, or by completing 12 CEUs of palliative care-specific training; CEUs must be completed within the last 12 months before application. **This training is estimated to take ~1 month, so DMAHS recommends starting early.** *Please note, **lead IDT clinicians must always hold palliative practitioner certification**.

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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***

NO: proceed to verify practitioner palliative care certifications and/or training completion - see table to the right

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	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

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

NJ FamilyCare Community-Based Palliative Care (CBPC) Benefit – Additional Details for Providers

Enrollment

What comes first – enrollment or credentialing?

Provider entities must first enroll (here) in the NJ Medicaid Management Information System (NJMMIS) **before credentialing** with MCOs.

Do I need to re-enroll if I am already enrolled?

Existing or new accepted provider types are required to **submit a complete Fee-for-Service Provider Enrollment Application package** for their provider type, including the application for their base provider type and the new CBPC-specific section **(Form FD-439 for "Provider Enrollment Add-On: Community-Based Palliative Care (CBPC) Services")** to offer CBPC services.

What prerequisites are required for enrollment?

See **NJ CBPC Program Guidance** for full details.

Do all individual IDT practitioners need to be enrolled?

Only **select practitioners must enroll 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)

These enrollments can be **completed at the same time in the same form as the entity.**

How can I 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.

Credentialing & contracting

What is the process to join MCO networks?

Providers are encouraged to apply and participate with all NJ FamilyCare MCOs to support full member access. Providers must first enroll with NJ Medicaid FFS as CBPC providers before being able to complete MCO **contracting and credentialing** to join MCO networks. MCOs will use their individual credentialing forms and a DMAHS-standardized CBPC credentialing add-on form.

Do already-credentialed providers need to re-credential?

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

What credentialing forms are required to be completed?

MCOs will use their **individual credentialing forms** and a **DMAHS-standardized CBPC credentialing add-on form.** In-network providers need only the CBPC add-on and required palliative care documentation.

What else is needed in addition to credentialing?

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

Payments & prior authorization (PA)

What is the bundled payment structure?

A bundled payment is **one monthly payment for all interdisciplinary care services, per member per month (PMPM)**, replacing separate fees for each service; assessment and re-assessment are paid separately

What are the reimbursement rates?

Starting on April 1, 2026, FFS rate floors are:

- **Initial assessment**: $100
- **PMPM bundle**: $686
- **Reassessment**: $85

How are members assessed & authorized?

Members are assessed using a standard assessment tool. Prior authorization (PA) is **not allowed as a prerequisite for the assessment**. Post-assessment, **MCOs are allowed (not required) to exercise PA** for the PMPM bundle payment.

Who do I contact to learn more?

For any questions, reach out to MAHS.CBPC@dhs.nj.gov. For benefit information, please review DMAHS guidance. For enrollment questions, please reach out to: njmmisproviderenrollment@gainwelltechnologies.com

Managed Care Organizations

Aetna | Fidelis | Horizon | United | Wellpoint

Important contact information for all 5 MCOs can be found in the NJMISS Provider Newsletter and DMAHS Guidance

For more information and resources, please contact MAHS.CBPC@dhs.nj.gov