Medicaid Palliative Care Benefit Crosswalk

The following is an at-a-glance of the States that have established Medicaid benefits for Community-Based Palliative Care.

	Hawaii	New Jersey
Eligible Patients	Appendix A (Clin Criteria, pp. 24-27): • Qualifying conditions: cancer, cardiac disease/conditions, pulmonary diseases/conditions, renal disease, ESLD, neurologic diseases, genetic disorders, etc. • Evidence of functional decline, eligibility threshold for different tools provided • Exclusions: receiving hospice care, individuals in the organ and tissue transplant program • Reassessment every 6 months • Discharge criteria (p. 7): select hospice or transplant services; admitted to hospital, SNF, other level of care w/o plan to transition care MQD screening tool available (Appendix E)	Diagnosis of serious disease AND show evidence of reduced QOL as defined by: • Are in functional decline (e.g., significant difficulty with 1+ activity of daily living) OR • Two (2) or more emergency department visits in the past six (6) months OR • One (1) acute hospitalization in the past year SI includes (but not limited to): cancer, CHF, COPD, ESRD, CKD, cirrhosis or liver, degenerative neural condition, Alzheimer's, etc.; peds include cardiac, pulmonary, neurological, cancer, renal, etc. MCOs can also approve members via individual determinations of medical necessity based on the member's condition and the Comprehensive Assessment, even if the above criteria are not met Discharge when member exits benefit (e.g., discharge to hospice) or changes providers/MCOs DMAHS screening tool available
Services	XIII. Services (pp. 7-9) • Care plan development and implementation • Clinical services provided through an IDT that address the holistic needs of members/caregivers, focused on relieving pain and symptoms assoc. w/SI • Comprehensive mgmt • Care coordination and communication MQD care planning tool available (Appendix D)	Includes, but not limited to: • Comprehensive care planning and coordination • Advance care planning discussions • Symptom assessment and management • Medication review: adjustments, titration, and prescribing/deprescribing • Home-based or clinic-based visits by licensed IDT practitioners • Psychosocial counseling and caregiver support

	Hawaii	New Jersey
		• Spiritual and emotional care • Referral coordination to Medicaid-covered services • Access to a 24/7 telephone line DMAHS care planning tool available

Care Team Composition	Appendix B (Pal Care IDT, pp. 28-31)
	• Required
	  ○ Physician (MD/DO)
	  ○ RN
	  ○ LCSW
	  ○ Grief counselor
	  ○ CLS
	• Optional
	  ○ APP (NP or PA)
	  ○ LPN/LVN
	  ○ CNA
	  ○ CHW
	  ○ LMHP
	  ○ MSW
	  ○ PharmD
		All provider entities must employ or directly contract a Medical Director (MD or DO); role may be fulfilled by Lead IDT Clinician if appropriately qualified
		
		• Required practitioners:
		  ○ Lead IDT Clinician (MD/DO/PA/NP), must be licensed to prescribe
		  ○ RN
		  ○ Licensed mental health professional (LCSW/LMFT/LPC)
		  ○ Chaplain
		  ○ Child life specialty (peds only)
		• Optional:
		  ○ NP
		  ○ PA
		  ○ Pharmacist
		  ○ HHA
		  ○ CNA
		  ○ LPN
		  ○ CHW
		
		Guidance highlights role of MCO Care Managers

Training Requirements	XV. Provider Credentials, Qualifications, Types (pp. 10-14) • Column B - credentialing/training expectations vary by provider Appendix H (CbPC Provider Attestation Form (pp. 57-60) • Of required team members, at least one prescribing clinician should have specialty certification in hospice, palliative care, or a related specialty • Attestation table to demonstration training for other IDT members	Provider entities must either hold certification from a nationally recognized body specializing in palliative care or, for initial enrollment, submit proof of each required IDT practitioner's proficiency in palliative care via individual certification or completed Continuing Education Units Absent certification in initial application (must be achieved by re-application in 3 years), demonstration of clinician training: • Individual certification in hospice & palliative medicine/care (different for each discipline)

	Hawaii	New Jersey
		• Completion of 12 Continuing Education Units of palliative care-specific training, among a DMAHS-provided list of approved topics
Provider Type	Appendix H (CbPC Provider Attestation Form (pp. 57-60) • Primary Care Provider • Federally Qualified Health Center • Rural Health Center • Specialist – Please Specify • Hospital • Assisted Living Facility • Skilled Nursing Facility • Home Health Agency • Long Term Care Facility • Adult Residential Care Home • Expanded Adult Residential Care Home	Provider entities must hold a non-hospital, non-SNF license including hospice, home health agency, physician group, and independent clinic. Operationalization for FQHCs will not begin in Year 1 of benefit implementation
Settings	XIV. Community Pal Care Settings (p. 10); non-hospital settings including, but not limited to: • The member's residence; • Wherever the member resides or is located, including houseless members. • Clinics/office settings; • Community Health Centers; • Assisted living facilities; • Long-term care facilities; • Skilled nursing facilities; and • Other residential settings	CBPC services can be delivered in any non-inpatient setting.
Payment	XVII. Billing Codes and Reimbursement (pp. 15-19) Monthly Rates • Comprehensive management and care coordination, for dual eligibles (max. $775) • Comprehensive management and care coordination, for non-dual eligibles (max $900) • Initial Assessment ($250, max once per member, per year) • Reassessment ($200)	Some FFS, most through Managed Care Monthly Rates • Initial assessment ($100) • PMPM bundle ($686) • Reassessment ($85)

	Hawaii	New Jersey
	Following the initial assessment for eligibility for care under the Palliative Care Services Benefit, all associated services delivered by the palliative care team shall be reimbursed through a monthly bundled payment rate Providers cannot be reimbursed more than one time per month for services and must deliver services by members of the interdisciplinary care team during that month.	
Sources	• Memo, April 16, 2025 • State Plan Amendment	• DMAHS Webinar #1 • DMAHS Webinar #2