

Medicaid Palliative Care Coverage Crosswalk

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

	Hawaii	New Jersey	California
Mechanism	State Plan Amendment (SPA) approved by Centers for Medicare and Medicaid Services (CMS)	State Plan Amendment (SPA) approved by Centers for Medicare and Medicaid Services (CMS)	Not a new Medicaid benefit; rather, All-Plan Letter (APL), directive to Medi-Cal (Medicaid) Managed Care Plans (MCPs) by the CA Department of Health Care Services (DHCS) Initiated by SB 1004 (Hernandez, Chapter 574, Statutes of 2014), guidance issued under MCP contract relative to the provision of Early Periodic Screening, Diagnostic and Treatment (EPSDT) services
Eligible Patients	Appendix A (Clin Criteria, pp. 24-27): <ul style="list-style-type: none"> Qualifying conditions: cancer, cardiac disease/conditions, pulmonary diseases/conditions, renal disease, ESRD, 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 	Diagnosis of serious disease AND show evidence of reduced QOL as defined by: <ul style="list-style-type: none"> 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.	I. Eligibility Criteria (pp. 3-4) <i>General</i> <ul style="list-style-type: none"> Hospital and/or ED utilization to manage disease Advanced illness (see "Disease-Specific) ineligible for OR declines hospice services Estimated prognosis of < 1 yr Received appropriate patient-desired medical therapy; NOT in reversible acute decompensation Agreement to first seek in-home, residential-based, or outpatient disease management/palliative care instead of first going to ED; and participation in ACP discussions

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	MQD screening tool available (Appendix E)	<p>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</p> <p>Discharge when member exits benefit (e.g., discharge to hospice) or changes providers/MCOs</p> <p>DMAHS screening tool available</p>	<p><i>Disease-Specific Eligibility Criteria</i></p> <ul style="list-style-type: none"> CHF, COPD, advanced cancer, liver disease – all of which must meet specified sub criteria described in APL
Pediatric Considerations	<p>Appendix A (Clin Criteria, pp. 24-27)</p> <ul style="list-style-type: none"> Examples of diagnostic categories for children can be found in NHPCO's Standards of Practice for Pediatric Palliative Care (2022) Pal care provided as part of hospice care for members under the age of 21 if prognosis is less than 12 months (concurrent care under ACA) Children are covered for all services medically necessary under EPSDT benefit and Medicaid State Plan Providers may only bill for CbPC services or hospice services with concurrent pal care for children under 21 <p>Appendix B (Table 7. Palliative Care Interdisciplinary Team, pp. 28-31)</p> <ul style="list-style-type: none"> Column 6 specifies whether an IDT member/service performed is specific to adult and/or pediatric patients 	<p>Covered Populations (pp. 23-24) (for conditions marked with an *, children do not need evidence of disease severity to qualify for the benefit):</p> <ul style="list-style-type: none"> Cardiac Disease Pulmonary Disease Neurological Disorder Cancer Renal Disease End-stage Liver Disease Genetic Disorders* Metabolic/Inclusion Disease Gastrointestinal Disease or Conditions* Orthopedic Disorders* Neonatal* Infectious Disease <p>Cannot simultaneously be enrolled in palliative care and pediatric hospice, since benefits are duplicative</p>	<p>Considerations for Medi-Cal members under age 21 include (p. 2)</p> <ul style="list-style-type: none"> Concurrent eligibility for palliative care and hospice Requirement to provide EPSDT eligible members with any other necessary health care, diagnostic services, treatment, and other measures described in 1905(a) of SSA <p>PPC Eligibility Criteria (p. 5):</p> <ul style="list-style-type: none"> Members under age 21 Family/legal guardian agrees to receive PPC Documentation of life-threatening illness, as specified in APL

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	<p>Appendix D (Comprehensive Community Palliative Care Action Plan Supplement, p. 34)</p> <ul style="list-style-type: none"> “Qualifying & Progression Indicators – Pediatrics” lists 12 conditions, with * to note where children do not need evidence of functional decline to qualify for services 		
Services	<p>XIII. Services (pp. 7-9)</p> <ul style="list-style-type: none"> 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 <p>MQD care planning tool available (Appendix D)</p>	<p>Includes, but not limited to:</p> <ul style="list-style-type: none"> 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 Spiritual and emotional care Referral coordination to Medicaid-covered services Access to a 24/7 telephone line <p>DMAHS care planning tool available</p>	<p>II. Palliative Care Services (pp. 6-8)</p> <ul style="list-style-type: none"> Advance care planning Palliative care assessment and consultation Plan of care Palliative care team Care coordination Pain and symptom management <p>Mental health and medical social services must also be available to the member; can be facilitated by palliative care team, but should not duplicate specialty mental health services provided by other entities within MCP</p> <p>Must have adequate network of palliative care providers</p> <p>May authorize additional palliative care services at MCP’s discretion and cost, including 24/7 telephone palliative care support and expressive therapies</p>
Care Team Composition	<p>Appendix B (Pal Care IDT, pp. 28-31)</p> <ul style="list-style-type: none"> Required <ul style="list-style-type: none"> Physician (MD/DO) RN 	<p>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</p>	<p>II. Palliative Care Services; D. Palliative Care Team (p. 7) – DHCS recommends that the palliative care team include, but is not limited to:</p>

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	<ul style="list-style-type: none"> ○ LCSW ○ Grief counselor ○ CLS (peds only) • Optional <ul style="list-style-type: none"> ○ APP (NP or PA) ○ LPN/LVN ○ CNA ○ CHW ○ LMHP ○ MSW ○ PharmD 	<ul style="list-style-type: none"> • Required practitioners: <ul style="list-style-type: none"> ○ Lead IDT Clinician (MD/DO/PA/NP), must be licensed to prescribe ○ RN ○ Licensed mental health professional (LCSW/LMFT/LPC) ○ Chaplain ○ CCLS (peds only) • Optional: <ul style="list-style-type: none"> ○ NP ○ PA ○ Pharmacist ○ HHA ○ CNA ○ LPN ○ CHW <p>Guidance highlights role of MCO Care Managers</p>	<ul style="list-style-type: none"> • MD or DO • RN • LVN or NP • Social worker <p>DHCS also recommends that MCPs provide access to chaplain services as part of the palliative care team (although notes chaplain services provided as palliative care are not reimbursable through the Medi-Cal program)</p>
Training Requirements	<p>XV. Provider Credentials, Qualifications, Types (pp. 10-14)</p> <ul style="list-style-type: none"> • Column B - credentialing/training expectations vary by provider <p>Appendix H (CbPC Provider Attestation Form (pp. 57-60)</p> <ul style="list-style-type: none"> • 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 	<p>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</p> <p>Absent certification in initial application (must be achieved by re-application in 3 years), demonstration of clinician training:</p> <ul style="list-style-type: none"> • Individual certification in hospice & palliative medicine/care (different for each discipline) • Completion of 12 Continuing Education Units of palliative care- 	<p>III. Providers (p. 8)</p> <ul style="list-style-type: none"> • DHCS recommends that MCPs use providers who possess current palliative care training and/or certification to conduct palliative care consultations or assessments.

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		specific training, among a DMAHS-provided list of approved topics	
Provider Type	<p>Appendix H (CbPC Provider Attestation Form (pp. 57-60))</p> <ul style="list-style-type: none"> • 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 	<p>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</p>	<p>III. Providers (p. 8)</p> <ul style="list-style-type: none"> • MCPs may contract with hospitals, long-term care facilities, clinics, hospice agencies, home health agencies, and other types of community-based providers that include licensed clinical staff with experience and/or training in palliative care
Settings	<p>XIV. Community Pal Care Settings (p. 10); non-hospital settings including, but not limited to:</p> <ul style="list-style-type: none"> • 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 	<p>CBPC services can be delivered in any non-inpatient setting.</p>	<p>III. Providers (p. 8)</p> <ul style="list-style-type: none"> • MCPs may authorize palliative care to be provided in a variety of settings, including, but not limited to, inpatient, outpatient, or community-based settings
Payment	<p>XVII. Billing Codes and Reimbursement (pp. 15-19)</p> <p>Monthly Rates</p> <ul style="list-style-type: none"> • Comprehensive management and care coordination, for dual eligibles (max. \$775) 	<p>Some FFS, most through Managed Care</p> <p>Monthly Rates</p> <ul style="list-style-type: none"> • Initial assessment (\$100) • PMPM bundle (\$686) • Reassessment (\$85) 	<p>Not specified</p>

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	<ul style="list-style-type: none"> • Comprehensive management and care coordination, for non-dual eligibles (max \$900) • Initial Assessment (\$250, max once per member, per year) • Reassessment (\$200) <p>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</p> <p>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.</p>		
Sources	<ul style="list-style-type: none"> • Memo, April 16, 2025 • State Plan Amendment 	<ul style="list-style-type: none"> • DMAHS Webinar #1 • DMAHS Webinar #2 • DMAHS Webinar #3 • New Jersey Community-Based Palliative Care Guidance 	<ul style="list-style-type: none"> • DHCS Palliative Care Policies • All-Plan Letter (APL) 18-020