HOME-BASED PALLIATIVE CARE PROVIDER CREDENTIALING RECOMMENDATIONS
Updated March, 2021

- Program certification from one of the following:
  - The Joint Commission Community-based Palliative Care Certification Program
  - ACHC Distinction in Palliative Care
  - CHAP Palliative Care Certification

-- or -- Documented evidence of the following competencies:

- Interdisciplinary team that includes representation from at least two of the following disciplines, with representation from those disciplines having achieved specialty certification in palliative care or documentation of specific competencies in palliative care, preferably with a goal of working towards certification:
  - Physician (MD or DO)
  - Advanced practice nurse/Nurse practitioner
  - Nursing (RN or LPN)
  - Licensed Clinical Social Worker
    
    **NB: Medicaid-serving programs should require a social worker on the team**
  - Spiritual care professional.

- At least one prescriber on the team must have specialty certification in palliative care. For physicians, the Hospice Medical Director Certification Board (HMDCB) can be used.

- Reliable access to other services when needed, such as pharmacist, community health workers, physical therapist, personal care services, etc.; linkage agreements are acceptable documentation.

- If any team members are not specialty-certified, a training policy and education requirements for each team member must be submitted; requirements may be based on the [Center to Advance Palliative Care (CAPC) training recommendations](https://www.capc.org/).  

- 24/7 access to a trained clinician, with access to the patients’ medical records, to provide meaningful clinical support during crises.

- Demonstrated capability to conduct a comprehensive assessment to include, at minimum:
  - Pain and symptom distress
  - Functional status
  - Cognitive status
  - Caregiver burden
  - Social needs, including (but not limited to) financial vulnerability, housing, transportation, nutrition, and safety.

Assessment capabilities can be demonstrated by submission of de-identified initial assessment documents for past patients.

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