

Building a Sustainable Community-Based Palliative Care Program: Models, Reimbursement, and Business Planning

Center to Advance Palliative Care
(CAPC)

October 6, 2026



Learning Outcomes

- By the end of this session, participants will be able to:
 - Compare independent, home health, and hospice-based palliative care models.
 - Assess operational, workforce, referral, and reimbursement considerations.
 - Leverage ACHC Accreditation to support quality and growth.
 - Demonstrate value to referral partners and payers.
 - Build a sustainable reimbursement and business strategy.
 - Plan for long-term clinical, financial, and operational success.

Speaker Lineup



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Survey Operations Manager,
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Chief Executive Officer, CAPC



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Consultant, CAPC



Recap: Community-Based Palliative Care Program Foundations

- What CAPC covered during the [2025 ACHCU/CAPC Town Hall: Strengthening Community-Based Palliative Care Through Quality Standards & Practical Tools](#)
 - Community Needs Assessment
 - High-Quality Community-Based Palliative Care
 - Essential program elements
 - Quality Frameworks
 - National Consensus Project (NCP) Clinical Practice Guidelines
 - ACHC Accreditation Standards
 - CAPC resources
 - National Alliance for Care at Home tools

Key Takeaway From Last Year



High-quality community-based palliative care begins with understanding community need and building programs grounded in evidence-based quality frameworks.



Turning Need Into Strategy

Designing a Sustainable Community-Based Palliative Care Program

Last Year's Focus

- ✓ Identifying community need
- ✓ Understanding care gaps
- ✓ Building a quality framework
- ✓ Leveraging NCP and ACHC standards

This Year's Focus

How do organizations translate those finding into:

- The right delivery model
- A sustainable reimbursement strategy
- A scalable operational structure
- Long-term program growth

Key Question



What is the best way to deliver and sustain community-based palliative care in your community?



Why Community-Based Palliative Care Now?

Growing Need	Growing Demand for Home-Based Care	Growing Policy Support
13+ Million Adults Living with Serious Illness	Patients Increasingly Prefer Care at Home	CMS Signals Support for Community-Based Palliative Care
Rising prevalence of serious illness	Expansion of home-based care models	CY 2027 Home Health Proposed Rule
Greater caregiver burden	Focus on symptom management outside the hospital	Clarifies palliative care may be delivered through existing Home Health benefits
Significant unmet palliative care needs	Growth in community-based palliative care programs	Encourages earlier serious illness support
CAPC Serious Illness Scorecard	CAPC/PCQC Home-Based Palliative Care Report	CMS Home Health PPS Proposed Rule

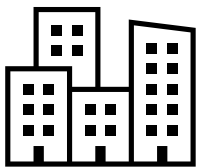
The Community-Based Palliative Care Value Proposition

- What Problems Are We Solving?
 - ✓ Complex pain and symptom burden
 - ✓ Care fragmentation and coordination with community service provider
 - ✓ Recurrent hospitalizations
 - ✓ Complex decision-making
 - ✓ Caregiver distress
 - ✓ Delayed hospice access

Three Delivery Models

Independent/ Freestanding

A standalone palliative program, built and governed independently of a home health or hospice license



Home-Health Based

Community-based palliative services layered within an existing home health benefit, license, and infrastructure



Hospice Based

Community-based palliative services delivered through a hospice organization's existing reach



Independent/Freestanding Model

Structure

- Independent APP-led or physician service
- Clinic-based, home-based, or long-term care-based hybrid visits
- Referral-driven model
- Professional billing and program contracting with payers

Strengths

- ✓ Highly flexible
- ✓ Broad patient eligibility
- ✓ Strong specialist partnerships
- ✓ Early serious illness engagement

Challenges

- Limited reimbursement pathways
- Palliative care specialty workforce
- Referral development
- Reliance on diversified funding

Independent/Freestanding Model

Best Fit – Organizations with:

- ✓ Strong provider referral networks
 - Oncology, cardiology, neurology, primary care
- ✓ Health system partnerships
- ✓ Established outpatient infrastructure

Key Takeaway

- Maximum flexibility, but requires the strongest growth and reimbursement strategy

Home Health Based Model

Structure

- Independent APP or physician workforce within home health agency
- Home-based, or long-term care-based hybrid visits
- Driven by eligibility by homebound status and symptom distress
- Professional billing with separate billing number and program contracting with payers

Strengths

- ✓ Must be clear on homebound status
- ✓ Agency understanding of palliative care
- ✓ Cross coverage within agency

Challenges

- Must have separate billing mechanism
- Palliative care specialty workforce
- Often lack of interprofessional team
- Referral development
- Reliance on staff understanding eligibility and difference of palliative care and hospice

Home Health Based Model

Best Fit – Organizations with:

- ✓ Strong disease pathways for common diagnoses
 - Oncology, cardiology, neurology, primary care
- ✓ Nurses with strong palliative care skills
- ✓ Established infrastructure for after hours care for patients with serious illness

Key Takeaway

- Feasible to build within an established agency, but requires the strong commitment to palliative care principles such as interprofessional care

Hospice Based Model

Structure

- Independent APP or physician led program within Hospice
- Usually home-based, or long-term care-based hybrid visits
- Driven by eligibility advanced illness and symptom distress
- Professional billing with separate billing number and program contracting with payers

Strengths

- ✓ Must be clear that the program is not a pre-hospice program
- ✓ Agency understanding of palliative care and standard of care for common conditions
- ✓ Cross coverage within agency

Challenges

- Must have separate billing mechanism
- Palliative care specialty workforce
- Clarity of services
- Reliance on staff understanding eligibility and difference of palliative care and hospice

Hospice Based Model

Best Fit – Organizations with:

- ✓ Hospice with strong experience
 - Oncology, cardiology, neurology, primary care
- ✓ Interprofessional team understanding of upstream palliative care, not just a few months before hospice.
- ✓ Established relationships with hospital palliative care

Key Takeaway

- Feasible to build within an established hospice agency, but requires strong commitment to palliative care principles such as interprofessional care

Comparing the Models

Factor	Independent	Home Health	Hospice
Startup Cost	High	Moderate	Moderate
Infrastructure	Low	High	High
Referral Access	Moderate	High	High
Scalability	Moderate	High	High
Staffing Synergy	Low	High	High
Reimbursement Opportunity	Variable	Emerging	Variable

Palliative Care Accreditation Matters: Structure, Standards, and Outcomes

- Created specifically for community-based palliative care programs regardless of delivery model.
- Program-specific standards based on the National Consensus Project for Quality Palliative Care guidelines.
- Demonstrates dedication to quality and setting high standards of palliative care in the community
- Offers building blocks for successful palliative care program development in the community through accreditation standards
- Assists in achieving desired patient outcomes
- Distinguishes your service to partners (including payers)



ACHC Palliative Care Accreditation

- Standards Framework:
 - Organization/Administration
 - Program/Service Operations
 - Fiscal Management
 - HR Management
 - Provision of Care and Record Management
 - QAPI
 - Risk Management
- Additional Offering: Distinction in Telehealth

ACHC Palliative Care Accreditation

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SURVEY DAY
REQUIRED

5

PATIENT RECORDS
REVIEWED*

3

ACCREDITATION
CYCLE YEARS

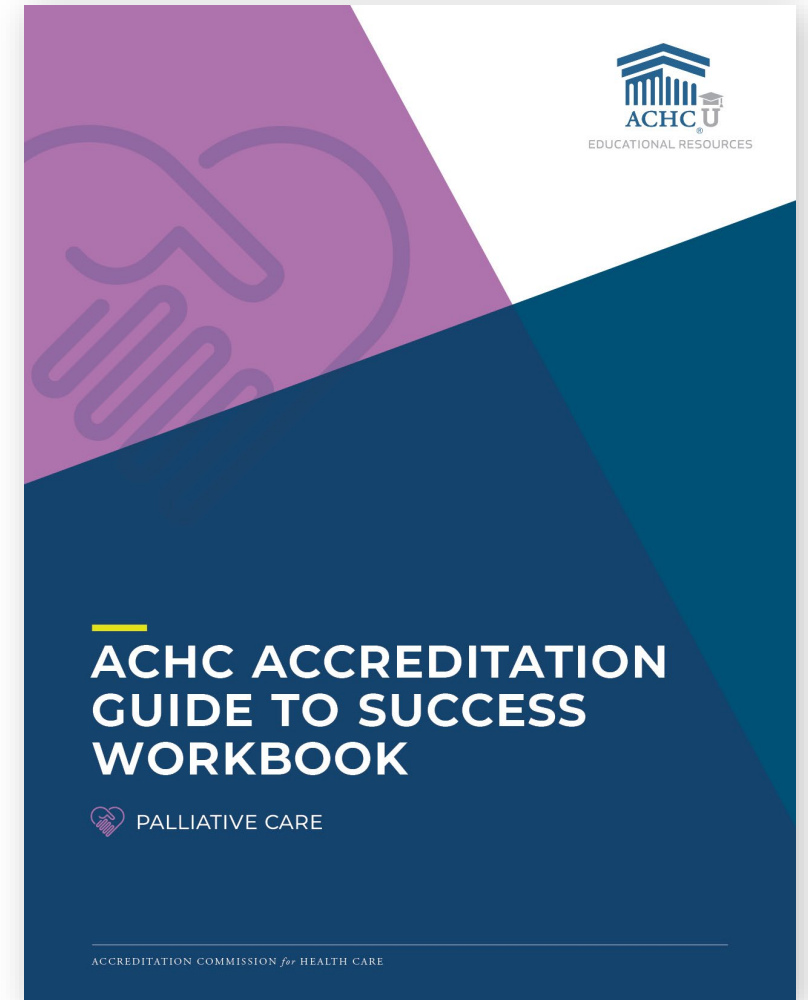
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OBSERVATION VISIT
CONDUCTED

*3 must be active at time of initial accreditation.

ACHC Educational Resources

- Customer portal
 - Available 24/7 with resources, tools and educational materials designed for your program
- ACHCU resources
 - Workshop
 - Workbook
 - Readiness packet
 - Webinars



Reimbursement Reality

- There is no dedicated Medicare fee-for-service community-based palliative care benefit.
- Programs typically rely on:
 - Professional billing *Note - Options have improved for palliative care in recent years
 - Medicare Advantage
 - Value-based contracts
 - Health system support
 - Philanthropy
- Most successful programs use multiple revenue streams

CMS's Home Health Proposal & Palliative Care



What You Heard

CMS clarified that palliative care services are skilled services and can be billed under the medication, management, teaching, and assessment (MMTA) PDGM



What It Means

This isn't a new benefit – it's CMS clarifying that palliative care already fits inside the existing home health benefit, and signaling it wants community-based palliative care to grow



The Gap CAPC Is Watching

CAPC has recommended that CMS create a separate palliative track for value-based purchasing, and that agencies complete basic palliative care training and coordinate care with a Part B palliative care specialist (MD or APP)

Messaging Your Program

Different Partners Need Different Messages

Physicians

- Symptom management

Health Systems

- Readmission reduction

Payers

- Cost reduction

Families

- Quality of life

Business Planning Framework

Four Critical Domains



Financial Planning Considerations

- Workforce
 - Physician
 - APP
 - RN
 - Social Worker
 - Chaplain
- Financial Questions
 - Break-even volume?
 - Cost per encounter?
 - Referral growth assumptions?
 - Payer mix?

What Successful Programs Have in Common

Success Factors

- Executive sponsorship
- Strong physician champions
- Referral strategy
- Measurable outcomes
- Quality infrastructure
- Diverse reimbursement

Common Mistakes

- Overreliance on billing
- Weak referral development
- Insufficient outcome tracking

Program Metrics Dashboard

Clinical

- Symptom improvement
- Goals of Care conversations

Utilizations

- Admissions
- Readmissions
- ED visits

Financial

- Cost per patient
- Revenue per patient

Experience

- Patient satisfaction
- Caregiver satisfaction

Implementation Roadmap



Recommended Timeline

Months 1–3: Assessment

Months 4–6: Design

Months 7–9: Build infrastructure

Months 10–12: Launch

Leveraging Tools for Program Success

Program Design

- [Community-Based Palliative Care Program Design Toolkit](#)
- CAPC [Virtual Office Hours](#) with Community Experts
- [Toolkit](#) for Hospice Agency-Led Palliative Care Programs
- [Toolkit](#) for Home-Based Palliative Care Programs

Building Partnerships

- [CAPC Concepts of Community-Based Palliative Care Program Design 101, Section 7 Worksheet: Develop Community Partnerships](#)

Workforce

- CAPC [Clinical Education Curriculum](#)
- CAPC listings of palliative care certificate and immersion programs for all professions
- CAPC [Training and Education](#) programs for clinicians on specialty palliative care teams

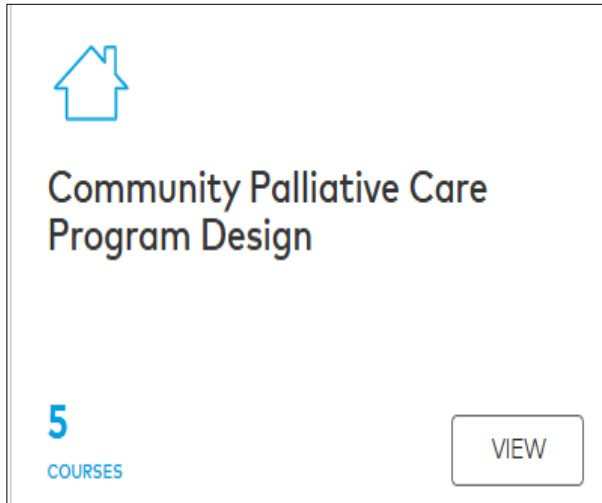
Regulatory Issues

- National Alliance for Care at Home Priorities:
 - Access to Care at Home
 - Quality and Safety
 - Ending Fraud and Exploitation in Care at Home
 - Workforce
- [Advocacy News](#)
- [Regulatory and Compliance](#)

Program Eligibility

- [CAPC Patient Identification and Assessment Toolkit](#)

Conducting a Needs Assessment: Where and How to Start



Introduction to Palliative Care in the Community

- Describe the characteristics and principles of community-based palliative care
- Explain the benefits of community-based palliative care for patients, families, and health systems
- Differentiate between palliative care in the hospital or hospice and in the community
- Identify various models of community-based palliative care

Needs Assessment: Ensuring Successful Community-Based Palliative Care

- Implement a planning process for developing community-based palliative care services
- Identify stakeholders, and understand how to assess their need for community-based palliative care
- Implement tools to effectively conduct a needs assessment
- Synthesize needs assessment findings to influence community-based palliative care program design

CAPC Billing Toolkit

- Updated annually in January with [guidance on relevant codes for palliative care](#)
- 1-hour webinar on any new updates
- Monthly community-based [Virtual Office Hours](#)
- **NEW:** CAPC Billing Tool
 - Interactive tool that helps teams bill confidently, strengthen skills, and optimize reimbursement
 - Available for a fee for members and non-members

VIRTUAL OFFICE HOURS

Billing for Community-Based Palliative Care

in    

WHEN

Thursday, August 14
4 p.m. - 5 p.m. ET [MEMBERS LOGIN](#)

Thursday, September 25
4 p.m. - 5 p.m. ET [MEMBERS LOGIN](#)

Join us for this small-group consulting call to ask questions about billing for services provided in the home, office, or long-term care setting.

Questions from previous sessions include:

- Can my program reach sustainability through fee-for-service billing?
- How do we bill for a licensed clinical social worker (LCSW)?
- When should we use Advance Care Planning codes?

For more tools and technical assistance on billing and coding, visit our [Optimizing Billing Practices](#) toolkit.

Presented By



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What's in the Toolkit

2026 Medicare Billing Updates	+
The Basics of Palliative Care Billing: Foundational Concepts, E/M Codes, and Telehealth	+
Advance Care Planning (ACP)	+
Addressing Social Needs and Caregiver Support	+
Billing for Care Management and Navigation Services	+
Care Plan Oversight (CPO)	+
High-Complexity Patients	+
Billing for Palliative Care in the Intensive Care Unit (ICU) and the Emergency Department (ED)	+
Relative Value Units (RVUs)	+

<https://www.capc.org/toolkits/billing-and-coding/>

Billing in Adult and/or Pediatric Programs

Pediatric Palliative Care: Billing and Business Planning

Last Reviewed: May 31, 2024

in    

Pediatric palliative care leaders have to consider a number of different funding strategies and opportunities in order to provide comprehensive, quality care. This toolkit provides guidance for designing a business plan and budget, navigating concurrent hospice care, and utilizing effective billing practices.

What's in the Toolkit

Covering Costs and Generating Revenue	+
Fee-for-Service Billing Practices	+
Staffing, Budgeting, and Business Planning	+

Contracting to Finance Palliative Care Services

Contracting to Finance Palliative Care Services

Last Reviewed: December 13, 2024

in    

Palliative care programs can receive payment and other forms of financial support from a variety of health care organizations, including Medicare Advantage plans, commercial insurers, accountable care organizations, specialty models for oncology or heart failure, and more. This toolkit curates the resources you need to both launch new relationships and contract carefully.



What's in the Toolkit

Relationship Basics	+
Selling Your Program	+
Contracting Resources	+

Key Takeaways & Q&A

■ Five Key Messages

- Community need should drive model selection.
- Accreditation supports quality and credibility.
- Sustainability requires diversified reimbursement.
- CMS's clarifications to the home-health rule may create meaningful opportunities for home-health-based palliative care.
- Long-term success requires alignment between quality, outcomes, operations, and finance.

■ Questions & Discussion





Thank You

Questions? Reach out to:
customerservice@achc.org



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