

TRADITIONAL HEALTH CARE PRACTICES REQUIRED OPT-IN TEMPLATE FOR PARTICIPATING PROVIDERS

Background: DHCS received approval from the Centers for Medicare & Medicaid Services (CMS) to cover traditional health care practices under its 1115 CalAIM Waiver amendment through December 31, 2026. Traditional health care practices is the term used by CMS for newly covered services that are delivered by or through Indian Health Services facilities, facilities operated by Tribes or Tribal organizations (Tribal Facilities) under the Indian Self-Determination and Education Assistance Act, or Urban Indian Organization facilities, under Title V of the Indian Health Care Improvement Act. These entities are collectively referred to as Indian Health Care Providers, or IHCPs. In California, traditional health care practices encompass two new service types: Traditional Healer and Natural Helper services. These services will be covered for Medi-Cal members who meet eligibility criteria, and who receive services through participating IHCPs, as outlined in BHIN 25-007.

Purpose: For IHCPs to offer traditional health care practices and receive payment from [Drug Medi-Cal Organized Delivery System \(DMC-ODS\) counties](#), the IHCP must (1) be enrolled in Medi-Cal and adhere to enrollment policies as described below; (2) meet all requirements to provide traditional health care practices as outlined in BHIN 25-007 and (3) submit, and receive DHCS approval for, an opt-in package based on the template below. Detailed information on requirements for IHCPs providing traditional health care practices can be found in BHIN 25-007 and the [1115 CalAIM Special Terms and Conditions](#).

This document provides an opt-in template for IHCPs offering traditional health care practices to submit to DHCS in order to receive payment from DMC-ODS counties for traditional health care practices. Medi-Cal covered Traditional Healer and Natural Helper services may only be rendered by IHCPs whose opt-in submissions are approved by DHCS. IHCPs may claim for services back to the date the opt-in package was submitted to DHCS as long as DHCS approves the package.

Submission: Opt-in submissions will be accepted on a rolling basis and should be sent on IHCP letterhead to TraditionalHealing@dhcs.ca.gov. Upon receiving an approval letter from DHCS, IHCPs must share a copy of this opt-in package and DHCS approval letter with the DMC-ODS counties in which they plan to provide services. DMC-ODS counties must provide DHCS with the name, title, phone number, and email address of the DMC-ODS lead contact for traditional health care practices within 10 days of the BHIN's publication date. DMC-ODS counties must update this contact information as changes occur and notify DHCS within five days of the change. DMC-ODS counties must update this contact information as changes occur, but no less than every six months. DHCS will share this information with IHCPs so that they can share a copy of their opt-in package and DHCS approval letter with DMC-ODS counties in which they plan to provide services. This county notification is for informational purposes only; DHCS is solely responsible for approving each IHCP opt-in package.

Opt-in Template:

Please submit the following information contained in this template on IHCP letterhead.

1. Participating Site Information (please submit the below information for each individual site that seeks to provide Traditional Healer or Natural Helper services)

1. Name of IHCP facility _____
2. IHCP facility location address _____
3. Organizational National Provider Identifier (NPI) (Type 2) _____
4. Primary Contact Name _____
5. Primary Contact Email Address _____
6. Primary Contact Phone _____

2. Medi-Cal Enrollment Status¹

The IHCP facility is enrolled as a Medi-Cal provider (please select one):

- ☐ **Yes.** Please include effective date of Medi-Cal enrollment.
- ☐ Enrolled as certified Drug Med-Cal (DMC) provider
 - ☐ Enrolled through another pathway as a non-DMC provider type
- ☐ **No.** Please note that if the IHCP is not enrolled in Medi-Cal, it is not eligible to claim for Traditional Healer and/or Natural Helper services, or other DMC-ODS services.

3. List of Services the IHCP will Provide, as defined in BHIN 25-007 (please select all that are applicable)

- ☐ Traditional Healer Services
- ☐ Natural Helper Services
- ☐ Other DMC-ODS Services (see [BHIN 24-001](#) for a list of services)²:

Select the appropriate acknowledgment below based on service offerings chosen above.

☐ **Traditional Healer and/or Natural Helper Services Only**

[Name of IHCP] acknowledges that by only selecting Traditional Healer and/or Natural Helper services, it is not required to enroll as a DMC provider through

¹ Medi-Cal enrolled IHCPs can provide and claim for traditional health care practices without receiving DMC certification, upon approval of this opt-in package. However, in order to receive payment for the provision of other DMC-ODS services, an IHCP must be DMC-certified. See [BHIN 24-001](#) for more information.

² Only IHCPs that are DMC certified can provide other DMC-ODS services per [BHIN 24-001](#). As outlined in [BHIN 22-011](#), medications for addiction treatment (MAT) can be covered as a medical benefit by the Medi-Cal fee-for-service delivery system or Medi-Cal Managed Care Plans (MCPs). MAT services covered by Medi-Cal fee-for-service or MCPs do not require DMC certification or participation in the DMC-ODS.

the Provider Application and Validation for Enrollment (PAVE) portal to obtain DMC certification. If the IHCP later chooses to provide other DMC-ODS services, it must inform DHCS immediately and will be required to obtain DMC certification by enrolling as a DMC provider through PAVE prior to providing covered DMC-ODS services.

☐ **Traditional Healer and/or Natural Helper Services + other DMC-ODS services**

By selecting this option [Name of IHCP] acknowledges enrollment and good standing as a DMC provider effective [Insert date of enrollment]. The IHCP must provide documentation of DMC certification to DHCS upon request.

4. Policies and Procedures

IHCPs that provide traditional health care practices in addition to other covered DMC-ODS services are subject to DMC-ODS provider requirements as described in [BHIN 24-001](#) or subsequent guidance. All IHCPs that opt to provide traditional health care practices, including those that offer no other covered DMC-ODS services, are subject to the requirements in BHIN-007 section II(D), *DMC-ODS American Society of Addiction Medicine (ASAM), Medications for Addiction Treatment (MAT), Care Coordination, and Evidence-Based Practices*.

IHCPs shall provide DHCS with documentation demonstrating compliance with the requirements below, as described in BHIN 25-007, section II(F). *Opt-In Process*. DHCS will provide technical assistance to support IHCPs seeking to provide traditional health care practices in meeting these requirements. Documents shared as part of this opt-in template can be in draft form, with an explanation of steps the IHCP must take to finalize them along with the date the IHCP will submit the final materials. The IHCP must resubmit the materials on the date specified, once that date is approved by DHCS.

1. Policy and procedure for developing, reviewing, and approving practitioner qualifications for providing traditional health care practices.

_____ [document name(s)/policy #(s) here]

2. Policy and procedure for coordinating with the county as needed to ensure members have access to comprehensive ASAM assessments to identify other SUD treatment needs.³

_____ [document name(s)/policy #(s) here]

3. Policy and procedure for coordinating with the county as needed to ensure members have access to MAT services directly through the IHCP or there is

³ ASAM assessment requirements are outlined in [BHIN 24-001](#).

an effective MAT referral process in place, and implementing and maintaining a MAT policy.⁴

_____ [document name(s)/policy #(s) here]

4. Policy and procedure for coordinating with the county as needed to ensure members have access to other DMC-ODS services as needed and desired by the member.

_____ [document name(s)/policy #(s) here]

5. Policy and procedure for implementing at least two of the listed evidence-based treatment practices (EBPs). If an EBP(s) does not exist for the population(s) of focus and types of problems or disorders being addressed, but there are culturally adapted practices, Community Defined Evidence Practices, and/or culturally promising practices that are appropriate, the complementary practices that have been shown to be effective for your population(s) of focus may be used and should be reflected in the submitted policy and procedure documentation.⁵

- a) Motivational Interviewing
- b) Cognitive-Behavioral Therapy
- c) Relapse Prevention
- d) Trauma-Informed Treatment
- e) Psycho-Education

_____ [document name(s)/policy #(s) here]

All of the above requirements apply to participating IHCPs and not to the individual Traditional Healer or Natural Helper.

5. Attestation

I, a duly authorized officer of the Corporation of the _____ (IHCP name) hereby attest, under penalty of perjury that based on my best information, knowledge, and belief, that the information included in this form is accurate, complete, and truthful. The IHCP will provide to DHCS, upon request, the supporting documentation and records indicated in this form. I am aware that documents and records pertaining to the delivery of Traditional Health Care Practices may be requested at any time, including during or after a virtual or onsite review.

IHCP Name: _____ Date: _____

⁴ As noted in BHIN 25-007, section II(D), *DMC-ODS ASAM, Medications for Addiction Treatment, Care Coordination, and Evidence-Based Practices*, MAT policies must meet the standards described in [BHIN 23-054](#).

⁵ This exception to the DMC-ODS EBP requirements applies to IHCPs providing only traditional health care practices. If an IHCP chooses to offer traditional health care practices and additional DMC-ODS services, it is required to implement at least two of the EBPs listed in BHIN 25-007.

Authorized officer Name: _____

Print Title: _____

Authorized officer Signature: _____