

Traditional Health Care Practices - Frequently Asked Questions

This webpage provides answers to common questions regarding the Medi-Cal traditional health care practices benefit. If you are unable to find the answer to your question below, please contact traditionalhealing@dhcs.ca.gov.

The following FAQs are organized into the following categories:

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Acronyms & Abbreviations

The table below is a list of common acronyms/abbreviations used throughout the FAQ.

| Acronym/Abbreviation | Definition |
|----------------------|--|
| AIR | All-Inclusive Rate |
| AI/AN | American Indian/Alaska Native |
| AOD | Alcohol and Other Drug |
| ASAM | American Society of Addiction Medicine |
| BHIN | Behavioral Health Information Notice |
| CMS | Centers for Medicare and Medicaid Services |
| DHCS | Department of Health Care Services |
| DMC | Drug Medi-Cal |

| Acronym/Abbreviation | Definition |
|----------------------|--|
| DMC-ODS | Drug Medi-Cal Organized Delivery System |
| EBPs | Evidence-based practices |
| IHS | Indian Health Service |
| IHCP | Indian Health Care Provider (note: this term refers to the programs, not the individual health care practitioners) |
| MAT | Medications for Addiction Treatment (also known as medication-assisted treatment) |
| THCP | Traditional Health Care Practices |
| STC | Special Terms and Conditions |
| SUD | Substance Use Disorder |

Indian Health Care Provider (IHCP) and DMC- ODS County Coordination

How do IHCPs become eligible to provide, and receive payment for, Traditional Healer and Natural Helper services to Medi-Cal members?

In order for an IHCP to start providing and receiving payment for the provision of Traditional Healer and Natural Helper services to eligible Medi-Cal members, IHCPs must be enrolled as a Medi-Cal provider; submit an opt-in package to DHCS; and receive an approval letter.

Once an IHCP submits an opt-in package, DHCS will review and provide approval no earlier than 10 business days after submission. After DHCS approves the IHCP’s opt-in package, the IHCP must share a copy of the opt-in package and the approval letter with the DMC-ODS counties in which they plan to provide services. DHCS will provide the IHCP with the appropriate county contact information.

IHCPs may submit claims to the county for services retroactive to the date the opt-in package was submitted to DHCS as long as DHCS approves the package.

How will a DMC-ODS county know when an IHCP is approved and the IHCP and county may begin claiming for Traditional Healer and Natural Helper services?

IHCPs may work with DMC-ODS counties to claim for services retroactive to the date the opt-in package was submitted to DHCS as long as DHCS approves the package.

After DHCS approves the IHCP's opt-in package, the IHCP must share a copy of the opt-in package and approval letter with the DMC-ODS counties in which they plan to provide services. IHCPs and DMC-ODS counties need to coordinate directly to establish claiming and payment processes, regardless of whether or not the IHCP enters into a network provider contract with the county.

DHCS will post and regularly update a list of opt-in IHCPs on the [Traditional Health Care Practices webpage](#). The list will include each IHCP's effective date for claims submission.

DMC-ODS counties should communicate directly with IHCPs and may also, if needed, contact their DHCS liaison with questions about an IHCP's opt-in status.

How can IHCPs find contact information for DMC-ODS counties?

DHCS will collect information from DMC-ODS counties on dedicated points of contact for traditional health care practices and share that information with IHCPs upon request or after review of the opt-in package. IHCPs are encouraged to coordinate with counties as soon as possible if they are considering opting in or have submitted an opt-in package in order for counties to begin the process of updating their claiming systems.

Do IHCPs need to contract with a DMC-ODS county to provide traditional health care services?

IHCPs providing traditional health care practices to only American Indian/Alaska Native (AI/AN) members are not required to contract with DMC-ODS counties to receive payment, consistent with federal law and existing Medi-Cal policy (see U.S. Code, title 25, Section [1647a](#), Code of Federal Regulations, title 42, section [438.14\(b\)\(4\)](#), and [BHIN 22-053](#)).

IHCPs are required to hold a contract with DMC-ODS counties to receive payment for the provision of traditional health care practices to non-AI/AN members.

Service Descriptions

Is there a complete list of the Traditional Healer and Natural Helper practices covered by Medi-Cal?

DHCS recognizes that traditional health care practices encompass a wide variety of culturally appropriate health care practices and does not define specific covered services. Individual Indian Health Care Providers (IHCPs) may identify and offer a variety of culturally specific practices, as determined by the IHCP. The below descriptions in DHCS guidance are not intended to be exhaustive.

- Traditional Healer services may use an array of interventions including music therapy (such as traditional music and songs, dancing, drumming), spirituality (such as ceremonies, rituals, herbal remedies) and other integrative approaches.
- Natural Helper services may assist with navigational support, psychosocial skill building, self-management, and trauma support to individuals that restore the health of eligible Medi-Cal members.

Note that the [Special Terms and Conditions \(STCs\)](#), section 13.3(c), lists services and activities that are not covered.

Medi-Cal Member Eligibility for Traditional Health Care Practices

Are traditional health care practices available to members under 21?

Traditional health care practices are covered for Medi-Cal members regardless of age who are 1) enrolled in Medi-Cal or CHIP in a DMC-ODS county; 2) receive services delivered by or through a participating Indian Health Care Provider (IHCP); and 3) meet DMC-ODS access criteria (detailed in BHIN 24-001).

Are traditional health care practices subject to federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements?

No. Federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) statutes and regulations apply to services coverable under Section 1905(a) of the Social Security Act. Since traditional health care practices are authorized under the 1115 CalAIM Waiver and not under Section 1905(a), the EPSDT mandate is not applicable. Members under the age of 21 must be enrolled in Medi-Cal or CHIP in a DMC-ODS county in order to be eligible for the traditional health care practices benefit at this time.

Will DHCS expand traditional health care practices to other delivery systems beyond the Drug Medi-Cal Organized Delivery System (DMC-ODS)?

Since 2015, when initial planning conversations for DMC-ODS began, DHCS worked closely with Tribal and Urban Indian health partners to develop and advance a proposal to cover Traditional Healer and Natural Helper services as a culturally responsive option for substance use disorder (SUD) treatment within DMC-ODS. Over the ensuing decade, DHCS collaborated with Tribes and Tribal partners to develop the proposed service, explore Indian Health Program ODS models, and request authorization from the federal government for Traditional Healer and Natural Helper services coverage under DMC-ODS. This work represents the collective acknowledgment that these services are vital to meeting the health and cultural needs of American Indian/Alaska Natives; facilitating access to care; and reducing the disparities in overdose deaths in Tribal communities.

At this time, coverage of traditional health care practices is limited to Medi-Cal/CHIP members who are seeking care for substance use and enrolled in Medi-Cal/CHIP in DMC-ODS counties. The [1115 waiver approval](#) and [Special Terms and Conditions](#) permit DHCS to expand traditional health care practices to other delivery systems. This would require state budget action and additional financial resources; Medi-Cal coverage for traditional health care practices is not limited to members whose care is covered entirely by federal funds, so state funds must be authorized.

Due to expressed interest in expansion from Tribal partners, DHCS plans to engage with Tribes, Tribal partners, county behavioral health plans, managed care plans, and other

stakeholders, as appropriate, regarding expansion to other delivery systems. Any expansion would follow CMS notification requirements, public notice, and Tribal consultation processes. DHCS will continue to communicate about opportunities for further engagement.

Individual Traditional Health Care Practices Practitioner Requirements/Qualifications

Which providers/practitioners can deliver services under this benefit?

Traditional health care practices are covered as a Medi-Cal benefit only when delivered by Traditional Healers and Natural Helpers employed or contracted by participating Indian Health Care Providers (IHCPs). The broad definitions for each were developed in partnership with Tribes and Tribal partners as a framework for reference and to encourage a shared understanding among IHCPs and DMC-ODS counties:

- A Traditional Healer is a person currently recognized as a spiritual leader in good standing with a Native American Tribe, Nation, Band, Rancheria, or a Native community, and with two years of experience as a recognized Native American spiritual leader practicing in a setting recognized by a Native American Tribe, Nation, Band, Rancheria, or a Native community who is contracted or employed by the IHCP. A Traditional Healer is a person with knowledge, skills and practices based on the theories, beliefs, and experiences which are accepted by that Indian community as handed down through the generations and which can be established through the collective knowledge of the elders of that Indian community.
- A Natural Helper is a health advisor contracted or employed by the IHCP who seeks to deliver health, recovery, and social supports in the context of Tribal cultures. A Natural Helper could be a spiritual leader, elected official, paraprofessional or other individual who is a trusted member of a Native American Tribe, Nation, Band, Rancheria, or Native community.

Does DHCS require Traditional Healers and Natural Helpers to have certain qualifications, such as licensure or certification?

DHCS does not require Traditional Healers and Natural Helpers to have a license or certification, however, participating IHCPs are required to establish methods for determining whether 1) employees or contractors are qualified to provide traditional health care practices; and 2) have the necessary experience and appropriate training. IHCPs must include their policies and procedures for developing, reviewing, and approving practitioner qualifications as part of their opt-in package submission to DHCS. DHCS is coordinating with Tribal partners to provide technical assistance for IHCPs on documenting practitioner qualifications. Information will be posted on the [Traditional Health Care practices webpage](#) and distributed to Tribal partners. Please email traditionalhealing@dhcs.ca.gov or visit the [TA portal](#) to request additional support.

Participating Facilities

Do Indian Health Care Providers (IHCPs) have to be Drug Medi-Cal (DMC) and/or Alcohol and Other Drug (AOD) certified?

IHCPs that provide traditional health care practices are required to enroll as Medi-Cal providers. If the IHCP is providing DMC-ODS services beyond traditional health care practices, it must also become Drug Medi-Cal (DMC) certified to deliver and receive payment for other, covered DMC-ODS services.

| Services Offered by the IHCP | Drug Medi-Cal (DMC) Certification |
|--|-----------------------------------|
| Only traditional health care practices (and no other DMC-ODS services) | Not required |
| Traditional health care practices and other DMC-ODS services | Required |

See [BHIN 24-001](#) and [BHIN 25-007](#) for further details on DMC certification requirements.

Consistent with [federal law](#), IHCPs enrolled as Medi-Cal providers are not required to obtain DHCS' certification for Alcohol and Other Drug (AOD) programs if they meet all applicable standards.

Opt-in Process

What are DHCS' criteria for approving or denying opt-in packages?

DHCS will approve opt-in packages that are complete and are aligned with BHIN 25-[007](#) and relevant DMC-ODS policy requirements.

An opt-in package is considered "complete" if all fields of the opt-in package are answered and appropriate materials are submitted. A package may be deemed complete if policy and procedures are submitted as draft. In this case, the Indian Health Care Provider (IHCP) will submit an explanation of the steps to finalize the P&Ps with projected date of completion.

An opt-in package will be approved no sooner than 10 business days after the date of submission if the package is complete and addresses all requirements.

If the opt-in package is deemed "incomplete," or does not address all requirements, DHCS will provide the IHCP with feedback to clarify how the opt-in materials must be revised and continue to work with the IHCP to achieve approval.

What is the process for an IHCP to submit and receive approval for alternate Evidence Based Practices (EBPs)?

For IHCPs providing only traditional health care practices (and no other DMC-ODS services): If an EBP(s) does not exist for the population(s) of focus and types of problems or disorders being addressed, the IHCP may notify DHCS that it intends to rely on complementary practices (such as culturally adapted practices, Community Defined Evidence Practices, and/or culturally promising practices). The submitted policies and procedures should reflect how the complementary practices have been shown to be effective for the population(s) of focus.

For IHCPs also offering other DMC-ODS services: IHCPs are required to implement at least two of the EBPs listed in BHIN 25-[007](#).

What resources are available for IHCPs if they have questions on the opt-in process?

DHCS is coordinating with Tribal partners to provide technical assistance for IHCPs. Detailed information will be posted on the [Traditional Health Care practices webpage](#) and distributed to Tribal partners. Please email traditionalhealing@dhcs.ca.gov or visit the [TA portal](#) to request additional support.

Claiming and Payment

When can Indian Health Care Providers (IHCPs) and DMC-ODS counties begin to submit claims for traditional health care practices?

IHCPs that meet all requirements to provide traditional health care practices may work with DMC-ODS counties to submit claims for services back to the date their complete opt-in package was submitted to DHCS, as long as DHCS approves the package.

How can IHCPs receive payment for Traditional Healer and Natural Helper services?

Approved IHCPs must submit claims to the DMC-ODS county in which the member is enrolled in Medi-Cal or CHIP, consistent with [BHIN 24-008](#). Whether or not the IHCP enters into a network provider contract with the DMC-ODS county, IHCPs will need to communicate directly with the county's point of contact for traditional health care practices to establish processes for claiming and payment.

DMC-ODS counties must pay participating IHCPs delivering Traditional Healer and Natural Helper services consistent with the methodologies established by the state as outlined in BHIN 25-[007](#) and any applicable federal and state policies described in [BHIN 22-053](#).

What are the rates for traditional health care practices?

When Traditional healer and Natural helper services are provided by an IHCP that is eligible to receive the All-Inclusive Rate (AIR) and by a practitioner listed in California’s Medicaid State Plan, the DMC-ODS county shall claim and provide payment to the IHCP at the AIR, consistent with [BHIN 22-053](#) and CMS’ [Special Terms and Conditions](#). For State Fiscal Year (SFY) 2025-2026, rates for Traditional Healer and Natural Helper services eligible for the AIR are \$801.00. For services not eligible for the AIR, rates depend on the Indian Health Care Provider’s (IHCP’s) contract status with the DMC-ODS county. See table below for more detail.

| IHCP Contract Status | Member’s AI/AN Status | How non-AIR Rates Are Determined |
|---|------------------------------|--|
| IHCPs with a DMC-ODS County contract | AI/AN | Rates are determined based on negotiation between IHCP and DMC-ODS county. |
| IHCPs with a DMC-ODS County contract | Non-AI/AN | Rates are determined based on negotiation between IHCP and DMC-ODS county. |
| IHCPs without a DMC-ODS County contract | AI/AN | The rates the IHCP receives are not subject to negotiation. DMC-ODS counties must pay at the rate established by DHCS via the DMC-ODS fee schedule . |
| IHCPs without a DMC-ODS County contract | Non-AI/AN | DMC-ODS selective contracting policy applies. Counties are generally not obligated to pay IHCPs for services provided to non-AI/AN members if they do not have a contract with the IHCP. |

The Traditional Healer and Natural Helper rates that DMC-ODS counties may claim for services not eligible for the AIR are posted under the [Drug Medi-Cal Organized Delivery System](#) section of the Medi-Cal Behavioral Health Fee Schedules page.

For SFY 2025-2026, these rates are:

- **Traditional Healer services ineligible for the AIR: \$801.00**

- **Natural Helper services ineligible for the AIR:** \$335.37

How should group services be claimed?

For both AIR-eligible and non-AIR eligible services, claims should use HCPCS H0051 for Traditional Healer services and HCPCS T1016 for Natural Helper services. When providing Traditional Healer or Natural Helper services in a group setting, claims must contain the modifier HQ to distinguish group visits.

For Traditional Healers or Natural Helpers providing a group service, the provider and county shall claim for one member in the group either at one AIR (when applicable) or one DMC-ODS fee schedule encounter rate. While this policy differs from the group claiming requirements for other DMC-ODS services, it aligns with the group billing guidance that is used for non-specialty mental health services.

Medi-Cal will cover up to one Traditional Healer and one Natural Helper service per member per day. However, a member may receive both group and individual services in a day. For example, a member can receive an individual service from a Traditional Healer in the morning and then join a group service with a Traditional Healer later in the afternoon. In this scenario, the IHCP and DMC-ODS county would claim for the individual service provided to the member in the morning. For the group service in the afternoon, the claim should identify a different member of the group who did not receive an individual Traditional Healer service that day.

How do residential facilities receive payment for traditional health care practices?

Traditional health care practices may be covered for Medi-Cal members receiving services in residential or inpatient SUD treatment settings. DHCS will clarify coverage and payment policies in future guidance.

Service Limitations and Documentation

Can traditional health care practices be provided outside of a clinical setting?

Yes. Traditional health care practices services, like other DMC-ODS services, may be provided in field-based locations (as long as the rendering Indian Health care Provider (IHCP) meets all relevant requirements). Traditional health care practices are not considered “clinic services” and do not fall under the “four walls” rule (see [Section 1905\(a\)\(9\)](#) of the Act, Code of Federal Regulations, title 42, [section 440.90](#), and [1115 CalAIM amendment approval letter](#)).

Are traditional health care practices available via telehealth?

Yes, traditional health care practices delivered via telehealth are covered under DMC-ODS consistent with [BHIN 23-018](#).

What are the documentation requirements for traditional health care services?

IHCPs are required to follow the progress note and problem list documentation requirements Sections (c) and (d) of [BHIN 23-068](#). Individual Traditional Healer/Natural Helper practitioners are not solely responsible for developing or maintaining the member's clinical records. Other licensed or non-licensed practitioners may document on behalf of the Traditional Healer or Natural Helper, as needed.

Oversight & Monitoring

Will DHCS or DMC-ODS counties provide oversight of IHCPs providing traditional health care services?

DHCS worked in consultation with Tribal partners to ensure the department’s approach to oversight and monitoring is appropriate and clearly laid out in policy (see [BHIN 25-007](#) for detailed guidance). IHCPs will be monitored to ensure compliance with the requirements specified in [BHIN 25-007](#) and the DHCS-approved “opt-in package.”

For IHCPs contracted with a DMC-ODS county, standard DHCS policy for county oversight of contracted providers applies, as outlined in [BHIN 24-001](#). Counties are responsible for oversight and monitoring which can include compliance with basic program integrity requirements (for example, compliant claiming and service documentation) and other requirements outlined in the BHIN.

For IHCPs that do not have a contract with a DMC-ODS county, DHCS is responsible for ongoing oversight and monitoring. This will involve adherence to policies in the BHIN and opt-in package submission. DHCS may issue Corrective Action Plans to IHCPs found out of compliance.

Neither DHCS nor DMC-ODS counties may determine whether a traditional health care practice is culturally or clinically appropriate for an individual Medi-Cal member. This is an individualized determination made by the Traditional Healer or Natural Helper with oversight from the IHCP.