



DATE: [Date of publication]

Behavioral Health Information Notice No: 25-XXX

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators
Tribal Chairpersons
Indian Health Care Providers

SUBJECT: Traditional Health Care Practices Benefit Implementation

PURPOSE: To provide guidance regarding the implementation of the traditional health care practices benefit in the Drug Medi-Cal-Organized Delivery System (DMC-ODS).

REFERENCE: CalAIM Demonstration Amendment Approval [No. 11-W-00193/9](#) and [21-W-00077/0](#), [BHIN 22-053](#), [BHIN 24-001](#), [BHIN 23-068](#)

BACKGROUND:

California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of our population by implementing broad delivery system, program, and payment reforms across Medi-Cal. As part of the CalAIM demonstration, California received federal approval of a Section 1115(a) Demonstration Amendment ([No. 11-W-00193/9 and 21-W-00077/0](#)) to cover traditional health care practices as part of the Medicaid and Children's Health Insurance Program (CHIP) programs, for members eligible to receive covered services through the Drug Medi-Cal Organized Delivery System (DMC-ODS).

California Department of Health Care Services

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California Health and Human Services Agency

Effective [date of publication], 2025, DMC-ODS counties shall provide coverage for traditional health care practices received through Indian Health Service (IHS) facilities, facilities operated by Tribes or Tribal organizations (Tribal Facilities) under the Indian Self-Determination and Education Assistance Act, and facilities operated by urban Indian organizations (UIO facilities) under Title V of the Indian Health Care Improvement Act to Medi-Cal members who receive covered services delivered by or through these facilities and meet DMC-ODS access criteria, as described in this BHIN. Together, these facilities are referred to as Indian Health Care Providers (IHCPs). The official list of current IHCPs is included as Attachment #1 and displayed in an interactive dashboard available at <https://www.dhcs.ca.gov/services/rural/Pages/indian-health-services-locator.aspx>. Traditional health care practices are expected to improve access to culturally responsive care; support these facilities' ability to serve their patients; maintain and sustain health; improve health outcomes and the quality and experience of care; and reduce existing disparities in access to care. While DMC-ODS providers, including IHCPs that participate in DMC-ODS, have been and continue to be able to incorporate traditional healing approaches into services provided under other DMC-ODS benefits, coverage of traditional health care practices as a distinct DMC-ODS benefit acknowledges the importance of providing access to culturally based care in a way that protects the integrity of the services provided by traditional healers. The guidance in this BHIN is specific to traditional health care practices and supersedes conflicting guidance in DMC-ODS contracts or other DHCS guidance.

POLICY:

I. Traditional Health Care Practices Benefit Overview

The provision of traditional health care practices through Medi-Cal is approved under the amendment to the approved CalAIM 1115 demonstration period through December 31, 2026. No sooner than [BHIN publication date], DMC-ODS counties shall cover traditional health care practices delivered by IHCPs that opt into providing them to eligible Medi-Cal members ("Participating IHCPs"). The opt-in process is detailed in Section II(F) below. IHCPs that meet all requirements to provide traditional health care practices services can begin to offer these services and receive payment from DMC-ODS counties no sooner than the date the IHCP submits an opt-in package to DHCS, if DHCS approves the IHCP's opt-in package.

Traditional health care practices encompass two new service types: Traditional Healer and Natural Helper services. These services shall be covered for members who meet the eligibility criteria outlined in Section I(C) below.

The below descriptions of Traditional Healer and Natural Helper services and practitioners were developed in partnership with Tribes and Tribal partners. These descriptions are designed as a framework for reference and to encourage a shared understanding among IHCPs and DMC-ODS counties.

A. *Service Descriptions*

1. *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.
2. *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.

B. *Practitioner Descriptions*

Individual practitioners of traditional health care practices must be employed by or contracted with an IHCP. Practitioner qualifications shall be documented by individual IHCPs as described in section II(B) below.

1. *Traditional Healer*

A Traditional Healer is a person currently recognized as a spiritual leader in good standing with a Native American Tribe, Nation, Band or Rancheria, 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 or Rancheria who is contracted or employed by the IHCP.¹ 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.

2. *Natural Helper*

¹ This description is intended to be an inclusive framework that can be applied as culturally appropriate by Tribes and IHCPs. Traditional Healers may be, but are not required to be, enrolled Tribal members.

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 or Rancheria.²

C. Member Eligibility

Traditional health care practices are covered for Medi-Cal members who:³

1. Are enrolled in Medi-Cal or CHIP in a DMC-ODS County;⁴
2. Are able to receive services delivered by or through an IHCP, as determined by the facility; and
3. Meet DMC-ODS Access Criteria.⁵

D. Telehealth

Traditional health care practices delivered via telehealth (synchronous audio-only and synchronous video interactions) are covered under DMC-ODS consistent with [BHIN 23-018](#). Telehealth is an allowable mechanism to provide clinical services to facilitate access to care while maintaining culturally appropriate in-person service options.

II. Participating IHCP Requirements

A. Medi-Cal Enrollment, Drug Medi-Cal Certification, and Alcohol and Other Drug Certification

² This description is intended to be an inclusive framework that can be applied as culturally appropriate by Tribes and IHCPs. Natural Helpers may be, but are not required to be, enrolled Tribal members.

³ Eligibility criteria are aligned with CalAIM Section 1115 waiver amendment No. 11-W-00193/9 and 21-W-00077/0 [Standard Terms and Conditions](#) (STCs) 13.2, 92.

⁴ Member enrollment in a DMC-ODS county shall be determined according to the policy outlined in [BHIN 24-008](#).

⁵ Members enrolled in Medi-Cal in a DMC-ODS county must meet existing DMC-ODS access criteria detailed in [BHIN 24-001](#) or subsequent guidance to be eligible to receive traditional health care practices.

IHCPs that provide traditional health care practices are required to enroll as Medi-Cal providers. IHCPs that provide only traditional health care practices, and do not provide other DMC-ODS services, are not required to complete Drug Medi-Cal (DMC) Certification if they are otherwise enrolled in Medi-Cal. IHCPs that provide traditional health care practices AND other DMC-ODS Services must be enrolled as Medi-Cal providers through the DMC Certification process, per [BHIN 24-001](#).⁶ DMC Certification ensures providers meet minimum requirements to provide DMC-ODS services.

IHCPs will be required to report their Medi-Cal enrollment status as part of the Opt-In Process described in Section II(F) of this BHIN.

Consistent with federal law, IHCPs enrolled as Medi-Cal providers, as is required to receive payment for traditional health care practices and other DMC-ODS services, are not required to obtain DHCS' certification for Alcohol and Other Drug (AOD) programs⁷ if they meet all applicable standards.⁸

B. *DMC-ODS County Contracts*

Consistent with federal law and existing Medi-Cal policy, IHCPs are not required to contract with DMC-ODS counties to receive payment for the provision of traditional health care practices to eligible AI/AN members.⁹ If a DMC-ODS county chooses to contract with IHCPs for the care of non AI/AN Medi-Cal members, 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.¹⁰

⁶ Providers seeking DMC certification must complete enrollment through the Provider Application and Validation for Enrollment (PAVE) portal:

<https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>

⁷ Please refer to [BHIN 23-058](#) or subsequent guidance for information on DHCS' AOD certification policy. In accordance with HSC, Chapter 7.1 (commencing with Section 11832), DHCS has the sole authority to certify SUD treatment programs that provide one or more of the following services to clients: treatment services, recovery services, detoxification services and/or MAT services. In addition to the federal exemption for IHCPs mentioned in this section, some program and facility types are exempt from seeking this certification under state law; see [BHIN 23-058](#) or subsequent guidance for a list of exemptions.

⁸ U.S. Code, title 25, section [1647a](#).

⁹ Code of Federal Regulations, title 42, section [438.14\(b\)\(4\)](#); [BHIN 22-053](#), 4.

¹⁰ [BHIN 22-053](#), 4

IHCPs shall complete and submit an Opt-In Package to DHCS prior to rendering covered traditional health care practices as described in Section II(F) below, regardless of whether the IHCP seeks to provide traditional health care practices to AI/AN members only (wherein a contract with the DMC-ODS county is not required) or for non-AI/AN members as well (wherein a contract with the DMC-ODS county is required).

C. Practitioner Qualifications¹¹

Participating IHCPs must determine, and document, that each practitioner, provider, or staff member employed or contracted with the facility to provide traditional health care practices is 1) qualified to provide traditional health care practices to the IHCP's patients; and 2) has the necessary experience and appropriate training.

The participating IHCP is also required to:

1. Establish its methods for determining whether its employees or contractors are qualified to provide traditional health care practices;
2. Bill Medi-Cal for traditional health care practices furnished only by employees or contractors who are qualified to provide them; and
3. Provide documentation to DHCS about these activities upon request.

As needed, DHCS will work with IHCPs to provide additional guidance and/or technical assistance on these record-keeping requirements.

D. DMC-ODS ASAM, Medications for Addiction Treatment, Care Coordination, and Evidence-Based Practices

IHCPs that provide traditional health care practices through Medi-Cal must provide, or coordinate access to, additional services to promote the treatment of substance use disorders (SUDs) and ensure that individuals receiving traditional health care services from Traditional Healers and/or Natural Helpers have timely access to the full continuum of evidence-based covered DMC-ODS treatment services. IHCPs that provide traditional health care practices in addition to other covered DMC-ODS are

¹¹ Aligned with CalAIM Demonstration Amendment No. 11-W-00193/9 and 21-W-00077/0 Section 1115 waiver [STCs](#) 13.5, 93.

subject to DMC-ODS provider requirements as described in [BHIN 24-001](#) or subsequent guidance. Requirements for IHCPs that opt to provide only traditional health care practices (and no other covered DMC-ODS services) include:

1. Coordinate with the county as needed to ensure members have access to comprehensive American Society of Addiction Medicine (ASAM) assessments to identify other SUD treatment needs;¹²
2. Coordinate with the county as needed to ensure members have access to medications for addiction treatment (MAT) services directly through the IHCP or there is an effective MAT referral process in place, and implement and maintain a MAT policy;¹³
3. Coordinate with the county as needed to ensure access to other DMC-ODS services as needed and desired by the member; and¹⁴
4. Implement at least two of the listed evidenced-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.
 - a) Motivational Interviewing
 - b) Cognitive-Behavioral Therapy
 - c) Relapse Prevention
 - d) Trauma-Informed Treatment
 - e) Psycho-Education

These requirements apply to participating IHCPs and not to the individual Traditional Healer or Natural Helper.

E. *Service Documentation*

IHCPs providing traditional health care practices are required to follow the progress note and problem list documentation requirements established in sections (c) and (d) of [BHIN 23-068](#). Individual Traditional Healers or

¹² ASAM Assessment requirements are outlined in [BHIN 24-001](#). See also, [STC](#) 13.1, 91.

¹³ MAT policy requirements can be found in [BHIN 23-054](#). See also [STC](#) 13.1, 91.

¹⁴ A complete list of DMC-ODS services is included in [BHIN 24-001](#).

Natural Helpers are not solely responsible for developing or maintaining the member's clinical records. These requirements shall be completed at the organizational (IHCP) level. Other licensed or non-licensed practitioners may complete service documentation on behalf of the Traditional Healer or Natural Helper as needed.

These minimum documentation requirements are enforced to ensure that a covered service took place. IHCP records may be audited to validate claims; claims data will be used to support evaluation of whether the benefit increased access to culturally appropriate care for those receiving services through IHCPs.

F. *Opt-In Process*

All IHCPs seeking to provide traditional health care practices must be enrolled as Medi-Cal providers and submit an opt-in package to DHCS. The package shall include an opt-in template to provide traditional health care services and additional documentation as outlined below. A sample opt-in package template is in Enclosure X¹⁵.

The opt-in package shall include:

1. An opt-in template that includes:
 - a) Confirmation that the IHCP is appropriately enrolled in Medi-Cal depending on the type of services the IHCP is providing, through DHCS' DMC Certification or other enrollment process.
 - b) A list of the services the IHCP will provide (Traditional Healer, Natural Helper, and/or other DMC-ODS services, as applicable).
 - c) If the IHCP is not DMC certified, the IHCP will need to attest to providing Traditional Healer and/or Natural Helper services but no other DMC-ODS services.
2. Policies and procedures for:
 - a) Developing, reviewing, and approving practitioner qualifications.
 - b) Coordinating with the county as needed to ensure members have access to comprehensive American Society of Addiction Medicine (ASAM) assessments to identify other SUD treatment needs.

¹⁵ Note: Enclosure X is not available for the comment period at this time, but it will be shared for feedback during forthcoming meetings before this BHIN is published.

- c) Coordinating with the county as needed to ensure members have access to medications for addiction treatment (MAT) services directly through the IHCP or there is an effective MAT referral process in place.
- d) Coordinating with the county as needed to ensure access to other DMC-ODS services as needed and desired by the member.
- e) Implementing at least two of the listed 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.
 - (1) Motivational Interviewing
 - (2) Cognitive-Behavioral Therapy
 - (3) Relapse Prevention
 - (4) Trauma-Informed Treatment
 - (5) Psycho-Education

At the time of submission to DHCS, IHCPs shall also share a copy of this opt-in package with the 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.

III. DMC-ODS County Requirements

Consistent with federal law and existing Medi-Cal policy, DMC-ODS counties must pay IHCPs for claims submitted for the provision of traditional health care practices to eligible AI/AN members.¹⁶ For non-AI/AN members, DMC-ODS selective contracting policy applies and DMC-ODS counties shall pay for traditional health care practices services only if the IHCP has a network provider contract with the responsible county.

DMC-ODS counties shall ensure that eligible Medi-Cal members have access to covered DMC-ODS services.¹⁷ This includes coordinating access to the following covered services as needed when members seeking SUD services are referred to the DMC-ODS county by an IHCP that is offering traditional health

¹⁶ Code of Federal Regulations, title 42, section [438.14](#)(b)(4); [BHIN 22-053](#), 4.

¹⁷See [BHIN 24-001](#) for more information on DMC-ODS county requirements.

care practices, regardless of whether the IHCP has a contract with the DMC-ODS county:

1. Comprehensive ASAM assessment to identify SUD treatment needs;
2. Medications for Addiction Treatment (MAT); and
3. All other DMC-ODS services as needed and desired by the member.¹⁸

DMC-ODS county oversight and monitoring responsibilities are outlined in Section V below.

IV. Claiming and Payment

IHCPs shall submit claims for traditional health care practices to the appropriate county for each member who receives services. IHCPs shall identify the county that is required to reimburse for a member's care prior to delivering services consistent with the policy in [BHIN 24-008](#). Traditional health care practices are only covered as a DMC-ODS benefit for members enrolled in counties that participate in the DMC-ODS program.¹⁹

A. Rates and Payment Requirements

As described above and consistent with federal law, DMC-ODS counties must pay for traditional health care services provided by or through IHCPs to AI/AN members regardless of whether the county holds a contract with the participating IHCP that provides the service. If the participating IHCP does not hold a contract with the DMC-ODS county, the county must pay the participating IHCP according to the fee schedule for the provision of Traditional Healer and Natural Helper services provided to AI/AN members.

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 payment at the AIR. This policy is in alignment with DHCS guidance on DMC-ODS county obligations to reimburse IHCPs for the provision of DMC-ODS services outlined in [BHIN 22-053](#) and CMS' anticipations as outlined in the STC's, including STC 13.6.²⁰

¹⁸ A complete list of covered DMC-ODS services is included in [BHIN 24-001](#).

¹⁹ A list of counties participating in the DMC-ODS is available at <https://www.dhcs.ca.gov/provgovpart/Pages/county-implementation-plans.aspx>.

²⁰ [STC](#) 13.6, 93.

For Traditional Healer and Natural Helper services not eligible for the AIR, DHCS developed rates that DMC-ODS counties must use to claim Medi-Cal payment. Rates can be found on the [Behavioral Health Fee Schedule](#) page for each Fiscal Year.²¹

Traditional Healer/Natural Helper services furnished by an IHCP that is a federally-qualified health center may be paid pursuant to the methodology described in section 1396a(bb) of Title 42 of the United States Code or by an alternative reimbursement structure as determined by the State. Accordingly, traditional health care practices furnished by IHCPs that are FQHCs will be claimed and paid according to the policies in this BHIN; these services are not covered by or included in the FQHC's Prospective Payment System (PPS) rate.

B. Claiming for Traditional Healer Services

IHCPs delivering Traditional Healer services shall bill HCPCS H0051 for each service visit. The designated code is designed to pay the bundled costs of a single member visit to a Traditional Healer, billed once per day.

Traditional Healer services may include both individual and group services. When providing Traditional Healer services in a group setting, the provider shall claim for one member in the group visit. Claims must contain the modifier HQ to distinguish group visits.

IHCPs may only claim one Traditional Healer service per member per day. A member may receive both group and individual services in a day, but the group service may only be claimed separately if claimed on behalf of at least one member who did not also receive an individual service.

C. Claiming for Natural Helper Services

IHCPs delivering Natural Helper services shall bill HCPCS T1016 on the claim form for each service visit. The designated code is designed to pay the bundled costs of a single member visit to a Natural Helper, billed once per day.

Natural Helper services may include both individual and group services. When providing Natural Helper services in a group setting, the provider

²¹ To access the fee schedule, select "Fiscal Year 24-25." Traditional Healer and Natural Helper rates will be under the [Drug Medi-Cal Organized Delivery System](#) section of the page with a link name of "[DMC Traditional Health Care Practices Rates](#)."

shall claim for one member in a group at the group visit. Claims must contain the modifier HQ to distinguish group visits.

IHCPs may only claim one Natural Helper service per member per day. A member may receive both group and individual services in a day, but the group service may only be claimed separately if claimed on behalf of at least one member who did not also receive an individual service.

D. *Service Limitations*

1. Same Day Claiming

Traditional Healer and Natural Helper services shall be billed at a daily encounter rate, once per day, as described in this BHIN above. Traditional Healer and Natural Helper services can be billed on the same day as other covered Medi-Cal services. For example, a member could receive a DMC-ODS Outpatient Treatment Service or a primary care visit on the same day as a Traditional Healer or Natural Helper service, and each of these encounters would be billable as long as they do not exceed any other applicable limits.

Traditional Healer or Natural Helper visits that qualify for the AIR at IHS/Tribal 638 facilities shall be counted as one of the three visits per day that may be paid at the AIR.²² Traditional Healer or Natural Helper visits that do not qualify for the AIR and are claimed using DMC-ODS rates (including the AIR-equivalent rate for Traditional Healers) do not count as one of the three AIR visits.

The number of days that a member can receive traditional health care practices is not limited as long as services are medically necessary.

2. Residential and Inpatient Settings

Traditional health care practices may be delivered in residential and inpatient substance use disorder treatment settings. DHCS will clarify coverage and payment policies for traditional health

²² The IHS/Tribal 638 facilities may bill for up to three visits a day for one patient, if one is a medical visit, one is an ambulatory visit, and one is a mental health visit, as defined in [Supplement 6 to Attachment 4.19-B](#) of the California Medicaid State Plan.

care practices for Medi-Cal members receiving residential or inpatient SUD treatment in a future version of this guidance.

E. Prior Authorization

DMC-ODS plans may not impose prior authorization on the provision of traditional health care practices.

Please refer to the [MedCCC Library](#) for general billing guidance.

V. Oversight, Monitoring, and Evaluation

IHCPs will be monitored to ensure compliance with requirements specified in this guidance and the DHCS-approved "opt-in package" outlined in Section II(F) above. DHCS will include additional information about oversight and monitoring policies, and the roles and responsibilities of IHCPs, DMC-ODS counties, and DHCS, in a future version of this guidance.

Data on traditional health care practices will be included in standard monitoring reports that DHCS must submit to CMS, as required by CalAIM STCs 16.4 and 16.5. Data collected for this purpose may include, but is not limited to, the number of members served, the number of IHCPs providing traditional health care practices, and member grievances and appeals. Traditional health care practices will also be included in DHCS' independent waiver evaluation for the CalAIM Section 1115 demonstration waiver. DHCS will coordinate closely with CMS, DMC-ODS counties, Tribes, and Tribal partners to develop monitoring and evaluation approaches and related policies for data reporting, and will provide more information on these requirements in future guidance.

Questions about this BHIN may be directed to TraditionalHealing@dhcs.ca.gov
Questions on payment of traditional healer or natural helper services may be directed to MEDCCC@dhcs.ca.gov.

Sincerely,

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