

Tribes and Designees of Indian Health Programs Meeting: Traditional Health Care Practices

February 3, 2025

Welcome and Webinar Logistics

WebEx Logistics

- » Participants are joining by computer and phone
- » Everyone will be automatically muted upon entry
- » Use the Q&A or Chat box to submit public comments
- » Please use the Chat box for any technical issues related to the webinar

Feedback Guidance for Participants

- » **Q&A or Chat Box.** Please feel free to utilize either option to submit feedback or questions during the meeting.
- » **Spoken.**
 - Participants may “raise their hand” for the Webex facilitator to unmute the participant to share feedback.
 - Alternatively, participants who have raised their hands may unmute their own lines, but DHCS asks that you wait for a facilitator to recognize your request to speak.
 - DHCS will take comments or questions first from Tribal leaders and then all others on the webinar.
- » **If logged on via phone-only.** Press “*6” on your phone to “raise your hand.”

Today's Agenda

- » Traditional Health Care Practices Status and Next Steps
- » Opt-in Package
- » Oversight and Monitoring
- » Additional Questions and Dialogue

Traditional Health Care Practices: Status and Next Steps

Policy Guidance

DHCS, in consultation with tribal partners, is finalizing policy guidance to support counties and providers with the implementation of this benefit.

- » The forthcoming Behavioral Health Information Notice (BHIN) was informed by tribal consultation and went out for comment from 1/15-1/29.
 - DHCS is reviewing feedback and updating the BHIN for final publication at the end of February.
 - DHCS and its partners will conduct robust technical assistance to support Indian Health Care Providers (IHCPs) and counties implementing this benefit.

Timeline

**Beginning
Summer 2024**

Policy
development and
consultation

January 15-29, 2025

Release of the draft BHIN
for Tribes, Tribal partners,
and the public to share
comments

Q1 2025

Ongoing
technical
assistance for
IHCPs

October 16, 2024

CMS approves
DHCS's Traditional
Healer and Natural
Helper request

**February
2025**

Anticipated
release of the
BHIN

Opt-in Process for IHCPs that Provide Traditional Health Care Practices

IHCP Opt-in Process to Provide Traditional Health Care Practices

The following steps outline DHCS' proposed process for IHCPs to opt-in to providing traditional health care practices.

» **IHCPs shall submit an Opt-In Package to DHCS for approval**, using a DHCS template and detailed guidance, that shall include, but is not limited to:

- **Information for each site** (name, location, National Provider Identifier, contact).
- **Medi-Cal enrollment status.**
- **List of services the IHCP will provide** (TH/NH/DMC-ODS).
- **An acknowledgment** that IHCPs must obtain DMC certification if they seek to offer DMC-ODS services other than TH/NH.
- **Draft or final policies and procedures** including:
 - Practitioner Qualifications.
 - Providing members access to:
 - Comprehensive American Society of Addiction Medicine (ASAM) assessment;
 - Medications addiction treatment (MAT); and
 - Access to other DMC-ODS services, as needed.
 - Required Evidence-Based Practices.
- **An attestation** that the IHCP will provide DHCS, upon request, supporting documentation and records.

Opt-in Package Template Preview

- » ***See opt-in package template***
- » ***For discussion:*** *Criteria for DHCS approval/denial of opt-in package*
- » Any initial thoughts or feedback on any elements of the opt-in package?

Oversight and Monitoring

Proposed Policy: Oversight and Monitoring

- » Counties are responsible for oversight of contracted IHCPs
- » DHCS will provide oversight and monitoring for IHCPs that do not hold contracts with counties.
- » DHCS's Oversight and Monitoring Division (OMD) and Audits and Investigations (A&) divisions will monitor IHCPs for adherence to the policies outlined in the BHIN. This will include:
 - Basic adherence to BHIN policies
 - Adherence to opt-in package submissions (including attestations and P&Ps)
- » DHCS may issue Corrective Action Plans (CAPs) to IHCPs not in compliance with policies outlined in the BHIN.
- » Oversight and monitoring guidance will be included in the final BHIN.

Pre-decisional – subject to change

Additional Questions and Discussion

Thank you for your time and thoughtful feedback!



Appendix

Defining Terms

- » **"Traditional health care practices"** is the term used by the Centers for Medicare & Medicaid services in the approval of services that are delivered by or through IHS facilities, Tribal facilities, or UIO facilities (collectively referred to as Indian Health Care Providers, or IHCPs).
- » In California, traditional health care practices is the umbrella term for **Traditional Healer** and **Natural Helper** services, provided by Traditional Healers and Natural Helpers.

Service Descriptions

DHCS partnered with Tribes to develop draft service descriptions of traditional healer and natural helper services. These services are now coverable under the CalAIM demonstration.

Service Descriptions

- » Traditional Healers 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 Helpers may assist with **navigational support, psychosocial skill building, self-management, and trauma support** to individuals that restore the health of those DMC-ODS beneficiaries receiving care at IHCP.

Practitioner Descriptions

DHCS partnered with Tribes to develop draft practitioner descriptions of traditional healer and natural helper services. These services are now coverable under the CalAIM demonstration.

Practitioner Descriptions

- » A Traditional Healer is a person currently recognized as a spiritual leader and **in good standing with their 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 their Native American Tribe, Nation, Band or Rancheria who is contracted or employed by the IHCP. A Traditional Healer would be 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.
- » Natural Helpers are **health advisors** contracted or employed by the IHCP who seek to **deliver health, recovery, and social supports** in the context of Tribal cultures. Natural Helpers could be spiritual leaders, elected officials, paraprofessionals and others who are trusted members of his/her Native American Tribe, Nation, Band or Rancheria.

Ensuring Access to Continuum of Treatment Services

- » 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 services are 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:
 - 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. ASAM assessment requirements are outlined in BHIN 24-001. See also, STC 13.1, 91.
 - 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. MAT policy requirements can be found in BHIN 23-054. See also STC 13.1, 91
 - Coordinate with the county as needed to ensure access to **other DMC-ODS services**, as needed and desired by the member. A complete list of DMC-ODS services is included in BHIN 24-001.

Ensuring Access to Continuum of Treatment Services (continued)

- » IHCPs that opt to provide only traditional health care practices (and no other covered DMC-ODS services) are required to implement **evidence-based treatment practices** (EBPs) (e.g., motivational interviewing and cognitive behavioral therapy).
 - Note: 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.

Technical Assistance

- » DHCS will provide technical assistance to assist IHCPs. Based on TA needs discussed in previous meetings, TA will include assistance with navigating:
 - Requirements for participating IHCPs, including any reporting requirements.
 - DMC-ODS policies and operations (e.g., member eligibility, contracting with counties, billing requirements and procedures).
 - Documentation requirements (e.g., medical necessity, progress notes, etc.) to satisfy potential audit requirements.
 - Practitioner requirements.
 - Ensuring quality and appropriateness of service delivery.
 - Templates and examples as appropriate
 - Other questions or barriers that arise during implementation.
- » TA will be available at no additional costs to interested IHCP's seeking to provide services by Traditional Healers and Natural Helpers.
- » What technical assistance topics may be most useful? Are there specific materials, forums, or strategies that you would recommend DHCS utilize?

Payment Assurances

Federal statute includes payment assurances for IHCPs to ensure they are sufficiently reimbursed for the provision of care.

- » **42 CFR 438.14(b)(2):** Require that IHCPs, whether participating or not, be paid for covered services provided to Indian enrollees who are eligible to receive services from such providers as follows:
 - I. At a rate negotiated between the MCO, PIHP, PAHP, or PCCM entity, and the IHCP, or
 - II. In the absence of a negotiated rate, at a rate not less than the level and amount of payment that the MCO, PIHP, PAHP, or PCCM entity would make for the services to a participating provider which is not an IHCP; and
 - III. Make payment to all IHCPs in its network in a timely manner as required for payments to practitioners in individual or group practices under 42 CFR 447.45 and 447.46.
- » **42 CFR 438.14(c)(1):** When an IHCP is enrolled in Medicaid as a FQHC but not a participating provider of the MCO, PIHP, PAHP or PCCM entity, it must be paid an amount equal to the amount the MCO, PIHP, PAHP, or PCCM entity would pay a FQHC that is a network provider but is not an IHCP, including any supplemental payment from the State to make up the difference between the amount the MCO, PIHP, PAHP or PCCM entity pays and what the IHCP FQHC would have received under FFS.
- » **42 CFR 438.14(c)(2):** When an IHCP is not enrolled in Medicaid as a FQHC, regardless of whether it participates in the network of an MCO, PIHP, PAHP and PCCM entity or not, it has the right to receive its applicable encounter rate published annually in the Federal Register by the Indian Health Service, or in the absence of a published encounter rate, the amount it would receive if the services were provided under the State plan's FFS payment methodology.

Current DMC-ODS Reimbursement Policies: IHS Facilities and IHS-MOA Clinics

There are different reimbursement approaches for IHCPs depending on the facility type. The AIR only applies to IHS facilities and IHS-MOA clinics so long as they meet both practitioner AND service requirements.

	All-Inclusive Rate	Fee-for-Service (FFS) (<i>Negotiated Rate with the DMC-ODS County</i>)
Facility	<ul style="list-style-type: none"> IHS facilities IHS-MOA clinics 	<ul style="list-style-type: none"> IHS facilities IHS-MOA clinics
Practitioner	Practitioner types listed in Section A of the Medicaid <u>State Plan</u> (e.g., physician, nurse practitioner, clinical psychologists)	Practitioners that <u>do not</u> fall under one of the practitioner types listed in Section A of the Medicaid <u>State Plan</u>
Services <i>Clinical encounter limits apply.</i>	<ul style="list-style-type: none"> Ambulatory Medical Mental health 	Services that <u>do not</u> fall under the service categories listed in the “AIR” column FFS = rates that are available for counties to claim for DMC-ODS services

Sources: California’s Medicaid State Plan; BHIN 22-053

Current DMC-ODS Reimbursement Policies: Tribal FQHCs

There are different reimbursement approaches for IHCPs depending on the facility type. The APM (set at the AIR) only applies to Tribal FQHCs so long as they meet both practitioner AND service requirements.

	Alternative Payment Methodology (APM) (set at the AIR)	Fee-for-Service (FFS) (Negotiated Rate with the DMC-ODS County)
Facility	Tribal FQHCs	Tribal FQHCs
Practitioner	<p>Practitioner types listed on pages 3-4 of the <u>Tribal FQHC Provider Manual</u> (e.g., physician, licensed clinical social worker, nurse midwife)</p> <p>CMS has also stated that practitioner types billable by a Tribal FQHC must be the same as those of a non-Tribal FQHC.</p>	Practitioners that <u>do not</u> fall under one of the practitioner types listed on pages 3-4 of the <u>Tribal FQHC Provider Manual</u>
Services <i>Clinical encounter limits apply.</i>	<ul style="list-style-type: none"> • Ambulatory • Dental • Medical • Mental health (e.g., clinical psychologist services, licensed clinical social worker services) 	<p>Services that <u>do not</u> fall under the service categories listed in the “APM” column</p> <p>FFS = rates that are available for counties to claim for DMC-ODS services</p>

Current DMC-ODS Reimbursement Policies: Urban Indian Organizations

There are different reimbursement approaches for IHCPs depending on the facility type. The negotiated rate with the DMC-ODS county only applies to UIOs so long as they meet both practitioner AND service requirements.

Practitioners at UIOs are not eligible to receive the AIR and receive negotiated rates. The payment amount depends on whether the facility has a contract with the DMC-ODS county.

Reimbursement at UIOs that are FQHCs

	Negotiated Rate with DMC-ODS County	Negotiated Rate Paid to Contracted FQHCs that are Not IHCPs
Practitioner	Practitioners employed or contracted by an FQHC that is <u>contracted</u> with the DMC-ODS county	Practitioners employed or contracted by an FQHC that is <u>not contracted</u> with the DMC-ODS county
Services	<ul style="list-style-type: none">DMC-ODS covered services	<ul style="list-style-type: none">DMC-ODS covered services

Current DMC-ODS Reimbursement Policies: Urban Indian Organizations continued

Reimbursement at UIOs that are not FQHCs

	Negotiated Rate with DMC-ODS County
Practitioner	Practitioners employed or contracted by a UIO that is not an FQHC
Services	<ul style="list-style-type: none">DMC-ODS covered services