

# **Tribes and Designees of Indian Health Programs Meeting on Traditional Healers and Natural Helpers**

October 25, 2024

# Welcome and Webinar 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 Healers and Natural Helpers: Status and Next Steps**
- » **Reimbursement Policy and Rates**
- » **Documentation Policies**

# Status and Next Steps

# Coverage Approved!

**On October 16, CMS approved DHCS's Traditional Healer and Natural Helper demonstration amendment, marking the culmination of nearly a decade of collaboration between DHCS, Tribes, and Tribal partners.**

- » Since 2017, DHCS has requested to cover Traditional Healer and Natural Helper Services under the Drug Medi-Cal Organized Delivery System (DMC-ODS).
  - In 2020, DHCS submitted a second request to CMS
  - In 2021, DHCS submitted a third request to CMS
- » In April 2024, CMS began engaging states by releasing a framework that it will use to approve their requests for Medicaid coverage of traditional health care practices.
  - California was one of four states to receive “first-in-the-nation” approval from CMS to cover traditional health care practices for Medicaid and CHIP members in October 2024.
- » DHCS looks forward to working with Indian Health Care Providers (IHCPs) on implementing this benefit to improve access to culturally appropriate substance use disorder (SUD) treatment for American Indian and Alaska Natives (AI/AN).

# Timeline

## **Beginning Summer 2024**

- Policy development and consultation

## **October 16, 2024**

- CMS approves DHCS's Traditional Healer and Natural Helper request

## **Late Nov / Early Dec 2024**

- Anticipated release of the draft BHIN for Tribes, Tribal partners, and the public to share comments

## **No later than Dec 31, 2024**

- Anticipated release of the BHIN and FAQ document

## **Starting Jan 1, 2025**

- IHCPs can seek reimbursement for providing Traditional Healer and Natural Helper services no sooner than January 1, 2025

## **Q1 2025**

- Ongoing technical assistance for IHCPs

# Policy Guidance

**DHCS is currently developing policy guidance to support counties and providers with the implementation of this benefit.**

- » The forthcoming **Behavioral Health Information Notice (BHIN)** will include information around services, eligibility, billing, clinical documentation, provider requirements, oversight, and other topics.
- » The guidance is based on CMS's requirements as outlined in waiver special terms and conditions; discussions with Tribes, Tribal partners, and other implementation partners; and existing DMC-ODS policies.
- » **DHCS will release the draft BHIN in late November or early December to solicit feedback. Tribes, Tribal partners, and the public will have opportunities to provide comment on the draft BHIN.**



# Future Consultations

**DHCS continues to engage with Tribes and Tribal partners to solicit feedback to inform the design and implementation of this benefit.**

- » DHCS will consult with Tribes, Tribal partners, IHCPs, counties, and other partners to solicit their feedback to prepare to operationalize this benefit.
- » Today's meeting will focus on documentation and provide a refresher on DHCS reimbursement policies.
- » DHCS expects to hold additional consultations on policy decisions around other topics, including service rates, and categorization of services (as required by CMS for evaluation and monitoring purposes).

# Technical Assistance

- » DHCS will make technical assistance available to assist IHCPs 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 (medical necessity, progress notes, etc.) to satisfy potential audit requirements.
  - Other questions or barriers that arise during implementation.
- » This service 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?***

# **Traditional Healer and Natural Helper Services: Reimbursement Policy and Rates**

# Background

**CMS's national framework of Medicaid requirements for Traditional Healer and Natural Helper includes detail around reimbursement for providers of these services.**

- » Consistent with CMS' national Traditional Healing framework, DHCS will pay the All-Inclusive Rate (AIR) for program and practitioner types able to claim at the AIR as defined in California's Medicaid State Plan and described in Behavioral Health Information Notice 22-053.
- » DHCS must identify an alternative reimbursement approach for practitioner types ineligible to bill at the AIR for Traditional Healer and Natural Helper services, including all practitioners working with Urban Indian Organizations.

# County Reimbursement Obligations for IHCPs

**DMC-ODS counties must observe differing reimbursement obligations for care provided to American Indian and Alaska Native (AI/AN) and non-AI/AN individuals, per federal requirements outlined in 42 CFR 438.14.**

- » **AI/AN Individuals:** DMC-ODS counties must reimburse an IHCP that meets DMC-ODS participation requirements for covered DMC-ODS services provided to AI/AN individuals in accordance with reimbursement requirements outlined in BHIN 22-053, whether or not they have a current contract with the IHCP.
- » **Non-AI/AN Individuals:** DMC-ODS counties are not obligated to reimburse IHCPs for services provided to non-AI/AN individuals they do not have contracts with. DMC-ODS counties may choose to contract with IHCPs for the care of non-AI/AN individuals. If so, IHCP reimbursement obligations outlined in BHIN 22-053 apply.
- » Consistent with existing policy, IHCPs serving Medi-Cal members from varying counties need to seek reimbursement from the member's Medi-Cal "county of responsibility." Coverage of traditional healing and natural helper services is available when the member is from a DMC-ODS county.

# Current DHCS 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.**

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

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

# Current DHCS 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

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

### Reimbursement at UIOs that are not FQHCs

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



# Proposed Reimbursement Approach for Traditional Healers and Natural Helpers

**DHCS intends to develop rates that DMC-ODS counties may use to claim Medi-Cal reimbursement for Traditional Healer and Natural Helper services that are not eligible for payment at the AIR.**

- » **Traditional Healers:** DHCS seeks to develop a rate that affirms these practitioners are highly skilled and qualified, and has reviewed rates for licensed psychologists as a point of reference.
- » **Natural Helpers:** DHCS seeks to develop a rate that can support and expand use of these services, and has reviewed rates for community health representatives as a point of reference.

***What questions or recommendations do you have related to reimbursement policy?***

# Documentation Policies

# Key Themes

**During the August 26 meeting, DHCS and Tribes began discussing potential requirements around documentation for Traditional Healer and Natural Helper services. Key themes are below.**

- » Several attendees noted **traditional health care practices are sacred** – it is between the healer and the individual(s) receiving the practice.
- » They expressed **hesitancy around documenting detailed information** (problem list, progress notes) in the medical record.
- » Attendees recommended allowing IHCPs to only include **high-level information** in the record (e.g., “individual participated in a sweat lodge ceremony”).

# Background

## **DHCS seeks to develop requirements for documentation.**

- » Generally speaking, documentation of behavioral health services supports continuity of client care and provider-to-provider communication (when records are shared).
- » Additionally, Medi-Cal requires some documentation of services to:
  - ensure that a covered service took place; and
  - assess whether this benefit increases access to culturally appropriate care for those receiving services through IHS, Tribal, or UIO facilities.
- » The Department must periodically audit records to support quality assurance and assess for fraud.
- » Traditional Healers or Natural Helpers do not need to develop or maintain the records. These responsibilities could be delegated to other staff at the facility or other providers (e.g., referring primary care provider).

# DMC-ODS Documentation Requirements (1 of 2)

**Currently, providers participating in the DMC-ODS program are subject to the documentation requirements outlined in Behavioral Health Information Notice 23-068.**

## Problem List

- » Providers must create and maintain a problem list.
    - This can be done at the organizational (IHCP) level and need not be done by the individual practitioner (Traditional Healer or Natural Helper).
  - » The list must include, at a minimum, the following: diagnosis; current ICD CM codes; problem identified by the provider and member; and name/title of and date that the provider that identified, added, or resolved the problem.
  - » A problem that is identified and addressed by the provider during a service encounter must be subsequently added to the problem list.
  - » The problem list must be maintained on an ongoing basis to reflect the current presentation of the member.
- Do all or most IHCPs already maintain problem lists for Medi-Cal members?
  - Are the requirements listed here applicable to the provision of Traditional Healer and Natural Helper services?

As a reminder, to bill for services, all services must have an accompanying ICD- 10 diagnostic code. This information would be retained in the problem list.

# DMC-ODS Documentation Requirements (2 of 2)

**Currently, providers participating in the DMC-ODS program are subject to the documentation requirements outlined in Behavioral Health Information Notice 23-068.**

## Progress Notes

- » Providers shall create progress notes for the provision of all DMC-ODS services.
    - This need not be done by the individual practitioner (Traditional Healer or Natural Helper) and could be done by another provider at the IHCP.
  - » Progress notes for individual services must include: type, date, duration, and location of service; name and signature of the provider; brief description of how the service addressed the member's needs; summary of next steps.
  - » Progress notes for group services must include the same elements listed above, as well as a list of participants.
  - » Progress notes generally must be completed within three business days of providing the service.
- Are the requirements listed here applicable to the provision of Traditional Healer and Natural Helper services?
  - Are there any details that should not be included in the medical record?

**Thank You**

# Appendix



# Level Setting (1 of 2)

**In 2021, DHCS requested to amend the CalAIM Section 1115 demonstration to receive federal funding to provide Traditional Healer and Natural Helper Services to DMC-ODS beneficiaries.**

## **Key Points from the CalAIM 1115 Application Submitted in June 2021:**

- » Section 1115 expenditure authority for Traditional Healer and Natural Helper Services, which allows federal Medicaid matching funds for these services
- » Provided by Indian Health Care Providers (IHCPs)
- » To DMC-ODS beneficiaries
- » From January 1, 2022, through December 31, 2026

# Level Setting (2 of 2)

**In 2021, DHCS requested to amend the CalAIM Section 1115 demonstration to receive federal funding to provide Traditional Healer and Natural Helper Services to DMC-ODS beneficiaries.**

## **Key Points from the CalAIM 1115 Application Submitted in June 2021:**

- » As part of CalAIM's focus on advancing health equity, DHCS sought expenditure authority to allow federal reimbursement for all DMC-ODS services that are provided by traditional healers and natural helpers.
- » The purpose of this request is to provide culturally appropriate options and improve access to SUD treatment for American Indians and Alaska Natives receiving SUD treatment services through IHCPs.
- » For American Indians and Alaska Natives, traditional healing practices are a fundamental element of Indian health care that helps patients achieve wellness and healing and restores emotional balance and one's relationship with the environment.
- » Medi-Cal recognizes that reimbursement for these services to address SUD in a manner that retains the sanctity of these ancient practices is critical.

# CMS' Framework on Traditional Healers and Natural Helpers (1 of 2)

**CMS released its national framework of Medicaid requirements for Traditional Healer and Natural Helper services in April to guide coverage of different tribal practices.**

- » **Eligible beneficiaries:** Eligible beneficiaries would include any Medicaid beneficiary eligible to receive services by or through Indian Health Service (IHS) or tribal facilities. Non-American Indian/Alaska Native (AI/AN) individuals can also receive these services, like all other services, by or through IHS or tribal facilities.
- » **Traditional Health Care Practices:** Covered services (in alignment with the Indian Health Care Improvement Act) would need to be delivered by or through IHS or tribal facilities, and includes practices provided in the community. Practices would be reimbursed at 100% federal match for AI/AN individuals who receive services through IHS or tribal facilities.<sup>1</sup>

<sup>1</sup> As defined in federal state, UIOs will not be eligible to receive 100% federal matching funds for the provision of THCPs. The American Rescue Plan Act included an allowance for states to claim 100% federal match for services provided through UIOs that expired in March 2023.

# CMS' Framework on Traditional Healers and Natural Helpers (2 of 2)

**CMS released its national framework of Medicaid requirements for Traditional Healer and Natural Helper services in April to guide coverage of different tribal practices.**

- » **Providers/Practitioners:** Providers of services would need to be employed or contracted by IHS or tribal facilities, and would not have to undergo additional state licensing or credentialing requirements beyond what is already in place.<sup>1</sup>
- » **Reimbursement and Infrastructure:** CMS will consider infrastructure funding to states, which can facilitate system updates, staff training, and development of processes to ensure compliance.
- » **Evaluation:** Post approval evaluations are expected to assess beneficiary awareness and understanding of traditional health care practices; reasons for receiving these services; access to, cost of, and utilization of services; quality and experience of care and beneficiary physical and behavioral health outcomes.

<sup>1</sup> CMS indicated UIOs will be included in CMS' framework. Providers and practitioners employed or contracted by UIOs would be eligible to provide Traditional Health Care Practices. Additional detail from CMS is forthcoming.

# California's Proposed Approach

**DHCS received approval from CMS to implement several state-specific terms to better meet the needs of Medi-Cal members receiving traditional healer and natural helper services.**

- » **Eligible Beneficiaries:** DHCS will make these services available to Medi-Cal and CHIP members receiving care through DMC-ODS to promote treatment of SUDs.
- » **Counties:** All DMC-ODS counties will be required to offer the traditional healer and natural helper services. As of July 2024, there are 38 DMC-ODS counties.
- » **Phase-In Implementation:** California will initially make these services available to only Medicaid and CHIP members in DMC-ODS. However, if desired, the State has the option to expand to other populations and/or delivery systems in the future.

# 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.

# Individual Provider Qualifications *(1 of 2)*

**In partnership with Tribes, DHCS also developed preliminary qualification requirements for individuals who will offer Traditional Healer and Natural Helper services through IHCPs.**

## **Individual Provider Qualifications**

- » A **Traditional Healer** would be a person currently recognized as a spiritual leader and in good standing with his/her 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 his/her 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.

# Individual Provider Qualifications (2 of 2)

**In partnership with Tribes, DHCS also developed preliminary qualification requirements for individuals who will offer Traditional Healer and Natural Helper services through IHCPs.**

## **Individual Provider Qualifications**

- » **Natural Helpers** would be 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.
- » IHCPs seeking reimbursement for Natural Helpers and/or Traditional Healers would **develop and document credentialing (e.g., recognition and endorsement) policies consistent with the minimum requirements above.**



# 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
  - I. 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
  - II. 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.

# Background on THCP Rates

**DHCS intends to develop rates that DMC-ODS counties may use to claim Medi-Cal reimbursement for Traditional Healers and Natural Helpers based on an existing methodology that CMS has previously approved for outpatient DMC-ODS services and on providers' experiences in the field.**

- » DHCS needs to develop DMC-ODS payment rates for Traditional Healers and Natural Helper Services that cannot be claimed at the AIR.
- » DHCS acknowledges funding to date for IHCPs has been not sustained through reimbursement and has been based on available grants.
- » DHCS solicited feedback from IHCPs to understand current utilization, costs and reimbursement arrangements for IHCPs offering Traditional Healer and Natural Helper Services. DHCS understands the IHCP responses reflects a data point within a broader context rather than a total baseline.

## Key Themes

Based on feedback received to date, DHCS has learned that:

- Most Traditional Healers are contractors, rather than staff members
- Rates vary across providers
- Approaches to reimbursement differ (e.g., daily rate v. per visit)
- Many IHCPs do not offer these services today due to the lack of reimbursement