

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

June 24, 2024

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

- » **Background**
- » **Overview of Proposed Provider Qualification Policies**
- » **Discussion**

Background

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 is seeking 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.

Tribal and Urban Indian Community-Defined Best Practices (TUICDBP) Program

The TUICDBP program is a grant funding and technical assistance opportunity for Tribal and Urban Indian health programs.

Overview of Program

- » TUICDBP supports the implementation and integration of culturally-validated traditional healing and recovery practices for SUD into clinical services serving Tribes and Urban Indian populations.
- » Grantees support:
 - Identification of types and purposes of California Native traditional healing practices
 - Development of approaches for blending the identified traditional healing practices within the conventional substance use prevention, treatment and recovery service spectrum
 - Implementation of blended approaches into Tribal and Urban Indian SUD services
- » Time period: February 28, 2023 to June 30, 2024
- » # of Awardees: 23 awardees
- » Evaluation available upon request

Context

CMS aims to approve DHCS' Traditional Healers and Natural Helpers demonstration amendment (originally proposed in 2017) by late Summer or early Fall of 2024. DHCS requests feedback from tribal partners on the design and implementation of Traditional Healer and Natural Helper Services.

- » 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 hosted an All-Tribes Consultation Webinar on Medicaid coverage of traditional health care practices where it shared its initial national framework that it will use to approve Traditional Healer and Natural Helper requests across four states (California, New Mexico, Arizona, Oregon). (*See next slide*)
- » **Given these recent developments, DHCS is seeking feedback from tribal partners on the design and implementation of traditional health care practices and aims to identify any updates needed to the waiver request language developed together to date.**

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

CMS released its initial framework of Medicaid requirements for Traditional Healer and Natural Helper services in April to guide coverage of different tribal practices. Additional detail is forthcoming.

- » **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.¹

¹ As defined in federal state, Urban Indian Organizations (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 initial framework of Medicaid requirements for Traditional Healer and Natural Helper services in April to guide coverage of different tribal practices. Additional detail is forthcoming.

- » **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.¹
- » **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.

¹ 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 intends to request several changes to CMS' framework to better meet the needs of Medi-Cal members receiving Traditional Healer and Natural Helper services.

- » **Eligible beneficiaries:** Medi-Cal members receiving care through DMC-ODS to promote treatment of substance use disorders (SUDs).
- » **Providers/Practitioners:** Inclusion of UIOs as eligible providers.
- » **Reimbursement:** Requesting Traditional Healer and Natural Helper services be reimbursed consistent with DHCS' existing policy for DMC-ODS services; see BHIN 22-053.

Service Descriptions

DHCS partnered with Tribes to develop draft service descriptions of Traditional Healer and Natural Helper Services and will work to ensure that these descriptions are coverable under the 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.

Overview of Proposed Provider Qualification Policies

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 and will work to ensure they are retained under the Demonstration.

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 and will work to ensure they are retained under the Demonstration.

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.**

Provider Organization Qualifications

In general, DMC-ODS Provider organizations are required to obtain DMC certification/Medi-Cal enrollment and Alcohol or Drug Abuse (AOD) certification for outpatient programs or AOD licensure for residential programs.

Provider Organization Qualifications

- » **IHCPs that offer Traditional Healer/Natural Helper services will need to enroll in Medi-Cal** (if not already enrolled).
- » **DHCS AOD Certification & Residential Program Licensure:** Assesses a program's capacity to provide safe and clinically appropriate specialty substance use disorder services (outpatient or residential)
 - IHCPs are exempt from state AOD certification/licensure, consistent with federal law (25 U.S.C. Section 1647a) if they attest they meet all applicable standards.

Organizational Provider Qualifications for IHCPs: Additional SUD Services

DHCS is contemplating requiring IHCPs offering Traditional Healer and Natural Helper Services to provide and/or refer members to additional services to promote the treatment of SUDs.

Current Vision *(for discussion)*

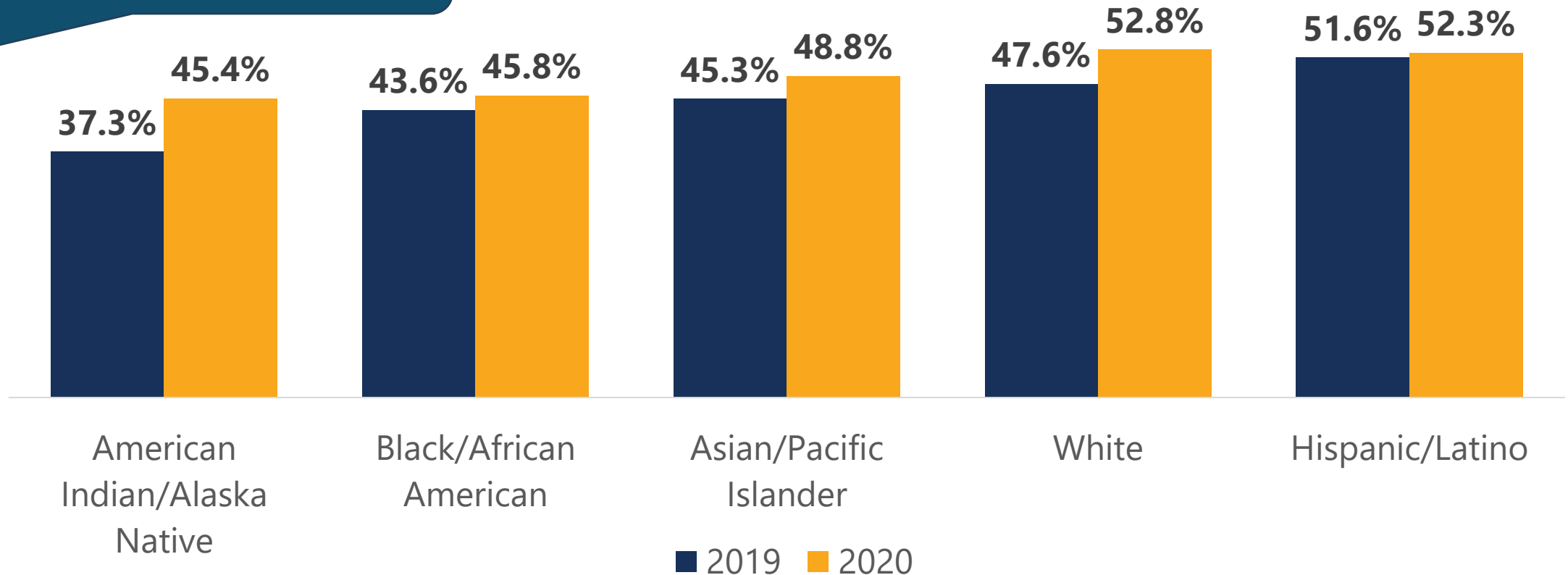
DHCS seeks to ensure that members who access Traditional Healer and Natural Helper Services receive the following additional services as needed:

- » **Comprehensive ASAM assessments** to identify other SUD treatment needs, consistent with DHCS' DMC-ODS policy.
- » **Medications for addiction treatment (MAT)**. Assessments and access to clinically appropriate MAT, consistent with DHCS' MAT access policy for all SUD provider organizations – see BHIN 23-054
- » **Care coordination** to access other SUD treatment and Medi-Cal services more broadly

NOTE: DHCS will not require each individual practitioner of Traditional Healing to fulfill these requirements. However, at the organizational level, IHCPs will need to have policies and procedures in place to ensure members can access these additional services.

Medi-Cal MAT Prescribing for Opioid Use Disorder by Race/Ethnicity, 2020

As of June 2024, 9 out of 49 IHCPs offer MAT services.



Source: UCLA ISAP, Tribal MAT Data Analytics Performance Measure Report, September 2023.

For Discussion: Additional SUD Services

- » What is your reaction to these additional requirements? Are they relevant to meeting the needs of people who have SUD, in tandem with the provision of Traditional Healer and Natural Helper Services?
- » What is your current capacity or capability to refer and/or deliver these services?



Provider Qualifications: Evidence-Based Practices (1 of 2)

Other DMC-ODS providers are required to implement at least two of the evidence-based treatment practices (EBPs) described below. DHCS previously proposed to require IHCPs that offer Traditional Healer and Natural Helper Services to offer these EBPs as well and would like stakeholder feedback on that proposal.

DMC-ODS Evidence Based Practices

- » **Motivational Interviewing** – a member-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment
- » **Cognitive-Behavioral Therapy** – based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned
- » **Relapse Prevention** – a behavioral self-control program that teaches individuals with SUD how to anticipate and cope with the potential for relapse; can be used as a stand-alone substance use treatment program or as a recovery services program to sustain gains achieved during initial SUD treatment

Provider Qualifications: Evidence-Based Practices (2 of 2)

Other DMC-ODS providers are required to implement at least two of the evidence-based treatment practices (EBPs) described below. DHCS previously proposed to require IHCPs that offer Traditional Healer and Natural Helper Services to offer these EBPs as well and would like stakeholder feedback on that proposal.

DMC-ODS Evidence Based Practices

- » **Trauma-Informed Treatment** – services must take into account an understanding of trauma, and place priority on trauma survivors' safety, choice, and control
- » **Psycho-Education** – designed to educate members about substance abuse and related behaviors and consequences; provides information designed to have a direct application to members' lives, to instill self-awareness, suggest options for growth and change, identify community resources that can assist members in recovery, develop an understanding of the process of recovery, and prompt people using substances to act on their own behalf

For Discussion: Evidence-Based Practices

- » Are these EBPs relevant to meeting the needs of people who have SUD, in tandem with the provision of Traditional Healer and Natural Helper Services?
- » Would you envision they could be used by Traditional Healers/Natural Helpers, or by other practitioners within the IHCP?
- » Are there any alternate EBPs that are missing from this list?
- » What is your current capacity to implement at least two EBPs?



Discussion

Thank You

Appendix

County Reimbursement Obligations for IHCP (1 of 4)

Requirements that apply to DMC-ODS counties regarding AI/AN residents and IHCPs:

- » **Medi-Cal AI/AN Beneficiaries Are Entitled to Receive Services from Out-of-Network IHCPs**
 - IHCPs are not required to have a contract with a PIHP in order to receive payment for covered services delivered to AI/AN enrollees. (438.14(b)(2) and 438.14(b)(4))
 - PIHPs must pay IHCPs at either the amount it would pay a network provider that is not an IHCP or a negotiated rate not less for services delivered to AI/AN enrollees.
 - DMC-ODS counties are not obligated to pay for services provided to non-AI/AN beneficiaries by IHCPs that are not contracted with the DMC-ODS county.
- » **DMC-ODS Counties Must Have Sufficient IHCPs Participating in Their Provider Networks**
 - Each PIHP must demonstrate there are sufficient IHCPs in its network to ensure timely access to covered services from such providers for AI/AN enrollees. (Per 438.14(b)(1))

County Reimbursement Obligations for IHCP (2 of 4)

Requirements that apply to DMC-ODS counties regarding AI/AN residents and IHCPs:

- » **Payment for services delivered to AI/AN enrollees by IHCPs that are not enrolled in Medi-Cal as FQHCs per 438.14(b)(2) and 438.14(c)(2)**
 - If the AIR is applicable, the PIHPs must pay the AIR.
 - If the AIR is not applicable, PIHPs must pay the state FFS rate, the amount it would pay to a contracted provider that is not an IHCP for the service, or a negotiated rate, whichever is greater.
 - Regardless of whether the IHCP has a contract with the PIHP.
 - Applies to Tribal 638 programs and Urban Indian Programs that are not FQHCs.

County Reimbursement Obligations for IHCP (3 of 4)

Requirements that apply to DMC-ODS counties regarding AI/AN residents and IHCPs:

- » **Payment for services delivered to Indian enrollees by IHCPs that are enrolled in Medi-Cal as FQHCs and not participating in the DMC-ODS county network per 438.14(b)(2) and 438.14(c)(1)**
 - PIHPs must pay these IHCPs the rate it would pay a FQHC that is a contracted provider but not an IHCP, or at a negotiated rate not less than that amount.
 - Applies to Urban Indian programs enrolled as FQHCs.
 - Could apply to Tribal 638 programs that enroll as new Tribal FQHC provider type if approved by CMS.

County Reimbursement Obligations for IHCP (4 of 4)

In regard to processing and paying claims:

- » **The IHCP must submit claims to the DMC-ODS county of responsibility in accordance with that county's claiming requirements.**
 - No contract required for AI/AN beneficiaries.
- » The rate on the claim should reflect the rate for the service described in DHCS' Behavioral Health Information Notice #22-053.
- » Claims from IHCPs must be paid by DMC-ODS counties in accordance with timeliness requirements at 42 CFR 447.45 and 447.46.