

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

July 22, 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**
- » **Update on Traditional Healer and Natural Helper Services:  
Reimbursement Policy and Rates**
- » **Monitoring and Evaluation**
- » **Next Steps**

# Background

# 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 appendix)*
- » **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.**

# Summary from June 24 Consultation

**On June 24, DHCS solicited feedback on provider qualifications for those offering Traditional Healer and Natural Helper Services. Tribes and IHP stakeholders expressed support for the following requirements:**

- » To reduce disparities in overdose rates and improve access to care for American Indian and Alaska Native Medi-Cal members, DHCS plans to require Indian Health Care Providers (IHCPs) offering Traditional Healer and Natural Helper Services to:
1. Provide or facilitate/refer for a clinical assessment consistent with the American Society of Addiction Medicine Criteria (ASAM Criteria).
  2. Provide or facilitate access to the SUD Level(s) of Care recommended by the completed ASAM Criteria assessment.
  3. Provide or facilitate referrals for medications for addiction treatment (MAT).
  4. Provide (within the IHCP) at least two of the following evidence-based practices (EBPs): motivational interviewing, cognitive-behavioral therapy, relapse prevention, trauma-informed treatment.

**NOTE:** DHCS will not require each individual practitioner of Traditional Healing to provide these services. However, at the organizational level, IHCPs will need to provide these services, or facilitate referrals to these services.

# Recent CMS Updates

**On July 10, CMS released a proposed rule that includes an exemption for tribal clinics from the “four walls” requirement.**

- » In response to feedback from their tribal partners that the sunseting of the four walls grace period slated for February 2025 will lead to significant barriers in access to care for American Indian and Alaska Native (AI/AN) beneficiaries, **CMS is proposing to require states to exempt IHS and tribal clinics that are covered under the clinic benefit from the four walls requirement.**
- » If this proposed rule is finalized, states will be required to reimburse IHS and tribal clinics for services provided outside of their four walls at their clinical rate, which is generally the All-Inclusive Rate (AIR).
- » The proposed exemption rule does not include Urban Indian Organizations (UIOs) because CMS believes that most of them operate as federally qualified health centers (FQHCs) which are not subject to the four walls requirement.
- » DHCS is actively reviewing the proposed rule and may submit a letter of support.

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

# Update

**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 and submit rate information for CMS' review and approval.
- » DHCS acknowledges funding to date 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

# ***For Discussion:*** Traditional Healer and Natural Helper Services Rates

- » Do you work with Traditional Healers and/or Natural Helpers today?
- » How do you reimburse them for the services they provide?
  - Are they directly employed by your IHCP? Independent contractors? Both?
  - Are providers paid per session or based on the length of time services are provided? Or in another way? For example, for employed providers receiving a salary, are the service costs part of the IHCP's budget and are not billed to service recipients or any other payer?
- » How often do these providers render Traditional Healer and Natural Helper Services in a day, week, or month? To how many members? In what duration?



# Monitoring and Evaluation

# Background (1 of 2)

**CMS' national framework around Medicaid coverage of traditional health care practices includes high-level discussion of monitoring and evaluation.**

- » During recent discussions with DHCS, CMS provided additional detail about its initial vision for monitoring and evaluating the delivery of traditional health care practices (THCPs) to Medicaid-enrolled members.

## **Monitoring Expectations (*subject to change*)**

- » # of facilities and providers offering THCPs
- » # of each type of practice provided
  - CMS seeks more detailed information than # of visits. CMS also recognizes Tribes may use different terminologies for similar or identical services and looks to states to develop service categories that encompass similar practices for monitoring purposes.
- » # of individuals qualified for and receiving THCPs

# Background (2 of 2)

**CMS' national framework around Medicaid coverage of traditional health care practices includes high-level discussion of monitoring and evaluation.**

- » During recent discussions with DHCS, CMS provided additional detail about its initial vision for monitoring and evaluating the delivery of THCPs to Medicaid-enrolled members.

## **Evaluation Expectations (*subject to change*)**

- » Goal is to assess whether this benefit increases access to culturally appropriate care
- » Research questions may include beneficiary awareness and understanding of THCPs, access to and utilization of THCPs, quality and experience of care, health outcomes, and impact on social determinants of health (SDOH)
- » Collaborate with providers, beneficiaries, and provider organizations in the development of the evaluation design
- » Engage in qualitative data collection efforts (e.g., surveys, key informant interviews)

# ***For Discussion:*** Monitoring and Evaluation

- » Do you have any initial thoughts and reactions to CMS' initial monitoring and evaluation requirements?
- » For monitoring purposes, DHCS will be expected to develop categories of similar practices.
  - Do you have suggestions for the types of categories that would be appropriate for Traditional Healer and Natural Helper Services?
  - Should the practices be grouped by setting? Other?



# Next Steps

# Next Steps

## Upcoming Meeting

- » Date: Monday, August 12, 2024\*
- » Time: 9:00 – 10:00 AM PT
- » Registration is required. To reserve your Webinar seat please visit: [WebEx Registration](#)
- » After registering, you will receive a confirmation email containing information about joining the Webinar.

*\* Please note DHCS may cancel this meeting if there are no further items to discuss at that time.*

**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 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.

# 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. 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.<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. 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.<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 intends to request several changes to CMS' national 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).
- » **Counties:** All DMC-ODS counties will be required to offer the Traditional Healer and Natural Helper Services benefit. As of July 2024, there are 38 DMC-ODS counties.
- » **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.

# 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.**