Behavioral Health Department Alameda County Health	By: DocuSigned by: F1FCDD2484DA41B... **Karyn L. Tribble, PsyD, LCSW, Director**
POLICY TITLE **Traditional Health Care Practices (THCP)**	**Policy No: 150-1-6** **Date of Original Approval:** 10/7/2026 **Date(s) of Revision(s):**

PURPOSE

This policy addresses the California Department of Health Care Services' (DHCS) requirement that counties offer Traditional Health Care Practices (THCP) focused on the Native American community. The THCP outlined within this policy are specifically provided through Drug Medi-Cal Organized Delivery System (DMC-ODS).

AUTHORITY

- DHCS Behavioral Health Information Notice (BHIN) 25-036: Traditional Health Care Practices Benefit Implementation

SCOPE

All ACBHD County-Operated programs, in addition to entities, programs, and individuals providing substance use disorder (SUD) services under a contract or subcontract with Alameda County Behavioral Health Department (ACBHD), are required to adhere to this policy.

BACKGROUND

As part of the California Advancing and Innovating Medi-Cal (CalAIM) demonstration, California received Federal approval of a Section 1115(a) Demonstration Amendment (No. 11-W00193/9 and 21-W-00077/0) to cover THCP, as part of the Medicaid program and Children's Health Insurance Program (CHIP), for members eligible to receive covered services through DMC-ODS. Therefore, ACBHD is implementing this policy and procedure to adhere to the state requirement.

POLICY

In alignment with CalAIM and DMC-ODS, Medi-Cal beneficiaries that meet the criteria listed within the Procedure section of this policy are able to access THCP. This policy details what THCP include, service and practitioner descriptions, member eligibility, service documentation, and billing.

PROCEDURE

I. THCP Benefit Overview

THCP can only be provided by or through designated Indian Health Care Providers (IHCPs) and encompass two new service types: Traditional Healer and Natural Helper. These services shall be covered for members who meet the eligibility criteria outlined in the Member Eligibility section.

The below Traditional Healer and Natural Helper service descriptions and practitioner descriptions were developed in partnership with Tribes and Tribal partners. Both descriptions are designed as a framework for reference and to encourage a shared understanding among IHCPs and DMC-ODS counties. Individual IHCPs may identify and offer a variety of culturally specific practices; the below descriptions are not intended to be exhaustive.

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 must be employed by or contracted with an IHCP. Practitioner qualifications shall be documented by individual IHCPs as described in the Service Documentation section below.

1. A Traditional Healer is:

    a. A person currently recognized as a spiritual leader in good standing with a Native American Tribe, Nation, Band, Rancheria, or a Native community, and with two (2) years of experience as a recognized Native American spiritual leader practicing in a setting recognized by a Native American Tribe, Nation, Band, Rancheria, or a Native community who is contracted or employed by the IHCP[1].

    b. 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. A Natural Helper:

    a. 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.

[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.

b. Could be a spiritual leader, elected official, paraprofessional or other individual who is a trusted member of a Native American Tribe, Nation, Band, Rancheria, or Native community[2].

C. Member Eligibility

THCPs 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. Service Delivery Settings

1. Services provided outside of the "four walls" of a clinic

Per the CalAIM Section 1115 Special Terms and Conditions (STCs), traditional health care practices are not "clinic services" within the meaning of Section 1905(a)(9) of the Act, 42 CFR 440.90 and do not need to be provided within the four walls of an IHCP to be covered.

2. 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 health care 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

IHCPs that provide THCP are required to enroll as Medi-Cal providers. Enrollment requirements vary based on the services provided:

- IHCPs that provide only THCP, and do not provide other DMC-ODS services:
  - These providers are not required to complete Drug Medi-Cal (DMC) Certification if they are otherwise enrolled in Medi Cal.
- IHCPs that provide THCP AND other DMC-ODS Services:
  - These providers 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

[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 Special Terms and Conditions (STC) 13.2 (page 93).
[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.
[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.

DMC-ODS services.

As outlined in BHIN 22-011, medications for addiction treatment (MAT) can be covered as a medical benefit by the Medi-Cal fee-for-service delivery system or Medi-Cal Managed Care Plans (MCPs). MAT services covered by Medi-Cal fee-for-service or MCPs do not require DMC certification or participation in the DMC-ODS.

IHCPs will be required to report their Medi-Cal enrollment status as part of the Opt-In Process described in the later section of this policy.

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) programs[7] 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 covered traditional health care practices to eligible American Indian/Alaska Native (AI/AN) members[9]. 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]

IHCPs shall submit an Opt-In Package and receive an approval notice from DHCS prior to seeking Medi-Cal payment for 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 Qualifications

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

[7] Please refer to BHIN 25-003 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] See U.S. Code, title 25, Section 1647a.
[9] See Code of Federal Regulations, title 42, Section 438.14(b)(4); BHIN 22-053 (page 4).
[10] See BHIN 22-053 (page 4).

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.

D. DMC-ODS American Society of Addiction Medicine (ASAM), Medications for Addiction Treatment (MAT), Care Coordination, and Evidence-Based Practices (EBPs)

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 all IHCPs that opt to provide traditional health care practices (including those that offer no other covered DMC-ODS services) include:

1. Coordinate with the county as needed to ensure members have access to comprehensive ASAM assessments to identify other SUD treatment needs[11];
2. Coordinate with the county as needed to ensure members have access to MAT services directly through the IHCP or there is an effective MAT referral process in place, and implement and maintain a MAT policy[12];
3. Coordinate with the county as needed to ensure access to other DMC ODS services as needed and desired by the member; and[13]
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[14].

    a) Motivational Interviewing
    b) Cognitive-Behavioral Therapy
    c) Relapse Prevention
    d) Trauma-Informed Treatment
    e) Psycho-Education

E. Service Documentation

IHCPs providing THCPs 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

[11] ASAM assessment requirements are outlined in BHIN 24-001. See also, STC 13.1 (page 93).
[12] MAT policy requirements are the same as those detailed in BHIN 23-054 or subsequent guidance.
[13] A complete list of DMC-ODS services is included in BHIN 24-001.
[14] This exception to the DMC-ODS EBP requirements applies to IHCPs providing only traditional health care practices. If an IHCP chooses to offer traditional health care practices and additional DMC-ODS services, it is required to implement at least two of the EBPs listed in BHIN 25-036.

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 is one of the data sources that may 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.

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).[15]
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 ASAM assessments to identify other SUD treatment needs.
c) Coordinating with the county as needed to ensure members have access to MAT services directly through the IHCP or there is an effective MAT referral process in place and implementing and maintaining a MAT policy.
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.[16]

[15] As noted above, only IHCPs that are DMC certified can provide other DMC-ODS services per BHIN 24-001. As outlined in BHIN 22-011, MAT can be covered as a medical benefit by the Medi-Cal fee-for-service delivery system or Medi-Cal Managed Care Plans (MCPs). MAT services covered by Medi-Cal fee-for-service or MCPs do not require DMC certification or participation in the DMC-ODS.
[16] This exception to the DMC-ODS EBP requirements applies to IHCPs providing only traditional health care practices. If an IHCP chooses to offer traditional health care practices and additional DMC-ODS services, they are required to implement at least two of the EBPs listed in BHIN 25-036.

1. Motivational Interviewing
2. Cognitive-Behavioral Therapy
3. Relapse Prevention
4. Trauma-Informed Treatment
5. Psycho-Education

Upon receiving an approval letter from DHCS, IHCPs shall share a copy of this opt-in package and DHCS approval letter 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.

IHCPs may bill the DMC-ODS county for services back to the date the opt-in package was submitted to DHCS as long as DHCS approves the package. DHCS review of the opt-in package will focus on completeness of information submitted and alignment with DMC-ODS policy requirements where relevant.[17] DHCS will provide approval on opt-in packages no earlier than 10 business days after submission.

III. DMC-ODS County Requirements

Consistent with federal law and existing Medi-Cal policy and as described in BHIN 22-053, Alameda County must pay IHCPs for bills submitted for the provision of traditional health care practices to eligible AI/AN members whether or not they hold a contract with the IHCP.[18] For services rendered to non-AI/AN members, DMC-ODS selective contracting policy applies. Alameda county is not obligated to pay for services provided to non-AI/AN beneficiaries by IHCPs that are not contracted with the DMC-ODS county.[19]

IHCPs must submit an opt-in package to DHCS and share a copy of the package and DHCS approval letter with DMC-ODS counties in which they plan to provide services. Counties shall not play a role in approving or denying opt-in packages.

DMC-ODS counties must provide DHCS with the name, title, phone number, and email address of the DMC-ODS lead contact for traditional health care practices within 10 days of the BHIN's publication date. Alameda county must update this contact information as changes occur and notify DHCS within five days of the change. DHCS will share this information with IHCPs so that they can share a copy of their opt-in package and DHCS approval letter with Alameda county in which they plan to provide services.

Alameda county shall ensure that eligible Medi-Cal members have access to covered DMC-ODS services.[20] This obligation requires Alameda county to coordinate access to the following covered services as needed for their Medi-Cal members referred from IHCPs that provide traditional health care practices:

[17] For example, DHCS would not approve a MAT policy that fails to describe how MAT needs will be assessed and how the member will be referred for timely access to MAT, consistent with the MAT policy applicable to other DMC-ODS service providers, as described in BHIN 23-054.
[18] See Code of Federal Regulations, title 42, section 438.14(b)(4); BHIN 22-053, (page 4).
[19] As outlined in BHIN 24-001, if the DMC-ODS network is unable to provide medically necessary covered services, the DMC-ODS plan must adequately and timely cover these services out-of-network for as long as the DMC-ODS plan's network is unable to provide them.
[20] See BHIN 24-001 for more information on DMC-ODS county requirements.

1. Comprehensive ASAM assessment to identify SUD treatment needs;
2. MAT;
3. and All other medically necessary DMC-ODS services as needed by the member[21].

DMC-ODS county oversight and monitoring responsibilities are outlined in the Oversight, Monitoring, and Evaluation section.

IV. Billing, Claiming, and Payment

THCPs are covered as a DMC-ODS benefit for Medi-Cal members enrolled in counties that participate in the DMC-ODS program[22]. IHCPs and counties shall coordinate to establish billing and payment policies and procedures. Bills submitted by IHCPs, regardless of whether they hold a contract with the county, shall include all information needed to enable counties to submit clean claims via Short-Doyle Medi-Cal. IHCPs and DMC-ODS may review claims submission guidance outlined in the most updated DMC-ODS billing manual on the Medi-Cal County Customer (MedCCC) Services webpage.

Step 1: Following delivery of a Traditional Healer or Natural Helper service, IHCPs shall submit a bill to the appropriate county for each member who receives services. IHCPs shall identify the county that is required to provide payment for a member's care prior to delivering services consistent with the policy in BHIN 24-008. Bills submitted by IHCPs, regardless of whether they hold a contract with the county, shall include all information needed to enable counties to submit a complete claim via Short-Doyle Medi-Cal, as outlined in the DMC-ODS Billing Manual under Section 5, Claims Processing.

Step 2: The county shall use the billing information submitted by the IHCP to submit a claim through Short-Doyle Medi-Cal. For all covered DMC-ODS services, counties must pay IHCPs according to applicable federal and state policies described in BHIN 22-053. See Section III above for more information on DMC ODS County billing information for AI/AN and non-AI/AN members. In addition to the requirements in BHIN 22-053, DMC-ODS counties must pay participating IHCPs delivering traditional health care practices at the rates or methodologies established by the state as outlined in BHIN 25-036, described below.[23][24]

Step 3: DHCS shall process claims from counties as outlined in the DMC-ODS Billing Manual.

A. Rates and Payment Requirements

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 and provide payment to the IHCP at the AIR[25]. This policy is in

[21] A complete list of covered DMC-ODS services is included in BHIN 24-001.
[22] A list of counties participating in the DMC-ODS is available at County Plans & Contracts | DHCS.
[23] Rates and methodologies are aligned with CalAIM Section 1115 STC 13.6 (page 95).
[24] 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 payment 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 BHIN 25-036; these services are not covered by or included in the FQHC's Prospective Payment System (PPS) rate.
[25] The 2025 IHS all-inclusive rate is available here. DMC-ODS counties are responsible for monitoring the Federal

alignment with DHCS guidance on DMC-ODS county obligations to provide payment to IHCPs for the provision of DMC-ODS services in BHIN 22-053 and CMS' requirements as outlined in Special Terms and Conditions (STC) 13.6.

For services not eligible for the AIR, if the service is rendered to an AI/AN member and the IHCP is not contracted with the DMC-ODS county, the county must pay the IHCP at the Traditional Healer and Natural Helper rates published in the DMC-ODS fee schedule.[26] Rates can be found on the Behavioral Health Fee Schedule page for each Fiscal Year.[27]28 If the IHCP is contracted with the DMC-ODS county, the rates the county pays for non-AIR-eligible services are subject to negotiation. Table 2 below outlines how rates are determined for non-AIR eligible services based on the IHCP's contract status with the county.

Table 2: Rates for Non-AIR Eligible Services Based on IHCP Contract Status with DMC-ODS County

IHCP Contract status	Member's AI/AN Status	How non-AIR Rates Are Determined
IHCPs with a DMC-ODS County	AI/AN	Rates are determined based on negotiation between IHCP and DMC-ODS county.
	Non-AI/AN	
IHCPs without a DMC-ODS County contract	AI/AN	The rates the IHCP receives are not subject to negotiation. DMC-ODS counties must pay at the rate established by DHCS via the DMC-ODS fee schedule.
	Non-AI/AN	DMC-ODS selective contracting policy applies. Counties are generally not obligated to pay IHCPs for services provided to non-AI/AN members if they do not have a contract with the IHCP.[28]

B. Billing and Claiming

Register for future updates to the annual IHS all-inclusive rates published by IHS.

[26] This policy is specific to traditional health care practices and distinct from payment policies that apply to other DMC-ODS services. Generally speaking, DMC-ODS counties may selectively contract and negotiate rates with a network of providers. The county is not required to pay its network providers at the DMC-ODS fee schedule rates that it uses to claim federal Medicaid funds.

[27] Traditional Healer and Natural Helper rates will be under the Drug Medi-Cal Organized Delivery System section of the Medi-Cal Behavioral Health Fee Schedules page with a link name of "DMC-ODS Traditional Health Care Practices Rates."

[28] As outlined in BHIN 24-001, if the DMC-ODS network is unable to provide medically necessary covered services, the DMC-ODS plan must adequately and timely cover these services out-of-network for as long as the DMC-ODS plan's network is unable to provide them.

1. Traditional Healer Services Counties shall claim Healthcare Common Procedure Coding System (HCPCS) H0051 for each Traditional Healer service billed by the IHCP. The designated code is designed to pay the bundled costs of a single member visit to a Traditional Healer, billed once per day. This code applies to both AIR-eligible and non-AIR eligible services.
2. Traditional Healer services may include both individual and group services. When providing Traditional Healer services in a group setting, the IHCP shall bill for, and, in turn, the county shall claim for one (1) member in the group, at one (1) AIR (when applicable) or one (1) DMC-ODS fee schedule encounter rate[29]. Claims must contain the modifier HQ to distinguish group visits.
3. IHCPs may only bill for one (1) 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 billed separately if billed on behalf of at least one (1) member who did not also receive an individual service. The same guidance applies to the county when submitting claims through Short-Doyle.
4. Natural Helper Services Counties shall claim HCPCS T1016 for each Natural Helper service billed by the IHCP. The designated code is designed to pay the bundled costs of a single member visit to a Natural Helper, billed once per day. This code applies to both AIR-eligible and non-AIR eligible services.
5. Natural Helper services may include both individual and group services. When providing Natural Helper services in a group setting, the IHCP shall bill the county and the county in turn shall claim for one member in the group, at one AIR (when applicable) or one DMC-ODS fee schedule encounter rate.[30] Claims must contain the modifier HQ to distinguish group visits.
6. IHCPs may only bill for 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 billed separately if billed on behalf of at least one member who did not also receive an individual service. The same guidance applies to the county when submitting claims through Short Doyle.
7. Group services for Traditional Healer and/or Natural Helper services are not subject to upper limits on group sizes.

C. Service Limitations

1. Same Day Claiming

Traditional Healer and Natural Helper services shall be billed at a daily encounter rate, once per member per day, as described in Section IV(B) and (C). A Traditional Healer Service and a Natural Helper Service for the same member may be claimed on the same day, as long as no other applicable limits are exceeded.

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[31]. Traditional Healer or Natural Helper visits that do not qualify for the AIR and are claimed using DMC-

[29] This policy aligns with the non-specialty mental health services provider manual group billing process on page 24.
[30] This policy aligns with the non-specialty mental health services provider manual group billing process on page 24.
[31] 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.

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. Supplemental Services in IHCP Residential Settings

Traditional Healer and/or Natural Helper services may be delivered as part of a Medi-Cal covered treatment program in an IHCP that provides residential SUD treatment and receives a daily rate for residential treatment services. The daily rate can support programs in offering an array of therapeutic and educational interventions. To further support access to traditional health care practices, additional Traditional Healer and/or Natural Helper services may be billed and claimed on top of the residential daily rate as supplemental services in residential IHCPs. Residential providers may bill DMC-ODS counties for traditional health care practices, at the rates outlined in Section IV (A), for up to twelve (12) supplemental Traditional Healer and/or Natural Helper services per calendar month. Supplemental Traditional Healer or Natural Helper services may exceed twelve visits per month when medically necessary for the member.

DMC-ODS counties and DHCS are not responsible for determining whether a traditional health care practice is culturally or clinically appropriate for an individual Medi-Cal member. This is an individualized determination made by the Traditional Healer or Natural Helper with oversight from the IHCP. See Section IV above for billing, claiming and payment guidelines and Section V below for oversight and monitoring provisions.

IHCPs are not required to have a contract with a county to provide, and receive payment for, covered traditional health care practices or other DMC-ODS services rendered to AI/AN Medi-Cal members[32]. However, IHCPs that provide and seek Medi-Cal payment for DMC-ODS residential treatment services in addition to traditional health care practices must obtain DMC certification and either an ASAM Level of Care Certification or a DHCS Level of Care Designation[33]. IHCPs that provide DMC-ODS residential treatment are also subject to all applicable DMC-ODS provider requirements in accordance with the guidance in BHIN 24-001.

D. Prior Authorization

DMC-ODS plans may not impose prior authorization on the provision of traditional health care practices, regardless of IHCP facility type or contract status. Please refer to the MedCCC Library for general billing and claiming guidance.

V. Oversight, Monitoring, and Evaluation

IHCPs will be monitored to ensure compliance with the requirements specified in this guidance and the DHCS-approved "opt-in package" outlined in the Opt-In Process section.

[32] See BHIN 22-053 for information on DMC-ODS counties' obligations to reimburse Indian Health Care Providers for the provision of DMC-ODS services.
[33] See BHIN 21-001 or subsequent guidance for information on requirements for residential treatment providers to obtain ASAM Level of Care Certification or DHCS Level of Care Designation.

If a DMC-ODS county holds a contract with an IHCP, the county is responsible for oversight and monitoring as outlined in BHIN 24-001, which can include on-site monitoring reviews and monitoring report submissions to DHCS. DMC-ODS plans are required to comply with compliance monitoring reviews conducted by DHCS and to develop and implement Corrective Action Plans (CAPs) as needed.

While DMC-ODS counties that contract with IHCPs for the provision of traditional health care practices shall monitor the IHCP's compliance with basic program integrity requirements (for example, compliant claiming and service documentation) and other requirements outlined in BHIN 25-036, the DMC-ODS county is not responsible for determining whether a traditional health care practice is culturally or clinically appropriate for an individual Medi-Cal member. This is an individualized determination made by the Traditional Healer or Natural Helper with oversight from the IHCP.

If the DMC-ODS county does not hold a contract with the IHCP, DHCS is responsible for oversight and monitoring of traditional health care practices rendered by that IHCP. DHCS will monitor providers through desk or remote reviews and may also conduct on-site monitoring. IHCP reviews will include basic program integrity (e.g., compliance with billing requirements) and compliance with state-specific policies.

As with DMC-ODS counties above, DHCS reviewers are not responsible for determining whether a Traditional Health Care Practice is culturally or clinically appropriate for an individual Medi-Cal member. This is an individualized determination made by the Traditional Healer or Natural Helper with oversight from the IHCP.

If DHCS determines that an IHCP that does not hold a contract with a county is out of compliance following an audit, DHCS will issue a written Audit Report that includes a description of findings. Findings are requirements deemed out of compliance during the audit. The IHCP would be required to submit a CAP to DHCS within 60 calendar days of receipt of the Audit Report. The CAP must include the following information:

Description of corrective actions that will be taken by the IHCP to address findings and incremental milestones the IHCP will achieve in order to reach full compliance;
Timeline for implementation and/or completion of corrective action(s);
Proposed evidence of correction that will be submitted to DHCS;
If the IHCP has evidence to support correction at the time the CAP is due, the IHCP must submit the actual evidence of correction to DHCS.
Mechanism for monitoring the effectiveness of corrective actions over time; and
IHCP Program Director or designee (e.g., compliance administrator) name, and the date of their approval of the CAP.

The IHCP shall submit the CAP and supporting documentation as applicable electronically via a Secure Managed File Transfer system or as specified by DHCS. Upon receipt of the CAP, DHCS will provide an Acknowledgement Letter within five business days. The IHCP must resolve CAPs within 90 days of receiving the DHCS Acknowledgement Letter. DHCS may approve an extended resolution timeline only if necessary and appropriate. Failure to completely resolve the outstanding CAP(s) within the DHCS-approved CAP resolution timeline will place the IHCP out of compliance, and their ability to participate in the program may be suspended.

Data on traditional health care practices will be included in standard monitoring reports that

DHCS must submit to CMS, as required by STC 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.

DMC-ODS counties must update their 2025 member handbooks to notify members of the THCP benefit by either adding Enclosure 2 of BHIN 25-036 as an insert to the handbook or incorporating the information in the Enclosure in the "Additional Information About Your County" section within the handbook. DMC ODS counties must send a Notice of Significant Change to each member at least 30 days before the effective date of the handbook.35 For additional information regarding the Notification of Significant Change delivery method requirements, please reference BHIN 24-034.

NON-COMPLIANCE

A. Contractors not in compliance with contract provisions, or with State or Federal law and/or regulations, shall be immediately responsible for remedy.
B. ACBHD may, at its discretion, issue a Corrective Action Plan (CAP) or Contract Compliance Plan (CCP), as appropriate.
C. The cost to implement the CAP or CCP shall be borne by the Contractor.
D. Staff shall report incidents of non-compliance to their department manager, who shall submit those incidents of non-compliance to ACBHD Quality Management (QM).
E. Incidents of non-compliance shall be submitted within 15 days of reasonable awareness of the non-compliance.
F. Failure to address identified issues may result in further action by ACBHD up to and including program termination, as specified in ACBHD Policy # 1302-1-1, Contract Compliance and Sanctions for ACBHD-Contracted Providers.
G. Staff shall not face retribution for submitting incidents of non-compliance.
H. Any communication that contains protected health information (PHI) or otherwise confidential information (e.g., as defined by the Health Insurance Portability and Accountability Act (HIPAA), 42 Code of Federal Regulations (CFR), Part 2, etc.) shall be sent through secure methods such as email with secure encryption.

CONTACT

ACBHD Office	Current As Of	Email
Substance Use Continuum of Care	9/2/2026	Anna.phillips2@acgov.org
Billings and Benefits Support Unit (BBSU)	9/2/2026	Provider.relations@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff

- ACBHD Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Anna Phillips, Director, Substance Use Continuum of Care
Original Date of Approval: 10/7/2026 by Dr. Karyn Tribble, Behavioral Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)

DEFINITIONS

Term	Definition

APPENDICES

None