

Traditional Healing Opt-In, Billing, & Reimbursement Program

2026 CMS ITU Training

April 15–16, 2026

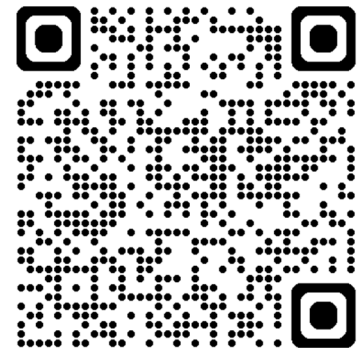
Hard Rock Hotel

Sacramento, CA

Arianna Pretolani, MHA – HSD Project Coordinator

Sarah Ponnequin – HSD Program Analyst

Elizabeth Zaragoza, MD - HSD Director



CMS approves 1115 request in Oct 2024

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850



October 16, 2024

Tyler Sadwith
State Medicaid Director
Department of Health Care Services
Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Director Sadwith:

In accordance with section 1115(a) of the Social Security Act (the Act), the Centers for Medicare & Medicaid Services (CMS) is approving California's request to amend the demonstration titled "California Advancing and Innovating Medi-Cal (CalAIM)" (Project Numbers 11-W-00193/9 and 21-W-00077/0) (the "demonstration"), to provide expenditure authority for coverage of traditional health care practices. This approval is effective from October 16, 2024, through December 31, 2026, upon which date, unless extended or otherwise amended, all authorities granted to operate this demonstration will expire.



Program Overview



DHCS, with CMS approval, covers Traditional Health Care Practices as a Medi-Cal benefit.



Authorized through December 31, 2026.



Allows Indian Health Care Programs (IHCPs) to bill for services by Traditional Healers (TH) and Natural Helpers (NH).



Practitioner Definitions

Traditional Healer (TH): Recognized spiritual leader with ≥ 2 years experience; contracted/employed by IHCPs.

- Services: music therapy, ceremonies, rituals, herbal remedies, spiritual healing, or related offerings

Natural Helper (NH): Trusted community advisor contracted/employed by IHCP.

- Services: community health worker (CHW) and community health representative (CHR), patient navigation, trauma support, wellness guidance, often seen as CHR/CHWs, care navigators, referral specialists, counselors, etc.



Eligibility and IHCPs

For Medi-Cal members in DMC-ODS counties.

Members must meet DMC-ODS access criteria.

IHCPs include:

- Indian Health Service (IHS) facilities
- Tribal or Tribal-organization clinics (Indian Self-Determination Act)
- Urban Indian Organizations (*Title V of IHCA).

**Title V of the Indian Health Care Improvement Act (IHCA) establishes and funds Urban Indian Health Programs to provide health services, outreach, and referrals to American Indians and Alaska Natives in urban areas.*

(BHIN 25-036)



Drug Medi-Cal
Organized Delivery System



1	Alameda	21	Riverside
2	Contra Costa	22	Sacramento
3	El Dorado	23	San Benito
4	Fresno	24	San Bernardino
5	Humboldt (PHP)	25	San Diego
6	Imperial	26	San Francisco
7	Kern	27	San Joaquin
8	Lake	28	San Luis Obispo
9	Lassen (PHP)	29	San Mateo
10	Los Angeles	30	Santa Barbara
11	Marin	31	Santa Clara
12	Mariposa	32	Santa Cruz
13	Mendocino (PHP)	33	Shasta (PHP)
14	Merced	34	Siskiyou (PHP)
15	Modoc (PHP)	35	Solano (PHP)
16	Monterey	36	Sonoma
17	Napa	37	Stanislaus
18	Nevada	38	Tulare
19	Orange	39	Ventura
20	Placer	40	Yolo



CRIHB

The California Rural Indian Health Board, Inc.

IHCP Requirements

Must be enrolled as Medi-Cal providers.

Five required policies:

- Practitioner Qualifications
- ASAM-Based SUD Assessments
- Medications for Addiction Treatment (MAT)
- Access to Other DMC-ODS Services
- Evidence-Based Practices & Community Practices



Opt-In Process

Submit Opt-In Package to DHCS with:


Site info (name, location, NPI, contact)	Medi-Cal enrollment status	Services offered (Healer, Helper, or both)	Draft/final policies and practitioner endorsements	Leadership attestation
--	----------------------------	--	--	------------------------





Upon approval, share with counties;
claims retroactive to submission
date.




Opt-in Package Checklist


 1. Confirm Medi-Cal enrollment status (IHCP must be enrolled to bill).

 2. Decide which services will be offered (Traditional Healer, Natural Helper, or both).

 3. Complete the DHCS Opt-In Package Template, including site information (name, address, NPI, contact person).


 4. Prepare and include the five required policies (drafts acceptable with plan for finalization)

 5. Attach practitioner applications/endorsements for Traditional Healers and/or Natural Helpers.

 6. Complete the cover page and have IHCP leadership sign the attestation form.

 7. Submit the Opt-In Package to DHCS at: TraditionalHealing@dhcs.ca.gov.

 8. Share the DHCS approval letter with each DMC-ODS county where services will be provided.

 9. Begin billing counties after approval. Claims may be retroactive to the date the package was submitted.

Share Templates

1. Practitioner Qualifications
2. ASAM-Based Substance Use Disorder (SUD) Assessments
3. Medications for Addiction Treatment (MAT)
4. Access to Other Drug Medi-Cal Organized Delivery System (DMC-ODS) Services
5. Evidence-Based Practices (EBPs) and Community-Defined Practices



IHCPs Approved to Participate in Traditional Health Care Practices Benefit as of 2/17/2026

The following IHCPs have submitted opt-in packages and have received approval from DHCS to begin delivering covered Traditional Healer and/or Natural Helper services for Medi-Cal payment.

FACILITY NAME	DMC-ODS SERVICE COUNTIES	EFFECTIVE DATE
Indian Health Center of Santa Clara Valley	Santa Clara, Santa Cruz	4/3/2025
Santa Ynez Tribal Health Clinic	Santa Barbara	4/14/2025
American Indian Health & Services	Santa Barbara, Ventura, Los Angeles	5/12/2025
Friendship House	San Francisco, Alameda	5/15/2025
United Indian Health Services	Del Norte, Humboldt	5/27/2025
Southern Indian Health Council	San Diego	6/25/2025
Native American Health Center	Alameda, Contra Costa, San Francisco	8/14/2025
K'ima:w Medical Center	Humboldt	9/18/2025
Indian Health Council	San Diego	11/14/2025
New Life Health Authority	Mendocino, Lake	11/18/2025
Pit River Health Service	Modoc, Shasta	11/13/2025
Shingle Springs Health & Wellness Center	El Dorado, Placer, Sacramento	12/3/2025
Sonoma County Indian Health Project	Sonoma	12/19/2025
Karuk Human Services	Humboldt, Siskiyou	12/22/2025
Fresno American Indian Health Project	Fresno	12/26/2025
Bakersfield American Indian Health Project	Kern	1/30/2026

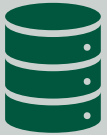
(DHCS, 2026)



Step-by-Step Claim Submittal Process



Step 1: IHCP submits a claim to the respective county via the Short-Doyle Medi-Cal Portal.



Step 2: County uses billing information to submit a claim through the same portal.



Step 3: DHCS will process claims from counties and Managed Care Plans, as outlined in the DMC-ODS billing manual.

Contracts and Rates

AI/AN Patients

- If the IHCP has a contract with the respective DMC-ODS county AND is AIR eligible, then they shall bill at that rate.
- If the IHCP has a contract with the respective DMC-ODS county AND is **not** AIR eligible, then they shall negotiate.
- If the IHCP does **not** have a contract with the respective DMC-ODS county AND is AIR eligible, then they shall bill at that rate.
- If the IHCP does **not** have a contract with the respective DMC-ODS county AND is **not** AIR eligible, then they shall bill at the rate listed in the DMC-ODS rate schedule.



Contracts and Rates

Non-AI/AN Patients

- If the IHCP has a contract with the respective DMC-ODS county, then they shall negotiate.
- If the IHCP does **not** have a contract with the respective DMC-ODS county, then the DMC-ODS selective contracting policy applies (claims can be denied).



Contracts, Big “C”, Little “c”, and MOUs



Per BHIN guidance, and 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”.



A big “C” contract is required when services are provided to non-AI/AN patients.



Little “c” contracts, alternative payment agreements, or Memorandums of Understanding (MOUs) can be used in place of a big “C” contract to facilitate claim processing by DMC-ODS counties that are reluctant to process claims in the absence of a big “C” contract.



A template MOU has been approved by DHCS and can be shared with IHCPs and counties as needed. It serves as an option, example, or template only and can be modified.



Billing and Codes

- Traditional Healing and Natural Helper services can be billed for both individual and group sessions, which may be distinguished by the modifier HQ.
- The county shall claim the code H0051 for Traditional Healing services, and the code T1016 for Natural Helper services.

Reimbursement:

- All-Inclusive Rate (AIR) if eligible.
- AIR rates (2025): \$801.00 (Healer), \$335.37 (Helper).
- AIR rates (2026): \$826.00 (Healer), \$345.37 (Helper).

(Federal Register, 2026)



Codes and Payment

The designated code is to pay the bundled costs of a single member visit to a Traditional Healer or Natural Helper, billed once per day. The code applies to both AIR and non-AIR eligible services.

The respective DMC-ODS county shall bill for one member in the group, at one AIR rate or one DMC-ODS fee schedule encounter rate. Group services are not subject to upper limits on group sizes.

A member may receive both individual and group services in a day, but the group service must be billed on behalf of a member who did not receive an individual service on the same day.



El Dorado County Billing Templates



EL DORADO COUNTY HEALTH & HUMAN SERVICES AGENCY
Behavioral Health - Substance Use Disorder Services Division
Agreement # 6527 Drug Medi-Cal Organized Delivery System Services

Provider Name: Shingle Springs Wellness
Provider Number: 71330
Provider Contact:

Provider Location Address:

Period Covered: 12/1/25 - 12/31/25

Prepared by:

MAIL TO: El Dorado County Health & Human Services Agency
 Behavioral Health Department-Substance Use Disorder Services
Attn: Fiscal Department
 3057 Briw Road Suite B
 Placerville, CA 95667

E-MAIL TO: hhsa.billing@edcgov.us
bhinvoice@edcgov.us

Service Code	Units	Rate per Unit	Total Charge
0	0	0	0
#N/A	0	0	0
Grand Total	0	\$ -	\$ -

County Use Only:
 The items or services on this invoice have been received, are acceptable, and should be charged as follows:
 Index:
 Subobject:
 Signature:
 Date:



Service Limitations

Same Day Claiming

- Traditional Healer (TH) and Natural Helper (NH) services shall be billed once per member per day (daily encounter rate)
- TH and NH services can both be billed on the same day
- Can also be billed on the same day as:
 - DMC-ODS Outpatient Treatment
 - Primary care visits
 - Other Medi-Cal covered services

At IHS/Tribal 638 facilities:

- TH/NH visits that qualify for AIR count toward 3-visit daily AIR limit
- TH/NH visits billed under DMC-ODS rates do NOT count toward AIR limit
- No limit on the number of days services can be provided if medically necessary



Supplemental Services in IHCP Residential Settings

TH/NH services can be provided within Medi-Cal residential SUD treatment programs

Can be billed in addition to residential daily rate as supplemental services

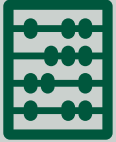
Up to 12 supplemental TH/NH visits per month

Can exceed 12 visits if medically necessary

(BHIN 25-036)



Oversight and Monitoring



DHCS and counties provide oversight and compliance monitoring.



Cultural appropriateness determined by IHCPs and Healers/Helpers, not DHCS/counties.



CMS requires evaluation of access and outcomes, not effectiveness of practices.



Technical Assistance

To provide training and technical assistance, DHCS offers guidance in coordination with:

- California Rural Indian Health Board (CRIHB)
- California Consortium of Urban Indian Health (CCUIH)
- Kauffman and Associates (KAI)



Traditional Health Care Practices Benefit

Supporting Tribal & Urban Indian Health

The Traditional Health Care Practices Technical Assistance (TA) Team from **Kauffman and Associates, Inc.**, in partnership with the **California Rural Indian Health Board (CRIHB)**, and **California Consortium for Urban Indian Health** offers no-cost training to support Indian Health Care Programs (IHCPs), DMC-ODS counties, tribal and urban Indian health programs, and other entities implementing traditional health care practices.

Request No-Cost Technical Assistance:

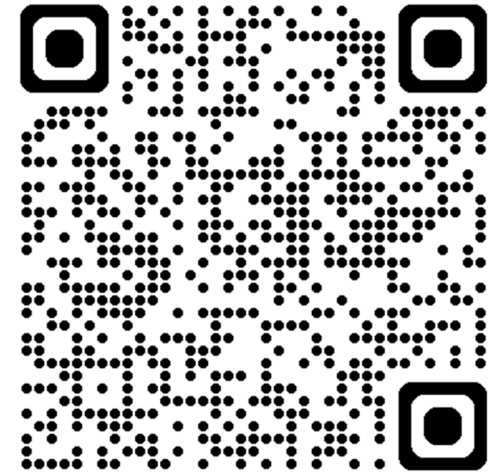
- ✓ Implementing traditional health practices
- ✓ Enhancing County cultural understanding of traditional healers
- ✓ Facilitating Tribal-county collaboration

Email for CRIHB Member Support:

Arianna Pretolani apretolani@crihb.org

Sarah Ponnequin sponnequin@crihb.org

Scan QR Code for Kauffman Support:



CRIHB Roles + Contact

Rosario Arreola Pro – CRIHB COO rarreolapro@crihb.org

Elizabeth Zaragoza – CRIHB HSD Director ezaragoza@crihb.org

Sarah Ponnequin – HSD Program Analyst sponnequin@crihb.org

Arianna Pretolani – HSD Project Coordinator apretolani@crihb.org

Joey De Castro – HSD Administrative Assistant jdecastro@crihb.org

Alicia Martinez – CRIHB Medical Director – amartinez@crihb.org



References

- Dhcs.ca.gov. (2026). <https://www.dhcs.ca.gov/Pages/Traditional-Health-Care-Practices.aspx>
- Dhcs.ca.gov. (2026). <https://www.dhcs.ca.gov/Pages/Traditional-Health-Care-Practices-FAQs.aspx>
- October 28, 2025 Behavioral Health Information Notice (bhin ... (2026).
<https://www.dhcs.ca.gov/Documents/THCP-BHIN-Amendment.pdf>
- Vol. 91 Thursday, no. 14 January 22, 2026 pages 2679–2838. (n.d.-c).
<https://www.govinfo.gov/content/pkg/FR-2026-01-22/pdf/FR-2026-01-22.pdf>

