Minnesota Department of Human Services
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Temporary Commissioner John Connolly
Post Office Box 64998
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August 14, 2026

The Honorable Robert F. Kennedy Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Ave. SW, Sixth Floor
Washington, DC 20201

via Email only

Dear Secretary Kennedy:

On behalf of the State of Minnesota, the Department of Human Services is pleased to submit this section 1115 Medicaid demonstration waiver application for traditional medicine. The waiver was developed in collaboration with Tribal partners. The waiver title, *Mino Bimaadiziwin-Wičhózani* is generally translated to mean wellness and good health in the Ojibwe (Chippewa) and Dakota (Sioux) languages, respectively.

The waiver would allow Medicaid coverage for traditional medicine services provided to American Indians and Alaska Natives enrolled in Minnesota's Medicaid program, known as Medical Assistance. The health benefits of traditional medicine practices have been well documented. Moreover, the Centers for Medicare & Medicaid Services and the Indian Health Service have supported the practices and acknowledged their effectiveness.

The state respects the government-to-government relationship between federal agencies and Tribal Nations, as well as Treaty and Trust responsibilities. Medicaid coverage of traditional medicine is a priority for the eleven federally recognized Tribes that share borders with Minnesota. Recognizing this priority, state law directed the Minnesota Department of Human Services as the State Medicaid agency to apply for the demonstration waiver.

My staff looks forward to working with yours to reach approval. We will then work with the Tribal partners and facilities to implement this important service.

I appreciate your consideration of this waiver request.

Sincerely,

[redacted]

John M. Connolly, Ph.D., M.S.Ed.
Temporary Commissioner
State Medicaid Director

State of Minnesota
Department of Human Services

Mino Bimaadiziwin-Wičhózani (Mino)
Section 1115 Waiver Application

Mino Bimaadiziwin-Wičhózani generally translated means wellness and good health in the Ojibwe (Chippewa) and Dakota (Sioux) languages, respectively.

[Pronounced Me-NO b-MAAZ-da-win -- wee-cho-zah-nee]

Section 1115 Waiver Application

August 14, 2026

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Section I. Introduction

Minnesota, in collaboration with American Indian Tribes (in the state), seeks to improve the health outcomes of American Indians by covering Traditional Healing[1] under Medicaid. For generations, American Indians in Minnesota, and elsewhere, have turned to ceremony, narrative healing, talking circles, plant medicine, and guidance from elders to restore health, balance and well-being. These practices are rooted in relationships with land, spirit, and community. However, access to Traditional Healing is impeded by lack of funding and broader acknowledgement of the benefits of these interventions. Covering Traditional Healing under this Section 1115 waiver will provide meaningful steps forward in making the Traditional Healing practices and their benefits available to more American Indians enrolled in Medical Assistance, Minnesota's Medicaid program.

For many American Indians, spiritual and cultural dislocation is a root cause of illness and a barrier to engaging with conventional-biomedical treatment.[2] Traditional Healing seeks to ameliorate this barrier to care and treatment. By including Traditional Healing as a Medical Assistance benefit for American Indian enrollees, Minnesota affirms the importance of cultural knowledge and the right of Native people to have meaningful choices in health care options, and recognizes Traditional Healing practices as health care. As stated by the Minnesota Department of Human Services' Director of Tribal and Urban Indian Relations:

"*Traditional healing is not an alternative to health care; it **is** health care*."[3] [emphasis added]

The Minnesota Department of Human Services (Department) undertook a large-scale analysis of the factors contributing to the state's poor health outcomes for Minnesota's American Indian population. The resulting comprehensive report, *Pathways to Racial Equity in Medicaid: Improving the Health and Opportunity of American Indians in Minnesota,* was published in 2024.[4] The report analyzed data, gathered information from people directly affected, and partnered with members of American Indian communities to summarize action steps. The primary recommendation was to seek Medicaid funding for Traditional Healing.

The 2024 report complements the growing body of evidence of the importance and benefits of Traditional Healing services for American Indians and "seeks to lift up the pressing need to recognize the importance of not only supporting Indigenous self-determination through words but also finding concrete ways to ensure Medicaid and our health care system broadly appreciates the value of, and pays for, Indigenous-centered, holistic health practices."[5]

American Indian is used throughout the waiver application to refer to people in Minnesota who meet the federal Indian Health Service definition of American Indian or Alaska Native. There is not a federally recognized Alaska Native nation in Minnesota, but Alaska Natives who meet the eligibility criteria provided in the waiver may receive Traditional Healing services.

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[1] Traditional Healing, for purposes of this waiver, is synonymous with traditional health care practices, traditional American Indian medicine, and other labels used to describes holistic practices that are deeply rooted in their indigenous traditional knowledge and sustained through ongoing cultural tradition.

[2] Conventional-Biomedicine is used here as the term for treatment options available and covered by Medical Assistance, but are not Traditional Healing practices. Conventional-Biomedicine is also referred to as allopathic or western medicine.

[3] DeLille, Angie. (2025). Minnesota Department of Human Services, Director of Tribal & Urban Indian Relations remarks.

[4] Chomilo, N., Grauman, L., Nelson, J., Koehler, M., Corona, D., Villarreal, L, (2024). *Pathways to Racial Equity in Medicaid: Improving the Health and Opportunity of American Indians in Minnesota.* Minnesota Department of Human Services. Publication DHS-8209C-ENG 12-24 or https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8209C-ENG

[5] Ibid. p. 5

Tribal Nations in Minnesota

Minnesota shares geographic borders with eleven (11) federally recognized American Indian Tribes (Tribes). There are seven Ojibwe (Chippewa) reservations and four Dakota (Sioux) communities. Figure 1 is a state map showing their locations. While the Tribes collaborate on issues of mutual interest, each operates independently as a separate and sovereign Nation having a government-to-government relationship with the United States.

The seven Ojibwe reservations are:

- Gichi-Onigaming/Grand Portage Band of Lake Superior Chippewa
- Zagaakwaandagowininiwag/Bois Forte Band of Chippewa
- Miskwaagamiiwi-Zaagaiganing/Red Lake Nation
- Gaa-waabaabiganikaag/White Earth Nation
- Gaa-zagaskwaajimekaag/Leech Lake Band of Ojibwe
- Nah-gah-chi-wa-nong/Fond du Lac Band of Lake Superior Chippewa
- Misi-zaaga'iganiing/Mille Lacs Band of Ojibwe

The four Dakota communities are:

- Mdewakanton/Shakopee Mdewakanton Sioux Community
- Tinta Wita/Prairie Island Indian Community
- Cansa'yapi/Lower Sioux Indian Community
- Pezihutazizi Oyate/Upper Sioux Community

Figure 1.
Map of Federally Recognized Tribal Reservations and Communities within Minnesota borders.



"Approximately 167,400 people in Minnesota identify as American Indian and/or Alaska Native, representing 2.9% of the state's population. About 23% of American Indians in Minnesota live on a reservation, 27% in a county adjacent to a reservation, 22% in Hennepin and Ramsey counties, and 28% in other counties. Many people in the American Indian community move from the reservation to urban communities and back again."[6] Nearly 45% of American Indians live in or near the largest cities in the state, Minneapolis and St. Paul, while just over 55% live in greater Minnesota.[7]

Just under 57,000 Medical Assistance enrollees self-identified as being American Indian or American Indian and a racial group during the period of July 1, 2024, through June 30, 2025.[8] During the same reporting period, there were slightly under 1,396,000 (unduplicated) people enrolled in Medical Assistance.[9]

Objective and Benefits

The objective for the waiver is to expand culturally appropriate Medical Assistance service options for American Indians by covering Traditional Healing. The long-term benefits of this service are to improve the health and well-being of American Indians living in Minnesota.

Covering Traditional Healing supports a wider acknowledgement of the importance of the service for American Indian Medical Assistance enrollees in helping to address generational trauma. Further, it upholds the federal trust responsibility in a tangible, health-affirming way. Medicaid is often the primary payer for healthcare in Indian Country. If coverage is excluded, it reinforces a system that has historically contributed to trauma and disenfranchisement of the American Indian population residing in Minnesota.

Tribal Collaboration and State Waiver Legislation

For the last several years, Tribes in Minnesota have sought state authority to have Traditional Healing recognized and covered under Medical Assistance. A significant step toward that goal was realized when the 2025 Minnesota Legislature authorized the Department to seek a Section 1115 waiver to cover Traditional Healing.[10]

The Department coordinates with Tribal leaders through quarterly Tribal and Urban Health Directors meetings that are held jointly with the Minnesota Department of Health. In addition, a workgroup was convened in the fall of 2025 including Department staff and Tribal representatives. The workgroup was formed to inform the Department about the waiver application. Representatives were invited from the

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[6] Minnesota Department of Health. (2024). *The Health of American Indian Families in Minnesota: A Data Book*. https://www.health.state.mn.us/people/womeninfants/womenshealth/amerindianreport.pdf

[7] Minnesota Compass. (2026). *Native American Population*. https://www.mncompass.org/topics/demographics/cultural-communities/native-american

[8] This represents an unduplicated count of Medical Assistance enrollees in all age groups across eligibility categories for the period of July 1, 2024, through June 30, 2025. The data source in MMIS and was run in October 2025 (state fiscal year 2026).

[9] Ibid.

[10] H.F. 1878, HF 2 Introduction - 94th Legislature, 2025 1st Special Session, Article 8, Sec. 39, page 288.

eleven Tribes and the Urban Indian Organization[11] (UIO) in Minnesota which is also a Federally Qualified Health Center. Attachment A provides a list of the Tribes that were contacted to participate in the workgroup. The UIO was also included. The workgroup has provided valuable feedback about the waiver application and will continue to provide input into the design and implementation of Traditional Healing. More information about Tribal engagement is in Section XI, Tribal Consultation and Public Notice of the application.

Section II. Service Need and Program Description

In addition to the 11 federally recognized Tribal Nations, Minnesota has a large urban Indian population. Historically, and similar to the experience in other states, American Indians in Minnesota have experienced significant disparities in access to health care services and have poorer health outcomes compared to other populations, particularly compared to their White counterparts. No substantial improvement has been realized despite various policy and program initiatives. This summary of the problem was included in a 2024 report from the Minnesota Department of Health:[12]

> "Data has shown significant disparities affecting American Indians for hundreds of years and the approach was always driven by non-American Indian strategies that haven't improved their health outcomes. We must acknowledge that American Indian people carry cultural knowledge and wisdom that has sustained their communities and nations for generations, and that only through authentic engagement and partnership that supports Tribal sovereignty and leadership will we see change. Mainstream approaches and strategies have not resulted in optimal help."

The impact of generational trauma in the American Indian population is well documented. The U.S. Department of Health and Human Services, Indian Health Service (IHS) manual stated it this way related to covering trauma informed treatment.

> "The IHS acknowledges the role that trauma resulting from violence, victimization, colonization, and systemic racism plays in the lives of American Indian and Alaska Native (AI/AN) populations, specifically AI/AN youth who are two and a half times more likely to experience trauma compared to their non-Native peers" and goes on to say through "trauma-informed policies, practices, and interventions, IHS can enhance its capacity for promoting relational well-being and improving patient outcomes by increasing understanding of the direct and transgenerational impacts traumatic experiences have on a patient's health and how the patient engages in healthcare."[13]

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[11] The Indian Health Board located in Minneapolis (Minnesota's largest city) is the only UIO that currently meets the conditions to provide services under the waiver.

[12] Minnesota Department of Health. (2024). The Health of American Indian Families in Minnesota: A Data Book. https://www.health.state.mn.us/people/womeninfants/womenshealth/amerindianreport.pdf

[13] Indian Health Service. (2022). Trauma Informed Care, *Indian Health Manual*. https://www.ihs.gov/ihm/pc/part-3/chapter-37-trauma-informed-care/

Further, the Indian Health Care Improvement Act references traditional health care practices several times and promotes "traditional health care practices of the Indian Tribes served consistent with the Service standards for the provision of health care, health promotion, and disease prevention."[14]

In 2024, the Centers for Medicare & Medicaid Services (CMS) provided information about the importance of Traditional Healing practices to improving the health and well-being of American Indians and Alaska Natives. CMS shared information about the benefits of Traditional Healing during a webinar held in October 2024,[15] including comments about:

- Existing wide use of traditional health care practices across Tribal Nations and over generations.
- Recognizing and supporting the knowledge of American Indians and Alaskan Natives to improve access to health services.
- Acknowledging significantly worse health disparities experienced by American Indians and Alaska Natives and how culturally competent care could aid in addressing disparities.

In October 2024, CMS approved coverage of traditional health care services under Section 1115 waivers in Arizona, California, New Mexico, and Oregon. The Traditional Healing services, facilities, and provider standards included in Minnesota's waiver application are consistent with those CMS approved in other states.

In a December 2024 webinar, CMS stated the goals of Traditional Healing Section 1115 demonstrations are to "ensure that we have wide use of traditional health care practices across tribal nations and over generations, and that those can be incorporated into how we close disparities or gaps in disparities in our Medicaid program for American Indians and Alaska Natives."[16] The Traditional Healing services covered under this waiver align with those goals and outcomes.

Program Description and Furthering Title XIX

Traditional Healing will be available as a service option for eligible American Indians who receive services in authorized settings as described below and who are enrolled in Medical Assistance. Covering this service option furthers the objectives of Title XIX by supporting more appropriate and effective care for American Indian enrollees, which over time, will improve enrollees' overall health and well-being.

The 2024 Department report (mentioned earlier) found that over half of American Indian Medical Assistance enrollees identified that traditional healing practices were "important to their health" and wanted to participate in traditional healing practices more. The report acknowledged that "Traditional Healing practices may be a powerful set of tools to support the health of these members."[17]

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[14] Indian Health Care Improvement Act, Pub. L No. 94-437, § 107(b)(6) (as amended through Nov. 1, 2000), page 20

[15] Centers for Medicare and Medicaid Services. (2024, October 31). *Traditional Health Care Practices & Section 1115 Demonstrations*. [PowerPoint slides]. https://www.cms.gov/files/document/20241031atcslides.pdf

[16] Centers for Medicare and Medicaid Services. (2024, December 2). *All Tribes Consultation Webinar* [Video]. Youtube. https://youtu.be/NZytkJbOl3U?si=1SPrKSZAmNiY5geE

[17] Chomilo (2024), *supra* note page 16.

Further, the report identified barriers to access including not having enough healers available and a lack of funds to provide adequate compensation for healers.[18] Providing coverage through this Section 1115 waiver would begin to address those barriers to care.

Service Option

Traditional Healing will be a complementary or alternative service and will not limit, reduce, jeopardize or adversely affect enrollees' access to any other Medicaid services for which they would be otherwise eligible to receive.

Eligible enrollees will be informed of treatment options and recommendations specific to their diagnosis or condition, including conventional-biomedicine treatment options. Facilities will document their respective procedure(s) about these process(es) and will make such documentation available upon request. All Traditional Healing practices billed to Medical Assistance must be documented by providers and specific to the enrollee. All applicable billing documentation must be maintained by the facility and available to the Department upon request.

Section III. Hypothesis and Evaluation

The state's hypothesis is that American Indian Medical Assistance enrollees will have increased access to Traditional Healing services.

The Department will contract with an independent evaluator and work with the contractor to develop a plan to evaluate the hypothesis. See the summary in Table 1. The evaluation will include validated performance measures that assess the impact of the waiver on access to services and will consider feedback from the Tribal workgroup (described earlier). The Department will submit the evaluation plan to CMS for approval in accordance with CMS' Special Terms and Conditions and will conduct and submit ongoing monitoring reports as required by CMS.

Table 1: Hypothesis and Measures

Hypothesis	Measure	Data Sources
American Indian Medical Assistance enrollees will have increased access to Traditional Healing services.	Utilization of Traditional Healing services.	Medicaid Management Information System (MMIS) claims for Traditional Healing services and, as applicable, other administrative data.

Section IV. Enrollee Eligibility

To be eligible for services covered under the waiver, individuals must be enrolled in Medical Assistance and must meet the Indian Health Service (IHS) definition of American Indian as provided in the *IHS*

[18] Chomilo (2024), *supra* note page 18.

Indian Health Manual, Chapter 1, Eligibility for Services, section 2-1.2.[19] The waiver does not alter Medical Assistance eligibility nor does it modify or expand eligibility groups.

Enrollee Notification

The Department will work with Tribal representatives to identify methods of notifying eligible enrollees of the option to receive Traditional Healing. Department staff plan to contact each Tribe and the UIO to offer assistance with outreach to enrollees once the waiver is approved, or nearing approval. Information about the Medical Assistance coverage will also be posted on the Departments' website, including updates to the state's provider manual. Additionally, as part of the public notice and comment processes, information about the waiver application will be published. See Section XI, Tribal Consultation and Public Notice for more information.

Coverage

Traditional Healing may be used to address health and wellness needs experienced by eligible American Indians. There are no enrollment limits. Traditional Healing may be covered when provided by any IHS, 638,[20] or UIO facility that is an enrolled Medical Assistance provider. Services provided by these facilities are carved out of the state's managed care coverage (i.e., not included in the state's capitation payments). Offering Traditional Healing to American Indians supports the federal trust responsibilities between the United States and Tribes.[21]

Section V. Implementation

The Department will engage with Tribal and Urban American Indian partners to co-design service implementation strategies that uphold cultural integrity, protect confidentiality, and reflect community-defined standards of care. The Department hired a staff person whose primary responsibility is to assist Tribal partners with implementation of Traditional Healing. As the State Medicaid agency, the Department will oversee the service oversight requirements including those established in the Special Terms and Conditions issued by CMS.

Settings, Providers, and Qualifications

Traditional Healing covered under this waiver may only be provided through IHS, 638, and UIO facilities located in Minnesota and enrolled as a Minnesota Health Care Program provider. Individuals providing the Traditional Healing service must be employed or under contract with the enrolled facility. Each Tribe and the UIO will establish provider standards and criteria to evaluate whether an individual is qualified to provide the service, respective to their facility(ies) and their cultural practices. These standards and criteria will be available to the Department upon request. The Traditional Healing service may be

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[19] Indian Health Service. (2017). Eligibility for Services in *Indian Health Manual.* https://www.ihs.gov/ihm/pc/part-2/chapter-1-eligibility-for-services/#2-1.2

[20] Authorized under the Indian Self-Determination and Education Assistance Act (ISDEAA) of 1975; Public Law 93-638.

[21] Indian Health Service. (2015). *Basis for Health Services.* https://www.ihs.gov/newsroom/factsheets/basisforhealthservices/

provided at locations outside of the facilities. This is necessary due to the nature of some practices (e.g., a sweat lodge).

Practices Covered

Eligible enrollees who elect Traditional Healing services will receive culturally relevant healing practices that promote health and well-being and are specific to the enrollee's presenting need(s). Examples of Traditional Healing practices include, but are not limited to Sweat Lodges, Talking Circles, and Smudging Ceremonies. Some U.S. Department of Veterans Affairs' facilities offer one or more of these services.[22]

The types of established and accepted Traditional Healing services and availability of practitioners varies among Tribes and the UIO. For this reason, each facility will identify the Traditional Healing services offered and will establish processes to assure Medicaid medical necessity requirements are met.

Implementation

State law directs Traditional Healing to be available effective January 1, 2027, or upon federal approval, whichever is later. Facilities will notify the Department in advance of claiming the service.

Updates to applicable Department manuals and training materials will be available prior to the service being covered. System programming changes to add a claims code for Traditional Healing were completed and require a nominal amount of time to activate. Implementation will be timed as closely as possible to coincide with the waiver approval. Tribes in Minnesota are anxious to proceed with offering the service and the Department will support expedient implementation.

Section VI. Claiming and Cost Sharing

Claims will be submitted by IHS, 638, and UIO facilities in MMIS, and will include an ICD-10 Diagnostic Code and a code for the Traditional Healing service. Traditional healers (practitioners) are not required to enroll individually as a Minnesota Medicaid Provider. This is to honor and preserve the confidential nature and cultural integrity of the practice(s). Payment for Traditional Healing is limited to one encounter per day, per enrollee. Election of Traditional Healing does not limit access nor reduce coverage for other Medical Assistance services for which the enrollee is eligible.

In accordance with federal law, American Indians are exempt from cost sharing for services covered through this waiver.[23]

[22] Wear, Joshua. (2025, July 10). *Veterans Health Administration Tribal Health* [PowerPoint Slides]. https://www.nihb.org/wp-content/uploads/2025/07/09-Joshua-Wear_VA-Tribal-Health.pdf

[23] Section 1916(j) of the Social Security Act

Section VII. Rates and Financing / Federal Match

Payment Rates

The payment rates for Traditional Healing services provided by IHS, 638, and UIO facilities, will be the outpatient, per-visit rate established by the Indian Health Service under Sections 321(a) and 322(b) of the Public Health Service Act as updated annually by the U.S. Department of Health and Human Services, Indian Health Services. This rate is commonly referred to as an All-Inclusive Rate (AIR) or encounter rate.

Financing / Federal Matching Rate

The services provided under the waiver will be covered by Medicaid. The state will claim federal financial participation (FFP) for Traditional Healing provided to eligible enrollees (as defined in the waiver) when it is provided through an eligible facility (as defined in the waiver). The matching rate will be the state's approved Federal Medical Assistance Percentage (FMAP) that would otherwise apply to the claim pursuant to Section 1905(b) of the Social Security Act.

Section VIII. Waiver and Expenditure Authority

Table 2 provides the requested waiver and expenditure authorities.

Table 2: Waiver and Expenditure Authority Requested

Title XIX Requirements Waived	
Section 1902(a)(1) • Statewideness Section 1902(a)(23) • Comparability Section 1902(a)(10)(B) • Freedom of Choice	To the extent necessary to allow Medical Assistance coverage of Traditional Healing only when provided through IHS, 638, and UIO facilities identified in the waiver, and only to individuals eligible to receive Medical Assistance services by or through those facilities.
Expenditure Authorities	
Traditional Healing Practices	Expenditures for Traditional Healing received through IHS, 638, and UIO facilities operated by Tribes or Tribal organizations under the Indian Self Determination and Education Assistance Act or UIOs with contracts under Title V of the Indian Health Care Improvement Act by Medicaid beneficiaries who are able to receive services delivered by or through these facilities.

Section IX. Projected Enrollment and Budget Neutrality

The waiver includes one Medicaid Expenditure Group (MEG) and applies hypothetical budget neutrality. See Attachment B for the Excel workbook providing detailed projections. Tribal representatives expect significant interest from eligible enrollees to receive and from Tribal facilities to offer Traditional Healing services. The enrollment and budget neutrality projections considered that information along with

available Medicaid data for the Tribal facilities and UIO and phase-in experience for other new Medicaid services, to arrive at the budget neutrality assumptions.

Service Participation Assumptions. As stated earlier, just under 57,000 Medical Assistance enrollees self-identified as being American Indian or American Indian and a racial group during the period of July 1, 2024, through June 30, 2025. There are approximately 38,000 enrolled Tribal members living in the geographical regions that are near IHS and 638 facilities. The annual proportion of the 38,000 Tribal members expected to receive Traditional Healing services from IHS and 638 clinics is phased-in over five years, reaching 10% in waiver year five. On a monthly basis this equates to approximately 1,500 people receiving Traditional Healing services monthly in waiver year five, compared to 8,500 average recipients served monthly by the same clinic system from July 2023 to June 2025.

A separate projection is made for Traditional Healing services expected to be provided by the UIO, Indian Health Board in Minneapolis. Given the variety of sources of medical care in the Twin Cities, it was reasonable to project utilization via the UIO facility as a 10% increase (added to the projections for the IHS and 638 facilities). This a based on a rough approximation of the ratio of the numbers of recipients served annually by the UIO compared to the number served by the IHS and 638 facilities.

Phase-in Assumptions. The projections have a rapid phase-in to 60% in waiver year two based on the assumption that major parts of the IHS and 638 facility system are already providing some Traditional Healing services and need only to meet the waiver requirements, such as those related to provider qualifications, documentation, and billing. After waiver year two, a gradual increase in service offerings is assumed through waiver year five.

Service Utilization Assumptions. For IHS and 638 facilities and the UIO, use of the service is projected at an average of five Traditional Healing services per month for enrollees accessing the service. This compares to an average of three services per month for recipients of conventional biomedical treatment provided through IHS and 638 facilities and just over three services per month (3.3) for the UIO. This allows for the fact that Traditional Healing often involves more frequent sessions (e.g., weekly or bi-weekly) for shorter periods.

Payment Rate Assumptions. The 2026 AIR amount of $826 was used as the base and trended at 6.60% for each waiver year. The trend rate was calculated using the AIR history from 2022 to 2026 and is shown in the budget neutrality workbook, Attachment B.

Table 3 provides a summary of the projected enrollment and estimated expenditures for the five-year waiver period; waiver years one through five (WY1-WY5). Refer to the budget neutrality workbook for detailed information about the state's projections, Attachment B.

Table 3: Enrollment and Per Member Per Month (PMPM) Summary

Waiver Year (WY):	WY1	WY2	WY3	WY4	WY5
Average monthly enrollees	488	975	1,219	1,463	1,626
Recipient/enrollee months	5,852	11,704	14,631	17,557	19,507
PMPM Expenditures	$4,547.87	$4,848.02	$5,167.99	$5,509.08	$5,872.68
Total Expenditures	$26,615,068	$56,743,326	$75,610,482	$96,720,928	$114,560,566

Section X. Quality Assurance and Monitoring

The Department will contract with an independent vendor to complete the required waiver evaluations and will work with Tribal partners and the vendor to complete an evaluation plan. Following approval of the waiver, the Department will submit the evaluation plan to CMS according to the timelines specified in the Special Terms and Conditions.

Section XI. Tribal Consultation and Public Notice

Workgroup

As described earlier, Department staff convened and coordinated a workgroup with Tribal representatives who provided feedback about the waiver application, including general design and implementation considerations and reviewing drafts of the waiver application. Representatives from each Tribe and the UIO were invited and encouraged to participate in the workgroup. Department staff contacted them through in-person meetings, follow-up emails, and calls. See Attachment A for a list of the Tribes that participated in the workgroup.

While all Tribes were supportive of the Traditional Healing coverage and seeking the waiver application, some did not have staff resources to participate in all meetings. The Department provided regular updates to all Tribes involved in the workgroup. Although, the Mdewakanton/Shakopee Mdewakanton Sioux Community is supportive of Medicaid coverage of Traditional Healing, they elected not to be involved in the waiver development process because their members are over the Medicaid income and asset limits, and their facilities generally do not submit claims to Medical Assistance.

A draft of the waiver application was provided to workgroup participants and other involved Tribal representatives on April 6, 2025, for review. This broader group was invited to provide feedback in writing or through listening sessions described below.

Listening Session

The Department held two listening sessions on April 14, 2026, one in the morning and one in the afternoon to receive feedback on the draft waiver application (provided April 6, 2026). The agenda for each session was the same, but two times were scheduled to provide options for participants to attend. Tribes that participated in the workgroup and others who have been involved in Medicaid coverage of Traditional Healing were invited to participate in the listen sessions.

The Department provided an overview of the waiver application and submission process at the beginning of each listening session. See Attachment C for the slides. The goal of the sessions was to provide an opportunity for discussion, and most of the hour-long sessions were focused on the Department receiving feedback from attendees. The listening sessions were separate from and in advance of posting the waiver for public review and holding public hearings. Listening session participants could also attend the public hearings and/or provide written feedback through that process.

Workgroup feedback

Listening session participants asked some technical questions concerning things such as documentation requirements and provider qualifications. Department policy staff will provide policy direction and

training before the service is implemented and will be available to address questions throughout implementation.

Tribal Engagement and Consultation

The Department has ongoing communication with Tribal leaders through formal Tribal and Urban Health Director's meetings held quarterly. The meetings include staff and leadership from the Department and the Minnesota Department of Health. Topics of interest or concern to the Tribes are covered during the meetings. The Department provided status updates about the Traditional Healing waiver during the meetings held each quarter on: August 21, 2025; November 20, 2025; February 26, 2026;[24] and June 11, 2026. See Attachment D for the meeting agendas showing traditional healing was discussed.

Additionally, the Department sent a letter on July 6, 2026 to Tribal Chairs, Tribal Health Directors, Tribal Social Services Directors, the Indian Health Service Area Office Director and the Director of the UIO (Minneapolis Indian Health Board clinic) informing them of the state's intent to submit the waiver application to cover Traditional Healing under Medical Assistance and inviting their feedback. The letter, sent electronically, provided a link to the waiver application and invited feedback. See Attachment E for a copy of the letter. Paper copies of the waiver application were also made available.

Public Notice

In addition to the 2025 legislative process, including public hearings, a notice of the state's intent to submit a waiver application to cover Traditional Healing as a Medicaid waiver service was published on July 13, 2026 in the Minnesota State Register, Attachment F. The notice included information about the 30-day comment period from July 13, 2026, to August 11, 2026 and how to:

- Learn more about the waiver
- Obtain an electronic or paper copy of the waiver application;
- Participate in an in-person or virtual hearing to provide feedback; and
- Submit written feedback.

The Department also sent an email on July 8, 2026 to individuals and entities who are subscribed to a state listserv. The email provided general information about the waiver application and comment period. It also included a link to the Department's waiver webpage for more information. See Attachment G.

Waiver Webpage

The waiver application summary (Section 1115 Demonstration Waiver Request Summary) and information, including comment period dates and a link to download a copy of the application, was posted on the Departments' Medicaid Waiver webpage on July 6, 2026. See Attachment H for the waiver application summary. The webpage also included information about how to:

- Obtain paper copies of the application and attachments
- Provide feedback via public hearings and/or in writing, and
- Participate in the hearings, including the dates, times, and location.

[24] This meeting was originally scheduled for March 12, 2026, but was rescheduled and held earlier.

The webpage will be updated to include the final waiver application submitted to CMS and to alert web visitors of the upcoming federal comment period that CMS will offer after the waiver application is determined complete. The Department will keep the webpage updated and post documents as required.

Public Hearings

Two in-person public hearings were held, one on July 21 and one on July 22, 2026 at separate locations. Both included an option to participate virtually. The same information was to be presented by Department staff at each hearing. The presentation included a brief introduction of the background leading to the planned submission of the Traditional Healing waiver and information about key components of the waiver. See Attachment I for the slides. As described earlier, notice of the hearings was posted on the Department's waiver webpage, published in the Minnesota State Register, sent in an email Listserv notice, and included in the letter to Tribal Leaders.

Section XII. Feedback Received

Tribal Feedback

Leaders of the 11 Tribes that share borders with Minnesota have expressed their support of the waiver application in quarterly leadership meetings with the Department and Minnesota Department of Health. Additionally, the Tribal workgroup (convened by the Department to provide feedback about Traditional Healing and the waiver specifically) is also supportive of the waiver application. Both groups were described earlier.

Public Hearings and General Feedback

Public Hearings. Two participants virtually attended the hearing on July 21, 2026. No one participated in-person. Neither participant had questions or offered comments. There were no participants at the hearing held on July 22, 2026 (virtually or in person). The limited participation in the hearings may be due to information about the waiver being provided in various other meetings with Tribal leaders, staff, providers, and members.

General Feedback. No written comments were received, with the exception of one letter of support. The letter of support from the Johns Hopkins Bloomberg School of Public Health can be found in Attachment J.

Section XIII. Demonstration Administration

The demonstration is managed by the Minnesota Department of Human Services which is also the State Medicaid Agency.

Contact

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DEPARTMENT OF HUMAN SERVICES

Tribal Workgroup Engagement Summary

The Minnesota Department of Human Services (DHS) sought broad-based feedback from all federally recognized Tribes in Minnesota about the development of a Traditional Healing Medicaid benefit to be developed under Section 1115 of the Social Security Act, that permits Medicaid demonstration waivers.

Between October 16, 2024 and September 8, 2025, the DHS American Indian and Tribal and Urban Indian Relations Teams engaged in listening sessions with 10 of the 11 Tribal Nations in Minnesota and Indian Health Board (the only eligible Urban Health Organization to provide this benefit, located in Minneapolis). The purpose of the meetings was to discuss the possible development of a Section 1115 Medicaid demonstration waiver for Traditional Healing, including to what extent the service may be used and whether they would be interested in offering the service. The listening sessions were held on (Tribes listed in order of date of contact):

- Oct. 16, 2024 - Zagaakwaandagowininiwag/Bois Forte Band of Chippewa
- Nov. 7, 2024 - Nah-gah-chi-wa-nong/Fond du Lac Band of Lake Superior Chippewa
- Nov. 20, 2024 - Gaa-zagaskwaajimekaag/Leech Lake Band of Ojibwe
- Dec. 11, 2024 - Miskwaagamiiwi-Zaagaiganing/Red Lake Nation
- Jan. 23, 2025 - Gaa-waabaabiganikaag/White Earth Nation
- Apr. 17, 2025 - Tinta Wita/Prairie Island Indian Community
- Apr. 17, 2025 - Pezihutazizi Oyate/Upper Sioux Community
- May 27, 2025 - Cansa'yapi/Lower Sioux Indian Community
- Jun. 3, 2025 - Misi-zaaga'iganiing/Mille Lacs Band of Ojibwe
- Jun. 23, 2025 - Gichi-Onigaming/Grand Portage Band of Lake Superior Chippewa
- Sep. 8, 2025 - Indian Health Board (Urban Indian Organization)

The state law authorizing DHS to request a Section 1115 waiver was passed in June 2025.[1] The law specified that a workgroup of Tribal representatives be convened to provide feedback about the waiver. DHS' American Indian Team contacted Tribes to establish the workgroup between June and September. Ten of the 11 Tribal Nations in Minnesota (listed above) and Indian Health Board designated representatives to attend workgroup meetings. The meetings, scheduled twice a month, began in late September 2025. Most Tribes actively engaged in meetings and the 10 participating Tribes received regular updates.

The Shakopee Mdewakanton Sioux Community was the one federally recognized Tribal Nation that did not participate. They were invited to a listening session and to join the workgroup, but they elected not to participate because the waiver would not apply to their members (i.e., they are not Medicaid enrollees). However, their representatives expressed support and encouraged development of Traditional Healing.

[1] H.F. 1878, HF 2 Introduction - 94th Legislature, 2025 1st Special Session.

ATTACHMENT B

	A	B	C	D	E	F	G
1	**5 YEARS OF HISTORIC DATA**						
2							
3	**SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:**						
4							
5	**Medicaid Pop 1**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
6	**TOTAL EXPENDITURES**						$ -
7	**ELIGIBLE MEMBER MONTHS**						
8	**PMPM COST**	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
9	**TREND RATES**						**5-YEAR**
10			**ANNUAL CHANGE**				**AVERAGE**
11	TOTAL EXPENDITURE		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
12	ELIGIBLE MEMBER MONTHS		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
13	PMPM COST		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
14							
15	**Medicaid Pop 2**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
16	**TOTAL EXPENDITURES**						$ -
17	**ELIGIBLE MEMBER MONTHS**						
18	**PMPM COST**	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
19	**TREND RATES**						**5-YEAR**
20			**ANNUAL CHANGE**				**AVERAGE**
21	TOTAL EXPENDITURE		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
22	ELIGIBLE MEMBER MONTHS		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
23	PMPM COST		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
24							
25	**Medicaid Pop 3**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
26	**TOTAL EXPENDITURES**						$ -
27	**ELIGIBLE MEMBER MONTHS**						
28	**PMPM COST**	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
29	**TREND RATES**						**5-YEAR**
30			**ANNUAL CHANGE**				**AVERAGE**
31	TOTAL EXPENDITURE		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
32	ELIGIBLE MEMBER MONTHS		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
33	PMPM COST		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
34							
35	**Other Data**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
36	**TOTAL EXPENDITURES**						$ -
37	**ELIGIBLE MEMBER MONTHS**						
38	**PMPM COST**	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
39	**TREND RATES**						**5-YEAR**
40			**ANNUAL CHANGE**				**AVERAGE**
41	TOTAL EXPENDITURE		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
42	ELIGIBLE MEMBER MONTHS		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
43	PMPM COST		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

	A	B	C	D	E	F	G	H	I	J	K
1	**DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS**										
2											
3											
4	**ELIGIBILITY**	**TREND**	**MONTHS**	**BASE YEAR**	**TREND**	**DEMONSTRATION YEARS (DY)**					**TOTAL**
5	**GROUP**	**RATE 1**	**OF AGING**	**DY 00**	**RATE 2**	**DY 01**	**DY 02**	**DY 03**	**DY 04**	**DY 05**	**WOW**
6											
7	**Medicaid Pop 1**										
8	**Pop Type:**	**Medicaid**									
9	Eligible Member Months	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
10	PMPM Cost	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
11	Total Expenditure					#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
12											
13	**Medicaid Pop 2**										
14	**Pop Type:**	**Medicaid**									
15	Eligible Member Months	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
16	PMPM Cost	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
17	Total Expenditure					#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
18											
19	**Medicaid Pop 3**										
20	**Pop Type:**	**Medicaid**									
21	Eligible Member Months	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
22	PMPM Cost	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
23	Total Expenditure					#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
24											
25	**Hypo 1**										
26	**Pop Type:**	**Hypothetical**									
27	Eligible Member Months					5,852	11,704	14,631	17,557	19,507	
28	PMPM Cost				6.6%	$ 4,547.87	$ 4,848.02	$ 5,167.99	$ 5,509.08	$ 5,872.68	
29	Total Expenditure					$ 26,615,068	$ 56,743,326	$ 75,610,482	$ 96,720,928	$ 114,560,566	$ 370,250,371
30											
31	**Hypo 2**										
32	**Pop Type:**	**Hypothetical**									
33	Eligible Member Months										
34	PMPM Cost										
35	Total Expenditure					$ -	$ -	$ -	$ -	$ -	$ -

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 00	DEMO TREND RATE	DEMONSTRATION YEARS (DY) DY 01	DY 02	DY 03	DY 04	DY 05	TOTAL WW
Medicaid Pop 1								
Pop Type:	**Medicaid**							
Eligible Member Months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
PMPM Cost	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Total Expenditure			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Medicaid Pop 2								
Pop Type:	**Medicaid**							
Eligible Member Months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
PMPM Cost	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Total Expenditure			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Medicaid Pop 3								
Pop Type:	**Medicaid**							
Eligible Member Months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
PMPM Cost	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Total Expenditure			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Hypo 1								
Pop Type:	**Hypothetical**							
Eligible Member Months			5,852	11,704	14,631	17,557	19,507	
PMPM Cost			$ 4,547.87	$ 4,848.02	$ 5,167.99	$ 5,509.08	$ 5,872.68	
Total Expenditure			$ 26,615,068	$ 56,743,326	$ 75,610,482	$ 96,720,928	$ 114,560,566	$ 370,250,371
Hypo 2								
Pop Type:	**Hypothetical**							
Eligible Member Months			-	-	-	-	-	
PMPM Cost			$ -	$ -	$ -	$ -	$ -	
Total Expenditure			$ -	$ -	$ -	$ -	$ -	$ -
Exp Pop 1								
Pop Type:	**Expansion**							
Eligible Member Months								
PMPM Cost								
Total Expenditure			$ -	$ -	$ -	$ -	$ -	$ -
Exp Pop 2								
Pop Type:	**Expansion**							
Eligible Member Months								
PMPM Cost								
Total Expenditure			$ -	$ -	$ -	$ -	$ -	$ -

NOTES
For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections. This is the default setting.

Panel 1: Historic DSH Claims for the Last Five Fiscal Years:

RECENT PAST FEDERAL FISCAL YEARS	20__	20__	20__	20__	20__
State DSH Allotment (Federal share)					
State DSH Claim Amount (Federal share)					
DSH Allotment Left Unspent (Federal share)	$ -	$ -	$ -	$ -	$ -

Panel 2: Projected Without Waiver DSH Expenditures for FFYs That Overlap the Demonstration Period

FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS	FFY 00 (20__)	FFY 01 (20__)	FFY 02 (20__)	FFY 03 (20__)	FFY 04 (20__)	FFY 05 (20__)
State DSH Allotment (Federal share)						
State DSH Claim Amount (Federal share)						
DSH Allotment Projected to be Unused (Federal share)	$ -	$ -	$ -	$ -	$ -	$ -

Panel 3: Projected With Waiver DSH Expenditures for FFYs That Overlap the Demonstration Period

FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS	FFY 00 (20__)	FFY 01 (20__)	FFY 02 (20__)	FFY 03 (20__)	FFY 04 (20__)	FFY 05 (20__)
State DSH Allotment (Federal share)	$ -	$ -	$ -	$ -	$ -	$ -
State DSH Claim Amount (Federal share)						
Maximum DSH Allotment Available for Diversion (Federal share)						
Total DSH Alltoment Diverted (Federal share)	$ -	$ -	$ -	$ -	$ -	$ -
DSH Allotment Available for DSH Diversion Less Amount Diverted (Federal share, must be non-negative)	$ -	$ -	$ -	$ -	$ -	$ -
DSH Allotment Projected to be Unused (Federal share, must be non-negative)	$ -	$ -	$ -	$ -	$ -	$ -

Panel 4: Projected DSH Diversion Allocated to DYs

DEMONSTRATION YEARS		DY 01	DY 02	DY 03	DY 04	DY 05
DSH Diversion to Leading FFY (total computable)						
FMAP for Leading FFY						
DSH Diversion to Trailing FFY (total computable)						
FMAP for Trailing FFY						
Total Demo Spending From Diverted DSH (total computable)		$ -	$ -	$ -	$ -	$ -

Budget Neutrality Summary

Without-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Medicaid Populations						
Medicaid Pop 1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Medicaid Pop 2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Medicaid Pop 3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
DSH Allotment Diverted	$ -	$ -	$ -	$ -	$ -	$ -
Other WOW Categories						
Category 1						$ -
Category 2						$ -
TOTAL	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Medicaid Populations						
Medicaid Pop 1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Medicaid Pop 2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Medicaid Pop 3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Expansion Populations						
Exp Pop 1	$ -	$ -	$ -	$ -	$ -	$ -
Exp Pop 2	$ -	$ -	$ -	$ -	$ -	$ -
Excess Spending From Hypotheticals						$ 370,250,371
Other WW Categories						
Category 3						$ -
Category 4						$ -
TOTAL	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
VARIANCE	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

HYPOTHETICALS ANALYSIS

Without-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1	$ 26,615,068	$ 56,743,326	$ 75,610,482	$ 96,720,928	$ 114,560,566	$ 370,250,371
Hypo 2	$ 26,615,068	$ 56,743,326	$ 75,610,482	$ 96,720,928	$ 114,560,566	$ 370,250,371
TOTAL	$ 53,230,137	$ 113,486,652	$ 151,220,964	$ 193,441,857	$ 229,121,133	$ 740,500,742

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1	$ 26,615,068	$ 56,743,326	$ 75,610,482	$ 96,720,928	$ 114,560,566	$ 370,250,371
Hypo 2	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 26,615,068	$ 56,743,326	$ 75,610,482	$ 96,720,928	$ 114,560,566	$ 370,250,371
HYPOTHETICALS VARIANCE	$ 26,615,068	$ 56,743,326	$ 75,610,482	$ 96,720,928	$ 114,560,566	$ 370,250,371

Population Status Drop-Down
Medicaid
Hypothetical
Expansion

Traditional Healing Waiver Projections

IHS and Tribal Clinics Utilization

The ratio of two rates derived from HIS and tribal clinic utilization data is used to estimate a monthly utilization rate consistent with a supposed annual utilization rate. These rates are calculated against the same tribal population supposed in the projections: **38,000** The two rates are:

Unique annual recipients / Population	57.22%
Average monthly recipients / Population	22.25%
Ratio of monthly / annual rates	38.89%

Projections are driven by a supposed annual rate, converted to a monthly average utilization rate using this ratio. The monthly average rate is used for the fifth year of waiver projections. The spreadsheet calculated a phase-up to the fifth year rate.

Supposed annual rate of recipients / population:	10.00%
Calculated monthly utilization rate:	3.89%

	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
Phase-in of monthly utilization rate	30%	60%	75%	90%	100%
Monthly utilization rate per 38,000 population	1.17%	2.33%	2.92%	3.50%	3.89%
Monthly utilization	443	887	1,108	1,330	1,478
Annual utilization = Recipient months	5,320	10,640	13,300	15,961	17,734
Annual utilization = Unique individuals	1,140	2,280	2,850	3,420	3,800
Recipient months per unique invididual	4.67	4.67	4.67	4.67	4.67

Per Member per Month Cost

Per member per month cost is estimated based on a projection of the IHS encounter rate, multiplied by a supposed number of paid encounters per monthly average recipient. The corresponding number of paid encounters in IHS and tribal clinic data for FY 2024 and FY 2025 is 3.0.

This projected number of encounters per recipient in the table below is a variable that can be modified.

	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	CY 2026
IHS Encounter rate history	$ 519.00	$ 640.00	$ 654.00	$ 719.00	$ 801.00	$ 826.00

Average increase 2022 to 2026 (rounded) 6.60%

	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031	CY 2032
IHS Encounter rate with 6.6% trend	$ 826.00	$ 880.52	$ 938.63	$ 1,000.58	$ 1,066.62	$ 1,137.01	$ 1,212.06

	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
Avg. IHS encounter rate by FY with 6.6% trend	$ 853.26	$ 909.57	$ 969.60	$ 1,033.60	$ 1,101.82	$ 1,174.54
Paid encounters per recipient month		5.0	5.0	5.0	5.0	5.0
PMPM waiver cost		$ 4,547.87	$ 4,848.02	$ 5,167.99	$ 5,509.08	$ 5,872.68

Waiver Formula Summary **IHS and Tribal Clinics** **Without Indian Health Board**	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
Member months	5,320	10,640	13,300	15,961	17,734

PMPM	$ 4,547.87	$ 4,848.02	$ 5,167.99	$ 5,509.08	$ 5,872.68
Waiver cost	$ 24,195,517	$ 51,584,842	$ 68,736,802	$ 87,928,117	$ 104,145,969

Comparison to Current Paid Encounters at IHS and 638 Facilities

To put projections in context, the number of paid encounters implicit in the waiver projections is calculated below and compared with the average total of paid encounters at IHS and 638 providers for FY 2024 and FY 2025.

	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
Projected paid encounters under waiver	26,601	53,202	66,502	79,803	88,670
Average IHS and 638 paid encounters FY 2024-2025	303,416	303,416	303,416	303,416	303,416
Ratio of waiver projection to FY 2024-2025 average	9%	18%	22%	26%	29%

Indian Health Board (IHB) Utilization

Indian Health Board waiver projected utilization is added to the much larger projection for services provided by IHS and tribal clinics. The following ratios reflect the current volume of services provided by the IHB, compared to the larger clinic system:

Unique Recipients	11.7%
Recipient Months	7.0%
Paid Encounters	7.8%

Based on this comparison we assume the waiver utilization of services provided by the IHB will be equal to 10% of the projected values for the IHS and tribal clinic system:

Waiver Formula Summary **Indian Health Board Segment**	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
Member months	532	1,064	1,330	1,596	1,773
PMPM	$ 4,547.87	$ 4,848.02	$ 5,167.99	$ 5,509.08	$ 5,872.68
Waiver cost	$ 2,419,552	$ 5,158,484	$ 6,873,680	$ 8,792,812	$ 10,414,597

With the additiona of IHB utilization, total waiver projections are as follows:

Waiver Formula Summary **Including Indian Health Board**	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
Member months	5,852	11,704	14,631	17,557	19,507
PMPM	$ 4,547.87	$ 4,848.02	$ 5,167.99	$ 5,509.08	$ 5,872.68
Waiver cost	$ 26,615,068	$ 56,743,326	$ 75,610,482	$ 96,720,928	$ 114,560,566

Projected Distribution of Funding of Waiver Costs		FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
IHS and Tribal Clinics						
Total		$ 24,195,517	$ 51,584,842	$ 68,736,802	$ 87,928,117	$ 104,145,969
Federal share	98%	$ 23,711,606	$ 50,553,145	$ 67,362,066	$ 86,169,554	$ 102,063,050
State share		$ 483,910	$ 1,031,697	$ 1,374,736	$ 1,758,562	$ 2,082,919
Indian Health Board						
Total		$ 2,419,552	$ 5,158,484	$ 6,873,680	$ 8,792,812	$ 10,414,597
Federal share	66%	$ 1,596,904	$ 3,404,600	$ 4,536,629	$ 5,803,256	$ 6,873,634
State share		$ 822,648	$ 1,753,885	$ 2,337,051	$ 2,989,556	$ 3,540,963

Total Waiver

Total	$ 26,615,068	$ 56,743,326	$ 75,610,482	$ 96,720,928	$ 114,560,566
Federal share	$ 25,308,511	$ 53,957,745	$ 71,898,695	$ 91,972,810	$ 108,936,684
State share	$ 1,306,558	$ 2,785,581	$ 3,711,787	$ 4,748,118	$ 5,623,882

DEPARTMENT OF HUMAN SERVICES

Traditional Healing Waiver Request

Welcome · Gidanamikaagoom · Tanyán Yahi

The listening feedback session will begin shortly

1

DEPARTMENT OF HUMAN SERVICES

Traditional Healing Waiver Request
Draft Demonstration Waiver

Listening Sessions April 14, 2026

2

Welcome

- We are here to listen, not to check a box
- We appreciate your interest the Traditional Healing demonstration waiver and taking the time to provide your feedback.
- Thank you for your participation in the workgroup and/or otherwise providing guidance and information used to draft the waiver request.
- Introductions of Department of Human Services (DHS) staff.
  - Micah Nickey, facilitating
  - Jen Sather, Angie DeLille, Chris Renville, Whitney Johnson, Andrea Suker, Michelle Long

3

Opening

You helped shape this draft through the workgroup. Now we need to know: What did we get right; what improvements can we make; and what would make this work in your communities?

4

Purpose

- This listening session is to provide feedback about the current draft of the Traditional Healing Demonstration and ask DHS staff questions
- The listening session is focused on discussions with people who have participated in the waiver workgroup or are otherwise engaged in the waiver's development
- All feedback provided will be considered and may lead to revisions to the waiver draft before it is made available for general public review and comment
- As time permits, a brief overview will be provided of the waiver sections, but time will be mostly focused on receiving feedback and responding to questions

5

Agenda

Why This Matters: Traditional healing has always been about spiritual, mental, emotional and physical healthcare. This waiver is about getting Medicaid to recognize that on your terms, not ours.

- Introduction of Section 1115 Demonstration Waivers
- State Authority
- Waiver Title
- Overview of the Draft Waiver by Section
- Sharing Our Thoughts / Talking Circle
- Feedback Options
- Next Steps
- Following Submission to CMS

7

Section 1115 Demonstration Waivers

Section 1115 of the Social Security Act allows states to waive certain Medicaid requirements to permit use of Medicaid funding in ways that are not otherwise allowed. The state must meet the following requirements in the waiver:

- Show that the waiver promotes the objectives of the Medicaid program
- Ensure budget neutrality over the course of the waiver
- Conduct an evaluation and report on the demonstration outcomes based on the waiver's hypothesis and objectives
- Submit ongoing reports
- CMS generally approves 1115 demonstration waivers for a period of five-years which can be renewed for five-year periods; subject to CMS approval.

State Authority

- State law was passed in the 2025 Legislative session authorizing DHS to submit a Section 1115 waiver request to CMS. The law also:
  - Required a workgroup be convened to inform the design of the waiver. The workgroup started Sept. 2025
  - Included a January 1, 2027, service start date or after if federal authority is later

Waiver Title

- Because the waiver for Traditional Healing is not an addition (amendment) to a current waiver, a waiver title was needed
- Mino Bimaadiziwin-Wičhózani (Mino) was selected as the title because it:
  - Acknowledges the Anishinaabe and Dakota communities who call Minnesota home
  - Honors the cultural significance of the traditional healing to Indigenous people

15

Overview of Draft by Section

- Introduction
  - Tribal Nations and Communities in Minnesota
  - Objective and Benefits
  - Tribal Collaboration and State Waiver Legislation
- Service Need and Program Description
  - Program Description and Furthering Title XIX
  - Service Option – must be a secular alternative
- Hypothesis and Evaluation

16

Overview of Draft by Section, con't

- Enrollee Eligibly
  - Enrollee Notification
  - Coverage
- Implementation
  - Providers and qualifications
  - Practices
  - Implementation
- Claiming and Cost Sharing

17

Overview of Draft by Section, con't

- Rates and Financing / Federal Match
  - Payment rates
  - Financing / Federal Match
- Waiver and Expenditure Authorities
- Quality Assurance and Monitoring

18

Overview of Draft by Section, con't

- Tribal Consultation and Public Notice
  - Workgroup
  - Listening Sessions
  - Workgroup Feedback
  - Tribal Consultation
  - Public Notice
  - DHS Webpage
  - Public Hearings

19

Overview of Draft by Section, con't

- Feeback Received
  - Tribal Feedback
  - Hearing and General Feedback
  - State Response
- Demonstration Administration Workgroup
  - State Medicaid Agency Contact

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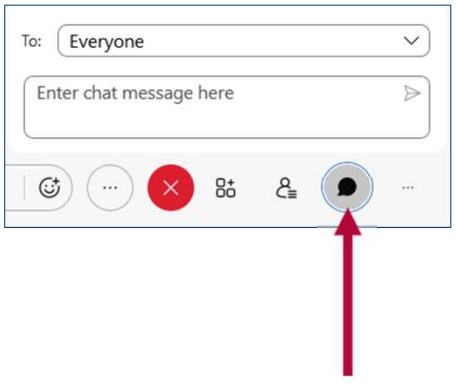
Sharing Our Thoughts / Talking Circle

- Please raise your hand in the Teams option to be recognized and have your microphone turned on. If you wish to put comments in the chat, that is fine too.
- Before providing your feedback or asking a question, please identify whether you represent a tribal facility, enrollee, or an individual practitioner (traditional healer)
  - A general description of the feedback and DHS' response will be included in the waiver application
  - Summary information about participation is expected to be included in the wavier application
  - People's names and specific facilities will not be included in the waiver application, but CMS may ask for this information
- There will be future opportunities to provide comment on a subsequent draft that will be published for general public comment

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Feedback Options

- If you submit feedback or questions using the chat feature, please include your name and organization or affiliation.
- If you would only like to show your feedback or question to DHS, in the "to" drop down select Andrea Suker.
- DHS will address comments in the order they are received.



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Feedback Reminders

Please:

- Raise your hand to have your microphone turned on **or** put your feedback / question in the chat.
  - If you only want DHS to see it, select Andrea Suker.
- Share your name and affiliation (e.g., Medicaid enrollee, Tribal Representative, Traditional Healing practitioner, Tribal facility or UIO, etc.).
- State your comment or question, including any general context, but not any private or sensitive information.
  - If it is submitted only DHS, Andrea or Micah will read it for the group, so all hear the response.

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Opportunities for Feedback

- As we conclude the Listening Session, the chat function will remain open for an additional ten minutes. If you have additional feedback, you may add it there.
- Otherwise, there will be additional opportunity to provide comment on the draft that is published for public review. The work group will be notified when it is available.

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Next Steps

DHS staff will:

- Review and consider all feedback
- Revise the waiver application as applicable
- Complete the waiver application sections that are required prior to the Tribal consultation and public comment process,
- Address the information received from Tribal and through the public comment process, including feedback provided during the two hearings
- Provide the complete package to be submitted to CMS to the DHS Commissioner and Governor's Office

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Following Submission to CMS

- CMS will determine whether the application includes all required components
  - This is not a review of content for approval. It is a process step.
- If it is determined complete, CMS will initiate a national comment period
- CMS does not have to respond to the waiver application in a specific timeline
- Generally, once CMS begins its review of a waiver, the state will receive questions which is part of the normal review process
- After negotiation and final CMS approval, CMS will issue Special Terms and Conditions that must be followed to maintain the waiver, including report submissions

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DEPARTMENT OF HUMAN SERVICES

Pidámayaye/yo

Miigwech

Thank You

Federal Relations webpage: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/federal-waivers.jsp **OR** go to https://mn.gov/dhs and type "waiver" in the search field to get to the DHS federal health care Medicaid Section 1115 waiver webpage

DEPARTMENT OF HUMAN SERVICES

ATTACHMENT D

Tribal Health Directors Quarterly Meeting

Thursday, August 21, 2025 - 9:00 am to 1:00 pm

AGENDA

9:00 – 9:15 am	Welcome opening and roll call/networking Angie DeLille, Director of OIP
9:15- 9:30 am	Introductions
DHS Agenda Items	
9:30am – 10:30 am	John Connolly, Deputy Commissioner of MN DHS and Medicaid Director
10:30 – 10:45 am	Wrap Up of MN Legislative Session and Next Steps for Implementation Patrick Hultman
10:45 – 11:00 am	Status of new MA covered services implementation • Follow-up on "Four Walls" – Provider designation as Clinic vs. FQHC • Traditional Healing • Tribal VA/DD-TCM Luke Simonett Lauren Yates
12:00 – 1:00 pm	Lunch Break/Networking

DEPARTMENT OF HUMAN SERVICES | DIRECT CARE AND TREATMENT

Tribal and Urban Indian Health Directors Quarterly Meeting

Zoom meeting
Log-in is in calendar meeting invite

Thursday, November 20, 2025
9:00 am to noon

AGENDA

	Topic	**Presenter/Discussion Facilitator**
9:00 a.m.	Roll call, Introductions, and opening remarks	Angie De Lille, Director, Tribal Urban Indian Relations, DHS
9:15 a.m.	Opening remarks	Patrick Hultman, Deputy Medicaid Director
9:30 a.m.	Update on Traditional Healing	Jen Sather, Patrick Hultman
10:15 a.m.	Four Walls Resolution	Leah Montgomery, Manager, Federal Relations, DHS Susan Hammersten, Manager, Health Improvement and Rate Development, DHS
10:45 a.m.	Break	
10:55 a.m.	Updates	Jen Sather, Director, Substance Use Disorders (SUD), Behavioral Health Administration Christine Renville, Supervisor, American Indian SUD Team, Behavioral Health Administration Patrick Hultman
11:10 a.m.	Update from DCT – Olmstead Plan	Eric Adolphson, Transitions and Liaison Director
11:30 a.m.	Discussion – what should DHS do to replace Tribal HSS	Tom Balsley, Director, Housing and Support Services Leah Montgomery

DHS and DCT Agenda for Tribal Health Directors' Meeting
February 26, 2025 – 9:00 a.m. to noon

Topic	Presenter	Length
Opening Remarks	John Connolly, DHS Assistant Commissioner	10 minutes
Update on fraud reporting mechanisms in community	James Clark, OIG inspector General	10 minutes
Status update on 4-walls and allowance to get AIR for rehab authorized services	Leah Montgomery, Federal Relations Manager	20 minutes
NEMT Revalidation procedures	Jamie Viger, Provider Eligibility and Compliance Quality Analyst	20 minutes
Status update on Traditional healing	Chris Renville, BHA Manager (Sisseton-Wahpeton Oyate Member), Michaela Seiber, BHA American Indian Team Interim Supervisor (Sisseton-Wahpeton Oyate Member), and Whitney Johnson, Mental Health Policy Lead (Oglala Sioux Tribe Member)	20 minutes
Status of VA/DD-TCM	Jasmine Grika, BHA Tribal collective Team Supervisor (Red Lake/ Cheyanne River Sioux Member)	20 minutes
Tribal high-cost drug discussion	Tribal Health Directors presentation to DHS Pharmacy Manager Chad Hope	40 minutes
DCT Updates	Crystal Weckert, DCT Tribal Relations Director	20 minutes

DHS Agenda for the Quarterly Tribal Health Directors' Meeting
June 11, 2025, 9AM-12 PM (virtual and in person at Leech Lake)

Topic	Presenter	Length
Opening Remarks Deferral Update Waivers Update	Patrick Hultman, Deputy Medicaid and Federal Relations Director	30 minutes
Pathways Report Update	Dr. Nathan Chomilo, Medical Director	15 minutes
End of Legislative Session Update	Lauren Yates, Federal Relations Leah Montgomery, Federal Relations	10 minutes
Status update on Traditional healing Tribal High-Cost Drug Update	Chris Renville, BHA Manager (Sisseton-Wahpeton Oyate Member) Whitney Johnson, Mental Health Policy Lead (Oglala Sioux Tribe Member)	30 minutes
Status update of VA/DD-TCM	Luke Simonett, Tribal VA/DD TCM Manager Leah Montgomery, Federal Relations	10 minutes
Obstetrics Services Billing	Megan Warfield- Kimball, Member Engagement and Outreach Consultant Mallory Cummings, Reproductive Health Benefit Policy Consultant	20 minutes
Four Walls: Under the Direction of a Physician Discussion	Leah Montgomery, Federal Relations Lauren Yates, Federal Relations Bekah Kafenberg-Satre, Tribal Rates	20 minutes
DCT Updates	Crystal Weckert, DCT Tribal Relations Director	20 minutes

DEPARTMENT OF HUMAN SERVICES

Minnesota Department of Human Services
Medicaid – Federal Relations
540 Cedar Street
PO Box 64983
St Paul, MN 55164-0983

July 6, 2026

Re: Medicaid Waiver Coverage of Traditional Healing

Dear Tribal Leader,

This letter is to share information and invite comment about the Medicaid waiver application to cover Traditional Healing, through the Mino Bimaadiziwin-Wičhózani (Mino) waiver. Tribes have advocated several years for this coverage, which led to the 2025 Minnesota Legislature directing the Department of Human Services (Department) to apply for a demonstration waiver under section 1115 of the Social Security Act. Department staff facilitated a workgroup with Tribal representatives beginning in September 2025, which provided guidance and feedback on the waiver's content. The workgroup reviewed earlier drafts of the waiver application.

A summary of the Mino waiver and the complete draft of the waiver application with attachments is posted for review on the Department's Medicaid waiver webpage under Section 1115 waivers. The Department values your feedback at any time, but in order to submit the application expeditiously, we ask that your written comments regarding the Mino application be provided by August 11, 2026.

The Department is moving forward as quickly as possible to meet the federal waiver submission requirements to submit the Mino waiver application and have it reviewed by CMS as soon as possible. The requirements include holding public hearings which are scheduled for July 21 and 22, 2026. Medical Assistance enrollees who may use Traditional Healing services, Tribal leaders, and Tribal facility staff are welcome to provide feedback directly to Department staff during public hearings. Information to participate in the hearings is available on the Department's Medicaid waiver webpage under Public Hearings and Comments

The Department supports and acknowledges the importance of covering Traditional Healing services. If approved, the Mino waiver will be a significant step in advancing improved health and wellbeing of, and reducing health disparities for Indigenous people who live within Minnesota's borders. Department staff will continue to provide waiver application updates at the quarterly Tribal and Urban Health Director meetings.

Sincerely,

[redacted]

Patrick Hultman
Deputy State Medicaid Director

Minnesota State Register
Published Monday, July 13, 2026
(Cite 51 SR 19)

Minnesota Department of Human Services

Health Care Administration

Request for Comments on the Mino Bimaadiziwin-Wičhózani Section 1115 Medicaid Demonstration Waiver Application for Traditional Healing

DHS is announcing a 30-day comment period and providing notice of two public hearings on the proposed application for Minnesota's Mino Bimaadiziwin-Wičhózani (Mino) as a Medicaid demonstration waiver, under section 1115 of the Social Security Act.

Mino Bimaadiziwin-Wičhózani generally translated means wellness and good health in the Ojibwe (Chippewa) and Dakota (Sioux) languages, respectively. The 2025 Minnesota Legislature directed DHS to submit a Medicaid demonstration waiver application to the Centers for Medicare & Medicaid Services to cover Traditional Healing services under Medical Assistance. A five-year waiver demonstration period is being requested. If approved, Traditional Healing services will be available January 1, 2027, or upon federal approval, whichever is later.

The Mino waiver seeks to improve the health and wellbeing of Indigenous people living in Minnesota by covering Traditional Healing. Minnesota shares geographic borders with eleven (11) federally recognized American Indian Tribes (Tribes). Services will be provided through Tribal facilities that have agreements with the U.S. Department of Health and Human Services, Indian Health Service. To receive Traditional Healing services, Medical Assistance enrollees must be eligible to receive services through these facilities. The waiver will test whether coverage of the service increases access to Traditional Healing practices.

DHS invites public comment on the Mino waiver application. A summary of the waiver application and an electronic version of the full waiver application can be found on the ***DHS Medicaid waivers web page*** under Public Hearings and Comments. If you require a paper copy of the application, send a written request with your full name, mailing address, and phone number to ***Section1115WaiverComments@state.mn.us*** or mail it to Minnesota Department of Human Services, Attn: ELA Federal Relations, 540 Cedar Street, St. Paul, MN 55101.

Waiver regulations and state law require all comments received in writing and during hearings, and the Department's responses will be publicly available. The comments and responses are included in the waiver application submitted to the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services and available on Department's web site. Important Notice: If you include information that would otherwise be categorized as private or as protected health information, it will be considered self-disclosure, and it will be included in the application to CMS and publicly posted. Please consider not including private information in public comments.

Submit written comments by August 11, 2026 to: ***Section1115WaiverComments@state.mn.us***. To support making comments available to people who use screen readers, DHS requests comments be submitted in Microsoft Word format or incorporated within the email text. If you would also like to provide a signed copy of a comment letter, you may submit a second copy in Adobe PDF format.

In addition to the opportunity to submit written comments, DHS will hold two public hearings to provide comments directly to DHS staff; see details below. Comments shared during the hearings may be audio recorded for note taking purposes.

Email ***Section1115WaiverComments@state.mn.us*** to attend in-person on July 21 and/or July 22, 2026. The email assists the Department in managing limited room capacity.

DATE:	**July 21, 2026 (Virtual and in-person)**
TIME:	**11 a.m. – noon**
LOCATION:	Minnesota Department of Human Services Elmer L. Andersen Human Services Building, Room 2370 540 Cedar St. St. Paul, MN 55101
MEETING LINK:	***Microsoft Teams Meeting Link*** Meeting ID: 257 219 808 619 536, Passcode: 85ec3Je2 Dial in by phone:+1 651-395-7448, 754804396#

DATE:	**July 22, 2026 (Virtual and in-person)**
TIME:	**1 – 2 p.m.**
LOCATION:	Minnesota Department of Human Services Lafayette Building, Room 1235 444 Lafayette Rd. North St. Paul, MN 55155
MEETING LINK:	***Microsoft Teams Meeting Link*** Meeting ID: 233 950 682 233 766, Passcode: YC7Qx7Sc Dial in by phone: +1 651-395-7448, 771451121#

The Minnesota Department of Human Services (Department) invites public comment on a new Medicaid demonstration waiver for Traditional Healing.

The Department plans to submit a five-year Medicaid demonstration waiver application under section 1115 of the Social Security Act to the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) in August 2026. The 2025 Minnesota Legislature directed the Department to submit a waiver application for Traditional Healing services. If approved by CMS, services may be available January 1, 2027, or upon federal approval, whichever is later.

The waiver, Mino Bimaadiziwin-Wičhózani (Mino), would allow Medical Assistance to cover Traditional Healing services provided through facilities that have agreements with the U.S. Department of Health and Human Services, Indian Health Service. Mino Bimaadiziwin-Wičhózani generally translated means wellness and good health in the Ojibwe (Chippewa) and Dakota (Sioux) languages, respectively.

A summary of the Mino waiver application and the application request are available on the Department's Medicaid Waiver webpage. The webpage also includes information about how to submit written comments and how to participate in public hearings. **The hearings are scheduled on July 21 and July 22, 2026, and written comments must be received on or before August 11, 2026**. Consideration will be given to all comments received by the deadline.

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GRANICUS Communications

Mino Bimaadiziwin-Wičhózani (Mino)
Section 1115 Demonstration Waiver Request Summary

Waiver Request Summary

This summary includes general information from the state's Mino demonstration waiver application. It is not the complete application. The full waiver application is available on the Minnesota Department of Human Services' Medicaid waiver webpage and will be submitted to the Centers for Medicare & Medicaid Services (CMS). CMS issues an approval document describing the implementation requirements if the waiver is approved.

Background

The Minnesota Department of Human Services (Department), in collaboration with American Indian Tribes located in the state, seeks to improve the health outcomes of American Indians by covering Traditional Healing[1] under Medical Assistance, Minnesota's Medicaid program. The 2025 Minnesota Legislature[2] directed the Department to submit a Medicaid demonstration waiver application under section 1115 of the Social Security Act to cover Traditional Healing services.

The Department convened a workgroup of Tribal representatives in September 2025 to provide feedback about the waiver application, including general design and implementation considerations. The waiver title, Mino Bimaadiziwin-Wičhózani (Mino) generally translated means wellness and good health in the Ojibwe (Chippewa) and Dakota (Sioux) languages, respectively; pronounced Me-NO b-MAAZ-da-win -- wee-cho-zah-nee. The Department plans to submit a five-year demonstration waiver request to CMS in August 2026.

American Indian is used throughout the demonstration waiver application to refer to all Indigenous people in Minnesota, including American Indian and Alaska Natives. There is not a federally recognized Alaska Native

[1] Traditional Healing, for purposes of this waiver, is synonymous with traditional health care practices, traditional Indian medicine, and other labels used to describes holistic practices that are deeply rooted in indigenous traditional knowledge and sustained through ongoing cultural tradition.

[2] H.F. 1878, HF 2 Introduction - 94th Legislature, 2025 1st Special Session, Article 8, Sec. 39, page 288.

nation in Minnesota, but Alaska Natives who meets the eligibility criteria provided in the waiver may receive Traditional Healing services.

Overview

The Mino demonstration waiver would cover Traditional Healing services for eligible American Indians who receive services in authorized settings. Covering this service option furthers the objectives of the Medicaid program (Title XIX) by supporting more appropriate and effective care for American Indian enrollees, which will improve enrollees' overall health and well-being.

The Department undertook a large-scale analysis of the factors contributing to the state's poor health outcomes for Minnesota's American Indian population. The resulting comprehensive report, Pathways to Racial Equity in Medicaid: Improving the Health and Opportunity of American Indians in Minnesota, was published in 2024.[3] The report analyzed data, gathered information from people directly affected, and partnered with members of American Indian communities to summarize action steps. The primary recommendation was to seek Medicaid funding for Traditional Healing.

The report found that over half of American Indian Medical Assistance enrollees identified that traditional healing practices were "important to their health" and wanted to participate in traditional healing practices more. The report acknowledged that "Traditional Healing practices may be a powerful set of tools to support the health of these members." The report also identified barriers to accessing Traditional Healing, including not having enough healers available and a lack of funds to provide adequate compensation for healers. Providing coverage through this demonstration waiver would begin to address those barriers to care.

Tribal Nations in Minnesota

Minnesota shares geographic borders with eleven (11) federally recognized American Indian Tribes (Tribes). There are seven Ojibwe (Chippewa) reservations and four Dakota (Sioux) communities. While the Tribes collaborate on issues of mutual interest, each operates independently as a separate and sovereign Nation having a government-to-government relationship with the United States. In addition to the Tribal Nations, Minnesota has a large urban Indian population.

[3] Chomilo, N., Grauman, L., Nelson, J., Koehler, M., Corona, D., Villarreal, L, (2024). *Pathways to Racial Equity in Medicaid: Improving the Health and Opportunity of American Indians in Minnesota.* Minnesota Department of Human Services. Publication DHS-8209C-ENG 12-24 or https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8209C-ENG

The seven Ojibwe reservations are:

- Gichi-Onigaming/Grand Portage Band of Lake Superior Chippewa
- Zagaakwaandagowininiwag/Bois Forte Band of Chippewa
- Miskwaagamiiwi-Zaagaiganing/Red Lake Nation
- Gaa-waabaabiganikaag/White Earth Nation
- Gaa-zagaskwaajimekaag/Leech Lake Band of Ojibwe
- Nah-gah-chi-wa-nong/Fond du Lac Band of Lake Superior Chippewa
- Misi-zaaga'iganiing/Mille Lacs Band of Ojibwe

The four Dakota communities are:

- Mdewakanton/Shakopee Mdewakanton Sioux Community
- Tinta Wita/Prairie Island Indian Community
- Cansa'yapi/Lower Sioux Indian Community
- Pezihutazizi Oyate/Upper Sioux Community

Objectives

The objective for the Mino demonstration waiver is to expand culturally appropriate Medical Assistance service options for American Indians by covering Traditional Healing. The long-term benefits of this service are to improve the health and well-being of American Indians living in Minnesota. This objective aligns with CMS' goals for section 1115 demonstrations covering Traditional Healing Services.

In a December 2024 webinar, CMS stated the goals of Traditional Healing Section 1115 demonstrations are to "ensure that we have wide use of traditional health care practices across tribal nations and over generations, and that those can be incorporated into how we close disparities or gaps in disparities in our Medicaid program for American Indians and Alaska Natives."[4]

Service Need

Historically, and similar to the experience in other states, American Indians in Minnesota have experienced significant disparities in access to health care services and have poorer health outcomes compared to other populations, particularly compared to their White counterparts. No substantial improvement has been realized despite various policy and program initiatives. There is a growing body of evidence demonstrating the benefits of

[4] CMS slide deck "All Tribes Webinar – Traditional Health Care Practices & Section 1115 Demonstrations" Oct. 31, 2024.

Traditional Healing to the health and well-being of American Indians and Alaskan Natives, including refences in the Indian Health Care Improvement Act about the benefits of traditional health care practices.

Further, CMS provided information about the importance of Traditional Healing practices to improving the health and well-being of American Indians and Alaska Natives. CMS shared information about the benefits of Traditional Healing during a webinar held in October 2024,[5] including comments about:

- Existing wide use of traditional health care practices across Tribal Nations and over generations.
- Recognizing and supporting the knowledge of Indigenous people to improve access to health services.
- Acknowledging significantly worse health disparities experienced by American Indians and Alaska Natives and how culturally competent care could aid in addressing disparities.

Under the Mino waiver, Traditional Healing will be available as a service option for eligible American Indians who receive services in authorized settings as described below and who are enrolled in Medical Assistance.

Delivery system and services

Settings, Providers, and Qualifications

Traditional Healing covered under the demonstration waiver may only be provided through IHS, 638,[6] and Urban Indian Organization (UIO)[7] facilities located in Minnesota and enrolled as a Minnesota Health Care Program provider. Individuals providing the Traditional Healing service must be employed or under contract with the enrolled facility. Each Tribe and the UIO will establish provider standards and criteria to evaluate whether an individual is qualified to provide the service, respective to their facility(ies) and their cultural practices. Facilities are responsible to maintain documentation to support payment claims.

Traditional healers (practitioners) are not required to enroll individually as a Minnesota Medicaid Provider. This is to honor and preserve the confidential nature and cultural integrity of the practice(s). The Traditional Healing service may be provided at locations outside of the facilities. This is necessary due to the nature of some practices (e.g., a sweat lodge).

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[5] CMS slide deck "All Tribes Webinar – Traditional Health Care Practices & Section 1115 Demonstrations" Oct. 31, 2024.

[6] Authorized under the Indian Self-Determination and Education Assistance Act (ISDEAA) of 1975; Public Law 93-638.

[7] The Indian Health Board located in Minneapolis (Minnesota's largest city) is the only UIO that currently meets the conditions to provided services under the waiver. It is also a Federally Qualified Heath Center as designated by the U.S. Health Resources and Services Administration (HRSA).

Practices Covered

Eligible enrollees who elect Traditional Healing services will receive culturally relevant healing practices that promote health and well-being and are specific to the enrollee's presenting need(s). Examples of Traditional Healing practices include, but are not limited to Sweat Lodges, Talking Circles, and Smudging Ceremonies. The types of established and accepted Traditional Healing services and availability of practitioners varies among Tribes and the UIO. For this reason, each facility will identify the Traditional Healing services offered and will establish processes to assure Medicaid medical necessity requirements are met.

Implementation

Tribes in Minnesota are anxious to proceed with offering the service and the Department will support expedient implementation. State law directs Traditional Healing services to be available effective January 1, 2027, or upon federal approval, whichever is later. Updates to applicable Department manuals and training materials will be available prior to the service being covered and the Department will work with Tribal representatives to identify methods of notifying eligible enrollees of the service option. Additionally, information about the waiver and coverage will also be posted on the Departments' website following waiver approval.

Beneficiaries and eligibility

The Traditional Healing services will be available to Medical Assistance enrollees who meet U.S. Department of Health and Human Services, Indian Health Service's (IHS) definition of American Indian as provided in the IHS Indian Health Manual, Chapter 1, Eligibility for Services, section 2-1.2.[8] The waiver does not alter Medical Assistance eligibility nor does it modify or expand eligibility groups. Enrollees' use of Traditional Healing benefits does not limit access nor reduce coverage for other Medical Assistance services for which they may be eligible.

Claiming and cost-sharing

Fee-for-service claims will be submitted by IHS, 638, and UIO facilities in the Minnesota Medicaid Management Information System (MMIS) and will include an ICD-10 Diagnostic Code and a code for the Traditional Healing service. Services provided by these facilities are carved out of the state's managed care coverage (i.e., not included in the state's capitation payments). Payment for Traditional Healing is limited to one encounter per day, per enrollee.

[8] U.S. Department of Health and Human Services, Indian Health Service, Indian Health Manual, Chapter 1 Eligibility for Services, section 2-1.2.

In accordance with federal law, American Indians are exempt from cost sharing for services covered through this waiver.

Projected Enrollment and Budget Neutrality

The waiver includes one Medicaid Expenditure Group (MEG) and applies hypothetical budget neutrality. Tribal representatives expect significant interest from eligible enrollees to receive and from Tribal facilities to offer Traditional Healing services. The enrollment and budget neutrality projections considered that information along with available Medicaid data for the Tribal facilities and UIO and phase-in experience for other new Medicaid services, to arrive at the budget neutrality assumptions. Refer to the Budget Neutrality workbook on the Department's Medicaid waiver web page for additional information about projected enrollment and costs.

Service Participation Assumptions

There are approximately 38,000 enrolled Tribal members living in the geographical regions near IHS and 638 facilities. The annual proportion of the 38,000 Tribal members expected to receive Traditional Healing services from IHS and 638 clinics is phased-in over five years, reaching 10% in waiver year five.

A separate projection is made for Traditional Healing services expected to be provided by the UIO, Indian Health Board in Minneapolis and is projected to account for a 10% increase (added to the projections for the IHS and 638 facilities). This a based on a rough approximation of the ratio of the numbers of recipients served annually by the UIO compared to the number served by the IHS and 638 facilities.

Phase-in Assumptions

The enrollment and budget neutrality projections have a rapid phase-in to 60% in waiver year two based on the assumption that major parts of the IHS and 638 facility system are already providing some Traditional Healing services and need only to meet the waiver requirements, such as those related to provider qualifications, documentation, and billing. After waiver year two, a gradual increase in service offerings is assumed through waiver year five.

Service Utilization Assumptions

For IHS and 638 facilities and the UIO, use of the service is projected at an average of five Traditional Healing services per month for enrollees accessing the service. This compares to an average of three services per month for recipients of conventional biomedical treatment provided through IHS and 638 facilities and just over three

services per month (3.3) for the UIO. This allows for the fact that Traditional Healing often involves more frequent sessions (e.g., weekly or bi-weekly) for shorter periods.

Payment Rate Assumptions

The 2026 All-Inclusive Rate (AIR) amount of $826 was used as the base and trended at 6.60% for each waiver year. IHS sets and publishes the AIR amounts annually. The trend rate was calculated using the AIR history from 2022 to 2026.

The following Table provides a summary of the projected enrollment and estimated expenditures for the five-year waiver demonstration period; waiver years one through five (WY1-WY5).

Enrollment and Per Member Per Month (PMPM) Summary					
Waiver Year (WY):	**WY1**	**WY2**	**WY3**	**WY4**	**WY5**
Average monthly recipients / enrollees	488	975	1,219	1,463	1,626
Recipient / enrollee months	5,852	11,704	14,631	17,557	19,507
PMPM Expenditures	$4,547.87	$4,848.02	$5,167.99	$5,509.08	$5,872.68
Total Expenditures	$26,615,068	$56,743,326	$75,610,482	$96,720,928	$114,560,566

Financing / Federal Matching Rate

The Department will claim federal financial participation (FFP) for Traditional Healing provided to eligible enrollees when it is provided through an eligible facility. The matching rate will be the state's approved Federal Medical Assistance Percentage (FMAP) that would otherwise apply to the claim pursuant to section 1905(b) of the Social Security Act.

Federal and State Share of Costs					
State Fiscal Year (FY):	**FY 2028**	**FY 2029**	**FY 2030**	**FY 2031**	**FY 3032**
Federal Share	$25,308,511	$53,957,745	$71,898,695	$91,972,810	$108,936,684
State Share	$1,306,558	$2,785,581	$3,711,787	$4,748,118	$5,623,882
Total Expenditures	$26,615,068	$56,743,326	$75,610,482	$96,720,928	$114,560,566

Hypothesis and evaluation plan

The state's hypothesis is that American Indian Medical Assistance enrollees will have increased access to Traditional Healing services. The Department plans to measure access through MMIS service utilization data.

The Department will contract with an independent evaluator and work with the contractor to develop a plan to evaluate the hypothesis. The evaluation will include validated performance measures that assess the impact of the waiver on access to services and will consider feedback from the Tribal workgroup (described earlier). The Department will submit the evaluation plan to CMS for approval in accordance with CMS' Special Terms and Conditions and will conduct and submit ongoing monitoring reports as required by CMS.

Waiver and expenditure authorities

The waiver application requests the following Medicaid requirements to be waived.

Title XIX Requirements Waived	
Section 1902(a)(1) • Statewideness Section 1902(a)(23) • Comparability Section 1902(a)(10)(B) • Freedom of Choice	To the extent necessary to allow Medical Assistance coverage of Traditional Healing only when provided through IHS, 638, and UIO facilities identified in the waiver, and only to individuals eligible to receive Medical Assistance services by or through those facilities.
Expenditure Authorities	
Traditional Healing Practices	Expenditures for Traditional Healing received through IHS, 638, and UIO facilities operated by Tribes or Tribal organizations under the Indian Self Determination and Education Assistance Act or UIOs with contracts under Title V of the Indian Health Care Improvement Act by Medicaid beneficiaries who are able to receive services delivered by or through these facilities.

Tribal Consultation

In addition to the on-going feedback provided by the Tribal workgroup, the Department has regular meetings with Tribal leaders. The Tribal and Urban Health Director's meetings are held quarterly with leadership from the Department and the Minnesota Department of Health. Topics of interest or concern to the Tribes are covered during the meetings. The Department provided status updates about the Traditional Healing waiver during the last several meetings: August 21, 2025; November 20, 2025; February 26, 2026; and June 11, 2026.

Additionally, once the draft waiver application is posted publicly, the Department sends a letter to Tribal Chairs, Tribal Health Directors, Tribal Social Services Directors, the Indian Health Service Area Office Director and the Director of the UIO (Minneapolis Indian Health Board clinic) informing them of the state's intent to submit the waiver application to cover Traditional Healing under Medical Assistance. The letter invites comment and feedback on the waiver application. Comments will be accepted from Tribes until 5:00 p.m. on Thursday, August 20, 2026.

Public comment period and Hearings

The Department invites public feedback on the demonstration waiver application during a 30-day public comment period from July 13, 2026, to August 11, 2026, and hearings will be held on July 21 and 22, 2026. The Department will consider all comments and may revise the application based on feedback.

The waiver application and attachments are available on the Department's Federal Medicaid Waiver webpage: Federal health care waivers with public hearings and comments / Minnesota Department of Human Services. Information about how to submit written comments or participate in a public hearing are also provided on the Department's Federal Medicaid Waiver webpage: Federal health care waivers with public hearings and comments / Minnesota Department of Human Services. The deadline for written public comment is 5:00 p.m. on Friday, August 11, 2026.

The final waiver application will be posted on the Department's webpage when it is submitted to the Center for Medicare & Medicaid Services and will include comments received during the public comment period.

Waiver Administration

The demonstration waiver will be managed by the Minnesota Department of Human Services which is also the State Medicaid Agency. The contact is: Meg Barry, Medicaid Waiver Manager, Federal Relations, Minnesota Department of Human Services.

DEPARTMENT OF HUMAN SERVICES

Traditional Healing Waiver Application

The Hearing will be Audio Recorded

(for note taking purposes)

If you do not agree to be recorded, please disconnect now and provide comments in writing at

Section1115WaiverComments@state.mn.us

The public hearing will begin shortly

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DEPARTMENT OF HUMAN SERVICES

July 21 and 22, 2026

Public Hearing Traditional Healing Waiver Application

The hearing will begin shortly

- The hearing will be audio recorded for note taking purposes only
  - All comments and responses will be documented and included in the waiver application submitted to the Centers for Medicare & Medicaid services and posted on the Department of Human Services web site (as required in federal regulations)
  - Participants providing comment will be asked to provide their name and if they represent an organization or provider, the name of the entity
- We request that AI (artificial intelligence) note taking tools not be used

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DEPARTMENT OF HUMAN SERVICES

Traditional Healing Waiver Application Public Hearing
Welcome · Gidanamikaagoom · Tanyán Yahi

Public Hearings July 21 and 22, 2026

3

Welcome

- The hearing is being audio recorded for note taking purposes only
- We appreciate your interest the Traditional Healing demonstration waiver and taking the time to provide comment
- Participation today is both in-person and by video conference
  - Participants using Teams are muted to minimize background noise
  - We will explain later how to unmute to provide comment
  - Participants in the room are asked to hold comments until later in the hearing

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Welcome - continued

- Introductions of Department of Human Services staff
  - Micah Nickey, policy lead
  - Molly Lang, technical assistance
  - Michelle Long, facilitating
- The slide deck will be included in the waiver application submitted to CMS and will be posted on the Department's webpage
- If you are having any technical difficulty, please use the chat feature and Molly Lang will assist

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Acronyms / Terminology

- Mino = Traditional Healing demonstration waiver
  - Mino is the clipped form of Mino Bimaadiziwin-Wičhózani
  - Mino Bimaadiziwin-Wičhózani is generally translated as meaning wellness and good health in the Ojibwe (Chippewa) and Dakota (Sioux) languages, respectively.
- CMS = U.S. Department Health and Human Services, Centers for Medicare & Medicaid Services
- Department = Minnesota Department of Human Services
- MA = Medical Assistance

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Agenda

- Purpose of the hearing
- State and federal authority
- Development of the waiver application
- Comment process / options
- Time to provide comments
- Next steps and resources

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Purpose

- This hearing is an opportunity to provide feedback to the Department about the Mino waiver application
  - This is not a training or orientation to the demonstration waiver application
  - The Department will provide additional information and training if the waiver is approved
- All feedback provided will be considered
- Revisions may be included in the waiver application submitted to CMS

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State and federal authority

- The 2025 Minnesota Legislature directed the Department to submit a demonstration waiver request to CMS under section 1115 of the Social Security Act
- Section 1115 allows states to waive certain Medicaid requirements which permits Medical Assistance coverage of services or eligibility groups that Medicaid would not cover under State plan authority
- CMS considers several federal requirements to determine whether a waiver application is approved. If approved, there are ongoing implementation requirements including:
  - Showing that the demonstration waiver promotes the objectives of the Medicaid program
  - Ensuring budget neutrality over the course of the demonstration waiver
  - Conducting an independent evaluation of and reporting on the demonstration waiver outcomes based on the waiver's hypothesis and objectives
  - Submitting ongoing reports to CMS

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Waiver Application Development

- There are several federal requirements of what must be included in the waiver application
- The waiver title acknowledges the Ojibwe and Dakota traditions and honors the cultural significance of the Traditional Healing to Indigenous people
- The State law directed service eligibility, rates, and provider qualifications.
- The Department convened a workgroup of Tribal representatives in September 2025 to provide feedback on the application and Traditional Healing services in general
- The Department's American Indian team worked collaboratively with the Tribal workgroup and provided the policy direction for the waiver application

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Overview of Waiver Application Draft by Section

- Introduction
  - Tribal Nations and Communities in Minnesota
  - Objective and Benefits
  - Tribal Collaboration and State Waiver Legislation
- Service Need and Program Description
  - Program Description and Furthering Title XIX
  - Service Option
- Hypothesis and Evaluation

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Overview of Draft by Section – part 2

- Enrollee Eligibility
  - Enrollee Notification
  - Coverage
- Implementation
  - Settings, providers, and qualifications
  - Practices covered
  - Implementation
- Claiming and Cost-Sharing

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Overview of Draft by Section – part 3

- Rates and Financing / Federal Match
  - Payment rates
  - Financing / Federal Matching Rate
- Waiver and Expenditure Authority
- Projected Enrollment and Budget Neutrality
- Quality Assurance and Monitoring

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Overview of Draft by Section – part 4

- Tribal Consultation and Public Notice
  - Tribal Workgroup
    - Feedback
    - Review of Drafts
    - Listening Sessions with the Workgroup
  - Tribal Engagement and Consultation
  - Public Notice
  - Waiver Webpage
  - Public Hearings

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Overview of Draft by Section – part 5

- Feedback Received
  - Tribal Feedback
  - Hearings and Written Feedback
  - State Response
- Demonstration Administration Workgroup
  - State Medicaid Agency Contact

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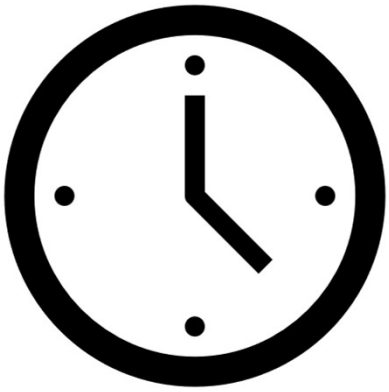
Comment Process

- The Department welcomes and values your comments. If we are not able to hear all comments within the hour, please send your comment(s) in writing
- To provide comments verbally, raise your hand using the Microsoft Teams option and you will be unmuted in order
- To provide comments in-writing you may email or mail them (USPS) to the Department OR put them in the chat
- Before providing your comment, please share your name and whether you represent a Tribal facility, organization, provider, or are a person who is interested in the Traditional Healing services
- Please be aware that:
  - A general description of the feedback and the Department's response will be included in the waiver application.
  - All comments and the Department's responses will be provided to CMS in a waiver attachment, including people's names and all information shared.
  - **Important Notice.** If you include information that would otherwise be categorized as private or as protected health information, it will be considered self-disclosure, and it will be included in the application to CMS and publicly posted on the Department's web site. Please consider not including private information in public comments.

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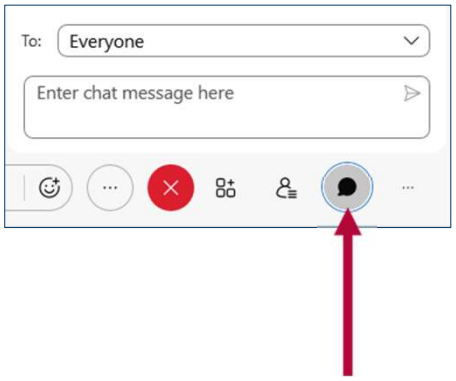
Comment Period

- Comment by:
  - Raising your hand in the chat
    - Your microphone will be unmuted in order
  - Sending your comment in a Teams chat
  - Indicating you have a comment if you are in the room
    - You will be invited to share your comment in order (including those participating by video)



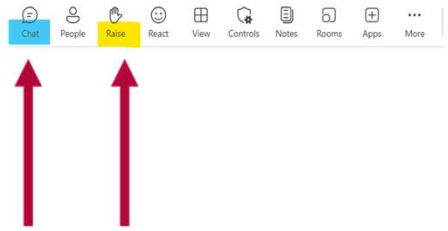
Chat Feature

- If you submit your comment using the chat feature, please include your name and organization or affiliation.
- If you would only like to show your comment to Department staff, in the "to" drop down select Molly Lang. It otherwise defaults to everyone.
- DHS will address comments in the order they are received.



Chat Feature

- If you submit your comment using the chat feature, please include your name and organization or affiliation
- DHS will address comments in the order they are received



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All Comments are Welcomed and Appreciated

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Opportunities for Further Comment

- As we conclude this hearing, the chat function will remain open for an additional 10 minutes for further comment
- You may also submit written comments to the Department's waiver email box Section1115WaiverComments@state.mn.us or by mail
- All comments must be received on or before August 11, 2026

Next Steps

Department staff will:

- Review and consider all feedback received in the hearings and in writing if received on or before August 11, 2026
- Revise the waiver application as applicable
- Provide the complete application package to be submitted to the Commissioner and Governor's Office
- Submit the application to CMS in mid-August
- Update the Medicaid waiver webpage with the submitted application and attachments

Next Steps - continued

- If CMS approves the Mino waiver:
  - A five-year term is expected with extensions possible if federal requirements are met
  - The Department will receive documentation from CMS providing the requirements that must be met to receive Medicaid funding for Traditional Healing and any revisions to the program design
  - The Department will update the waiver webpage
  - Implementation and training information will be provided by policy staff

Thank You

- We appreciate your taking the time to participate in the hearing and sharing your comments
- Additional information and Mino waiver documents are on the Department's webpage
  - To locate the page, go to the Department's home page and type "waiver" in the search bar. A link to the "Federal health care waiver" webpage will display
- Written comments may be sent to Section1115WaiverComments@state.mn.us or may be mailed
- All comments must be received on or before August 11, 2026



The meeting link will remain open for 10 minutes for those who wish to add comments using the Chat feature

Federal Relations webpage: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/federal-waivers.jsp **OR** go to https://mn.gov/dhs and type "waiver" in the search field to get to the DHS federal health care Medicaid Section 1115 waiver webpage

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CENTER FOR
INDIGENOUS HEALTH

July 6, 2026

To Whom It May Concern,

We are writing this letter to express our support for the Minnesota Department of Human Services' Section 1115 Demonstration Waiver application to the Center for Medicare/Medicaid Services seeking coverage of Traditional Healing practices as a Medicaid benefit.

Our Johns Hopkins Center for Indigenous Health is committed to advancing Indigenous health and well-being through community-based participatory research, education, and partnerships that honor Tribal sovereignty and Indigenous knowledge systems. As co-directors of the Center, we recognize that Traditional Healing has long played an essential role in health and wellness for us as Indigenous peoples. Expanding access to these culturally grounded services through Medicaid represents an important opportunity to improve health outcomes for Indigenous people while affirming the cultural practices that have sustained our communities for generations.

We believe the proposed demonstration waiver advances health for Indigenous communities by creating a more culturally responsive Medicaid program. The potential impacts of this waiver include improved access to care, strengthened trust in healthcare systems, and improved health and wellness for Indigenous individuals and communities throughout Minnesota.

We respectfully and enthusiastically encourage CMS to approve Minnesota's Section 1115 Demonstration Waiver application and support the implementation of this innovative model of care.

Sincerely,

[redacted]

Melissa L. Walls, PhD
Professor of American Health, Department of International Health
Co-Director, Center for Indigenous Health
Johns Hopkins Bloomberg School of Public Health

[redacted]

Donald Warne, MD, MPH
Professor, Department of International Health
Co-Director, Center for Indigenous Health
Johns Hopkins Bloomberg School of Public Health